

Scott Walker
Governor



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Duncan ShROUT
Chairperson

Scott Stokes
Vice Chairperson

Mary Rasmussen
Secretary

PLANNING AND FUNDING COMMITTEE MEETING

January 19, 2017

9:30 a.m.

ARC Community Services, 1409 Emil St., Madison, WI

[Please contact Mike Derr at (608) 267-7704 or by e-mail Michael.Derr@wisconsin.gov if you are not able to attend. We are using a toll free phone number for those who are unable to attend the meeting in person but wish to participate. The toll free number is **1-877-820-7831**, and Access Code is **554523**, followed by the # **sign**. Persons needing accommodations to attend or participate in the meeting should notify Mike Derr prior to the meeting.]

- 9:30 a.m. Call to Order – Joyce O'Donnell
- 9:35 a.m. Review of November 17, 2016, meeting minutes – Joyce O'Donnell
- 9:40 a.m. Public comment – Joyce O'Donnell
- 9:45 a.m. Dec. 9, 2016 SCAODA Council Meeting Summary – Joyce O'Donnell
- 9:55 a.m. SABG Needs Assessment workgroup – Mike Derr
- 10:10 a.m. Workforce development update – Norman Briggs, ITC
 - Workforce Survey Update
 - Motion to include Trauma Informed Care in Workforce Education/Certif.
- 10:40 a.m. Funding report review and follow-up - Todd Campbell
- 11:00 a.m. Lunch/Steve Fernan Farewell – Committee members
- 11:40 a.m. Review of party platforms and strategies to address them – Emanuel Scarbrough
- 12:00 p.m. Recruitment of new members for Planning & Funding Comm. -- Joyce O'Donnell
- 12:15 p.m. Committee and Agency reports – Committee members
- 12:35 p.m. Agenda items for next meeting
- 12:45 p.m. Adjourn

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PLANNING AND FUNDING COMMITTEE MEETING

November 17, 2016

Meeting Minutes

Call to Order

Meeting was called to order by Joyce O'Donnell at 9:35 a.m.

Present: Joyce O'Donnell (chair), Todd Campbell (10:02 a.m.), Brian Dean, Duncan ShROUT, Sally Tess (until 11:15 a.m.), Karen Kinsey

Absent: Emanuel Scarbrough, Irene Secora

Guests: Norman Briggs

Staff: LeeAnn Cooper, Lalena Lampe

Review of October 13, 2016, meeting minutes – Joyce O'Donnell

Mr. ShROUT moved; seconded by Ms. Kinsey - motion to approve minutes passed.

Public comment – Joyce O'Donnell

No public comments

Trauma Informed Care

Lalena Lampe from the Department of Health Services (DHS) shared information about Trauma Informed Care (TIC). She explained that there are two components to TIC: 1) trauma awareness involves how to work with people in recovery since most report a trauma history/adverse childhood incidence. Trauma awareness involves educating providers to work with clients without re-traumatizing them; 2) Organizational component involves working with organizations to become trauma informed and to support staff so it's a safe environment for them. There are some specific tools for conducting an organizational assessment to look at how an organization is set up, such as, whether policies and procedures are sensitive to individuals who have had trauma experiences. The Department of Corrections (DOC), Department of Public Instruction (DPI), Fostering Futures, Office of Children's Mental Health are all working on TIC implementation. Ms. Lampe reported that DHS has worked internally to identify policies that may be a trigger to staff. TIC is customized to the organization. Ms. Kinsey wondered whether TIC requirements will become a state contractual requirement. It is unknown at this time.

Ms. Lampe stated that there is a direct link to substance abuse/mental health issues and trauma experiences, mostly from childhood and studies have shown a causal link. Providers learn to understand TIC and its connection to substance use disorders and mental health issues and merge it with Recovery Oriented Systems of Care (ROSC).

Mr. ShROUT suggested that the Workforce Development Workgroup under the Intervention and Treatment Committee take this under consideration as TIC should be the standard for training substance abuse counselors. There was further discussion that the Department of Safety and Professional Services should include TIC training as a requirement for licensure and re-licensure and that DHS should include it as part of the block grant requirements.

More Trauma Informed Care information is available on the Department of Health Service's website.

Ms. Tess reported that the Department of Corrections is working through Fostering Futures and is preparing to implement TIC throughout the department. They have been working on how DOC can support staff with their own trauma as well as self-care. DOC will likely include this requirement in their contracts in the future.

Mr. Dean reported that the Department of Public Instruction includes TIC in their programs, has information on their website and provides it at their conferences. DPI just presented their budget and requested \$6 million to build trauma informed schools.

Mr. Briggs asked what kind of support the Planning & Funding Committee could provide to meet the cost of the demand of TIC training. Mr. Shroul requested that the workforce workgroup consider a recommendation that SCAODA has an operating budget of \$100,000 to promote the entry of individuals into the substance abuse field. He would like ITC and P&F to make a joint motion.

Substance Abuse Block Grant Needs Assessment Workgroup

DHS is requesting a couple of members from the Planning and Funding Committee to assist with the needs assessment that is required as part of the block grant application. Mr. Campbell and Ms. Kinsey said they are interested in participating. It was suggested that DHS also include the Wisconsin Counties Human Services Association (WCHSA) on the workgroup.

Workforce Workgroup Update

Mr. Briggs reported that the survey regarding substance abuse counselor recruitment challenges will be sent out today or tomorrow to all counties. It includes the additional questions that Planning & Funding recommended at its last meeting. AmeriCorp staff at the Marshfield Clinic will be following up with phone calls to those who do not respond as they are hoping for at least 50% response. Mr. Fringe reported that he is trying to reach the new Medicaid Director at DHS to get data to provide a fiscal projection if Medicaid rates were increased. Mr. Briggs reported the workforce workgroup is using a 4-pillar approach to workforce development.

Funding Report Review and Follow up

Mr. Campbell reviewed the five recommendations: expand SBIRT, assess the prevention and treatment provider workforce, expand drug courts, increase excise taxes, and invest in the prevention of substance use disorders.

No activities have occurred around these recommendations.

It was also noted that the heroin report completed a couple years ago had recommendations that have not been adopted. It was suggested that the Governor's Task Force on Opioids should receive that report. There was also a request to have DHS provide an update to SCAODA on the task force meetings and that the updates from the opiate task force be added as a standing item on SCAODA's agenda.

Discussion of taxing e-cigarettes

Ms. O'Donnell reported that the nicotine component of e-cigarettes is not taxed yet e-cigarettes have restrictions similar to regular cigarettes, such as, must be 18 to purchase, they are included in compliance checks (SYNAR), policies are being written that prohibit use in areas that are smoke-free and concerns about health impact. It was noted that Wisconsin manufactures part of the vaping device. It was clarified that tax would be imposed on the nicotine product, not the device. Ms. O'Donnell will bring this topic to SCAODA. It was requested that Luke Witowski be invited to do a presentation on the latest science on e-cigarettes in March. In the future, there may be a motion to tax the cartridges for e-cigarettes that contain nicotine. There was also a recommendation to encourage the prevention committee to address this issue.

Review of party platforms and strategies to address them

No discussion, topic deferred to January.

Follow-up from public forum at the Substance Abuse and Mental Health Conference

Mr. Campbell reported there were twenty to twenty-five people in attendance at the public forum in October and that there was a strong showing from DOC institutional staff who inquired about workforce issues, expressing the difficulty they have getting qualified substance abuse counselors into correctional settings. SCAODA brochures and SCAODA's priorities were available. In the future, Pat Cork agreed that the two forums would be merged in 2017.

Committee and Agency Reports – Committee members

Mr. Dean reported that DPI is launching their grant program which awards \$15,000-\$25,000 to support AODA activities in schools. He shared that mental health teams are expanding and were included in DPI's budget request. DPI provides AODA topics at their conference and is working to incorporate TIC and Motivational Interviewing into their programs.

Ms. O'Donnell confirmed that all 2017 meeting dates are acceptable. She asked about recruiting additional Planning and Funding Committee members in 2017. Mr. Shrout noted that a member should be someone managing a drug-free coalition. Ms. O'Donnell will approach someone she knows. There was also discussion of a DOC representative and to add someone from Tellurium. Mr. Briggs and Ms. Kinsey volunteered to contact someone there. Mr. Shrout reported that there is a new member on SCAODA starting in 2017 who will decide which committee she prefers to sit on. Mr. Shrout will contact someone from UCC in Milwaukee about joining SCAODA and someone at Meta house.

Mr. Shrout reported that the Milwaukee County Mental Health Board has over 200 contractors in the substance abuse and mental health area. They are working to reduce the number of people coming to their 90 bed acute psychiatric hospital. He noted that clients are evaluated immediately and, if acute, are admitted to the hospital, if not, Milwaukee County contracts with 5 other hospitals with psychiatric services and will refer clients to one of them. He shared that about 40% of clients are referred to the other hospitals. He reported that Milwaukee County has created an opioid task force and will be looking at Vivitrol prescribers. They currently have four Vivitrol prescribers and not many more suboxone subscribers.

Agenda items for next meeting

- Review of party platforms and strategies to address them – Emanuel Scarbrough

- Discussion of motion to include Trauma Informed Care in workforce education and certification requirements and to include it in all state contracts.
- SCAODA update
- Funding for SCAODA to promote substance abuse counseling as a career
- Workforce survey update

Reviewed potential meeting dates
Dates confirmed for 2017

Adjourn
Meeting was adjourned at 12:10 p.m.

Next meeting: SCAODA December 9

DRAFT

Planning & Funding Committee Membership – Jan. 2017

Chairperson:

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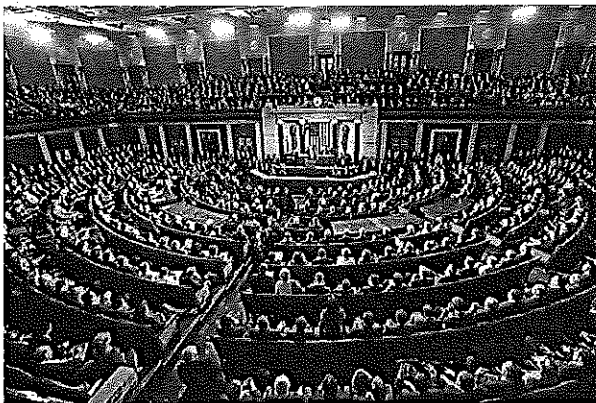
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Stephanie Pellitt
Associate, Policy and Advocacy

Congress Reaches Deal on Opioid Funding, Mental Health

December 1, 2016 | Addictions | Excellence in Mental Health Act | Opioid and Heroin Epidemic | Parity | Comments



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On Wednesday, the House of Representatives overwhelmingly passed the 21st Century Cures Act – a medical research and innovation bill that includes important funding for addictions. The bill authorizes \$1 billion over the next two years to address the opioid crisis, and would create and reauthorize a number of federal mental health grant programs. The Senate is set to consider the bill early next week.

OPIOID FUNDING

The House-approved bill awards \$500 million in grants to states for both FY2017 and FY2018 to supplement their current efforts addressing opioid abuse. The funding for FY2018 is not yet secured and would be subject to next year's appropriations process.

The state efforts this funding could supplement may include:

- » Improving state prescription drug monitoring programs;
- » Implementing prevention activities, and evaluating such activities to identify effective strategies to prevent opioid abuse;
- » Training health care practitioners on best practices for prescribing opioids, pain management, recognition of potential cases of substance misuse and abuse, and overdose prevention;
- » Supporting access to federally certified opioid treatment programs and others that treat substance use disorders; and
- » Funding other public health activities the state determines appropriate for addressing opioid abuse.

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Within each state, the government agency responsible for substance use services will be the primary recipient of these funds. It is not yet clear how the money would be divided among states; however, states with a higher incidence or prevalence of opioid abuse may be given priority over others. Grantees would report on grant activities as a part of the Substance Abuse Prevention and Treatment (SAPT) Block Grant Report.

Of important note, the opioid funding in the bill is not tied to provisions within the Comprehensive Addiction and Recovery Act. The National Council remains diligent in its advocacy efforts to secure full and proper funding of CARA and its many programs and provisions.

MENTAL HEALTH AND SUBSTANCE USE

The bill's mental health provisions, drawn from Rep. Tim Murphy's (R-PA) Helping Families in Mental Health Crisis Act, mainly reauthorizes a number of existing federal grant programs focused on suicide prevention, workforce education and training, jail diversion, mental health awareness training, and more. Importantly, the bill also contains provisions on:

- » **Same Day Billing for Mental Health and Primary Care:** The legislation clarifies that nothing in the Medicaid statute should be interpreted as prohibiting separate payment for the provision of mental health and primary care services provided to an individual on the same day.
- » **Parity Enforcement:** The legislation strengthens the implementation of the mental health and addiction parity law by requiring HHS to issue new compliance guidance to health plans and to create an action plan for improved federal and state coordination related to parity enforcement.
- » **Providing EPSDT Services to Children in IMDs:** The legislation specifies that, effective January 1, 2019, children receiving Medicaid-covered inpatient psychiatric hospital services are also eligible for the full range of early and periodic screening, diagnostic, and treatment services.

This package does not include the more controversial provisions originally included in the Helping Families in Health Crisis Act such as the removal of the Institutes of Mental Disease (IMD) exclusion, changes to health record confidentiality in HIPAA and 42 CFR Part 2, and reduced funding for Protection and Advocacy organizations.

LIMITATIONS

While Congress continues to give attention to mental health and addiction, the provisions of the Cures package do not expand the overall capacity of the nation's behavioral health care system, which is needed to meet growing demand. The pending legislation only authorizes modest increases in funding and that funding hinges on further action from Congress to appropriate money in the future.

Meaningful system reform will come from increased payment rates from Medicaid and other insurance payers to service providers, not more grant-based programs. Without greater investment, behavioral health care providers cannot be expected to expand services and recruit and retain a quality workforce. To help address this problem, the National Council has long advocated for the expansion of the Certified Community Behavioral Health Center (CCBHC) demonstration, which will begin providing participating providers an enhanced payment rate starting in 2017. The Expand Excellence in Mental Health Act would expand the demonstration program to include all 24 planning grant states. The National Council is disappointed that this legislation was not also included as a part of 21st Century Cures.

TAKE ACTION

Despite its limitations, Cures is an important legislative opportunity to gain more funding for opioid addiction services as well as create and reauthorize key mental health treatment programs. Cures passed the House chamber on Wednesday and the Senate is expected to vote on the measure early next week. Your voice is needed to turn this bipartisan legislation into law. **Take action today** and urge your Senators to support addictions funding and mental health legislation!

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