WISCONSIN
STATE COUNCIL ON
ALCOHOL AND
OTHER DRUG ABUSE

March 13, 2020
MEETING

Roger Frings
Chairperson

TONY EVERS
Governor

Tobacco-Free Environment

American Family Insurance is a tobacco-free environment. We prohibit the use of tobacco products and electronic cigarettes (e-cigarettes) everywhere, by anyone, at all times.

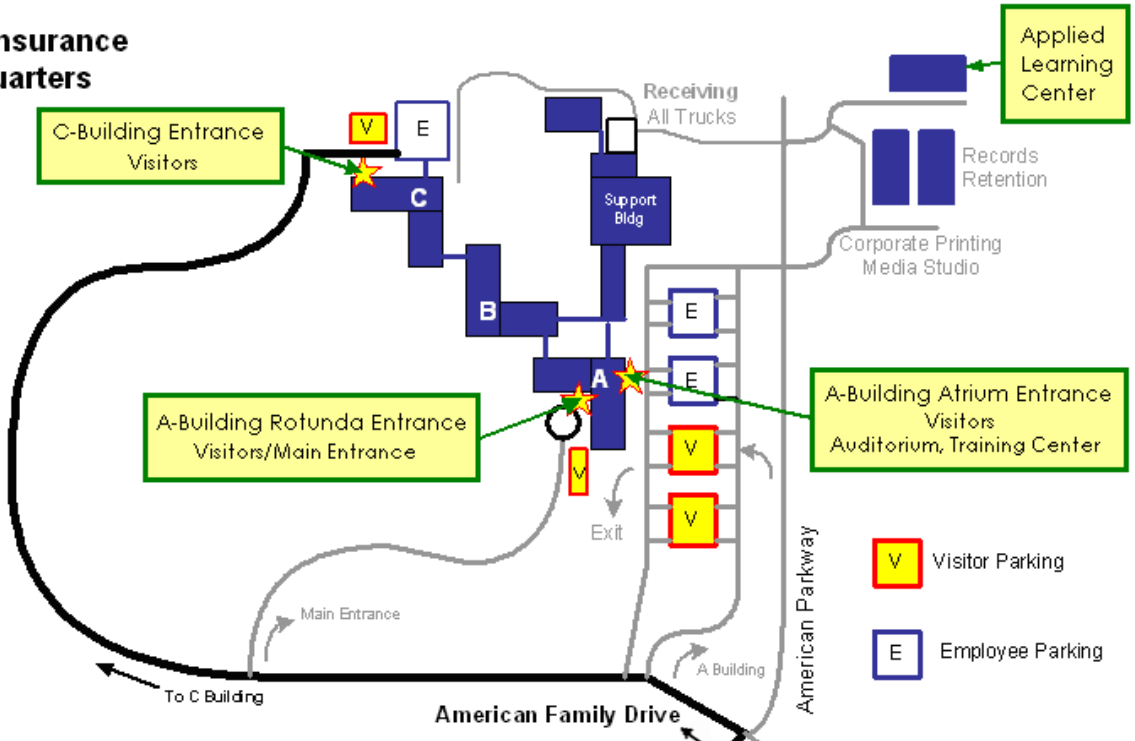
Use of tobacco products and e-cigarettes is prohibited in all interior and exterior spaces, including inside your vehicle while on company-property and in parking ramps and parking lots.

We ask that you refrain from using tobacco products and e-cigarettes while using our facility.

Thank you for your cooperation. We welcome you and look forward to serving you!

Directions

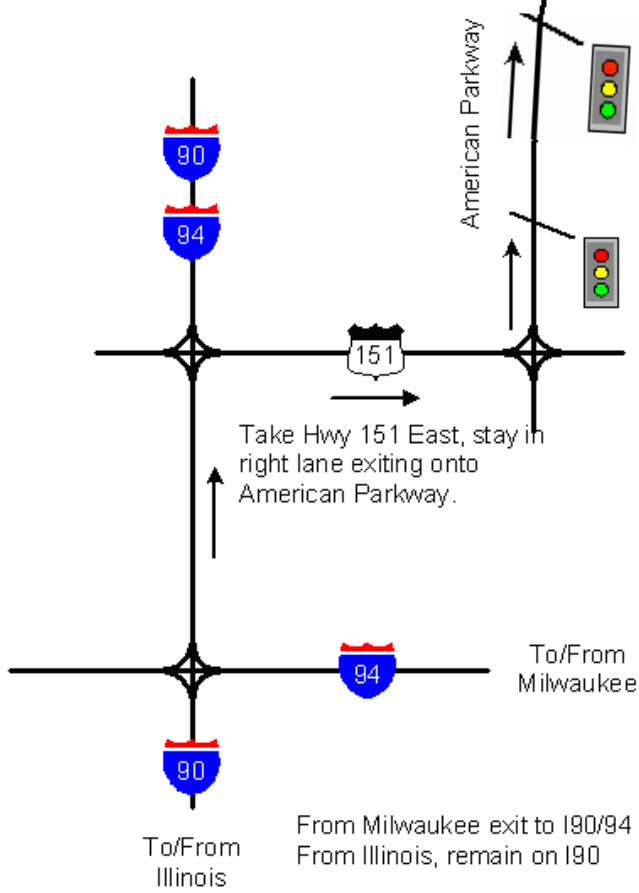
American Family Insurance National Headquarters



Main Campus Directions

Turn left onto American Family Ins. Dr and take the 1st right to access A bldg./Training Center visitors parking

- **Visitors are able to use both flat lots for parking only**
- **If you need to drop off materials/attendees please follow the road around the parking ramps to the A bldg. visitors entrance**
- **Please note roads around parking are one way**



Merge to left lane on American Parkway. Second intersection past stop light is American Family Drive.

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Highway Directions to AF-NHQ Campus

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

March 13, 2020, 9:30 AM to 2:30 PM
American Family Insurance Conference Center
6000 American Parkway, Madison, WI 53783
A-Building, Room A3141

MEETING AGENDA

1. Welcome and introductions…….....Roger Frings, SCAODA Chairperson

2. Approval of December 13, 2019 meeting minutes……p.5-13

3. Public input ……..…….....SCAODA Chairperson

4. Committee reports:

   - Executive Committee…….....……... Roger Frings... p.14-15
   - Diversity Committee……....Thai Vue... p.16-17
   - Intervention & Treatment Committee…….....Roger Frings..... p.18-30
     - ✓ **Motion:** SUD professionals assessing and treating tobacco use disorders (p._26_)
   - Planning and Funding Committee……..…….Christine Ullstrup... p.31-38
     - ✓ **Motion:** DHS to consider practices for ensuring payments to non-profit grant recipients when awaiting completion of new contracts (p. _38_)
   - Prevention Committee…….....Chris Wardlow… p.39-44
     - ✓ **Motion:** Request clarification of the statutes authorizing opioid antagonist prescribing, and regarding intent of Good Samaritan Law (p. _44_)

5. Update on Behavioral Health Gaps Study……...Abra Vigna, UW Population Health Institute
    - 2019 MHBG/SABG Needs Assessment……Kate Rifken, DHS…….p. 45-81

6. Lunch

7. Presentations on Recovery Housing: ……..….p.82-105
    - Housing programs for Recovering Women and Children ……*Christine Ullstrup, Meta House*
    - Recovery Housing by Apricity and across the State, and WI Association of Sober Housing (WASH)…….. *Michelle Devine Giese, Apricity*

8. 2019 Synar Survey Report and Results ……Nancy Michaud, DHS, Division of Public Health. ….p.106-155

9. Agency reports:
    - Governor's Office……..Jessica Geschke
    - Department of Health Services……..…..…….Julie Willems Van Dijk
    - Department of Safety & Professional Services….....Yolanda McGowan
    - Department of Revenue……..……..Ann DeGarmo
    - Department of Public Instruction…….....……..….Brian Dean
    - Department of Veterans Affairs……..…..…Colleen Rinken
    - Department of Justice……..Tina Virgil
    - Other Agencies……..

10. Bureau of Prevention, Treatment and Recovery Update…….....Joyce Allen, DHS.... p.156-160

11. Report from Wisconsin Council on Mental Health …….....Ryan Stachoviak

12. June 5, 2020 Meeting Agenda Items…….Council Members

13. 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 608-267-7704 or Michael.Derr@wisconsin.gov.

Conference Call: (via Skype) 844-341-6886 [608-316-9000 in Madison]
Conference ID Code: 84387827
See also https://scaoda.wisconsin.gov/meetings.htm for instructions on joining by phone or Skype.

Tony Evers
Governor

Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

VACANT
Secretary

State of Wisconsin

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

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 25th, 2019, and Roger Frings gave a summary of the discussion at that meeting. The August Committee meeting minutes were approved at the Nov. 25th 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 that 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 assistant 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 effects 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.

OPEN MEETING MINUTES

Instructions: F-01922A

Name of Governmental Body: Executive Committee, State Council on Alcohol and Other Drug Abuse (SCAODA)			Attending: See narrative below.
Date: 11/25/2019	Time Started: 1:04 pm	Time Ended: 1:59 pm	
Location: DHS, 1 W. Wilson St., Room 850B, Madison, WI; also via phone conference			Presiding Officer: Roger Frings, Committee Chair

Minutes

Present: Roger Frings, Sandy Hardie and Norman Briggs (all by phone)

Absent: None

Staff: Mike Derr

Roger Frings called the meeting to order at 1:04 pm. Norman Briggs moved that the Committee's August 8, 2019 draft minutes be approved. Sandy Hardie seconded the motion. Motion carried – minutes are approved.

Committee members reviewed the preliminary draft agenda for the December 13 2019 SCAODA meeting and offered several comments for specific agenda items. The Committee asked Mike Derr to give the DHS Secretary's Office a heads up that there may be several provider representatives offering comments on the Division of Medicaid Services proposed rates and policies for the Medicaid expansion over SUD residential treatment. The agenda should set aside 30 minutes time for public input. The Committee suggested that the Planning & Funding Committee report out on the comments made at the SCAODA Listening Session comments during the MH/SU Recovery Fall Conference. There was some discussion regarding the background and purposes of the various motions to be presented at the Council meeting – two by the IT Committee, one by P&F Committee, and two by Prevention Committee.

Given the crowded agenda, Committee members decided to postpone the FFY 2020 Synar Report presentation to the March 2020 Council meeting, but would like to keep the two Recovery Housing presentations on the agenda if time permits. Norm Briggs would like to continue asking the DHS Secretary's Office to hold stakeholder meetings that include SCAODA and other SUD representatives. Roger Frings will try bringing that up when he meets next with Julie Willems Van Dijk. Also, Roger reported that little progress has been made toward the creation of a SCAODA citizen seat for a Native American representative, though he has raised this with the Governor's Office and some legislators.

No public comments were offered during the meeting. The meeting adjourned at 1:59 pm., pursuant to a motion by Norm Briggs, seconded by Sandy Hardie and approved.

Prepared by: Michael Derr on 2/12/2020.

Executive Committee approved these minutes at its 2/10/2020 meeting.

Tony Evers
Governor

Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Norman Briggs
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

February 10, 2020

1:00 – 2:00 pm, Room 736A
Via conference call

MEETING AGENDA

1. Call to Order ……Roger Frings
2. Review of November 25, 2019 Meeting Minutes……Roger Frings
3. SCAODA's March 13, 2020 Meeting Agenda……Roger Frings/Mike Derr
4. Council and Committee Membership Status ……Committee Members
5. Public Comment: Substance Use Disorder (SUD) Planning Topics……...Roger Frings
6. Other Topics……...Committee Members
7. 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.

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 608-267-7704 or at Michael.Derr@wisconsin.gov.

Conference Call: 1-877-820-7831 **Access Code:** 554523#

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

January 24, 2020
10 a.m. – 2:30 p.m.

Life Center; 4402 Femrite Drive
Madison, WI
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 May 29, July 19, October 28, November 19 Meetings ……...Committee Chair
4. DCTS Updates…….....Mai Zong Vue
5. Diversity Workshop Submission & Dialogue..……All
6. Co-Chair Election…….....Thai Vue
7. Gail Recognition Updates……Thai Vue
8. Strategic Planning & Review…….....All
9. Others……..All
10. Future Agenda Items……..Committee Members

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.

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alternative format, you may request assistance to participate by contacting Mai Zong Vue at 608-266-9218 or at maizong2.vue@dhs.wisconsin.gov.

Conference Call: 1-877-820-7831 **Access Code:** 554523#

OPEN MEETING MINUTES

Name of Governmental Body: Intervention and Treatment Committee (ITC) of SCAODA			Attending: Joint Meeting: Roger Frings, Norman Briggs, Pam Appleby, Marjorie Blaschko, Sophie Lee, Pam Lano, Amy Anderson, Dave Macmaster, Freddy Smith, Antonio DeSazer, James Nelson, Tamela Banks, Dave Varana, Mike Derr, Joe Muchka, Brandon Watson, Dr. Neville Duncan, Duane Barry, Michelle Devine Giese, Michelle Lund, Kellie Blechinger, Raeanna Johnson, and Sheila Weix, Via Telephone: Christine Ullstrup, Jill Gamez, Janet Gled, Jamie Holly, Tamara Feest ITC Meeting: Roger Frings, Norman Briggs, Amy Anderson, Michelle Lund, Sheila Weix, Dave Macmaster, Joe Muchka Via Telephone: Saima Chauhan joined at 2:02pm
Date: 11/12/2019	Time Started: 10:32am	Time Ended: 2:26pm	
Location: Department of Health Services, Madison WI			Presiding Officer: Roger Frings and Norman Briggs

Minutes

1. Joint meeting with the Planning and Funding Committee for Medicaid presentation regarding new Forward Health benefit for Residential Facility Substance Use Disorder (RFSUD) Treatment. Sophie Lee, from the Division of Medicaid Services (DMS), provided a presentation on the rollout of the RFSUD Treatment benefit. A discussion about the Prior Authorization (PA) process for admission, length of stays and extension process, how to treat co-occurring medical and/or mental health symptoms, the process of billing for room and board, frequency of reimbursement payments, and how the Medicaid HMO's will facilitate their admission process and criteria ensued amongst members of both ITC and Planning and Funding Committees and members of the public with Sophie Lee, Pam Appleby, Marjorie Blaschko, and Pam Lano responding to questions and concerns. Brandon Watson, from the Transparency & Accountability section of DMS, announced the proposed reimbursement rates for the RFSUD benefit as: $60.64 per day for DH 75.14 (transitional residential treatment service) and $155.82 per day for DHS 75.11 (medically monitored treatment service). Mr. Watson explained that the proposed rates are similar to Minnesota's Medicaid reimbursement rates for similar services and that this is the forum in which DMS is seeking feedback on the rate structure. A lengthy discussion followed between members of both committees and the public voicing strong concerns about the 75.14 rate being too low and it impacting their ability as residential treatment providers to stay in business and continue to provide services. Concerns that were raised included the reimbursement rate not covering the cost of the staff required to work in a DHS 75 facility, that the rate will not cover room and board costs and that often times there is not a secondary pay source, and the rate doesn't cover the cost to provide a day of services. Several individuals from the collaboratively owned Matt Talbot Recovery Services, Inc., Genesis Behavioral Health Services, Inc., and Horizon Healthcare, Inc. which represents 53% (per their report) of the beds in Milwaukee, WI voiced strong concerns that if they received the 75.14 reimbursement rate of $60.64 per day they would not be able to stay in business. Individuals from Matt Talbot Recovery Services, Inc. shared a 15-page document of their analysis on the Forward Health RFSUD benefit policy update draft. Members of both committees and the public largely shared the same concerns that the reimbursement rate for 75.14 was too low and strongly encouraged DMS to hear their feedback and share it with their DMS colleagues and revise the rates. DMS thanked everyone for the feedback. The joint meeting was adjourned by Roger Frings at 12:02pm.
2. Roger Frings called the separate ITC meeting to order at 12:18pm.
3. Addition to the agenda was to discuss the ITC 2020 meeting dates.
4. The minutes from the 10/08/2019 ITC meeting were presented for approval. Joe Muchka motioned to approve the minutes, Sheila Weix seconded the motion. Discussion: none, the motion carried with all in favor and no abstentions.

5. Norman Briggs motioned to suspend the tabling of the WINTIP resolution, Sheila Weix seconded the motion. Dave Macmaster explained that the WINTIP resolution has been revised and was a collaborative effort across multiple organizations to adjust the language, and reports that Senator Janet Bewley will support the resolution once ITC approves it. Dave Macmaster put forth a motion requesting ITC to approve the WINTIP resolution, Roger Frings seconded the motion. Discussion included resolution language specifically, "shall" vs. "should" and evidence-based practice treatment vs. recommending a minimum standard of care with respect to treating Tobacco use Disorders (TUDs). Roger Frings made a recommendation to edit the structure of the resolution document. Sheila Weix motioned to accept the WINTIP resolution as amended, Norman Briggs seconded, no further discussion, the motion carried with all in favor and no abstentions. Sheila Weix motions to move the resolution out of committee and to put forth as a motion before the full SCAODA council on December 13, 2019, Joe Muchka seconded, no further discussion, the motion carried with all in favor and no abstentions.

   Related to the treatment of TUDs, Amy Anderson reports that some schools have reported lack of resources for youth or adolescents who want to stop vaping. Once a youth or adolescent self-reports and seeks help for their nicotine addiction they are barred from having nicotine—per school rules, which results in putting them into withdrawal. Medication Assisted Treatment (MAT), recognized by SAMHSA as the evidence-based practice for treating opioid use disorders, requires using opioid replacement therapy. Schools should recognize that tobacco/nicotine replacement therapy is also a best practice for treating TUDs. Suggestions to perhaps connect with CYFT and DPI to possibly develop some templates to draft policies for schools to use related to vaping. Also need to consider WIAA rules and policy on zero tolerance—how would allowing youth or adolescent to have nicotine replacement therapy impact WIAA rules?
6. ITC reviewed and provided updates on annual report for SCAODA's strategic plan and goals 2018-2022 to present at 12/13/2019 SCAODA meeting. Language was changed during the 10/8/2019 meeting in section (3e) from "Support and advocate adoption of emerging innovative and promising" to "Propose position statements related to intervention and treatment." Discussed how the WINTIP Resolution addresses (3e) and At-Risk Substance use in Older Adults Sounding the Alarm: Implications for SUD Treatment in Wisconsin" workgroup report addresses (3b). No action or updates to provide on item (3a). Michelle will make updates to the SCAODA Strategic plan report documenting the progress discussed in today's ITC meeting and share with ITC.
7. The group discussed recent legislative actions, including: Assembly took up vetoes on Item #D-45. Physician and behavioral health funding and Veto Item #D-47. Qualified treatment trainee grants. A 2/3rds majority vote (66/99 votes) is required to override a veto so the override was not successful and the Governor's veto was upheld on these items. Roger Frings provided that the reality of the governor's vetoes being upheld is that DHS has more flexibility over funding.
8. Reviewed SCAODA agenda for December meeting, ITC will have WINTIP motion and SUD and Elderly workforce report motion. Other things that will be on the December agenda include two motions from the Prevention committee and a request to clarify the distribution of naloxone and liability. Additionally, Roger Frings reached out and spoke with Katie Domina from the Governor's office and shared issues from the SCAODA listening sessions at Mental Health and Substance Use Recovery Conference in October 2019 regarding reports of DSPS failing to respond to inquiries regarding credentialing around Act 262, and requested for the governor's office to explore this issue.
9. Workforce report workgroup had an update provided by Jill Gamez via email prior to today's meeting. Jill Gamez shared that she sent out an email to those who had indicated they were willing to work on the project. Unfortunately, they have not yet been able to get a draft of updates together yet. The group hopes to have something to present at the next ITC meeting.

   Additionally, the workgroup that developed the "At-Risk Substance Use in Older Adults Sounding the Alarm: Implications for SUD Treatment in Wisconsin" report was discussed by Joe Muchka now that the workgroup has completed the report. Joe Muchka explained that the report drew heavily from a few different resources: TIP 26: Substance Abuse Among Older Adults: Treatment Improvement Protocol (TIP) Series 26, published in 1998 by the Substance Abuse and Mental Health Service Administration (SAMHSA), Florida's Brief Intervention and Treatment of Elders (BRITE) 3-year project and any recommendations on they could find on evidence-based practices and best practices for SUD treatment regarding the elderly. Several recommendations have been made in this report including that DHS to come up with treatment model that would specifically address SUD's as well as Misuse in older adults because it crosses several divisions of DHS (Public Health, Medicaid, Care and Treatment

Services, etc.) and the workgroup hopes that the department will come together to develop some model of treatment and/or protocol that that will become trainable, teachable, usable and inform the general public, primary care, senior care organizations, families etc. to raise awareness about this important topic. Norman Briggs moves that this report be presented to SCAODA to request their approval and acceptance. Sheila Weix seconds the motion. Discussion: Members of ITC recommended several methods and locations to disseminate this report such as 500 copies of report be made available for distribution to every member of assembly and senate, WI chapter of American Association of Retired Persons (AARP,) Aging and Disability Resource Center (ADRC), Veterans Association (VA), the full SCAODA council, clinics, hospitals, nursing homes, etc. The motion to present this report to SCAODA to request their approval and acceptance carried with all in favor and no abstentions. Norman Briggs suggests that Joe Muchka develop a brief PowerPoint presentation to present this information at the December 13, 2019 SCAODA meeting, Roger Frings agrees make arrangements for this to happen.

10. Section Updates
    a. Children Youth and Family Treatment (CYFT) Subcommittee: Jason Cram, former DHS staff to the CYFT subcommittee has taken a new position at DHS and will no longer be staff to this subcommittee. Until his position is replaced, Michelle Lund will fill in an interim DHS staff to the CYFT subcommittee and attend ITC meetings routinely as a representative of CYFT. Update on CYFT was provided; the subcommittee continues to struggle with consistent membership but most significantly with solid and consistent leadership as they are once again without a chairperson. CYFT requested help from ITC in identifying a chairperson for the subcommittee. ITC provided some names of individuals to reach out to and invite to CYFT meetings as potential members in an effort to revitalize the subcommittee which Michelle Lund will follow-up on. As a result of inconsistent membership and lack of leadership and direction, minimal progress has been made on the Capacity and Demand Report which will likely continue until a new chairperson is identified.
    b. Treatment for Women and their Children: Norman Briggs reports $600,000 is available to 4 grantees
    c. At Risk Substance Misuse by Older Adults Workgroup: Discussed above by Joe Muchka.
    d. Sheila Weix requests that OMTC grants/Opioid Methamphetamine Treatment Centers are added as a standing agenda item.
11. There were no public comments.
12. The meeting was adjourned at 2:26pm, with a motion made by Sheila Weix and seconded by Joe Muchka.

Prepared by: Michelle Lund on 1/6/2020.

These minutes were approved by the governmental body on: 1/14/2020.

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)

January 14, 2020 - 10:00 a.m. to 2:30 p.m.
Location of the Meeting:
Department of Corrections; Room 1M-M
3099 E. Washington Ave.; Madison, WI 53704
Conference Call: 1-877-820-7831 Passcode: 554523#

AGENDA

1. Call to order and roll call
2. Additions to the agenda
3. Review and approval of 11/12/2019 ITC meeting minutes
4. Review and discussion of SCAODA meeting- December 13, 2019
5. ITC and CYFT membership, process and pending applications
6. Ongoing discussion of WINTIP resolution regarding tobacco use disorder integration with SUD treatment
7. Updates and discussion from meeting with DSPS and Governor's office
8. Discussion of pending legislation (AB646, AB 650, SB591 and SB 582) regarding recovery coaches and recovery residences
9. Workforce report update workgroup
10. Update regarding DHS 75 rule revision
11. Section updates
    - Children, Youth and Families (Michelle Lund)
    - Treatment for Women and their Children (Norman Briggs)
      Urban Rural Women's Grants
    - 'At Risk Substance Misuse by Older Adults' Workgroup (Joe Muchka)
12. Public comments

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 SCAODA Meeting: March 13, 2020
Next ITC Meeting: February 11, 2020

OPEN MEETING MINUTES

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Roger Frings, Holly Stanelle, Joe Muchka, David Macmaster, Amy Anderson, Sandra Adams, Sheila Weix, Amanda Lake, Saima Chauhan, Michelle Lund (by phone), Jill Gamez (by phone), and Tamara Feest (by phone)
Date: 1/14/2020	Time Started: 10:07am	Time Ended: 2:24pm	
Location: Department of Corrections, Madison, WI			Presiding Officer: Roger Frings, Chair

Minutes

1. Roger Frings called the meeting to order at 10:07am.

2. Additions to the agenda: None.

3. The minutes from the previous meeting were reviewed. Corrections were entered regarding the date and spelling of attendee's name. David Macmaster motioned to adopt minutes as amended, Joe Muchka seconded. The amended minutes were approved with all in favor and no abstentions.

4. Review of previous SCAODA meeting: Roger Frings summarized the public input testimony received by SCAODA from providers, as well as individuals representing services in the Milwaukee area, regarding the proposed Medicaid rate for residential substance use treatment services. In response to testimony and feedback received, the Department of Health Services announced their plan to roll back the benefit go-live date and review the rate structure. Testimony from providers was in agreement that the proposed rate was not sufficient to cover the cost of services. The committee agreed that the discussion was positive, including public presenters and the department's response. Amanda Lake also shared some updates regarding department activities to determine whether sources of grant funding may be used to supplement other treatment costs, the limitations from federal CMS regarding room and board coverage, and issues that Medicaid is considering to develop a more acceptable rate structure. Jill Gamez shared that she was also pleased to hear in the meeting that DMS determined not to go through HMO's during the initial benefit roll out.

Roger Frings also discussed testimony provided by Sara Jesse from Sauk County Public Health regarding a motion to clarify the ability of public health departments to provide Naloxone. Sheila Weix summarized the request for the state to issue a standing order and clarify the ability of public health departments to distribute the opioid overdose rescue medication.

Roger Frings also summarized committee reports that were submitted before the council, including the acceptance of the "At-Risk Substance Misuse in Older Adults" report that ITC put forward. The council also adopted the "Workplace Prevention" report that was put forward by the Prevention committee. Two other motions were pulled back due to time constraints and needing to clarify items. Roger also reviewed the urine drug testing presentation, and shared that it was helpful to providers.

5. Membership: Roger Frings clarified the process for individuals interested in participating as a member of ITC- the individual should provide their resume and relevant background information to the committee chair, the committee chair approves the information and forwards to Mike Derr for a letter of appointment. The process for membership to subcommittees is the same. Persons interested in council membership should complete the online application on the SCAODA website, or apply through the Governor's office.

Roger also provided an update regarding the SCAODA membership of Jessica Geschke, as the new representative from the Governor's Office. Roger will reach out to Jessica for her participation in committee activities, including Prevention and ITC.

6. David Macmaster shared a summary of the status of the WINTIP motion since the November ITC meeting and December SCAODA meeting, including the decision to revisit the motion within ITC due to time constraints at the December SCAODA meeting, and wanting to ensure that the department supports the recommendations and is in agreement with a plan to move the plan forward. David will coordinate a meeting with committee members Roger Frings, Sheila Weix, Amanda Lake, along with Bruce Christianson from WINTIP, and others that may be interested to further discuss the motion and a plan to move the resolution forward.

7. Amanda Lake provided a summary of responses from the Department of Safety and Professional Services, following a recent meeting with DSPS, the Governor's office, and ITC representatives regarding substance abuse counselor certification, 2017 Act 262, and Emergency Rule 1835. Amanda also shared an update from Medicaid that provider enrollment changes for mental health professional reimbursement for SUD services have not occurred. Following ongoing discussion of related concerns, Roger Frings suggested that the group consolidate specific recommendations following further information from Yolanda. Specific concerns include establishing appropriate scope and training for mental health professionals delivering substance use services, lack of substance abuse professionals' representation in professional licensing and certification decisions and rule-making, reimbursement barriers, and barriers to inter-state transfer of credentials and recruitment. Action steps discussed were development of a representative board for substance abuse counseling within or outside of the social work board, and appealing to legislators for statutory changes to remedy the problems associated with Act 262. Roger Frings recommended putting together a workgroup within SCAODA, with representatives across committees, to develop a blueprint for council action on this issue, possibly for the next budget biennium. Roger will reach out to SCAODA committee chairs, the Governor's office, DSPS, and legislative representatives. Sheila Weix will reach out to technical colleges. Amanda Lake will develop a description of the workgroup and summary of history and concerns. Tamara Feest will reach out to Wisconsin County Human Services Association (WCHSA). The proposed name for the workgroup at this time is 'SUD workforce workgroup'.

8. Roger Frings provided information regarding legislative public hearings from last week regarding bills related to recovery residences and recovery coaches. The group discussed the proposed legislation and recommended a change to Bill 646 for the registry to designate which recovery residences accept MAT, rather than exclude residences that do not accept MAT. The group also recommended a change to Bill 650 to clarify that peer recovery coach services are delivered in conjunction with treatment as part of a certified program.

9. Jill Gamez reported that she has not received a response to move the workforce report update group forward at this time. Amanda Lake, Jill Gamez, and Sheila Weix will coordinate via email to develop the summary of workforce issues that will be referred to and combined with the larger efforts of the newly developing SUD workforce workgroup.

10. Amanda Lake shared an update regarding the DHS 75 rule revision, which has completed a final draft. The rule is being reviewed, edited and approved by DCTS leadership in preparation to go forward to legal counsel and DHS administration in February.

11. Subcommittee Updates:

Children Youth and Families: Michelle Lund shared that there have been new members attending and expressing interest in participation on the CYFT committee. Michelle also shared that the committee has decided to meet at

the Department of Corrections on an ongoing basis, rather than moving the meeting around the state, as the changing location appears to have impacted membership and participation.

Treatment for Women and their Children/ Urban Rural Women's Grants: Norman Briggs was not available to provide an update. Decisions regarding grant awards were announced to GFO applicants, but have not been publicly announced at this time.

Older Adults: Joe Muchka shared his interest in next steps following the "At-Risk Substance Misuse by Older Adults" report. Joe proposed incorporating this discussion with the SUD workforce group efforts. Sheila Weix requested that copies of the report be made available in color printed format for distribution.

Opioid Methamphetamine Treatment Centers: Grants have been awarded to the previous three recipients for next five year grant cycle.

12. Committee Announcements/ Public Comments:

Andrea Jacobson has been announced as the new Substance Abuse Section Chief within the Division of Care and Treatment Services.

Public Comments: None.

13. Adjourn: 2:24pm Motion by Sandra Adams and second by Amy Anderson.

Prepared by: A. Lake on 2/10/2020.

These minutes were approved by the governmental body on: 2/11/2020

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)

February 11, 2020 - 10:00 a.m. to 2:30 p.m.
Location of the Meeting:
Department of Corrections; Room 1M-M
3099 E. Washington Ave.; Madison, WI 53704
Conference Call: 1-877-820-7831 Passcode: 793544#

AGENDA

1. Call to order and roll call
2. Additions to the agenda
3. Review and approval of 1/14/2020 ITC meeting minutes
4. Discussion of upcoming SCAODA meeting- March 13, 2020
5. Development of ITC description/ summary statement
6. WINTIP resolution regarding tobacco use disorder integration with SUD treatment
7. 'SUD workforce workgroup' updates and action steps
8. Discussion of terminology regarding "substance abuse" and "addiction" (Amy Anderson)
9. Update regarding DHS 75 rule revision (Amanda Lake)
10. Section updates
    - Children, Youth and Families (Michelle Lund)
    - Treatment for Women and their Children (Norman Briggs)
      Urban Rural Women's Grants
    - 'At Risk Substance Misuse by Older Adults' Workgroup (Joe Muchka)
11. Public comments

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 SCAODA Meeting: March 13, 2020
Next ITC Meeting: April 14, 2020

SCAODA Motion Introduction

Committee Introducing Motion: Intervention and Treatment (ITC)
Motion: The Intervention and Treatment Committee encourages the Department of Health Services to recognize Tobacco Use Disorder and encourages Wisconsin SUD professionals to assess and treat Tobacco Use Disorders (TUD) with evidence-based treatment practices including interventions proven to motivate individuals to try to quit. Further, ITC requests that State regulatory and credentialing bodies establish this as the standard of care in Wisconsin.
Related SCAODA Goal: #1 and #3
Background: SCAODA has supported evidence-based tobacco integration in Wisconsin AODA and mental health services since 2008. (a) Past SCAODA Chairperson; Senator Carol Roessler obtained unanimous SCAODA approval for a WINTIP resolution encouraging policies leading to tobacco integration more than 10 years ago. (b) SCAODA later endorsed WINTIP/UW-CTRI policies and procedures guidelines for implementing tobacco free environments and programs for Wisconsin AODA and mental health that integrate TUD. (c) SCAODA recently approved another WINTIP motion that removed language and policy in rule DHS75-86 that excludes those with nicotine dependence from being eligible for SUD treatment. (d) WINTIP has been reporting tobacco integration progress monthly to its Steering Committee partners from addiction, mental health, tobacco and the two DHS agencies responsible for coordinating tobacco and behavioral health services (Tobacco Prevention and Control Program and Bureau of Prevention, Treatment and Recovery). The current revision of DHS75 offers the opportunity for successful integration of evidenced- based tobacco use disorder in our Wisconsin SUD treatment and systems. Thus, this WINTIP/UW-CTRI/ ITC • Positive impact: When all Wisconsin SUD programs have a level playing field that (1) • provides evidence-based Tobacco Use Disorder treatment as part of an alcohol, drug, and • tobacco free environment and (2) implements a SUD/TUD fully integrated range of • treatment services and practices then people presenting for SUD treatment who use tobacco • will have access to Wisconsin's more than 3,000 SUD treatment providers. • Potential Opposition: SUD providers may be concerned about the cost of training • staff to treat tobacco use disorders and being unable to bill for treatment of TUD.
Rationale for Supporting Motion: TUD is particularly prevalent amongst those with other Substance Use Disorders (SUDs). TUD remains the greatest preventable cause of disease and death in America, claiming 480,000 live annually, including approximately 7,000 Wisconsin deaths. SAMHSA, and CDC, and other behavioral health leaders endorse the integration of evidence- based TUD treatment in our SUD and mental health services. Increasing access to concurrent treatment of TUD within SUD treatment services offers substantial opportunities for reducing Wisconsin's death by tobacco annual toll and the financial burden it produces. Outcomes for treating other addiction improves when nicotine addiction is also treated.

SCAODA Intervention and Treatment Committee 2020 Meeting Schedule

Tuesday, January 14, 2020
Location: Department of Corrections

Tuesday, February 11, 2020
Location: Department of Corrections

Tuesday, April 21, 2020
Location: Department of Corrections

Tuesday, May 12, 2020
Location: Department of Corrections

Tuesday, July 14, 2020
Location: Department of Corrections

Tuesday, August 11, 2020
Location: Department of Corrections

Tuesday, October 13, 2020
Location: Department of Corrections

Tuesday, November 10, 2020
Location: Department of Corrections

**** Please note that dates and locations are subject to change.***

OPEN MEETING MINUTES

Name of Governmental Body: Children Youth and Family Treatment (CYFT) Subcommittee of SCAODA			Attending: Jeff Reddington, Cynthia Green, Sara Bremser, Liz Krubsack, Rachel Amos, Michelle Lund, Janae Goodrich, Lisa Schuman, Lorraine Garland
Date: 12/2/2019	Time Started: 10:04am	Time Ended: 11:26am	
Location: Department of Corrections, Madison, WI			Presiding Officer: Michelle Lund (Chairperson vacant)

Minutes

1. Meeting was called to order at 10:04am, DHS staff person Michelle Lund presiding (role of chairperson is vacant). CYFT members and guests provided introductions.
2. Review of 8/22/2019 minutes: A change was made to add the time the meeting ended to the minutes. A motion was made to approve the minutes as amended by Sara Bremser; seconded by Liz Krubsack; motion carried unanimously with no abstentions.
3. An update was provided on the 11/12/2019 joint meeting between the Intervention and Treatment Committee (ITC) and the Planning and Funding Committee of SCAODA for a presentation from Division of Medicaid Services regarding new Forward Health Residential Facility Substance Use Disorder (RFSUD) Treatment benefit. The representative that attended the ITC meeting provided a summary on the Prior Authorization (PA) process for admission and the proposed reimbursement rates for the RFSUD benefit as: $60.64 per day for DH 75.14 (transitional residential treatment service) and $155.82 per day for DHS 75.11 (medically monitored treatment service) and the strong opposition the committees voiced with respect to the rates being too low. The separate ITC meeting focused on the two upcoming motions it will be bringing before the committee at the December 13, 2019 meeting. One motion is on recommendations from the At-Risk Substance Use in Older Adults Sounding the Alarm: Implications for SUD Treatment in Wisconsin," and the second motion developed in collaboration with the Wisconsin Nicotine Treatment Integration Project (WiNTiP) outlines that when a person presents for Substance Use Disorder treatment (SUD), Wisconsin SUD professionals shall assess and treat Tobacco Use Disorders (TUD) with evidence-based treatment practices.
4. December SCAODA meeting will have updates provided on the 2019 SABG Needs Assessment Update and the FFY 2020 Synar Report. Additionally there will be program presentations on “Best Practices Drug Testing in Clinical settings” and two Recovery Housing presentations: Meta House/Christine Ullstrup – recovery housing for women and children, and WI Association of Sober Housing (WASH)/Michelle Devine Giese –overview of recovery housing in WI. Finally all committees of the SCAODA Council will provide updates relative to the strategic planning.
5. Updates from the DHS’s Children, Youth and Family Section include some position changes. Teresa Steinmetz is no longer the Children, Youth and Family Section Chief as of July 2019 when she moved into the new role of Deputy Director to the Bureau of Prevention Treatment and Recovery. In October 2019, Jason Cram, the former Adolescent Treatment Coordinator (and primary DHS staff person to the CYFT subcommittee) became the Children, Youth and Family Section Chief. During the interim until the Adolescent Treatment Coordinator position is rehired, Michelle Lund will serve as primary DHS staff to the CYFT Committee and the CYFT representative on the ITC. Additionally, another Grant Funding Opportunity Announcement (GFOA) coming out of the CYF Section of DHS that will be coming out soon is recruiting for 2-3 providers to provide a youth crisis stabilization facility.
6. Reviewed current membership and presented most accurate list of active CYFT members. Introduced Jeff Redington as a guest and potentially interested in CYFT membership. Discussed the request made for ITC’s support and help in identifying a chairperson for CYFT. Members were encouraged to share names of individuals they believe might be interested in joining the CYFT committee.
7. Reviewed the committee charter “CYFT Mission, Action Plan, Membership Expectations.”
8. Michelle Lund provided an update on the Youth Treatment Initiative (YTI) that Racine County Human Services chose not to renew their year three YTI contract due to issues with staffing and sustainability. DHS is in the midst of preparing to re-issue the YTI Grant Funding Opportunity Announcement (GFOA) to identify a service site to replace Racine County. UW Population Health Institute provided updates on individuals served under YTI and report to date a total of 65 interviews have been completed (meaning 65 clients have been served) and there have been 41 clients discharged from the program. Lorrain Garland from Arbor Place, Inc. and Cynthia Green from

UW Hospitals and Clinics both shared that their MDFT programs have been running smoothly over the last few months and there are no major issues to report at this time.

9. The schedule for 2020 SCAODA, ITC, and CYFT meetings was disseminated to CYFT members. Members discussed the location of CYFT meetings and decided to hold all six meetings this year at the Department of Corrections (DOC). Sara Bremser, an employee of DOC will make the arrangements in reserving the conference room for all six meetings. There is a scheduling conflict with the February Meeting and the CYFT committee elected to change the date from February 3, 2020 to February 10, 2020. All CYFT members will be notified of this change via email.
10. There were no public comments.
11. Additional information provided by Liz Krubsack on the Screening, Brief Intervention, and Referral to Treatment (SBIRT) in schools reporting that they had been serving 26 school districts across the state and that 20 more school districts have been added.
12. Future agenda items: revisit capacity and demand report.
13. Sara Bremser made a motion to adjourn the meeting at 11:26am, Cynthia Green seconded.

Prepared by: Michelle Lund on 1/9/2020.

These minutes were approved by the governmental body on: 2/10/2020

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

Children Youth and Family Treatment Subcommittee (CYFT)
February 10, 2020 - 10:00 AM to 1:00 PM

Meeting Location and Call in Details:
WI Department of Corrections; 3099 E. Washington Avenue; Madison, WI;
Room 1M-K (Park in front of building)
Conference Call: 1-877-820-7831 Passcode: 752169#

AGENDA

1. Call to order and roll call
2. Introduction of guests interested in CYFT membership
3. Review and approval of 12/2/2019 CYFT meeting minutes
4. Review of CYFT mission, history and purpose
5. Update/report on 12/13/2019 SCAODA meeting and 1/14/2020 Intervention and Treatment Committee meeting
6. Updates from Department of Health Services (DHS)
7. Update on Youth Treatment Initiative Grant
8. Future meeting presentations and areas of interest to pursue
9. Public comments
10. Announcements and/or additional information
11. Future agenda items
12. Adjourn

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.

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 alternate format, you may request assistance to participate by contacting Michelle Lund at 608-266-8084 or michelle.lund@dhs.wisconsin.gov.

2020 CYFT Meeting Dates (all meetings scheduled for 10:00 AM to 1:00 PM):
April 13, 2020
June 1, 2020

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 (by phone); Raeanna Johnson; Jill Gamez (by phone); Brian Dean; Michelle Devine Giese; Karen Kinsey; Kellie Blechinger Not Present: Kevin Florek Guests: DHS Staff: Mike Derr
Date: 11/12/2019	Time Started: 12: pm	Time Ended: 2:00 pm	
Location: DHS Building, 9th Floor, Madison, WI			Presiding Officer: Christine Ullstrup, Committee Chair

Minutes

This meeting immediately followed the morning joint meeting of the Planning & Funding and Intevention and Treatment committees, where the DHS Division of Medicaid Services made a presentation on the new ForwardHealth Residential Treatment SUD Treatment Benefit and proposed policies, including proposed reimbursement rates for DHS 75.11 and 75.14 residential treatment services. Members from both committees and members of the public offered comments and feedback on the proposed policies and rates.

Call to Order: Christine Ullstrup appeared via phone and called meeting to order at 12:30 pm.

Review of Sept. 18, 2019 meeting minutes:
Motion made, and seconded, to approve the draft minutes. Motion carried unanimously.

Public Comment:
No comments were offered from callers or anyone attending the meeting.

Committee Comments on DHS/DMS Medicaid Presentation during Morning:
Raeanna Johnson suggested that DMS show a breakdown of how it arrived at the proposed reimbursement rates. Christine Ullstrup stated that Meta House will send a letter to DMS sharing the actual costs of providing residential treatment. The largest cost is staffing. Michelle Devine Giese was glad that persons spoke up on how low the proposed rates were, they are below what Apricity usually receives. Several committee members raised the question whether DMS shared survey responses regarding the rates that residential treatment providers receive.

Ullstrup felt the Committee should encourage treatment providers across the state to contact DMS to express their concerns with the proposed reimbursement rates and other policies. She proposed that the Committee send out an email blast to DHS 75 certified residential treatment providers, encouraging them to write DMS with their concerns. Mike Derr will send a list of certified providers under DHS 75.11 and 75.14, along with contact information, to Ullstrup.

Committee members also suggested that it recommend to the full Council that the Council adopt a motion opposing DMS' proposed rates. Brian Dean stated that a motion should also include language regarding the need for equity in treatment services for members of minority and marginalized populations from Milwaukee and other areas of the state, and that Medicaid rates should be at a level promoting such services. By consensus, the Committee agreed to draft motion language to be considered at the 12/13/19 SCAODA meeting. Mike Derr will draft language, to be shared with Committee members for review and comment.

In addition, several Committee members discussed that SABG funds could be used to cover costs not covered under Medicaid, but asked Mike Derr for some clarification on what costs would be allowable under the SABG.

Mike noted that housing/"room and board" costs are generally not covered by SABG funds, but he and other Bureau staff are consulting with SAMHSA for more clarification on this. He also noted that there are "payment of last resort" conditions that need to be met. For example, Medicaid funds must be used first to cover women's treatment costs, before SABG funds can be used.

Christine also mentioned that providers need to negotiate with their regional HMOs on reimbursement rates. Part of the challenge is that some HMOs are holding out to see first what the Medicaid rates are for residential treatment services.

Committee's 2018-19 Progress Report and 2019-20 Priorities

Mike briefly highlighted the draft 2018-19 Progress Report and list of 2019-20 Priorities for the Committee. All committees must submit their Progress Reports and Priorities for Council review at the December meeting. Committee members made several comments and suggestions for revising the document, and requested more time to review the draft. Christine asked members to review the document and email their comments and suggestions to Mike by Nov. 23rd so that Mike can incorporate them into the final draft for the Council meeting.

Legislative Update:

Mike gave a quick overview of recent bills and updated the status of the most relevant legislation, working off of the online Legislative Tracker. A member noted that SB 507/AB 570 (which creates a medical use defense to THC-related prosecutions and fines) is based partially on an Iowa law. Mike will send out a list of highlighted legislation created by Cecie Culp to the Committee members.

Agency Updates:

Mike gave a brief overview of updated activities with the Bureau of Prevention Treatment & Recovery that included the status of the DHS 75 rulemaking project, and status of GFO and grant activities under several programs. He also highlighted comments and questions raised during the 10/29/19 SCAODA Public Listening Session at the Fall MH/SU Recovery Conference. Karen Kinsey discussed challenges facing counties and providers in utilizing ASAM placement criteria across the state, including the cost of using the criteria, and possibly the need for providers to become CARF certified in order to use ASAM. Brian Dean announced that the Building Hearts of Successful Schools Conference is being held from Dec. 4-6th. One section will focus on the dangers of vaping and policies schools can employ to prevent its use. Also, DPI is awaiting results on student usage rates for vaping from the 2019 Youth Risk Behavior Survey. Nationally it is estimated that 30% of students have been vaping. The 2017 survey stated that 11% of students reported vaping. How schools react to vaping use in their facilities varies greatly. Some schools will suspend students, while other schools issue minimal sanctions.

Meeting Dates for 2020:

Committee members reviewed the handout listing the proposed dates for 8 Committee meetings during 2020. Meetings will occur on the third Wednesday of every month (other than March, June, Sept. and Dec.). The members agreed to move forward with these dates. Mike will send out invites for all meeting dates.

Topics for Jan. 2020 Committee meeting:

Suggested topics include discussing the updated status of the DMS Medicaid rates and other policies pertaining to SUD residential treatment coverage, and an in-depth discussion by members of what the Committee's priorities and action plan should include for 2020.

Adjournment: Reanna Johnson moved to adjourn meeting, other members seconded the motion. Motion carried. The meeting adjourned at 2:20 p.m.

Prepared by: Michael Derr on 1/30/2020.

Minutes approved by Planning & Funding Committee 1/29/2020

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

Planning and Funding Committee

January 29, 2020

9:30 AM to 2:00 PM
Tellurian, Inc., 5900 Monona Drive, 2nd Floor Conference Room
Monona, Wisconsin 53716

MEETING AGENDA

1. Call to Order and Roll Call……Christine Ullstrup, Chair
2. Review November 12, 2019 meeting minutes……..Christine Ullstrup
3. Public Comment: Substance Use Disorder Planning Topics……..Christine Ullstrup
4. Committee 2020 Priorities & Action Plan…….....Committee Members
5. Present at Fall Mental Health & SUD Recovery Conference……Christine Ullstrup
6. Status – Medicaid Expansion to Cover Residential Treatment……Committee Members
7. Legislative Updates…….Mike Derr
8. DHS and other Agency/Provider Updates……Committee Members & Mike Derr
9. Agenda Items for February 19, 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 608-267-7704 or at Michael.Derr@wisconsin.gov.

Conference Call: 1-877-820-7831 **Access Code:** 554523#

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; Jill Gamez; Michelle Devine Giese (by phone until 10:30 am); Kevin Florek Not Present: Karen Kinsey; Kellie Blechinger; Brian Dean Guests: Roger Frings DHS Staff: Mike Derr
Date: 1/29/2020	Time Started: 9:39 am	Time Ended: 2:00 pm	
Location: Tellurian Inc., Monona, WI			Presiding Officer: Christine Ullstrup, Committee Chair

Minutes

Call to Order: Christine Ullstrup called meeting to order at 9:39 am. Prior to then, committee members discussed and decided to participate in the DHS, Division of Medicaid Services (DMS) conference call providing an update on planning the Medicaid benefit expansion over SUD residential treatment. The conference call started at 10 am.

Review of Nov. 12, 2019 draft meeting minutes:
Jill Gamez moved to approve minutes, and Raeanna Johnson seconded. No discussion or proposed changes. Motion carried unanimously.

Public Comment:
No comments were offered from callers or anyone attending the meeting.

DMS/Medicaid Coverage Expansion:
Committee members discussed the 1/12/20 public protest and demonstrations regarding the DMS initial proposed Medicaid coverage policies by Milwaukee area providers, noting that the protests have drawn attention to this issue. The Committee listened to DMS staff presenting on the current status of efforts to consider and modify proposed policies, including the creation of workgroups that providers and stakeholders are encouraged to participate in. Some members raised questions about whether specific types of services would be covered by Medicaid. Jill Gamez described Minnesota's Medicaid model, where the assessment specialist will place a person in a treatment facility. Minnesota has allocated state funds to cover room and board costs. Members also raised questions about the timeline for DMS finalizing and implementing policies. DMS staff explained that there presently is no set timeline for establishing those policies.

Committee's 2020 Priorities and Action Plan:
Christine Ullstrup noted that the 2018-22 SCAODA Strategic Plan format and table doesn't provide a clear structure or guidance for the committee to establish its priorities for 2020. Committee members reviewed the Committee's 2018-19 Work Plan Progress table and the six listed priorities for 2019-20. Discussion ensued on which priorities to keep, modify and remove, along with action step bullets to place under specific priorities. Based on this discussion, Ullstrup and Mike Derr will draft a proposed list of 2020 priorities and action plan for Committee review at the 2/19/20 meeting. In addition, Derr was asked to provide a list of Wisconsin statutes that authorize DHS to fund and administer specific substance use disorder programs, and also provide a list of SABG-funded programs and identity of award recipients under each program. Also, Derr will review the 2018 Annual SABG Reports submitted by counties to determine which counties use SABG funds to support residential treatment placements.

Apply to hold workshop at October 2020 MH & SU Recovery Conference:
Each year, the Planning & Funding Committee serves as the host for the SCAODA Public Forum and listening session at the Fall Mental Health & Substance Use Recovery Conference in Wisconsin Dells. Christine Ullstrup expressed her desire that the Community complete a proposal to modify the session and have it scheduled during the day time. Specifically, the session would discuss the history and background of the Council, and also introduce attendees to skills and knowledge needed to advocate to lawmakers and policymakers on needs, funding allocations, and best practices within the SUD system. Committee members also suggested that this session describe how stakeholders could get involved with the Council and committees, and partner with professional organizations to advocate for change and policy. Ullstrup and Derr will take the comments made during this discussion to draft a workshop proposal, to be reviewed at the 2/19/20 meeting.

Legislative Update:
Mike Derr briefly summarized proposed bills making up Rep. Nygren's latest HOPE legislation. He and Roger Frings noted that the Assembly had already approved the various bills, and that the Senate would likely consider these bills in February. These bills included AB 645, AB 646, AB 647, AB 648, AB 650 and AB 651. Christine Ullstrup referenced AB 559, which would allow counties to terminate parental rights very quickly when a parent has been abusing substances. Committee members suggested that the bill be tracked closely, go to the legislative website for more background, and contact legislators to express concerns. The Committee will not presently take a position on that bill, but may reconsider at the next meeting. Frings stated that this proposal is another example of legislative that proposes a quick fix with the best of intentions, but fails to think through the unintended consequences caused by the bill language, similar to the impact of Act 262 in 2017.

Miscellaneous Discussion:
Several committee members, while discussing Medicaid and insurance coverage of SUD treatment, observed that one big problem that providers face is very long wait times before an insurer will approve claims or authorize a service. Roger Frings encouraged members and others to pass along examples of such incidents to the Office of the Commissioner of Insurance. Jill Gamez broached the idea of collecting stories of billing obstacles and challenges that providers face, and create a report from this information. In addition, Mike Derr referenced the Ad Hoc Workforce Committee Report and the At Risk Substance Use in Older Adults Report approved by the Council in December 2019. Roger Frings asked Derr to work with Bureau of Prevention Treatment & Recovery (BPTR) staff to finalize the Reports language and formatting, draft cover letters that he would sign, and print out and distribute both Reports to the Legislators, Governor and others.

Agency Updates:
Mike Derr gave a quick update on DHS/BPTR activities and staffing changes. Because of time limitations, no other updates were shared.

Topics for 2/19/20 Committee meeting:
Suggested topics include reviewing the draft set of Committee priorities and action plan bullets for 2020, reviewing the workshop proposal language for the fall 2020 MH/SU Recovery Conference, and reviewing the status of recent legislative proposals.

Adjournment: By consensus, the meeting adjourned at 2:00 p.m.

Prepared by: Michael Derr on 2/24/2020.

Minutes were approved by the P&F Committee at its 2/19/20 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

February 19, 2020

9:30 AM to 2:00 PM
Tellurian, Inc., 5900 Monona Drive, 2nd Floor Conference Room
Monona, Wisconsin 53716

MEETING AGENDA

1. Call to Order and Roll Call……Christine Ullstrup, Chair
2. Review Jan. 29, 2020 meeting minutes……..Christine Ullstrup
3. Public Comment: Substance Use Disorder Planning Topics……..Christine Ullstrup
4. Finalizing Committee 2020 Priorities & Action Plan…….....Committee Members
5. Fall Conference SCAODA Listening Session Description……Committee Members
6. Legislative Updates…….Mike Derr
7. DHS and other Agency/Provider Updates……Committee Members & Mike Derr
8. Agenda Items for April 15, 2020 Committee meeting……Committee Members
9. 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 608-267-7704 or at Michael.Derr@wisconsin.gov.

Conference Call: 1-877-820-7831 **Access Code:** 554523#

SCAODA Motion Introduction

Committee Introducing Motion: Planning & Funding Committee

Motion: SCAODA encourages Department of Health Services to consider policies and practices ensuring that existing non-profit grant recipients who receive a new grant award continue receiving payments in the new year during the period when the new contract is not yet fully executed.

Related SCAODA Goal: #3 (Advocate for adequate funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need.)

Background: For the past few years, several non-profit service providers who receive Substance Abuse Block Grant (SABG) awards from DHS have received subsequent year grant awards. However, the contract agreements covering those awards often have not been fully executed by the start date of the new award; sometimes the delay extends several months past the start date. Consequently, those providers are not receiving payments pursuant to those new contracts for one, two or even several months after the start date, even though they continue to provide programming and services pursuant to those contracts. As a result, those non-profit service providers struggle with finances and lack of revenue as they seek to maintain services.

- Positive Impact: Many non-profit organizations that have received grant awards to provide specific programs and activities currently face financial hardships if they receive an additional grant award to continue the same programming, but the new contract is not fully executed until one or several months after the start date. DHS providing payments to these organizations at the same rate as the previous year prior to finalization of the new contract would improve their cashflow and enable them to more easily cover staffing and program costs.

- Potential Opposition: DHS policies and practices regarding payments pursuant to grant award contracts are based on numerous factors involving input from several bureaus and units within the department. Any SCAODA motion or impacting DHS practice would not only impact the Bureau of Prevention Treatment & Recovery, but also other units that have no relationship with SCAODA or its committees. Also, the proposed motion may not take into consideration other important factors that multiple DHS units must weigh when establishing policies and practices regarding contract payments.

Rationale for Supporting Motion: The Planning & Funding Committee is concerned that a continuation of the status quo will threaten the ability of small and modest-sized non-profit service providers to continue providing important SUD services, due to continued cashflow and revenue shortages over a period of several months. Such concern could ultimately lead to some providers electing to no longer accepting grant awards and providing services. The Committee respects the complexity of contract payment practices that DHS faces; the Committee notes that this motion asks DHS to consider various approaches that would promote the issuance of earlier payments during new year contracts. The Council should be very flexible in accepting any payment practice and solution from DHS that meets the above needs without sacrificing agency automony and consideration of other important policy considerations.

OPEN MEETING MINUTES

Instructions: F-01922A

Name of Governmental Body: SCAODA Prevention Committee - Alcohol Priority Action Team			Attending: DOJ presenters: Derek Veitenheimer, Ashley Billig; Data Display presenters: Kate Rifken, Tom Bentley, Lynne Cotter Danielle Luther, Christina Denslinger, Faith Price, Roger Frings, Julia Sherman, Nicole Butt, Laura Zelenak, Emily Holder, Ronda Kopelke, Sarah Linnan, Sarah Johnson, Delora Newton with DWD (phone), Annie Short (phone), Frank Buress (phone) DHS Staff: Raina Haralampopoulos, Cecie Culp, Kimberly Wild, Christy Niemuth, Allison Weber, Maggie Northrop, Paul Krupski
Date: 10/17/2019	Time Started: 9:30 a.m.	Time Ended: 4:00 p.m.	
Location: State Patrol; 911 W. North Ave., DeForest, WI			Presiding Officer: Roger Frings

Minutes

1. **Introductions –** Roger welcomed members and guests to the meeting. Members and guests introduced themselves.

2. **Public Comment** – There was no public comment.

3. **July Meeting Minutes –** Julia Sherman made a motion to approve the minutes, Nicole Butt seconded the motion. No discussion and minutes were approved.

4. **Alcohol Priority Action Team -** Maggie Northrop, from the Division of Public Health (DPH), shared information about the 2019 update on the state health improvement plan related to the alcohol priority. The objectives will remain consistent for the addendum; may revisit strategies next year to make sure the strategies are relevant. Focus for this year's report is trying to connect the dots for each of the priority areas in terms of root causes for opioids, suicide, physical activity, and tobacco. Trying to connect disparities and gaps, while maintaining focus on factors that are unique to each priority area. Going public with performance management system and piloting it with Healthy Wisconsin. Each scorecard will be measuring the impact of the work will be public at the end of November. Pieces that will be public include: data visualization tool, because there is a performance management tool, a place to discuss the story behind the data, and explaining why trends are going in particular direction. Consider who partners are and identify evidence based strategies. Maggie can share scorecards at next meeting. Good communication tool with public. Scorecards aim to show what partners across the state are doing to move the needle in each priority area.

5. **Delora Newton (Department of Workforce Development, DWD) Comment on Workforce Report** – Delora commented that the report is very thorough and does not see any issue for the department with the way in which the report is written. Delora shared that DWD concerns were only in the areas of mandates about employee drug testing, but that there are no concerns as the report is written.

6. **Presentation from the Department of Justice (DOJ) on the Uniform Crime Reporting (UCR) Program**
Derek Veitenheimer, UCR Program Manager and Ashley Billig Research Analyst with DOJ
The purpose of program is to collect data to educate about issues in the criminal justice system to inform stakeholders. Two types of UCR reporting: Summary Based Reporting (SBR) and Wisconsin Incident Based Reporting System (WIBRS). SBR includes data on arrests related to drug possession or sale of marijuana, opium/cocaine, other dangerous narcotics and synthetics, as well as arrests for driving under the influence and liquor laws. SBR homicide data includes incident-level data on circumstances if they are alcohol or drug related, and if the offender was suspected of using drugs or alcohol in commission of the homicide. WIBRS data has much more detail than SBR data. Bureau of Justice Information and Analysis publishes statewide data dashboards

publicly. Wisconsin is aiming to fulfill federal mandate to switch entire state to incident-based reporting by 2021. Right now 60% of WI population is covered by WIBRS.

7. **Opioid Data Dashboard and Alcohol Data Dashboard Review**
   Lynne Cotter and Tom Bentley, Office of Health Informatics/Division of Public Health/DHS
   Kate Rifken, Bureau of Prevention, Treatment, and Recovery/Division of Care and Treatment Services/DHS
   Lynne, Tom, and Kate demonstrated the DHS opioid dashboard use. The opioid dashboards are live and available to the public. Indicators include opioid deaths, opioid hospitalizations, adult opioid use, and youth opioid use. Data continues to automatically update. The dashboards provide the ability to download the county profile to a pdf document that can be printed. They are currently developing a dashboard that shares data on mortality involving additional substances: all opioids, heroin, cocaine, methamphetamine, and multi-drug. Lynne, Tom, and Kate presented the draft Alcohol Use Data Dashboard and their goal is to release the Alcohol Data Dashboards to the public in early 2020.

8. **Discussion about future speakers and draft topics and questions for future presentations**
   Maggie Northrup shared that a key goal is identifying data gaps and needs as well as working to improve data collection and make recommendations on improved data collection.
   - Ronda Kopelke suggested **Federally Qualified Health Centers** (FQHCs), recommended **Greg Nycz** as a speaker who is the director of Family Health Center of Marshfield.
   - Julia Sherman suggested having **Department of Revenue** (DOR) present on what data they collect from municipalities and what they don't collect, or perhaps the Wisconsin Chief of Police Association; Sarah Johnson noted that DOR is presenting on their role in alcohol data collection to Dane County.
   - Sarah Linnan suggested someone from **Department of Transportation (DOT)** about crash data; Julia Sherman suggested **Darlene Schwartz** to present on their officer reporting system.
   - Maggie Northrup also suggested (from previous discussion notes) someone who works with **Medical Examiners** (one from Dane County, one from Milwaukee?), also someone related to the **trauma registry**, **League of Wisconsin Municipalities** to talk about granularity of data.
   - Emily Holder (Department of Public Instruction, **DPI**): Kate McCoy previously presented on the Youth Risk Behavior Survey (YRBS) to the Committee, they are about to roll out county reports within that system.
   - Roger Frings asked about presenters on prevention initiatives targeting college students. Cecie suggested **Badger Step Up program**. Julia Sherman suggested contacting **Reonda Washington, Alcohol, Tobacco, and Other Drugs Prevention Coordinator, University Health Services, UW-Madison**.
   - Emily Holder mentioned focus on Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Wisconsin Safe and Health Schools (WISH) Center data. **Brian Dean** is staff person at DPI that works with WISH Center.

9. **Discussion, Review, and Approval of the SCAODA Strategic Plan and Prevention Committee's Workplan**
   - Committee's suggestions on additional activities to report on for the 2018-2019 progress report: Sustainability and Prevention Messaging Training; Panel of FQHCs (at prevention conference).
   - Roger suggested looking at the goals/objectives from the last year and deciding which ones the Prevention Committee would like to carry along into this next year, which ones to not focus on this year, and any additional ones the Committee would like to add. Committee decided to keep all of the primary goals/objectives from 2018-19 year except for 1a and 4a. The Committee decided to add: 3a and 4c.

   DECISION: The five objectives that that the Committee will focus on in 2019-20 are: 2a, 3a, 3c, 3e, 4c.
   - Prevention Committee worked to write five priorities. Ronda Kopelke motioned to approve the priorities, seconded by Julia Sherman, and motion passed.
   - Raina will send the updated workplan out to the Committee.
   - Add an agenda item to each meeting to revisit the goals/objectives so we can continuously track progress.
   - January 2020 agenda – will discuss and map out potential activities that may correlate to the specific goals/objectives.
   - Add a running agenda item to do legislative updates so the Committee can become more engaged in policy/advocacy.
   - DHS staff will also start sending out the full SCAODA booklet to Prevention Committee so they can be up to date on what other Committees and full SCAODA are doing; either that or an email reminder to group that the SCAODA booklet is accessible to the public on the SCAODA website.

10. Updates on Prevention Grants

- A handout was provided to Committee members on Prevention Grant updates; if folks have questions they can write to Raina Haralampopoulos directly to ask about them.
- Ronda Kopelke asked why Alliance for Wisconsin Youth (AWY) grants were not included; Christy Niemuth explained that the Prevention Committee does not necessarily serve as the advisory board to those grants, so they only included the grants that the Committee acts as an advisory body to.
- Christy also provided some updates on issues that some counties have been having regarding the legal interpretation of regulations regarding purchase and dispensation of naloxone (ex: law enforcement should be getting naloxone from EMS only – not from public health departments, according to the city's insurance provider), other issues include concern over liability of public organizations (such as public health departments, Boys and Girls club) administering naloxone to an individual; if others are hearing issues about this or have additional thoughts on this issue, let Christy know.
    - The Committee discussed options that may be used to improve this issue. Roger suggested that one way to address this would be to have the person administering the naloxone (agencies, law enforcement departments, etc.) to be covered by the Good Samaritan law so that the coverage of that immunity extends to them. The Committee decided to send a motion to full SCAODA to address this issue.

DECISION: Committee would like to send a motion to the full council to request the Governor and legislature to clarify and update the Good Samaritan law to remove concerns about liability and extend coverage to public organizations, other than an individual, to administer naloxone, as well as the legislation regarding the prescription and delivery of naloxone (to include public health departments to be allowed to prescribe).

MOTION: Prevention Committee requests that the full SCAODA Council ask the Legislature and Governor to clarify and or revise for public health and health and human service agencies statutes regarding the prescription for and delivery of an opioid antagonist. Furthermore, Prevention Committee requests the full Council to request clarification of the intent of the Legislature and Governor to include public organizations under the Good Samaritan Law (§450.11 par.C)

Motion moved by Sarah Johnson, seconded by Ronda Kopelke with no further discussion and motion passed.

11. Workplace Prevention Ad Hoc Workgroup – draft review

Raina Haralampopoulos went through big-picture changes that had been made to the report. The Committee agreed that they would like to take action on the report at this meeting.

MOTION: Sarah Johnson moved to advance the Substance Misuse and Workforce Report to full SCAODA for their approval and endorsement, seconded by Julia Sherman, discussion, amended the motion to include the identified revisions and motion passed.

Discussion of report:

- During Employment – recommendation 5 – page 30, "An employment agency that is interested in becoming recovery-supportive workplace should consider the following …":
    - Change the second bullet point of this section to just say, "exclude from serving alcohol at work-related functions."
    - The top of this section should be changed from "employment agency" to "employer."
    - Change bullet point about transportation, "provide transportation options."
- DHS staff or original committee members may want to consider preparing a briefer version of the report, so readers who may not take the time to read the full report may be more willing to engage.
    - DHS staff will work with staff and committee members to write introductory letter/summary that is meant to accompany the report.
- Will address vaping in Appendix A: Tobacco Free workplace.

12. Agency Member Updates

Danielle Luther (Marshfield Clinic): HOPE Consortium conference was in August; very successful. 98% of their attendees reported that they would come back again. Youth singers from the Lac du Flambeau school district were the top session of the conference. Danielle shared the conference and session evaluations with the group. People liked that the conference was located in the North.

Julia Sherman (on behalf of Sarah Linnan, University of Wisconsin Population Health Institute): The Burden of Binge Drinking in Wisconsin report went live on Monday; next week University of Wisconsin communications will be doing an official rollout; they will be making a webinar explaining how to interpret and use the numbers from the report for local partners. NOTE: the numbers will be different from the previous report because this ONLY focuses on Binge Drinking – and not excessive drinking; hoping that this report will have a similar impact, though.
Julia Sherman (Wisconsin Alcohol Policy Project): Hello Kitty® wine has come to Wisconsin – being displayed and sold throughout the state. Julia believes there may be grounds to file a complaint with the Wine Institute. If people can take pictures and send to Julia – Cabernet Sauvignon and Chardonnay.
Raina (on behalf of Emily Holder, DPI): Building the Heart of Successful Schools Conference 12/5-12/6 in the Wisconsin Dells; there is a pre-conference day with 4 special topics. Raina sent conference info out to the Committee. Additionally, the state AODA program grants have been awarded, 45 projects, representing 68 school districts (including some consortiums) received grants, including 5 consortiums, these are 2 year grants. DPI received 94 student AODA mini-grants for review, and external review of applications will occur in October 28; Milwaukee Public Schools' allocation for student AODA minis grants is around $12,000 and $45,000 is their state AODA allocation. MPS conducts their own review of applications. Districts continue to receive annual Title IV-A (Student Support and Academic Enrichment) allocations of at least $10,000. This funding focuses on improving student outcomes through the enhancement of classroom instruction, safe and health school environments, and effective use of technology in the classroom.

13. **Future agenda items – January 16 meeting:**
    - Review workplan
    - Legislative Updates and Workplan Review will be added to the agenda
    - Raina will send out 2020 quarterly meeting dates
    - Alcohol Culture and Environment (ACE) report update – review charter
        - For ACE report: Raina will send Julia the charter she drafted a year ago to revise, then will figure out next steps on how to move it forward

Sarah Johnson motioned to adjourn, Julia Sherman seconded, and meeting adjourned.

Prepared by: K. Wild; C. Culp on 10/17/2019.

These minutes were approved by the governmental body on: 1/16/2020

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

January 16, 2020

9:30 AM to 4:00 PM

Wisconsin State Patrol DeForest Post
911 W. North Street - Large Conference Room
DeForest, Wisconsin 53532

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 October 2019 Meeting……. Chris Wardlow
4. Alcohol Priority Action Team (APAT) Work…….Maggie Northrop, OPPA/DHS
    - Presentation from the Department of Children and Families
    - Discussion about the next ad hoc committee…….Julia Sherman, UW Law School
5. Review and Discuss the SCAODA Strategic Plan and Goals with Prevention Committee's Progress……. Chris Wardlow
6. Legislative Updates…….Cecie Culp, UW PHI/WI DHS
7. Updates on Prevention Grants (PFS15, Tribal PFS, PDO, SPF Rx, and SOR) – DCTS Staff and Christina Denslinger, GLITC
8. Update on the Workplace Prevention Ad Hoc Committee's Report…….Raina Haralampopoulos, DCTS/DHS
9. Agency Member Updates…….Committee Members
10. Future Agenda Items…….Committee Members

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 608-267-3783 or at Mary.Haralampopoulos@wisconsin.gov.

Conference Call: 1-877-820-7831 Passcode: 441096

SCAODA Motion Introduction

Committee Introducing Motion: Prevention
Motion: Motion to ask SCAODA to write a letter requesting the Governor and Legislature to clarify and/or revise for public health and health and human service agencies the statutes regarding the prescribing, dispensing and delivery of an opioid antagonist. Furthermore, the Prevention Committee asks SCAODA request clarification of the intent of the Governor and Legislature to include public organizations under the Good Samaritan Law (Wis. Stat. §450.11 par.c)
Related SCAODA Goal: # 3 Advocate for adequate funding, capacity and infrastructure to implement effective outreach, prevention, treatment and recovery services for all in need.
Background: While recent legislation was intended to reduce opioid-related overdose deaths through expanding access to the opioid antagonist (naloxone) through the statewide standing order and the revision of the good Samaritan law to provide limited liability from prosecution for individuals who call for emergency medical services in the event of an overdose, confusion remains related to the authorization to warehouse and distribute naloxone through health and human service departments and specifically for licensed nursing staff. Many local Corporation Counsels and Medical Directors have interpreted the law such that public health departments, as agencies, are not covered under the standing order or Good Samaritan legislation. The prevention committee would like SCAODA to seek avenues with the legislature or Attorney General's office to clarify the statute and revise or clarify legislation as needed in order to reduce confusion and ensure that agencies who choose to implement a opioid antagonist distribution program can do so with the public health's best interest in mind rather than the fear of liability. • Positive impact: Reduced barriers to opioid antagonist distribution in order to save lives. Increase access to opioid antagaonists. • Potential Opposition: Clarifying the intent of legislation governing warehousing, distributing and administering opioid antagonists by public health departments, other agencies, or their staff does not mean that every physician or physcian assistant will be willing to sign a standing order for opioid antagonists.
Rationale for Supporting Motion: Motion is not intended to be prescriptive or preempt local control, but rather provide local health officials with the tools they need in order to address a public health crisis without fear of litigation.

Wisconsin Mental Health and Substance Use Needs Assessment 2019

DRAFT

WISCONSIN DEPARTMENT *of* HEALTH SERVICES

Table of Contents

Prevalence

Mental Health

Most recent statewide prevalence rates

Two types of mental health prevalence rates are described. If both symptoms and functional impairment exist, the individual is estimated to have a serious mental illness. The term for children in this category is severe emotional disorder. A second group of individuals with more mild mental health conditions experience symptoms but are still able to function for the most part in their daily life. Together, these two groups are sometimes called individuals with any mental illness. The adult any mental illness and serious mental illness national rates for the most recent year available (2017) and the year of the previous Wisconsin needs assessment (2015) are compared in Table 1 to examine the current rates and any changes in the past two years.

Table 1: Adult Mental Health Prevalence – 2015 and 2017 National Rates

	Any Mental Illness		Serious Mental Illness	
Demographic Characteristic	**2015**	**2017**	**2015**	**2017**
TOTAL	17.9	18.9	4	4.5
AGE				
18-25	21.7	25.8**	5	7.5
26-49	20.9	22.2	5	5.6
50 or Older	14	13.8	2.8	2.7
GENDER				
Male	14.3	15.1	3	3.3
Female	21.2	22.3	5	5.7
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino				
White	19.3	20.4	4.5	5.2
Black or African American	15.4	16.2	2.9	3.5
American Indian or Alaska Native	21.2	18.9	6.3	5.1
Native Hawaiian or Pacific Islander	14.8	19.4	1.8	4.8
Asian	12	14.5	1.7	2.4
Two or More Races	29.5	28.6	9.5	8.1
Hispanic or Latino	14.5	15.2	2.9	3.2
CURRENT EMPLOYMENT				
Full-Time	15.4	17**	3.1	3.7**
Part-Time	20.3	22.1	4.5	5.6
Unemployed	24.5	26.6	6	7.5
Other	19.7	19.4	4.9	5

Source: National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Services Administration (SAMHSA).

** - *Statistically significant difference from a smaller value on 2016 NSDUH survey year (.01 level)*

- The overall national rates of any mental illness and serious mental illness have increased slightly in the last two years, but not significantly.
- National trends show adults ages 18-25 and individuals who are currently employed full-time have an increasing rate of MHDs relative to other groups. The increase from 2015 to 2017 in any mental illness for these two groups is the only significant change in prevalence among the different demographic groups in Table 1.
- Multi-racial and unemployed individuals have relatively higher rates of MHDs.

Table 2: Mental Health Prevalence Indicators for Wisconsin - 2017

Wisconsin	12-17 years	18-25 years	26+ years	18+ years – All Adults
	Percent			
Major Depressive Episode	13.66	13.99[a]**	6.44	7.5
Serious Mental Illness	--	7.53[b]**	4.45[b]	4.88[b]
Any Mental Illness	--	25.53[b]	17.4	18.54

Source: NSDUH, SAMHSA.

a - Top 20 percent rate across all states

b - Top 20-40 percent rate across all states

*** - Statistically significant increase from the 2016 NSDUH survey results (.01 level)*

- In Table 2, Wisconsin adults rank higher than several other states on the prevalence of serious mental illness.
- Wisconsin adults ages 18-25 rank higher than many other states on all three prevalence indicators and especially for prevalence of major depressive episode.

Estimating the prevalence of mental health needs in the youth population is difficult. The above adult rates were generated from surveys and interviews conducted as part of the annual National Survey on Drug Use and Health by the Substance Abuse and Mental Health Services Administration. However, the National Survey on Drug Use and Health assesses a narrow component of youth mental health called major depressive episode, which is defined as a period of at least two weeks when an individual experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. Because major depressive episode is narrowly defined, it cannot be used to estimate the total prevalence of youth mental health needs throughout the state.

In the table below, the number of adults and children with any mental illness and serious mental illness or severe emotional disorder is estimated using the Wisconsin-specific adult rates from the National Survey on Drug Use and Health (18.54 percent and 4.88 percent, respectively) and the national children's rates from the National Institute of Mental Health Methods for the Epidemiology of Child and Adolescent Mental Disorders study (21 percent and 11 percent). Since these prevalence rates are not specific to differences among Wisconsin's county populations, the figures below are only meant to provide a general approximation.

Table 3: Wisconsin County Estimates of Individuals with Mental Health Needs in 2017

	2017 Adult (18+) Pop Estimate	Estimated Number of Adults w/AMI (18.54%)	Estimated Number of Adults w/SMI (4.88%)	2017 Child (5-17) Pop Estimate	Estimated Number of Children w/AMI (21.0%)	Estimated Number of Children w/SED (11.0%)
Adams	17,111	3,172	835	2,353	494	259
Ashland	12,233	2,268	597	2,700	567	297
Barron	35,516	6,585	1,733	7,302	1,533	803
Bayfield	12,349	2,290	603	2,055	432	226
Brown	195,461	36,238	9,538	45,476	9,550	5,002
Buffalo	10,453	1,938	510	2,058	432	226
Burnett	12,480	2,314	609	2,104	442	231
Calumet	37,289	6,913	1,820	9,509	1,997	1,046
Chippewa	49,084	9,100	2,395	10,685	2,244	1,175
Clark	24,371	4,518	1,189	7,316	1,536	805
Columbia	44,208	8,196	2,157	9,523	2,000	1,048
Crawford	12,881	2,388	629	2,627	552	289
Dane	413,209	76,609	20,165	78,848	16,558	8,673
Dodge	69,701	12,923	3,401	13,795	2,897	1,517
Door	22,964	4,258	1,121	3,463	727	381
Douglas	34,654	6,425	1,691	6,623	1,391	729
Dunn	35,389	6,561	1,727	6,557	1,377	721
Eau Claire	81,442	15,099	3,974	15,047	3,160	1,655
Florence	3,646	675	177	530	111	58
Fond du Lac	79,739	14,784	3,891	16,740	3,515	1,841
Forest	7,196	1,334	351	1,315	276	145
Grant	41,146	7,628	2,008	7,898	1,659	869
Green	28,463	5,277	1,389	6,433	1,351	708
Green Lake	14,476	2,684	706	3,240	680	356
Iowa	18,063	3,349	881	4,148	871	456
Iron	4,923	912	240	661	138	72
Jackson	16,018	2,970	782	3,290	691	362
Jefferson	65,968	12,230	3,219	14,166	2,975	1,558
Juneau	21,085	3,909	1,029	3,999	840	440
Kenosha	127,772	23,689	6,235	30,162	6,334	3,318
Kewaunee	15,892	2,946	776	3,447	724	379
La Crosse	93,806	17,392	4,578	17,516	3,678	1,927
Lafayette	12,594	2,335	615	3,068	644	337
Langlade	15,445	2,864	754	2,833	595	312

	2017 Adult (18+) Pop Estimate	Estimated Number of Adults w/AMI (18.54%)	Estimated Number of Adults w/SMI (4.88%)	2017 Child (5-17) Pop Estimate	Estimated Number of Children w/AMI (21.0%)	Estimated Number of Children w/SED (11.0%)
Lincoln	22,550	4,181	1,100	4,162	874	458
Manitowoc	62,891	11,660	3,069	12,578	2,641	1,384
Marathon	103,781	19,241	5,065	23,351	4,904	2,569
Marinette	32,804	6,082	1,601	6,085	1,278	669
Marquette	12,184	2,259	595	2,206	463	243
Menominee	3,044	564	148	1,088	228	119
Milwaukee	724,283	134,282	35,345	164,964	34,642	18,146
Monroe	33,744	6,256	1,647	8,518	1,789	937
Oconto	29,854	5,535	1,457	5,786	1,215	636
Oneida	29,292	5,431	1,429	4,501	945	495
Outagamie	139,252	25,817	6,795	32,387	6,801	3,563
Ozaukee	68,649	12,728	3,350	14,720	3,091	1,619
Pepin	5,707	1,058	279	1,161	244	128
Pierce	32,519	6,029	1,587	6,640	1,394	730
Polk	33,913	6,287	1,655	7,197	1,511	792
Portage	56,515	10,478	2,758	10,288	2,160	1,132
Price	11,222	2,081	548	1,842	387	203
Racine	148,890	27,604	7,266	34,115	7,164	3,753
Richland	13,729	2,545	670	2,976	625	327
Rock	122,950	22,795	6,000	28,448	5,974	3,129
Rusk	11,243	2,084	549	2,282	479	251
St. Croix	64,620	11,981	3,153	17,010	3,572	1,871
Sauk	48,754	9,039	2,379	10,789	2,266	1,187
Sawyer	13,115	2,432	640	2,434	511	268
Shawano	32,183	5,967	1,571	6,727	1,413	740
Sheboygan	88,928	16,487	4,340	19,680	4,133	2,165
Taylor	15,463	2,867	755	3,721	781	409
Trempealeau	22,254	4,126	1,086	5,270	1,107	580
Vernon	22,475	4,167	1,097	5,821	1,222	640
Vilas	17,869	3,313	872	2,760	580	304
Walworth	80,563	14,936	3,931	16,973	3,564	1,867
Washburn	12,613	2,338	616	2,270	477	250
Washington	103,436	19,177	5,048	23,325	4,898	2,566
Waukesha	308,790	57,250	15,069	67,582	14,192	7,434
Waupaca	40,812	7,567	1,992	8,290	1,741	912

	2017 Adult (18+) Pop Estimate	Estimated Number of Adults w/AMI (18.54%)	Estimated Number of Adults w/SMI (4.88%)	2017 Child (5-17) Pop Estimate	Estimated Number of Children w/AMI (21.0%)	Estimated Number of Children w/SED (11.0%)
Waushara	19,640	3,641	958	3,377	709	371
Winnebago	134,257	24,891	6,552	25,829	5,424	2,841
Wood	57,452	10,652	2,804	11,838	2,486	1,302
Wisconsin Total	**4,469,267**	**828,602**	**218,100**	**956,478**	**200,860**	**105,213**

Sources: National Survey on Drug Use and Health 2017, Substance Abuse and Mental Health Services Administration; Methods for the Epidemiology of Child and Adolescent Mental Disorders Study, National Institute of Mental Health.

Specific population prevalence rates

Table 4 highlights specific population groups known to have high rates of MHDs that are above 25 percent. These groups and their rankings have not changed much in the past decade.

Table 4: Population Groups with Highest Prevalence Rates

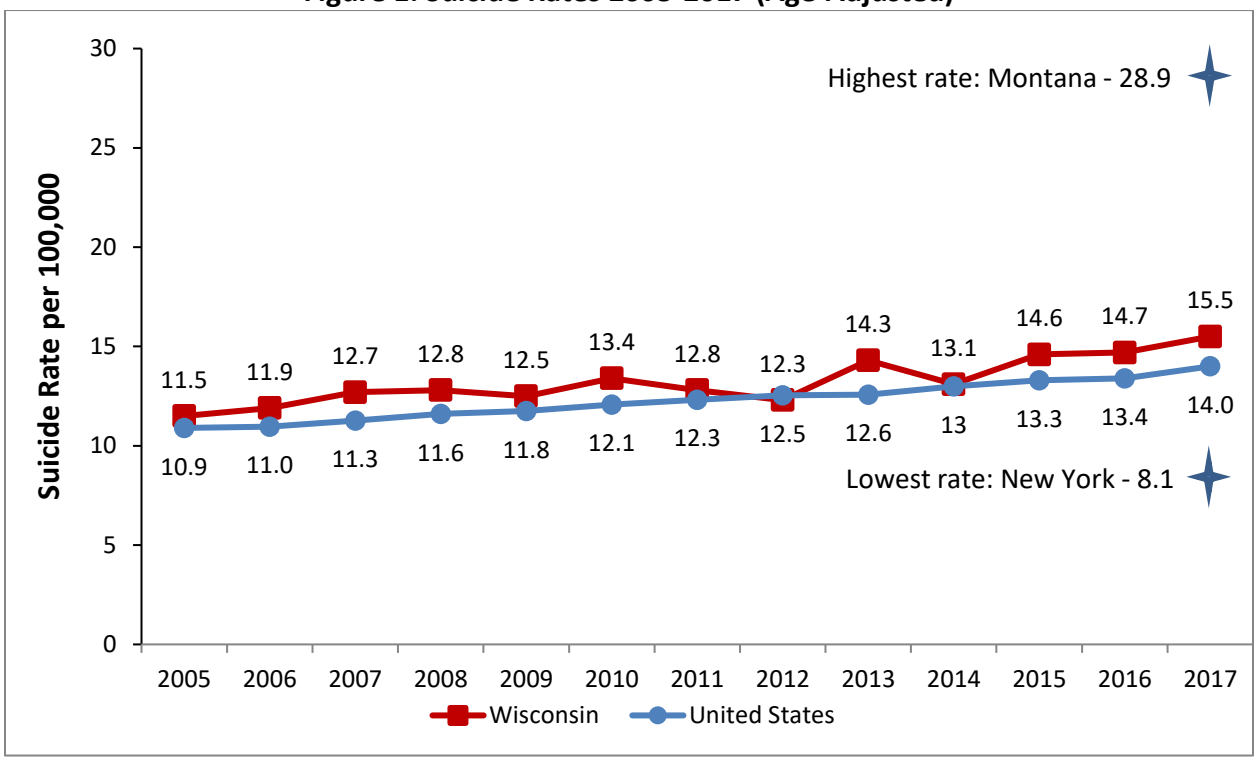
Population Group	AMI Prevalence Rate
County Jails	64.0
Corrections (Adults)	50.1
SUD (Adults)	45.6
Homeless	45.0
Lesbian, Gay, or Bisexual (LGB)	37.4
Two or More Races	28.6
Unemployed	26.6
Age 18-25	25.8
Poverty	25.6

Sources: See Appendix.

Priority highlight: Suicide

Wisconsin has had a suicide rate slightly higher than the national average over the last 13 years and calendar year 2017 was no different as illustrated in Figure 1. Wisconsin's suicide rate has been higher than the national rate every year except for once since 2005 and both rates have experienced a generally increasing trend over that period. Wisconsin's rate in 2017 was not only the highest it's been since 2005 (15.5), the gap with the national rate was the largest its been since 2005 with the exception of 2013.

Figure 1: Suicide Rates 2005-2017 (Age-Adjusted)



Source: CDC WISQARS Injury Mortality Reports for Suicides.

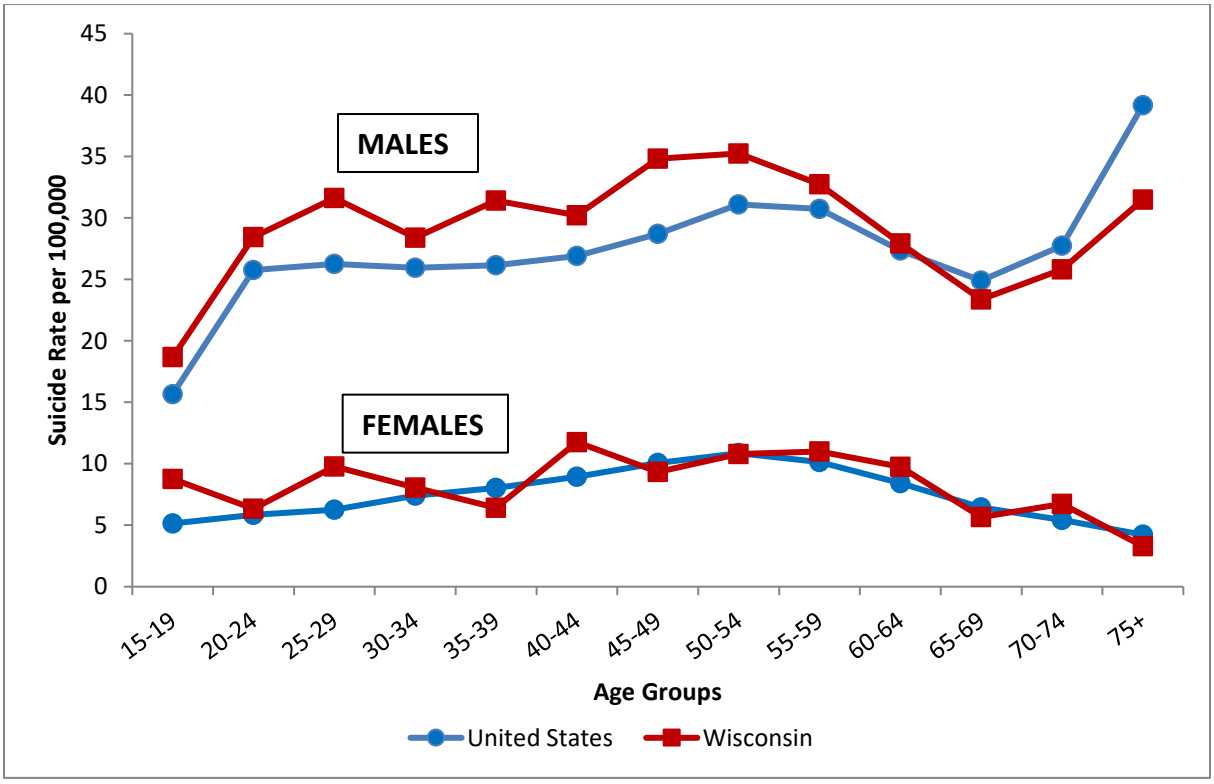
In addition to the comparison of the overall Wisconsin and national rates, other notable Wisconsin suicide rate trends per 100,000 people include:

- Wisconsin's suicide rate was higher in 2017 than the average Midwestern state rate (15.5 vs. 14.8) and was also higher every other year since 2005 with the exception of 2012.
- Wisconsin residents in rural counties with less than 50,000 people had a higher suicide rate (15.5) in the 2013-2017 period than residents in urban counties (14.6).
- When metro and non-metro areas are defined regardless of county boundaries, an even greater rural-urban disparity exists (16.6 vs. 15.1 in 2017). The national gap was even greater in 2017 when non-metro areas had a rate of 19.2 compared to 13.2 for metro areas. While the national rural-urban disparity has grown since 2005, Wisconsin's disparity has narrowed slightly from a difference in suicide rates of 2.6 to 1.5.
- Wisconsin's racial and ethnic minority groups are too small to examine suicide rate annual trends over time reliably. However, when 2013-2017 are combined to provide reliable comparisons amongst groups, American Indians (15.6) and Caucasians (15.3) have significantly higher rates than Blacks (5.3), Asians (6.5), and Hispanics (6.2).

Additional disparities in Wisconsin's suicide rate exist based on age and sex. The rate of suicide amongst males is significantly higher than amongst females in Wisconsin and nationally for every age group (Figure 2). Both young males and females in Wisconsin have higher rates through age 34 relative to the national rates and the disparity for Wisconsin males continues through age 64. The suicide rate peaks at ages 45-54 for males in Wisconsin and at ages 40-44 for females.

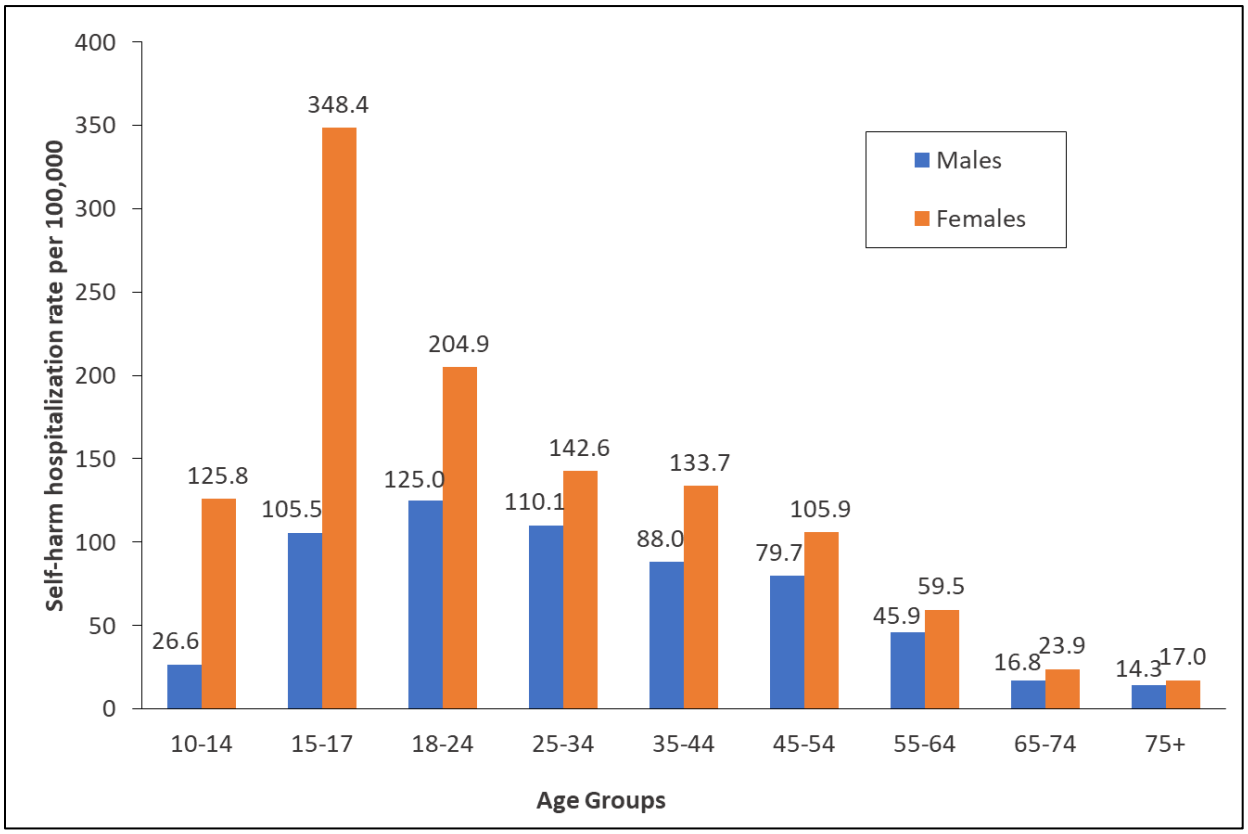
Although suicide rates for females are lower than males, evidence exists that the disparity narrows for young females in Wisconsin when "at risk" of self-harm is used rather than suicide as an indicator. Females ages 10-14 and 15-17 are hospitalized for self-harm behaviors at rates that are 4.7 and 3.3 times higher than males respectively (Figure 3). While young males have higher rates for completing suicide, young females are still a significant at-risk group that may warrant additional attention for suicide prevention efforts.

Figure 2: Suicide Rates by Age Groups and Sex, 2015-2017 Combined



Source: CDC WISQARS Injury Mortality Reports for Suicides; multiple years are combined to provide more reliable rates within the narrow age groups.

Figure 3: Self-Harm Hospitalization Rates by Age and Sex for 2016-2017



Source: Wisconsin Hospital Association (WHA) hospital discharge data.

Substance Use

Most recent statewide prevalence rates

A person having a Substance Use Disorder (SUD) means that they meet the screening criteria of a negative pattern of alcohol or other mood-altering drug misuse or addiction, resulting in significant health, social, psychological, or vocational impairment or distress and where intervention or treatment is advised. Table 5 displays the rate of SUD among Wisconsin residents compared with the national rate. Wisconsin's rate of SUD exceeds the national rate for both adults ages 18 and older and youths ages 12-17.

Table 5: Wisconsin Substance Use Disorder in the Past Year, by Age, 2016-2017

Measure	2015-2016		2016-2017	
	Wisconsin	U.S.	Wisconsin	U.S.
Substance Use Disorder, 18+	9.1%	7.9%	8.5%	7.7%
Substance Use Disorder, 12-17	5.2%	4.6%	4.2%	4.1%

Source: SAMSHA (2017) National Survey on Drug Use and Health

Table 6 below portrays rates of substance use among different substances compared to the U.S. average. In particular, the rate of past month alcohol use is Wisconsin is higher than the national average. Additionally, the rate of past year cocaine use has increased significantly in Wisconsin from the 2015-2016 combined survey to the 2016-2017 combined survey.

Table 6: Substance Use, by Substance, Age 12+, 2016-2017

Measure	2015-2016		2016-2017	
	Wisconsin	U.S.	Wisconsin	U.S.
Past month alcohol use	60.9%	51.2%	60.6%	51.2%
Past year marijuana use	12.2%	13.7%	12.7%	14.5%**
Past year cocaine use	1.4%	1.8%	2.0%**	2.0%**
Past year heroin use	0.3%	0.3%	0.4%	0.3%
Past year pain reliever misuse	4.0%	4.5%	3.8%	4.2%**
Past year opioid misuse*	3.3%	4.6%	--	--

Source: SAMSHA (2015-2017) National Survey on Drug Use and Health
*Past year opioid misuse measure is not released yet for combined 2016-2017 NSDUH survey
*** - Statistically significant difference from value on previous NSDUH survey year (.05 level)*

Population group prevalence rates

Estimates from the National Survey on Drug Use and Health suggest that rates of SUD vary across different population groups and some groups may be of particular interest also due to their projected prominence in the U.S. population. Table 7 shows the prevalence rates of individuals having an SUD for selected target populations.

Table 7: Population groups with highest prevalence

Population Group	SUD Prevalence Rate
Corrections (Adults)	56.0
Homeless	34.7
Corrections (Juveniles)	35.1
County Jails	32.0
Trauma	21.5
Mental Illness	18.3
Pregnant	16.6
LGBT	16.4
Native American	12.8
Deaf or Hard of Hearing	12.0

Sources: See Appendix.

Priority highlight: Opioids

Since the early 2000s, Wisconsin has been experiencing a surge in opioid misuse and its related harmful consequences. Among Wisconsin's 72 counties, the number of counties with any opioid-related deaths increased from 36 counties to 60 counties between 2004 and 2017. The prevalence of illicit and nonmedical use of opioids can be estimated from the National Survey on Drug Use and Health, Wisconsin sample data. Averaged across 2015 and 2016, 3.3 percent of Wisconsin individuals age 12 and older misused opioid-based medications in the past year, slightly less than the national average.

Table 8: Opioid Use in the Past Year, Age 12+, 2015-2016

Measure	Wisconsin	U.S.	Midwest
Past Year Opioid Misuse	3.3%	4.6%	4.3%

Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.

Table 9: Opioid Use in the Past Year, Age 12+, Rates per thousand, 2015-2016

Measure	Wisconsin	U.S.
Past Year Opioid Use Disorder	7.40	8.41
Past Year Opioid Use Disorder and Did Not Receive Treatment at a Specialty Facility	6.98	6.65

Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.

Many individuals with addiction to opioids begin their opioid use with a prescription for pain medication such as codeine, oxycontin, or vicodin. In recent years, the number of individuals in Wisconsin who obtain an opioid prescription has decreased, as has the number of opioid prescriptions filled each year (Table 10).

Table 10: Wisconsin Opioid Prescriptions

Prescription Indicator	2014	2015	2016	2017	2018
Individuals Obtaining an Opioid Prescription	1,148,713	1,137,214	1,076,501	964,638	872,222
Prescriptions Dispensed	5,081,327	5,014,011	4,709,813	4,062,133	3,569,147
Average Prescriptions Filled Per Person Obtaining an Opioid Prescription	4.23	4.40	4.37	4.21	4.09

Source: Prescription Drug Monitoring Program, Wisconsin Department of Safety and Professional Services.

In 2018, 70 of Wisconsin's 72 counties have amulance runs where naloxone is administered. According to the DHS ambulance run data system, there were 3,791 ambulance runs in 2018 across Wisconsin where naloxone was administered. This is a slight decrease since 2015 (3,857 ambulance runs with naloxone administration). This may be due to the increasing availability of naloxone through community organizations.

Table 11 displays some disparities across race and ethnicity in opioid-related deaths out of the Wisconsin population. From 2015-2017, American Indians have the highest rate of opioid-related deaths followed by black individuals.

Table 11: Drug Overdose Deaths Involving Any Opioid by Race or Ethnicity, Wisconsin, 2012-2014 and 2015-2017 Combined (Rates per 1,000 Population)

Race or Ethnicity	2012-2014 Number	2012-2014 Rate	2015-2017 Number	2015-2017 Rate
Black	159	.13	251	.20
American Indian	21	.10	51	.23
White	1441	.09	1961	.13
Hispanic	70	.06	125	.11
Asian	8	.02	4	.01

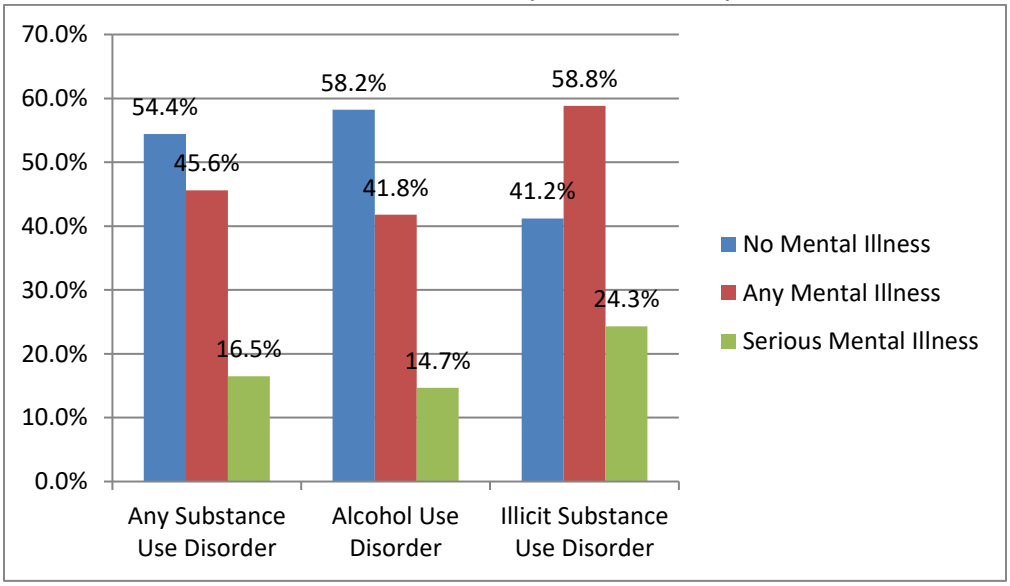
Source: Wisconsin Death Certificates, DHS.

Co-occurring MH/SU

Prevalence of MH/SU disorders co-occurring

This section presents national and Wisconsin data on the co-occurrence of MHDs and SUDs. Individuals with any SUD have a very high prevalence rate of any mental illness (45.6 percent), with an estimated 150,000-172,000 individuals affected in Wisconsin in 2017. Those with any mental illness are more likely to have a SUD than the general U.S. population.

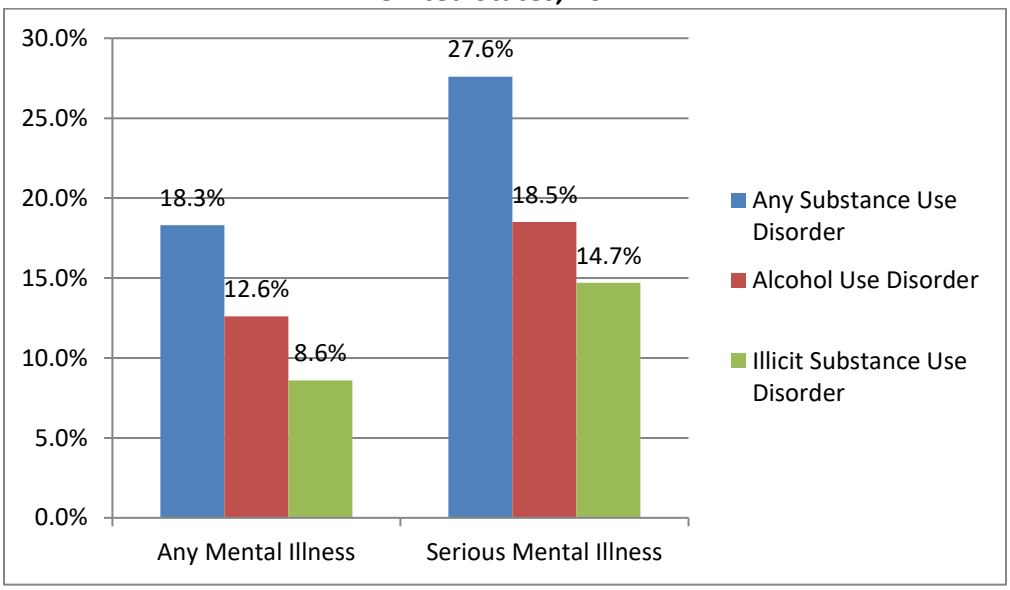
Figure 4: Substance Use Disorder Prevalence among Adult Individuals with and without Mental Health Disorders, United States, 2017



Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.
Notes: Figures are for MHD status and SUD status occurring within the past year of survey administration in 2017.

Figure 5 below presents data on the prevalence of SUDs among adults with any mental illness or serious mental illness. In general, individuals qualifying as having a serious mental illness are more likely than those with any mental illness to have a SUD.

Figure 5: Mental Illness Prevalence among Adult Individuals with Substance Use Disorders, United States, 2017



Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.
Notes: Figures are for MHD status and SUD status occurring within the past year of survey administration in 2017.

Access to Services

Treatment gap

The number of participants served is sometimes referred to as treated prevalence. Treated prevalence is defined as the percentage of individuals with needs who actually received services. The untreated prevalence describes the treatment gap between the population in need and the population that is served.

Individuals served in both public and private systems are included in analyses below. Figure 6 illustrates all major providers and insurers of mental health services in Wisconsin and provides a general portrayal of how services may overlap or remain distinct. The public system is defined as both services provided by public agencies and services paid for with public funds. The public providers are primarily the county-based service system and the two state mental health institutes. The state correctional institutions provide services to a small number of individuals which could also be categorized as a component of the public service system. The largest single funder of public services is Medicaid for both mental health and substance use, although private providers may also use Medicaid. The largest provider of mental health services overall is the commercial insurance sector. Commercial insurance plays a major role in the substance use system as well, but Medicaid funds are used more than any other funding source for substance use services. Two smaller groups for which no data is available include individuals who use employer-funded insurance plans or pay directly. The treatment gap for mental health services will be examined below first followed by the substance use treatment gap.

Figure 6: Sectors of Mental Health Providers and Insurers in Wisconsin

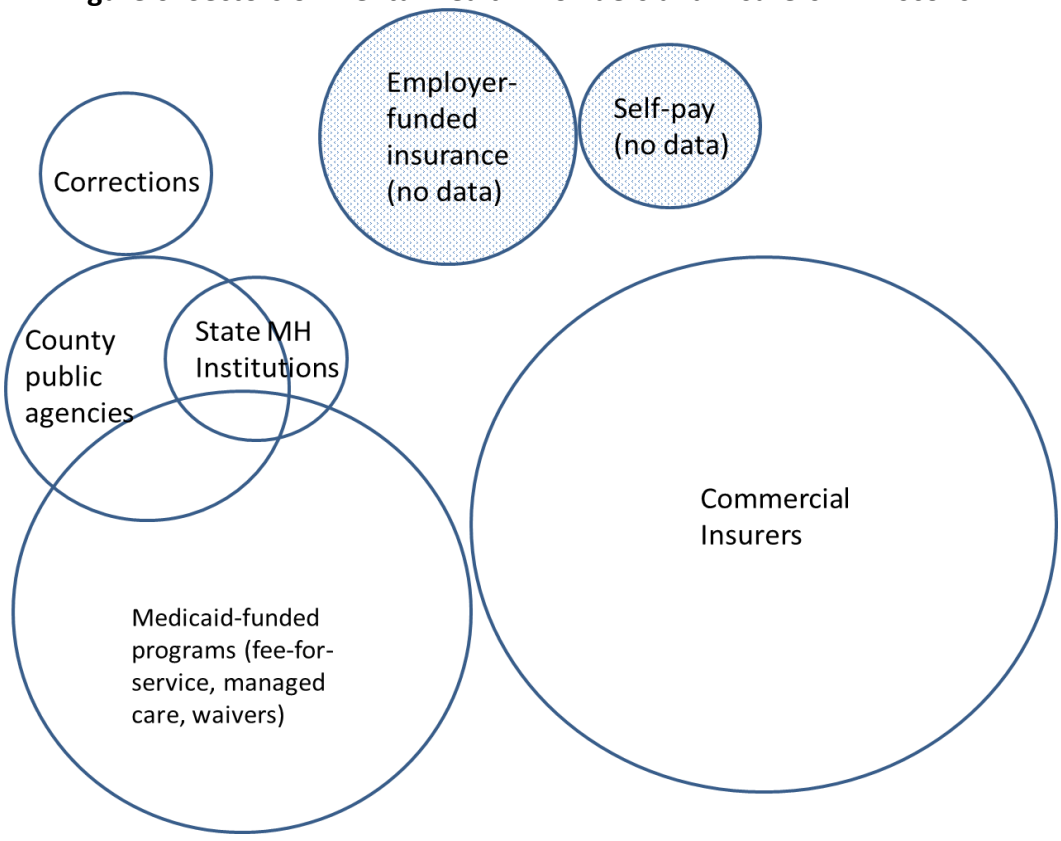


Table 12 describes how many adult and youth service participants received mental health services from different service sectors and funding sources in 2017. While many service participants (71,150) access mental health services through the public county system using a variety of potential funding sources, many more access services using a Medicaid fee-for-service (125,072) or Medicaid managed care (145,524) arrangement. While the different programs and providers listed in the table represent different data sets analyzed for this report, many participants use more than one of these programs and providers to access their mental health services. For example, 46 percent of participants served in the county service system used Medicaid fee-for-service and 25 percent used Medicaid managed care to fund at least some of their services. When all of the programs and providers in the top part of Table 12 are counted and unduplicated, it reveals 270,771 participants received services in the public service systems or were served with public funds.

The commercial insurance sector serves the most participants overall which included 274,606 people in 2017. The number of commercial insurance participants could not be unduplicated from the number of participants served in the public sector. When participants with commercial insurance and people served in the State mental health and correctional institutions are added to the public sector figures, an estimated 561,692 people received mental health services in 2017.

Table 12 also illustrates how adults and youth tend to access mental health services differently. In the adult mental health system, 53 percent access services using commercial insurance compared to only 34 percent of youth. Due to their dependent status, youth rely more heavily on Medicaid funding for accessing services. Fifty-four percent of youth used Medicaid funds for their mental health services in 2017 and 64 percent relied on Medicaid-funded and/or county-provided services.

Table 12: Mental Health Adult and Youth Participants Served in Wisconsin, 2017

Wisconsin Programs Providing Mental Health Services	Adults Served (18+)	Youth Served (0-17)	Total Served
Public County System	58,673	12,477	71,150
Medicaid Fee-for-Service	91,124	33,948	125,072
Medicaid Managed Care	94,636	50,888	145,524
Medicaid Children's Long-Term Care SED Waiver	0	1,277	1,277
Medicaid Milwaukee Wraparound/Dane Children Come First	0	1,771	1,771
Unduplicated Subtotal of Publicly-Funded Participants	**188,815**	**81,143**	**269,958**
State Mental Health Institutions	2,545	912	3,457
Corrections	12,736	122	12,858
Commercial Insurers[a]	230,540	44,067	274,606
Total Service Participants Served (partially unduplicated)[b]	**434,636**	**126,244**	**560,879**

[a] Commercial insurance data are based on approximately 85% of commercial insurance companies.

[b] The total number of people served is unduplicated across the county system and Medicaid-funded services. However, some duplication of clients served through other providers may exist.

Subtracting these figures from the number of individuals estimated to have any mental illness in 2017 in the Prevalence section of this report:

- The overall treatment gap is 46 percent, or 468,581 individuals annually.
- The overall adult treatment gap is 47 percent, or 393,965 adults annually.
- The overall youth treatment gap is 37 percent, or 74,616 youth annually.

Tables 13 and 14 provide adult and youth mental health treatment gaps for each county to examine where geographic disparities might exist. Each table lists the percent of individuals with any mental illness who are served in the public sector, served in the private commercial sector, and not served at all. The unserved individuals represent the treatment gap. Some county commercial insurance data was only available in multi-county groups to protect consumer confidentiality in smaller counties, so those county groupings had to be used to calculate individual county treatment gaps. Corrections data was not available by county, but is included in the statewide totals.

One common theme for both youth and adults is that the role of the public and private sectors varies significantly across different areas of the state. While 70 percent of adults with mental health needs are served in the private sector in Columbia County, just 8 percent are served in the private sector in Marinette County. The state totals reveal the public system plays a larger role in serving youth with mental health needs than in serving adults. While the public and private sectors serve a similar percentage of adults with needs (25% vs. 28%), the public sector serves nearly twice as many youth as the private sector (41% vs. 22%).

In addition, the size of the adult and youth treatment gaps are not always related to each other within a region. For example, in Shawano County where the adult treatment gap is higher than average (59%), the youth treatment gap is lower than average (24%). For State Department of Health Services and local county efforts to increase access to mental health care through the public sector, adult and youth populations may require different approaches. Also, these data suggest that the impact may be greater in areas with a large public sector and minimized in areas with a large private commercial sector.

In Table 13 examining the adult mental health treatment gap, the size of the commercial sector often determines the size of the treatment gap. Of the seven counties with treatment gaps of 30% or less, five are in the Dane County metropolitan area (Dane, Columbia, Sauk, Green, and Rock) where a strong commercial sector exists. Of the ten counties with the largest treatment gaps, five of them have commercial sectors that serve just 13% or less of people with a mental health need. The public sector is more consistent in serving between 12-35% of adults across all areas.

Table 13: Wisconsin Mental Health Treatment Gap for Adults - 2017

County/Region*	Adults Estimated # w/Any Mental Illness (18.54%)	Total # of Adults Served	% Served w/ Any Mental Illness - Public Sector	% Served w/ Any Mental Illness - Commercial Sector	% Unserved - Adult Treatment Gap
Wisconsin Total	828,601	434,636	25%	28%	47%
Ashland, Bayfield, Burnett, Rusk, Sawyer, Washburn	13,726	7,338	34%	20%	46%
Barron	6,585	3,403	30%	21%	49%
Brown, Florence, Menominee	37,477	16,623	27%	17%	56%
Buffalo, Pepin	2,996	920	18%	13%	69%
Calumet	6,913	1,578	14%	9%	77%
Chippewa	9,100	4,418	26%	23%	51%
Clark	4,518	2,401	29%	24%	47%
Columbia	8,196	7,608	23%	70%	7%
Dane	76,609	78,002	15%	87%	-2%**
Dodge	12,923	7,580	23%	35%	42%
Door	4,258	1,286	17%	13%	70%
Douglas	6,425	3,261	25%	26%	49%
Dunn	6,561	3,047	27%	19%	54%
Eau Claire	15,099	7,983	26%	27%	47%
Fond du Lac	14,784	6,383	26%	17%	57%
Grant, Iowa	10,977	7,153	22%	43%	35%
Green	5,277	4,191	20%	59%	21%
Green Lake	2,684	1,408	30%	22%	48%
Jefferson	12,230	7,609	24%	38%	38%
Juneau	3,909	2,742	35%	36%	29%
Kenosha	23,689	10,025	31%	11%	58%
Kewaunee	2,946	1,012	19%	16%	65%
La Crosse	17,392	8,392	26%	22%	52%
Manitowoc	11,660	4,183	23%	13%	64%
Marathon, Lincoln, Langlade, Taylor	29,153	15,851	26%	28%	46%
Marinette	6,082	2,424	32%	8%	60%
Marquette, Adams	5,431	2,865	32%	21%	47%
Milwaukee	134,282	56,838	31%	12%	57%
Monroe	6,256	2,486	26%	14%	60%
Oconto	5,535	2,116	25%	14%	61%
Outagamie	25,817	11,943	24%	22%	54%
Ozaukee	12,728	4,526	14%	21%	65%
Pierce	6,029	2,657	17%	27%	56%

County/Region*	Adults Estimated # w/Any Mental Illness (18.54%)	Total # of Adults Served	% Served w/ Any Mental Illness - Public Sector	% Served w/ Any Mental Illness - Commercial Sector	% Unserved - Adult Treatment Gap
Wisconsin Total	828,601	434,636	25%	28%	47%
Polk	6,287	3,620	28%	29%	43%
Portage	10,478	4,986	20%	28%	52%
Racine	27,604	11,244	27%	13%	60%
Richland, Lafayette	4,880	2,910	28%	32%	40%
Rock	22,795	16,680	29%	44%	27%
St. Croix	11,981	5,764	17%	31%	52%
Sauk	9,039	7,801	26%	60%	14%
Shawano	5,967	2,434	27%	13%	60%
Sheboygan	16,487	5,604	23%	11%	66%
Trempealeau	4,126	1,714	20%	21%	59%
Vernon	4,167	1,862	22%	22%	56%
Vilas, Forest, Oneida, Iron, Price	13,071	7,640	33%	26%	41%
Walworth	14,936	6,270	22%	20%	58%
Washington	19,177	7,085	17%	20%	63%
Waukesha	57,250	19,571	12%	22%	66%
Waupaca	7,567	3,528	25%	21%	54%
Waushara	3,641	1,400	25%	14%	61%
Winnebago	24,891	12,586	29%	22%	49%
Wood	10,652	7,463	31%	39%	30%

* - Due to small numbers of consumers served which are protected through HIPAA, commercial insurance data for some counties was grouped with nearby counties. Data from Crawford and Jackson Counties could not be combined with other counties and are individually excluded, but are included in state totals. The county groupings for the entire table reflect these adjustments.

** - Due to duplication of clients in the commercial data, Dane County's treatment gap appears as a surplus as if more clients were served than those with a mental health need.

Table 14: Wisconsin Mental Health Treatment Gap for Youth - 2017

County/Region*	Estimated Number of Youth w/AMI (21.0%)	Total # of Youth Served	% Served w/ Any Mental Illness - Public Sector	% Served w/ Any Mental Illness - Commercial Sector	% Unserved - Youth Treatment Gap
Wisconsin Total	200,860	126,244	41%	22%	37%
Ashland, Bayfield, Burnett, Rusk, Sawyer, Washburn	2,908	2,450	72%	13%	15%
Barron	1,533	1,039	55%	12%	33%
Brown, Florence, Menominee	9,889	5,524	43%	13%	44%
Buffalo, Pepin	676	327	39%	9%	52%
Calumet	1,997	608	24%	6%	70%
Chippewa	2,244	1,554	52%	17%	31%
Clark	1,536	740	36%	12%	52%
Columbia	2,000	1,898	39%	56%	5%
Dane	16,558	18,368	30%	81%	-11%**
Dodge	2,897	2,107	42%	31%	27%
Door	727	422	46%	12%	42%
Douglas	1,391	937	48%	19%	33%
Dunn	1,377	1,019	57%	17%	26%
Eau Claire	3,160	2,376	49%	27%	24%
Fond du Lac	3,515	1,948	44%	12%	44%
Grant, Iowa	2,530	1,843	40%	33%	27%
Green	1,351	1,098	38%	43%	19%
Green Lake	680	391	44%	13%	43%
Jefferson	2,975	2,140	40%	32%	28%
Juneau	840	710	57%	28%	15%
Kenosha	6,334	3,257	42%	9%	49%
Kewaunee	724	384	40%	14%	46%
La Crosse	3,678	2,576	49%	21%	30%
Manitowoc	2,641	1,408	41%	12%	47%
Marathon, Lincoln, Langlade, Taylor	7,154	4,919	48%	20%	32%
Marinette	1,278	919	65%	7%	28%
Marquette, Adams	957	874	76%	15%	9%
Milwaukee	34,642	21,019	53%	7%	40%
Monroe	1,789	1,037	47%	11%	42%
Oconto	1,215	690	48%	9%	43%
Outagamie	6,801	3,608	37%	16%	47%
Ozaukee	3,091	1,209	19%	20%	61%
Pierce	1,394	871	35%	28%	37%

County/Region*	Estimated Number of Youth w/AMI (21.0%)	Total # of Youth Served	% Served w/ Any Mental Illness - Public Sector	% Served w/ Any Mental Illness - Commercial Sector	% Unserved - Youth Treatment Gap
Wisconsin Total	200,860	126,244	41%	22%	37%
Polk	1,511	1,183	58%	21%	21%
Portage	2,160	1,416	43%	23%	34%
Racine	7,164	3,714	43%	9%	48%
Richland, Lafayette	1,269	814	45%	19%	36%
Rock	5,974	4,905	48%	34%	18%
St. Croix	3,572	2,049	29%	28%	43%
Sauk	2,266	1,994	43%	45%	12%
Shawano	1,413	1,076	67%	9%	24%
Sheboygan	4,133	1,848	37%	8%	55%
Trempealeau	1,107	503	32%	14%	54%
Vernon	1,222	548	30%	14%	56%
Vilas, Forest, Oneida, Iron, Price	2,326	1,997	70%	16%	14%
Walworth	3,564	1,793	36%	14%	50%
Washington	4,898	2,191	28%	17%	55%
Waukesha	14,192	5,643	21%	19%	60%
Waupaca	1,741	1,021	45%	13%	42%
Waushara	709	508	60%	12%	28%
Winnebago	5,424	3,867	53%	18%	29%
Wood	2,486	2,262	59%	32%	9%

* - Due to small numbers of consumers served which are protected through HIPAA, commercial insurance data for some counties was grouped with nearby counties. Data from Crawford and Jackson Counties could not be combined with other counties and are individually excluded, but are included in state totals. The county groupings for the entire table reflect these adjustments.
** - Due to duplication of clients in the commercial data, Dane County's treatment gap appears as a surplus as if more clients were served than those with a mental health need.

In Table 14 examining the youth mental health treatment gap, the public sector plays a more important role serving from 19-76% of youth with mental health needs. The three counties with the treatment gaps of 60% or larger (Waukesha, Calumet, and Ozaukee) also have public sectors that serve the fewest youth (19-24%) in the state. In the ten areas with the smallest youth treatment gap, three are in the Dane County area with a strong commercial sector, but three others have public sectors serving 70% or more of youth with needs and are from rural areas. Most of these three areas include eleven rural counties in the northernmost part of the state extending from Burnett County east over to Forest County.

Table 15 describes how many adult service participants received substance use services across different service sectors and funding sources in 2017. The same parameters for this data apply as described above for the mental health service participant data in Table 15. Very few youth receive substance use services, so only data on adults are included. Similar numbers of service participants access substance use services through the public system that DHS oversees (30,617) as access through Medicaid or medical assistance managed care programs (27,825) and Medicaid fee-for-service funded programs (33,024). When these groups are unduplicated, it reveals 70,267 service participants received services in the public system or were served with public funds. When the even larger group with commercial insurance who received services in 2017 is added, an estimated 118,722 received substance use services in 2017.

Table 15: Substance Use Service Adult Participants Served, Wisconsin, 2017

Wisconsin Programs/Agencies Providing Substance Use Services	**Adults Served (18+)**
County Public System	30,617
Medicaid Fee-for-Service	27,825
Medicaid Managed Care	33,024
Unduplicated Subtotal	**70,267**
State Mental Health Institutions	264
Corrections	3,089
Commercial Insurers[a]	45,102
Total Service Participants Served (partially unduplicated)[b]	**118,722**

[a] Commercial insurance data are based on approximately 85% of commercial insurance companies.
[b] The total number of people served is unduplicated across the county system and Medicaid-funded services. However, some duplication of clients served through other providers may exist.

In the Prevalence section of this report, it was estimated that 8.5% of adults (379,888) have a substance use problem within a year in Wisconsin. Subtracting the 118,722 adults who received substance use services in 2017 from this figure, the number of individuals who did not receive services for their need was 261,166 which is a treatment gap of 69%.

In Table 16, the adult substance use treatment gap is displayed for the state as well as for each county to examine where geographic disparities might exist. The table lists the percent of individuals with any substance use problem who are served in the public sector, served in the private commercial sector, and not served at all. The unserved individuals represent the treatment gap. As with the mental health data, some county commercial insurance data was only available in multi-county groups to protect consumer confidentiality and Corrections data was not available by county, but is included in the statewide totals.

Although the substance use treatment gap was 69% for the state, it ranged from 41-86% across different regions of the state. Similar to the mental health service system, many of the counties with the smallest treatment gaps under 60% were in the Dane County metropolitan area including Dane, Sauk, Columbia, Jefferson, Rock, and Green, but several were also rural counties in the far north region including Douglas, Forest, Oneida, Vilas, Iron, and Price. The counties with the largest treatment gaps of 80% or higher were all rural counties from the far west including Buffalo, Pepin, and Vernon or counties near the Lake Michigan corridor including Ozaukee, Calumet, Door, Sheboygan, Waukesha, and Outagamie.

Individuals with a need who did access substance use services in 2017 more often used the public sector (19%) than the private sector (12%). However, both sectors had influence on the size of the treatment gap. The regions with the smallest treatment gaps often had the largest coverage from the private commercial sector. Of the nine counties or regions with the smallest treatment gaps under 60%, six had larger contributions from the private commercial sector than any other county in the state. The regions with the largest treatment often had the least coverage from their public sectors. For example, the five counties or regions with the largest treatment gap were the same counties or regions with the least coverage from their public sectors.

Table 16: Wisconsin Substance Use Treatment Gap for Adults - 2017

County/Regions*	# with Substance Use Need (8.5%)	Total # Served	% Served w/ Substance Use Need - Public Sector	% Served w/ Substance Use Need - Commercial Sector	% Unserved - Treatment Gap
Wisconsin Total	**379,888**	**118,149**	**19%**	**12%**	**69%**
Ashland, Bayfield, Burnett, Rusk, Sawyer, Washburn	6,293	2,505	30%	10%	60%
Barron	3,019	758	19%	6%	75%
Brown, Florence, Menominee	17,183	4,385	19%	6%	74%
Buffalo, Pepin	1,374	233	10%	7%	83%
Calumet	3,170	452	10%	4%	86%
Chippewa	4,172	898	13%	8%	78%
Clark	2,072	564	16%	11%	73%
Columbia	3,758	2,209	16%	43%	41%
Dane	35,123	15,208	15%	28%	57%
Dodge	5,925	2,301	17%	21%	61%
Door	1,952	344	14%	4%	82%
Douglas	2,946	1,225	24%	18%	58%
Dunn	3,008	672	15%	7%	78%
Eau Claire	6,923	1,546	15%	7%	78%
Fond du Lac	6,778	2,115	25%	6%	69%
Grant, Iowa	5,033	1,582	16%	16%	69%

Green	2,419	1,095	17%	28%	55%
Green Lake	1,230	418	25%	9%	66%
Jefferson	5,607	2,509	22%	23%	55%
Juneau	1,792	842	24%	23%	53%
Kenosha	10,861	2,696	19%	5%	75%
Kewaunee	1,351	291	15%	7%	78%
La Crosse	7,974	2,365	21%	9%	70%
Manitowoc	5,346	1,238	18%	5%	77%
Marathon, Lincoln, Langlade, Taylor	13,365	4,878	23%	14%	64%
Marinette	2,788	828	24%	5%	70%
Marquette, Adams	2,490	986	27%	13%	60%
Milwaukee	61,564	19,710	26%	6%	68%
Monroe	2,868	756	20%	6%	74%
Oconto	2,538	612	18%	6%	76%
Outagamie	11,836	2,410	12%	8%	80%
Ozaukee	5,835	980	11%	6%	83%
Pierce	2,764	618	13%	9%	78%
Polk	2,883	1,156	22%	18%	60%
Portage	4,804	1,364	19%	10%	72%
Racine	12,656	4,340	27%	8%	66%
Richland, Lafayette	2,237	794	18%	17%	65%
Rock	10,451	5,454	25%	27%	48%
St. Croix	5,493	1,446	12%	14%	74%
Sauk	4,144	2,082	16%	34%	50%
Shawano	2,736	869	25%	7%	68%
Sheboygan	7,559	1,396	13%	5%	82%
Trempealeau	1,892	415	15%	7%	78%
Vernon	1,910	315	8%	9%	84%
Vilas, Forest, Oneida, Iron, Price	5,993	2,572	31%	12%	57%
Walworth	6,848	2,008	19%	10%	71%
Washington	8,792	2,015	14%	9%	77%
Waukesha	26,247	4,849	10%	9%	82%
Waupaca	3,469	951	17%	10%	73%
Waushara	1,669	523	24%	7%	69%
Winnebago	11,412	3,569	23%	8%	69%
Wood	4,883	1,801	23%	14%	63%

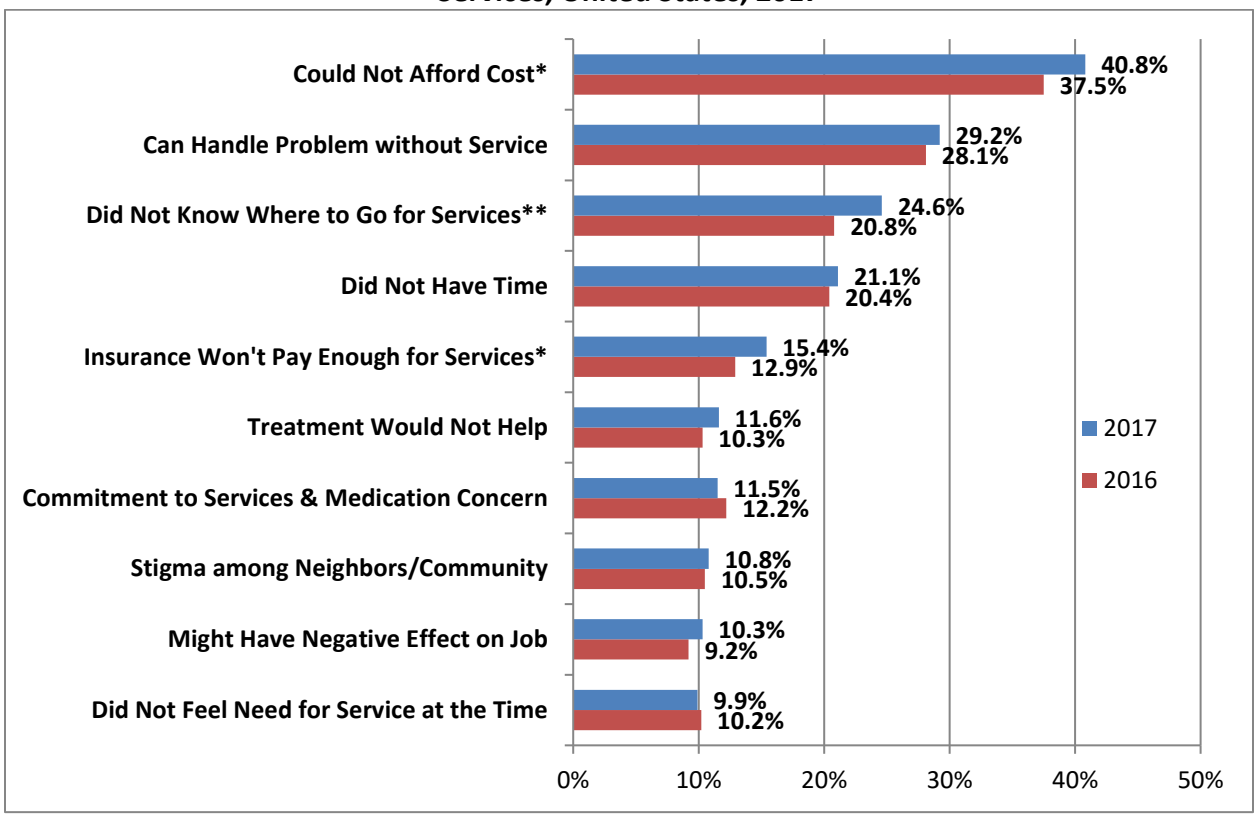
* - Due to small numbers of consumers served which are protected through HIPAA, commercial insurance data for some counties was grouped with nearby counties. Data from Crawford and Jackson Counties could not be combined with other counties and are individually excluded, but are included in state totals. The county groupings for the entire table reflect these adjustments.

Barriers to access

Many adults with any mental illness (57.4 percent) or serious mental illness (33.3 percent) did not receive any mental health services according to the 2017 National Survey on Drug Use and Health.

Respondents from the same survey with an unmet mental health need cited the top 10 reasons why they did not access treatment (Figure 7). These reasons and their rankings have not changed much since 2013, but inability to afford the cost of treatment, lack of knowledge on where to go for treatment, and inability of insurance to cover enough of the cost of treatment have all increased significantly from the previous year's survey.

Figure 7: Percent of Adult Individuals Citing Each Reason for Not Receiving Mental Health Services, United States, 2017



Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.

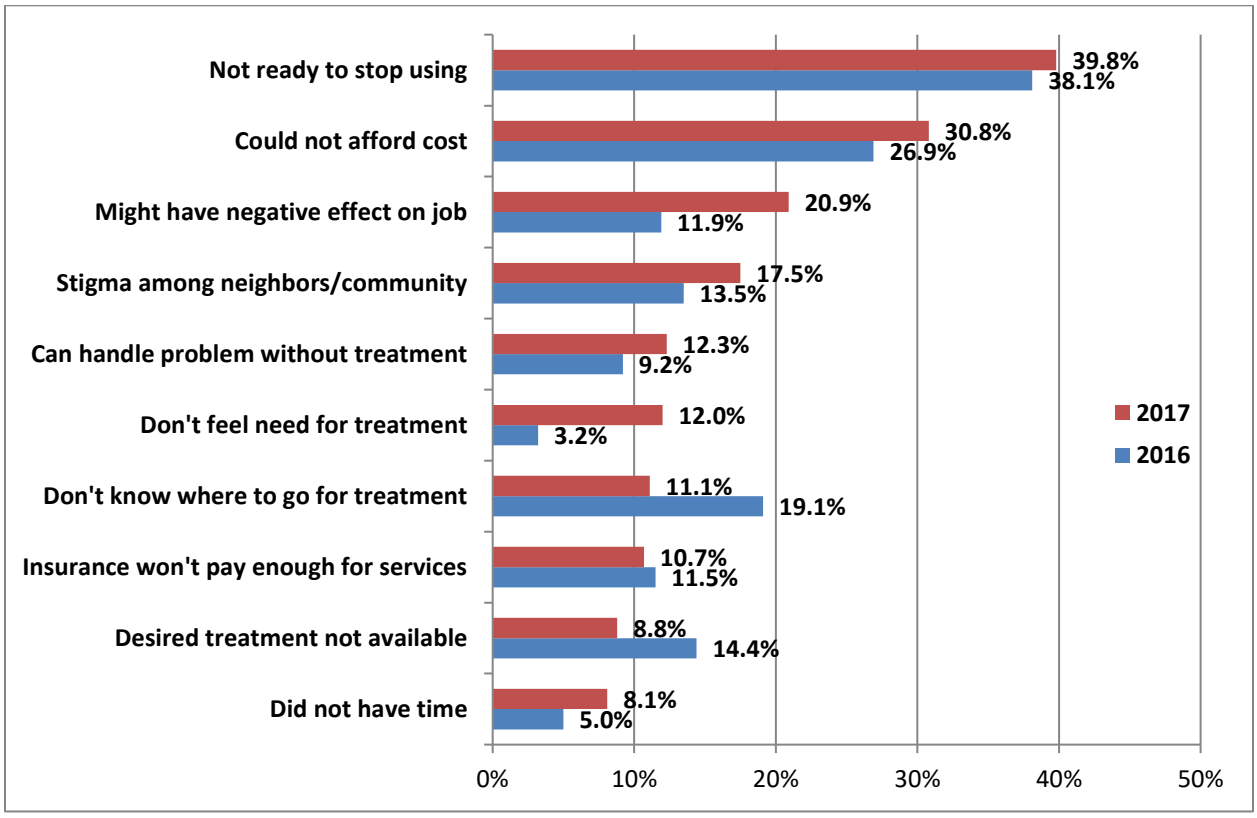
** - 2017 value statistically significant difference from value on 2016 NSDUH survey year (.05 level)*

*** - 2017 value statistically significant difference from value on 2016 NSDUH survey year (.01 level)*

Note: Among top 10 identified reasons

The National Survey on Drug Use and Health also asked individuals whether they had a substance use need, if they received treatment, and if they experienced barriers to accessing treatment. In 2017, respondents who had an unmet substance use need for treatment cited the top 10 reasons for why they did not access treatment (Figure 8). For all of the below reasons except lack of knowledge on where to go for treatment, inability of insurance to cover enough of the cost of treatment, and lack of desired treatment availability, the percent of adults citing each reason has increased from the previous 2016 survey.

Figure 8: Percent of Adult Individuals Citing Each Reason for Not Receiving Substance Use Treatment, United States, 2017



Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.
Note: Among top 10 identified reasons

Service Workforce/Capacity

Mental Health

Psychiatrist shortages

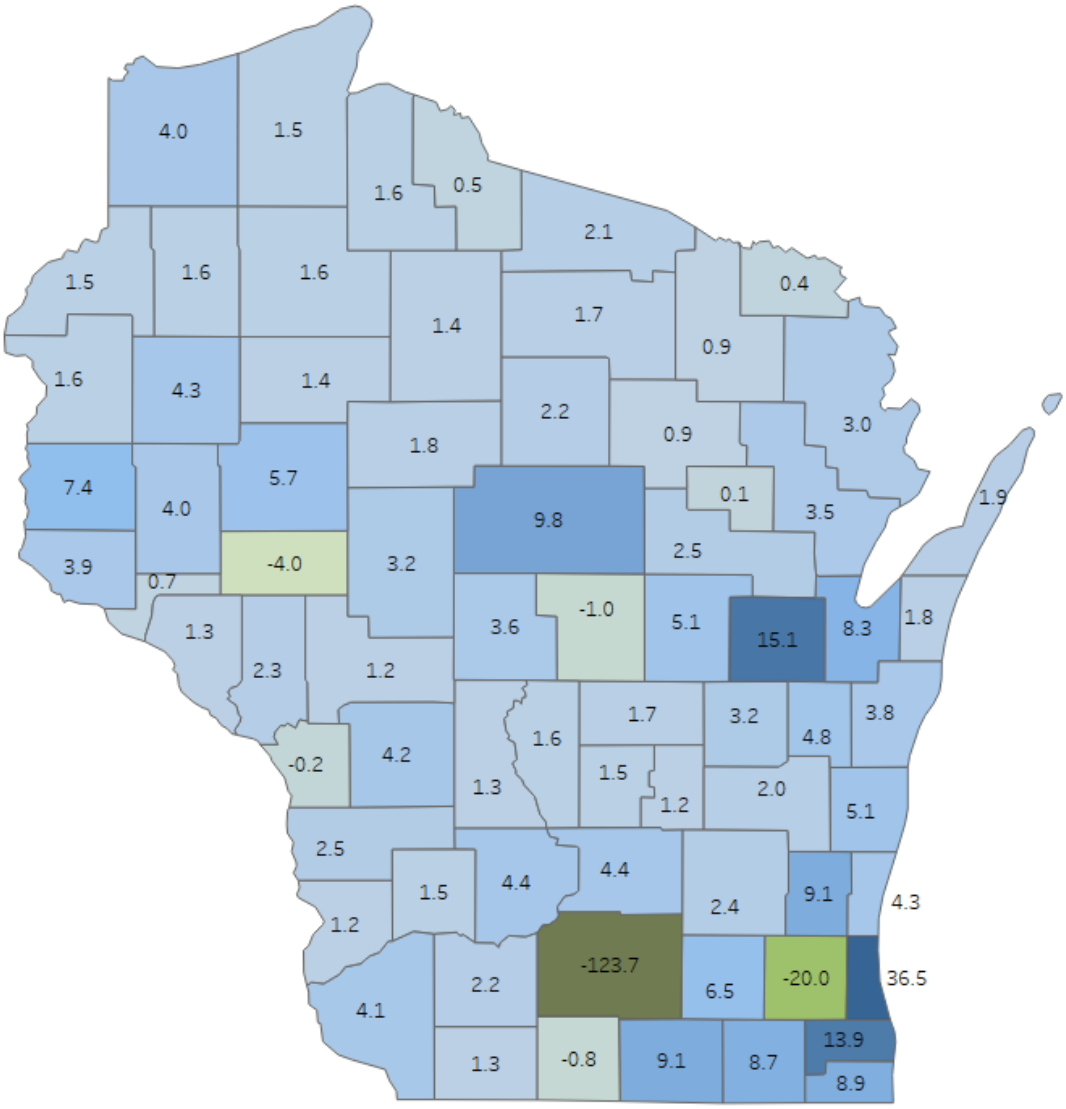
The DHS Primary Care Program is responsible for tracking health care professional shortages in Wisconsin, including psychiatrists, and coordinating federal grants targeted to address these shortages. The most recent available data on psychiatrist shortage areas is from March 2019 and is described below in Figure 9. For each county, the number of psychiatrist full-time equivalent (FTE) positions that are needed to eliminate the shortage is calculated. A shortage designation can then be calculated to determine if an area can qualify for Health Professional Shortage Area (HPSA) federal funding. A significant shortage means having a ratio of 10,000 population to one full-time equivalent psychiatrist or higher. A 20,000 to one full-time equivalent ratio is required to qualify for a federal designation as a health professional shortage area and be eligible for federal benefits.

A summary of the highlights from the psychiatrist shortage data in Table 17 includes:

- All but six counties have some level of psychiatrist shortages.
- Although almost all rural areas have shortages of psychiatrists, larger counties have the largest shortages. The counties with the ten largest FTE shortages all have populations over 100,000 with the exception of St. Croix County. The counties with the largest shortages are Milwaukee, Outagamie, and Racine.
- Milwaukee County has a shortage of 36.5 psychiatrist FTEs which is more than three times larger than the next county with a shortage.
- Of the six counties with an adequate supply of psychiatrists, all are counties with a large urban area with the exception of Green County.
- Waukesha and Dane are estimated to have a combined surplus of 144 psychiatrists with the majority of the surplus residing in Dane County.

Without the ability to relocate any psychiatrist FTEs from where they are currently practicing, Wisconsin needs 117 more psychiatrist FTEs statewide. However, if some psychiatrists were able to relocate from Dane and Waukesha Counties, it is possible that the shortages could be eliminated. Although relocation for all surplus psychiatrists in these two counties is unlikely, the use of telehealth when appropriate could be used by psychiatrists in surplus areas to help address the need in shortage areas.

Figure 9: Number of Psychiatrist Full-Time Equivalents Needed to Reduce Significant Shortages for the Resident Population, March 2019



Source: DHS Office of Primary Care

Table 17: Number of Psychiatrists Needed to Reduce Significant Shortage, March 2019

County	Resident Civilian Population	Number of Psychiatrist FTEs Needed to Reduce Significant Shortage
Adams	20,111	1.6
Ashland	15,779	1.6
Barron	45,358	4.3
Bayfield	15,004	1.5
Brown	258,004	8.3
Buffalo	13,243	1.3
Burnett	15,239	1.5
Calumet	49,737	4.8
Chippewa	63,445	5.7
Clark	34,513	3.2
Columbia	56,790	4.4
Crawford	16,313	1.2
Dane	522,837	-123.7
Dodge	87,833	2.4
Door	27,443	1.9
Douglas	43,503	4.0
Dunn	44,260	4.0
Eau Claire	102,388	-4.0
Florence	4,354	0.4
Fond du Lac	102,082	2.0
Forest	9,035	0.9
Grant	51,742	4.1
Green	36,869	-0.8
Green Lake	18,745	1.2
Iowa	23,576	2.2
Iron	5,748	0.5
Jackson	20,531	1.2
Jefferson	84,586	6.5
Juneau	26,427	1.3
Kenosha	167,886	8.9
Kewaunee	20,378	1.8
La Crosse	117,582	-0.2
Lafayette	16,755	1.3
Langlade	19,190	0.9
Lincoln	27,994	2.2
Manitowoc	79,680	3.8
Marathon	135,293	9.8
Marinette	40,712	3.0
Marquette	15,164	1.5

County	Resident Civilian Population	Number of Psychiatrist FTEs Needed to Reduce Significant Shortage
Menominee	4,506	0.1
Milwaukee	956,586	36.5
Monroe	45,303	4.2
Oconto	37,465	3.5
Oneida	35,352	1.7
Outagamie	183,288	15.1
Ozaukee	87,817	4.3
Pepin	7,282	0.7
Pierce	41,226	3.9
Polk	43,328	1.6
Portage	70,371	-1.0
Price	13,566	1.4
Racine	195,101	13.9
Richland	17,626	1.5
Rock	161,226	9.1
Rusk	14,211	1.4
Sauk	63,340	4.4
Sawyer	16,384	1.6
Shawano	41,136	2.5
Sheboygan	115,094	5.1
St. Croix	87,142	7.4
Taylor	20,344	1.8
Trempealeau	29,510	2.3
Vernon	30,378	2.5
Vilas	21,465	2.1
Walworth	102,917	8.7
Washburn	15,638	1.6
Washington	133,967	9.1
Waukesha	396,731	-20.0
Waupaca	51,651	5.1
Waushara	24,170	1.7
Winnebago	169,540	3.2
Wood	73,427	3.6

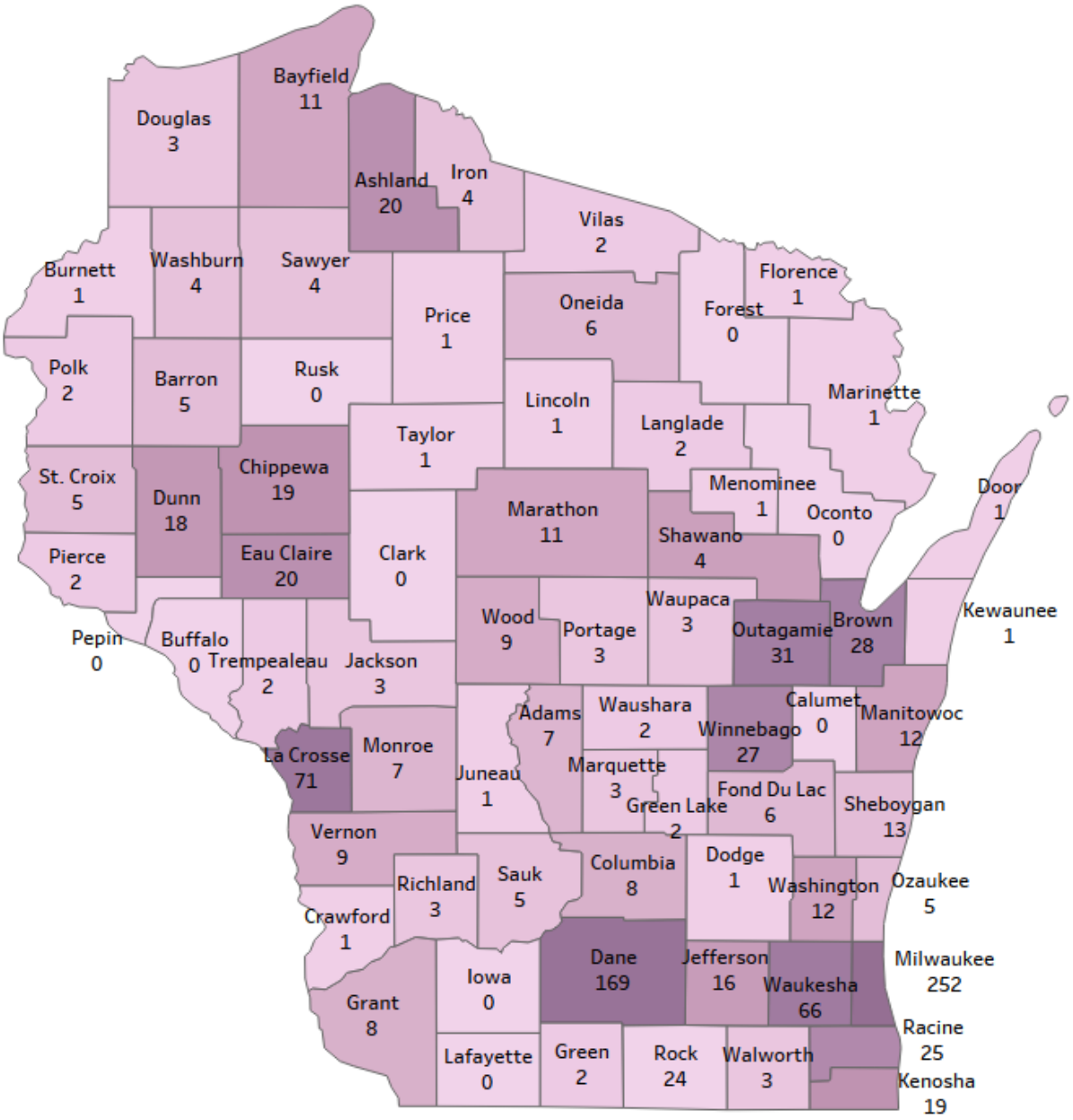
Source: DHS Office of Primary Care

Map of Certified Peer Specialists

The use of certified peer specialists to expand the capacity of the Wisconsin mental health system has grown exponentially since the initial and updated needs assessment reports. Certified peer specialists cannot only increase the capacity of an agency's workforce, they can also improve the quality and effectiveness of treatment by establishing a collaborative, trusting relationship between the provider agency and the individuals receiving services.

The map in Figure 10 provides the most recent snapshot of certified peer specialists across Wisconsin as indicated Certified Peer Specialist applicant testing data provided by Access to Independence, Inc., the DHS contracted manager of the certified peer specialist initiative. In December of 2018, there were 1009 certified peer specialists in Wisconsin, up from 740 in December of 2017. As expected, more certfied peer specialists exist in more urban areas of the state. Rural counties in the northern and southwestern areas of the state are in the greatest need of certified peer specialists.

Figure 10: Wisconsin Certified Peer Specialists by County as of December 2018



Source: Certified Peer Specialist applicant testing score data, Access to Independence, Inc.
Note: Counts in counties are according to certified peer specialist residence and not possible place of employment. Seven individuals listed counties that were outside of Wisconsin.

A 2018 survey conducted by Access to Independence, Inc. of certified peer specialists (n=143) found that 51 percent of respondents were currently employed as a certified peer specialist and 41 percent of those employed had been employed for more than one year. Lack of certified peer specialist jobs in their area was the top reason certified peer specialists reported they were unemployed.

Community Support Programs and Comprehensive Community Services, available in most areas of the state, may provide an accessible and sustainable environment for certified peer specialists to find employment. These programs are among some of the most common sources of employment for certified peer specialists (Table 18).

Table 18: Most Common Employment Environments Among Employed Certified Peer Specialists*

Employment Environment	Frequency	Percent
Comprehensive Community Services	15	17%
Substance Use Disorder Treatment and Recovery	11	13%
Community Support Programs	7	8%
Housing (Supported Living Arrangement)	7	8%
Drop-in Center (Peer run)	6	7%
Independent Living Center	5	6%
Reentry Program	5	6%
Peer Run Respite	4	5%
Crisis Services	4	5%

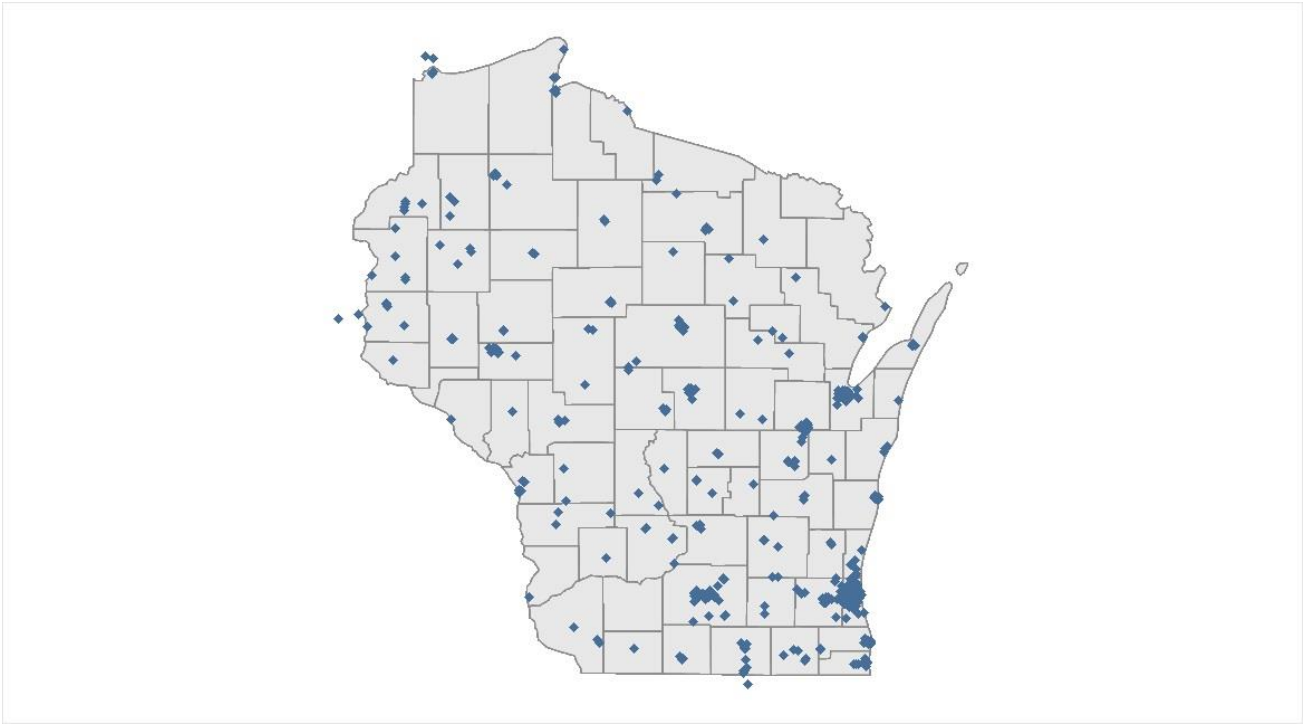
Source: 2018 Survey of Peer Specialists (n=139), Access to Independence, Inc.
*Defined as present among 5 percent or more of certified peer specialist survey respondents
Note: "Other (Specify)" was the listed as employment environment among 12 peers (14%).

Substance Use

The maps (Figures 11 and 12) below describe Division of Quality Assurance (DQA) certified providers across the State of Wisconsin in Substance Use and Mental Health services. These include providers who perform services such as inpatient, medically monitored treatment services, emergency outpatient, day treatment, and other types of services.

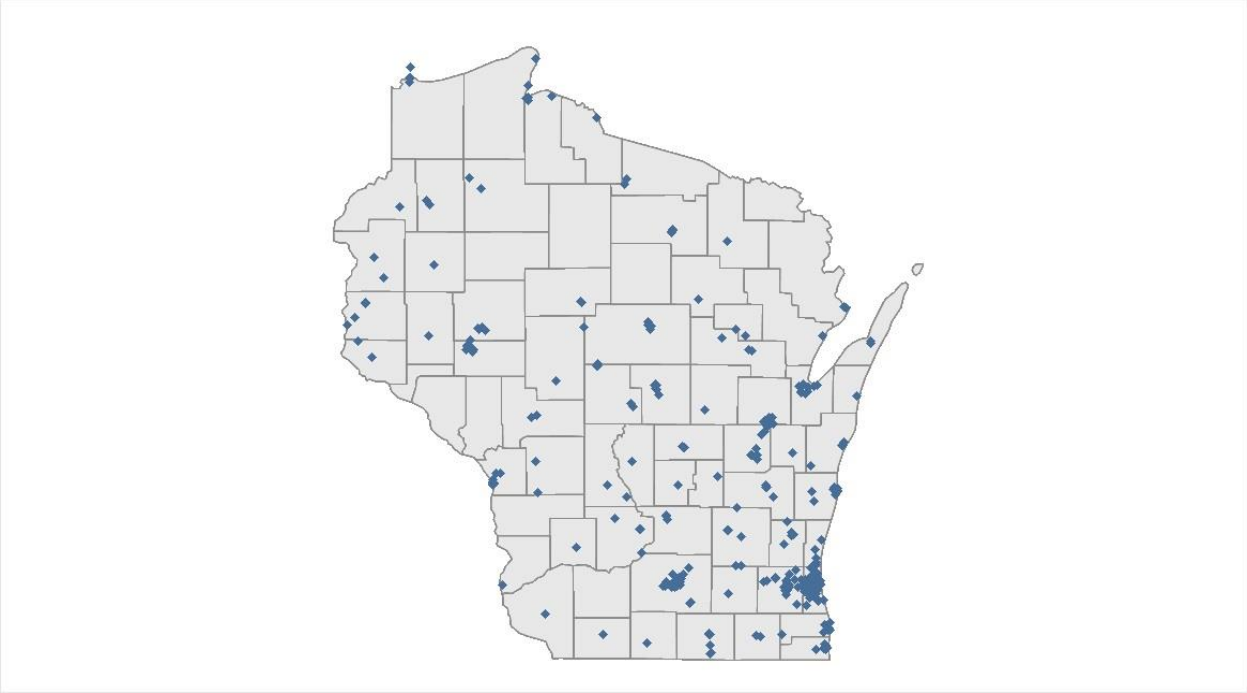
DQA Providers

Figure 11: Statewide Mental Health Providers



Source: DQA

Figure 12: Statewide Substance Use Providers

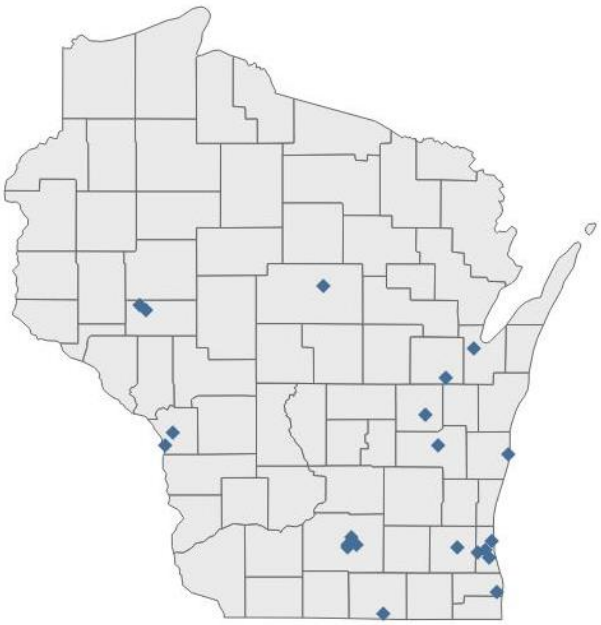


Source: DQA

Opioid Treatment Programs

There are 21 opioid treatment programs in 13 counties as shown in Figure 13. These programs are specially licensed centers that provide Food and Drug Administration-approved medications combined with counseling and other support services.

Figure 13: Opioid Treatment Program Availability

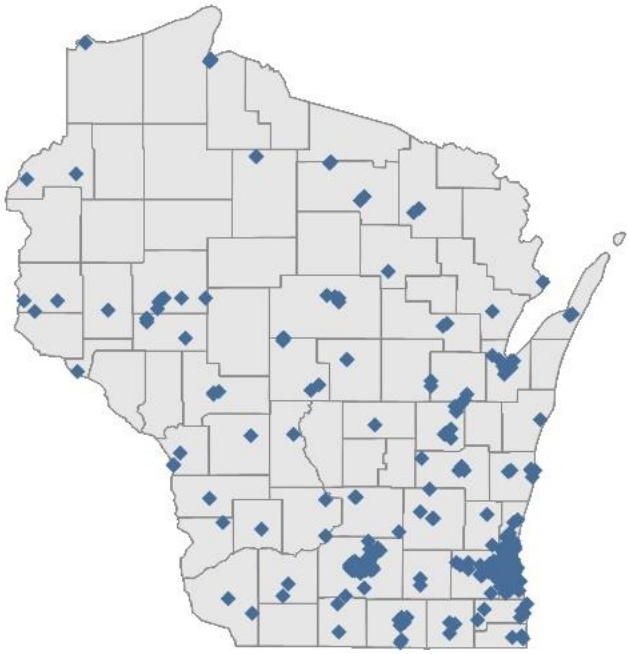


Source: Wisconsin Opioid Treatment Program

Buprenorphine Prescribers

The use of medications such as naltrexone, buprenorphine, and methadone to supplement psychosocial addiction treatment is an evidence-based approach to care. As of March 2019, there were approximately 880 federally approved prescribers of buprenorphine in Wisconsin. They are approved for varying caseloads of 30, 100, and 275 patients each. Even with this capacity, the availability of slots and prescribers for this medication continues to impede efforts to provide or expand opioid treatment in many areas of Wisconsin. Figure 14, from the National Registry of Buprenorphine Prescribers, shows the distribution of buprenorphine prescribers in Wisconsin. Fifteen (21 percent) of Wisconsin's 72 counties do not have access to a buprenorphine prescriber.

Figure 14: Buprenorphine Prescriber Availability by Wisconsin County



Source: National Registry of Buprenorphine Prescribers

Appendix: Special Population Group References

Any Mental Illness (AMI) Prevalence Rate References

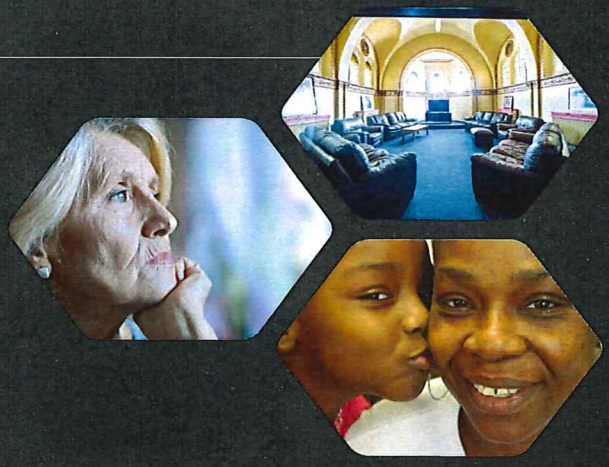
Substance Use Disorder (SUD) (Adults)	National Survey on Drug Use and Health 2017, Table 8.21B; https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.pdf
Poverty (Adults)	National Survey on Drug Use and Health, 2017, Table 8.3B; https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.pdf
Ages 18-25	National Survey on Drug Use and Health, 2017, Table 8.1B; https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.pd f
Lesbian, Gay, or Bisexual (Adults)	NSDUH Data Review – Sexual Orientation and Estimates of Adult Substance Use and Mental Health: Results from the 2015 National Survey on Drug Use and Health 2015; https://www.samhsa.gov/data/sites/default/files/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015.pdf
Corrections and County Jails (Adults)	U.S. Department of Justice – Special Report: Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12 (June 2017). https://www.bjs.gov/content/pub/pdf/imhprpji1112.pdf
Two or More Races (Adults)	National Survey on Drug Use and Health 2017, Table 8.2B; https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.pdf
Homeless	Mental Illness Policy.org, 2015 National Estimates; https://mentalillnesspolicy.org/consequences/homeless-mentally-ill.html
Unemployed	National Survey on Drug Use and Health, 2017, Table 8.2B; https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.pdf

A Snapshot

Residential Treatment
- 43 beds for women
- 15 beds for our clients' children 12 and under

Outpatient Treatment
- Tailored to meet women where they are in recovery
- Services offered Monday through Friday

Recovery Housing Community
- 16 apartment units for families led by women in early recovery
- 10 shared apartment units for single women in early recovery



2

The Location

In Milwaukee's Riverwest neighborhood near UWM

The Buildings

- Our main campus Residential program is located within two side-by-side secured buildings that formally served as the convent and rectory for St. Casimir Parish. Our third location is an 8-bed facility is two miles away in Shorewood
- Both are licensed CBRF facilities under 75.11 and 75.14

3

Who we serve

In 2019, Meta House served 509 women, 125 of whom were pregnant or postpartum, and 301 children.

At admission in 2019:

34% earned a HS diploma or GED
71% were unemployed
97% had an annual income of less than $20,000
63% were homeless or unstably housed
86% had experienced abuse in their lifetime
66% had a co-occurring mental health disorder
80% had been to treatment at least once before
86% had criminal justice in their lifetime
46% were involved with child welfare

4

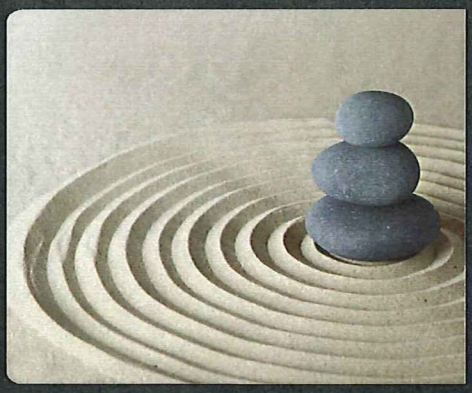
Our Approach

Meta House is a **gender specific** treatment program designed for women struggling with a substance use disorder.

~80% of the clients we serve are survivors of abuse. For that reason, we ensure that we are **trauma informed** and **strength based** in all that we do.

~80% of the women we treat are mothers. It is critical to the long-term success of our clients and their families that we are **family centered** in our approach.

Addiction is a disease. Meta House incorporates **evidence-based** therapeutic practices in our work to ensure that our clients have the tools to build a strong recovery program.



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Specialized Services for Pregnant Women

Meta House served 125 women who were either pregnant or had a baby under the age of one in 2019

- Nutrition
- Connection to prenatal care
- Transportation to medical appointments
- Parenting classes
- Connection to community resources

6

Meta House's Recovery Community

An Inside Look

Overview

- Part of Meta House's comprehensive continuum of care
- What is Meta House's Recovery Community?
- Why is it important?

"I was living with my daughter's father who was an alcoholic and abusive prior to residential [treatment] and here."

"[I was] homeless … before I came into residential treatment…"

"I was bouncing from house to house prior to being in residential treatment."

A Brief History

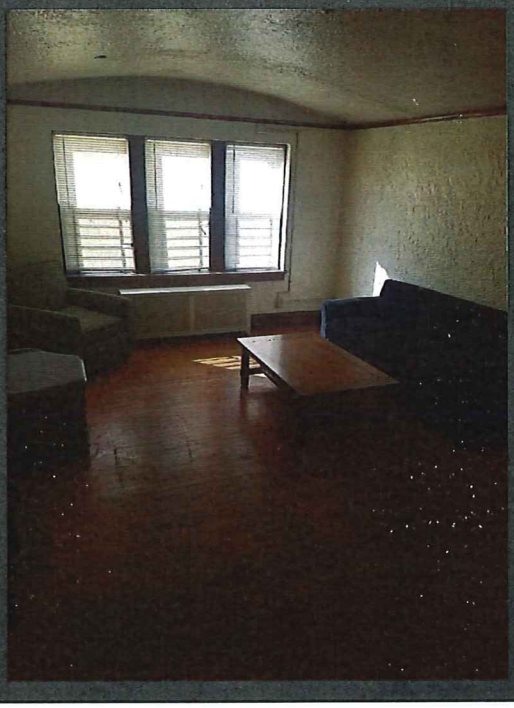
- 1963 – "Our Home Foundation, Inc." founded
- 1983 and Beyond – Need recognized by Dr. Francine Feinberg
- 1999 – "Meta Housing" born with Locust Street property
- 2000-2003 – Meta House constructs three buildings on 1st St.
- 2015 – Meta House moves away from HUD funding
- 2015 to the present – Bridge Housing, Grants, and other funding

Locust Street

Locust Street Dining Area

Locust Street Kitchen

Locust Street
Living Room



1st St. – Family Housing

Playground

First Street
Living/Dining

First Street Bedroom

"I liked my apartment... the location, and felt safe in the area as well."

"I liked living there. The apartment was beautiful"

First Street Bathroom

Overview of Recovery Housing

- Total Units: **25**
- Total Number of Residents: Approximately **50-60**
- Residents: Meta House clients, their children, and other women in early recovery
- Eligibility Requirements and Community Rules apply
- Basic furnishings provided
- Lengths of stay: Single = 6-9 months; Family = 1 year

Eligibility Criteria

Has obtained Bridge Housing funding or is able to self-pay

Identify as female

At least 18 years of age

No sex offenders

Has received a Substance Use Disorder diagnosis within the past year

Has **45 consecutive days of documented substance-free time**

- "Substance-free time" is defined as time with no use of alcohol, marijuana, or any illegal substance and no illicit use of prescribed or over-the-counter medications.
- Documentation accepted: UA screens and/or Letter of reference from professional or community support person
- If after the 45 days of substance free time there is a lapse must be substance-free the 14 days

Willing to engage in meaningful activities totaling 20 hours a week (see rules)

Willing to engage in Substance Use Out Patient/Day Treatment services at the assessed level of care

What Services Are Available to Residents?

- Option to attend Meta House's Outpatient Program
- Child & Family Services; In-Home Parenting Specialists
- On-Site Peer Support
- Recovery Community Coordinator
- Community Member Meetings
- Maintenance Team
- Financial Literacy and Budgeting
- Case Management

Other Features

- Safe Playground
- Access to Well-Trained Staff
- Weekend Activities and Outings
- Participation in Family Drug Treatment Court
- Family-Friendly Events

"I enjoyed the community activities… I am grateful for everything."

"[T]he playground in the backyard is AWESOME."

"I like how [Peer Support Specialists] would come by and check on you"

Wellness Plan

MY CHILD(REN)

Name(s) Name and DOB

- _____
- _____

If an emergency were to happen to me, my child(ren) will go to with:
Name:
Address:
Phone:

Safe people for my child(ren) to spend time with if I am overwhelmed:

- _____
- _____
- _____

Child's Name:
School/Daycare:
Address:
Phone:

If a lapse occurs I will call on-call at (414) 840-8101 to invoke the Emergency Safety Plan. I must speak with staff to determine when it is safe for me to return to the Recovery Community.

I will go with: Phone:
To address:

My child(ren) will go with: Phone:
To address:

- First Step Detox 2835 N 32nd St, Milwaukee, WI 53210 Phone: (414) 342-6200
- Columbia St Mary's 2301 N. Lake Drive, Suite 1407, Milwaukee, WI 53211 Phone: (414) 585-1163
- Froedtert Hospital 9200 W Wisconsin Ave, Milwaukee, WI 53226 Phone: (414) 805-3000
- Wheaton Franciscan Healthcare - St. Francis 3237 S 16th St, Milwaukee, WI 53215 Phone: (414) 647-5000

I can return to the Meta House housing community at the time determined by on-call or my team.
My child(ren) will return when_____
Meta House and_____ will be informed the next business day and my team will schedule an emergency team meeting.

In the event of an unplanned discharge and I need to leave the Recovery Community by 5pm.

I will go with: Click here to enter text. Phone: Click here to enter text.
To address: Click here to enter text.

My child(ren) will go with: Click here to enter text. Phone: Click here to enter text.
To address: Click here to enter text.

Comprehensive Services Include:

- Process Groups
- Anger and Stress Management
- DBT Skills
- Dual Recovery
- Seeking Safety
- Recovery Management
- and more!

	OP TREATMENT SERVICES				
NAME:		Therapist:		Color:	Date:
	Monday	Tuesday	Wednesday	Thursday	Friday
8:15-9:15	Monday Morning Coffee Talk Large	Dual Recovery Filial Therapy Large Conf		Helping Women Recover Small	Relationship Group Large Freedom From Smoking Small
9:30-10:30	Process Group Small - 101 Large - 201/301 Literacy Lab	Seeking Safety Small - 1 Large - 2 Literacy Lab		Seeking Safety Small - 1 Large - 2	Process Group Small - 101 Large - 201/301
10:45-12:00	Anger/Stress Management A-M Large N-Z Small Financial Literacy Lab	Parenting Large Women's Health Small Pre-employment Class- Lab	Peer Group Large Yoga - Small Literacy Lab	Nurturing Large Process Small Literacy Lab	Weekend Recovery
12:00-12:45	Lunch	Lunch	Lunch 12:00-12:30		
12:45-1:45	DBT Skills DBT 1 - Small DBT 2 - Large	Recovery Management Small - 101 Large - 201/301 Art Therapy - Lab	DBT Skills 12:30-1:30 DBT 1 - Small DBT 2 - Large	Open Computer Lab 12:00-2:00 (optional)	
1:45-2:45			Process Group 1:45-2:45 Small - 101 Large - 201/301 Accupuncture Large Conf RM		
			Open Computer Lab 2:30-3:30 (optional)		
Hours per day					

Required meetings:
1:1 Therapist 1hour/week:____
1:1 case manager 1hour/week____
Community Activity 1x/week:____
1:1 parenting: 1hour/week:____(not all clients)

Client Budget Worksheet

	Amount	Notes
Net Income (W2, SSD, Wages, Child Support)		
Expenses:		
Rent		
Outstanding Utility Bills		
Credit Cards / Other Debt		
Telephone		
Transportation		
Groceries		
Laundry / Household Items		
Expense Total:		
Savings (Income – Expenses):		

Case Management Service Plan

Problem / Need	Intervention	Goal	Updates	Completion Date
Insurance				
Mental Health				
Physical Health				
Prescriptions				
Smoking Cessation				
Legal Matters				
Family Court Matters				
Financial Management				
Long Term Housing				
Employment / Education				
Childcare				
Self-Care				

How has living in the Recovery Community helped prepare you for living on your own in the future?

"Being around sober families, peer support, the structure, and being committed to attending groups while maintaining a home"

"Living the recovery lifestyle, being around positive peers, working on being a better person myself."

"[L]iving on my own. Learning how to cope, manage, and learning how to stay clean..."

"Learning to meet sober people and learning how to live with people in the community sober."

"Having the structure while living there helped me understand what I need to do when I have my own house..."

"[The Recovery Community] helped transition me to living on my own again. It makes it simple and easy being somewhere with women of common goals."

"[The Recovery Community] played a big role with my sobriety and having a safe place for my babies to visit me and be proud of me finally."

"I would say Meta House is an excellent place to help women recover, whether you go through the residential program or come from another treatment program. They have an excellent program, case management area, and have a great team of people."

"Meta House has saved my life..."

Recovery Housing Outcomes

- 75 women and 131 children served

For people who stayed at least 90 days (at discharge):

- 100% maintained a reduced level of substance use
- 97% moved to a drug-free location
- 92% were employed, enrolled in school, had an income, or had made progress toward employability
- 97% had no new criminal justice involvement
- 53% moved into permanent housing

Recovery Housing Outcomes

Six months after discharge:

- 83% maintained abstinence from substance use
- 96% had no new criminal justice involvement

Expenses Related to Recovery Community

- Direct Services – 71%
- Facility Maintenance – 11%
- Evaluation – 10%
- Utilities – 4%
- Equipment Leases & Furniture – 2%
- Other – 2%

Budget Total for 2019 = $1,270,300

What Covers Recovery Community Expenses?

- Federal and Corporate Grants – 82%
- United Way and Private Donations – 9%
- Bridge Housing (Fee For Service Contract) – 6.5%
- Membership Agreement Income/Laundry Income – 2.5%

What is M-POWER?

- Milwaukee Partnership on Well-Being and Recovery
- Partnership with Division of Milwaukee Child Protective Services
- Improve well-being, safety, and permanence for families with SUD
- For women involved or at risk of involvement with the child welfare
- Grant through Administration of Children and Families
- $600,000/year for 5 years; Match component; sunsets in 2022

What is WISE?

- Women in a Supportive Environment
- Cross-system coordination around housing
- Women and families experiencing homelessness and SUD
- Funding through Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the U.S. Dept. of HHS
- $400,000/year for 5 years
- Sunsets in 2022

What is Bridge Housing?

- For Wiser Choice (Wisconsin Supports Everyone In Recovery)
- Must be assessed at a Central Intake Unit
- Milwaukee County reimburses us at the following:
  - **$18** a day for single ($540 for 30 days)
  - **$25** a day for family ($750 for 30 days)
- Usually 90-day authorization
- Meta House accommodates longer lengths of stay

Membership Agreement Fees

- Only *after* Bridge Housing funds have been exhausted
- Single – Tiered $50/$75/$100 week for four weeks each
- Family –30% of gross monthly income or $45 a week
- Pro-rated for partial months
- Plan devised in conjunction with Case Managers

Questions?


Thank You
Christine Ullstrup, VP Clinical Services
(414) 977-5871
cullstrup@metahouse.org
www.metahouse.com

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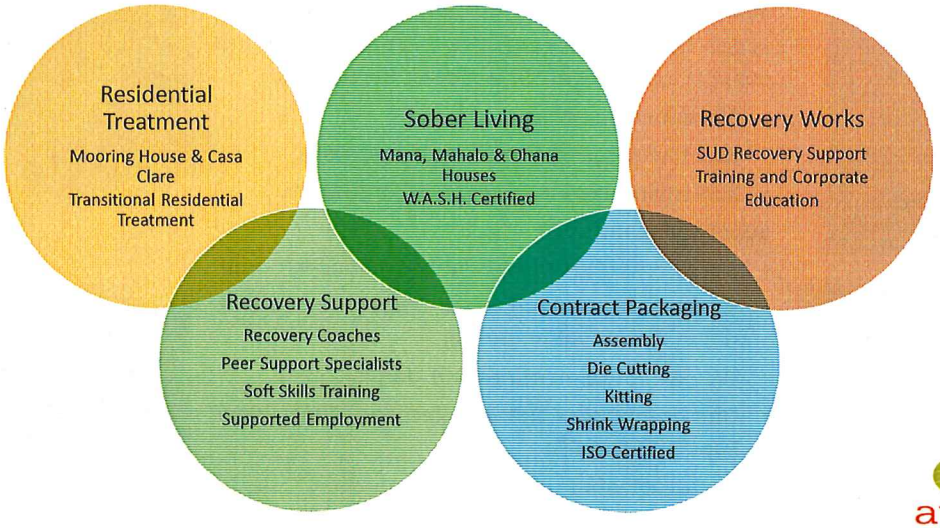
Apricity Programs

A Progressive Recovery Community



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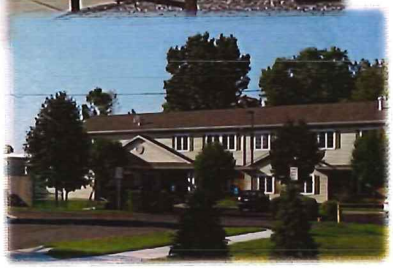
2019 Residential Treatment



- **296 men and women participated** in one or more of the residential treatment programs
- **39% men served used alcohol** as primary substance
- **33% female served used Methamphetamines** as primary substance
- **Opiates/Heroin were 3rd** substance choice for men & women

- **Inpatient treatment** (average 28 to 30 days)
- **Transitional Residential Treatment** (1-3 months)
  - Level when clients begin **job training** at Apricity Contract Packaging
  - **Apartment Program** (6-9 months)

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2019 Sober Living

"Accountability but with freedom. It is a great transition for me, exactly what I needed.
It is comfortable. It is like a family. I love it."
Amber (Resident)

W.A.S.H. certified homes designed for long-term and supportive residency that strive to provide a mutual support system to achieve success in recovery.

- **45 residents served**
- **83% had successful exit** from sober living
- **86% maintained** longest period of **sobriety**

Sober Living Includes:

- **6 residents with 1 live-in house manager/home**
- **Structure and rules (curfew, chores, 40 hours of school/work/volunteering)**
- **Weekly house meetings and "family" meal**
- **One-on-one sessions with Recovery Coach/Peer Support Specialist**
- **Group activities**

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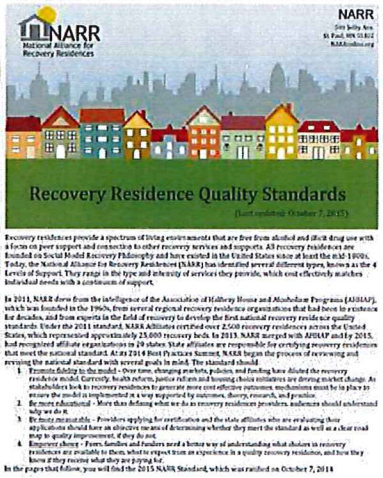
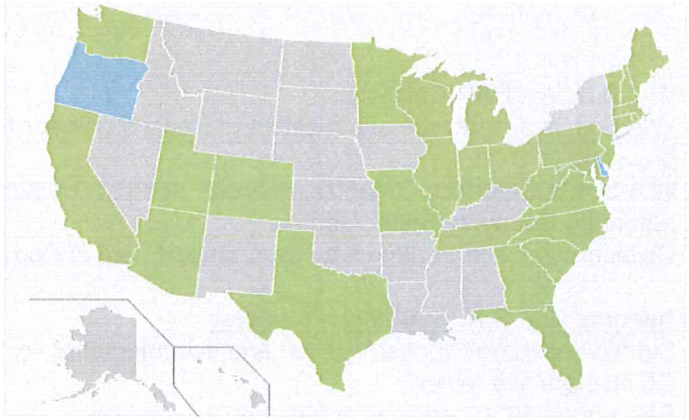
National Association of Recovery Residences





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National Association of Recovery Residences

- In 2011, NARR made history by establishing a **national standard** for recovery residences.
- Based on the national standard, NARR developed a certification program and licenses its affiliates.
- Affiliate organizations are responsible for certifying recovery residences that meet the national standard.
- The standard defines the elements and quality of a properly operated recovery residence.
- 4 different levels/structure of homes from peer lead to clinically supervised.
- NARR used a strength-based/collaborative approach that solicited input from all major regional and national recovery housing organizations.
- Provides guidance to providers, metrics for evaluating the peer support components of a resident's recovery environment.
- In May 2016, NARR released its **Code of Ethics for Recovery Residences**. The Code is designed for operators, staff, peer leaders and volunteers in any recovery residence.

apricity

Wisconsin Association of Sober Housing

- W.A.S.H. is a NARR affiliate.
- W.A.S.H. is a statewide organization of Recovery/Sober Homes and Halfway House providers.
- **W.A.S.H.'s function:** Organize, oversee, and provide administration and legislation regarding Recovery/Sober Homes.
- Collaboration with treatment centers, Department of Corrections, Treatment/Drug Courts

To become W.A.S.H. certified providers:

- Submit application for certification and documentation for review;
- Complete a site review;
- Pay annual $350 certification fee and $15 per bed.

ANNUAL SYNAR REPORT

42 U.S.C. 300x-26

OMB № 0930-0222

FFY 2020

State: WI

Table of Contents

OMB No. 0930-0222
Expiration Date: 05/31/2022

INTRODUCTION

The Annual Synar Report (ASR) format provides the means for states to comply with the reporting provisions of the Public Health Service Act (42 U.S.C. 300x-26) and the Tobacco Regulation for the Substance Abuse Prevention and Treatment Block Grant (SABG) (45 C.F.R. 96.130 (e)).

How the Synar report helps the Center for Substance Abuse Prevention

In accordance with the tobacco regulations, states are required to provide detailed information on progress made in enforcing youth tobacco access laws (FFY 2019 Compliance Progress) and future plans to ensure compliance with the Synar requirements to reduce youth tobacco access rates (FFY 2020 Intended Use Plan). These data are required by 42 U.S.C. 300x-26 and will be used by the Secretary to evaluate state compliance with the statute. The information to be reported is public (45 CFR 96.130 (f)) and is not confidential. Part of the mission of the Center for Substance Abuse Prevention (CSAP) is to assist states[1] by supporting Synar activities and providing technical assistance helpful in determining the type of enforcement measures and control strategies that are most effective. This information is helpful to CSAP in improving technical assistance resources and expertise on enforcement efforts and tobacco control program support activities, including state Synar program support services, through an enhanced technical assistance program involving conferences and workshops, development of training materials and guidance documents, and onsite technical assistance consultation.

How the Synar report can help states

The information gathered for the Synar report can help states describe and analyze substate needs for program enhancements. These data can also be used to report to the state legislature and other state and local organizations on progress made to date in enforcing youth tobacco access laws when aggregated statistical data from state Synar reports can demonstrate to the Secretary the national progress in reducing youth tobacco access problems. This information will also provide Congress with a better understanding of state progress in implementing Synar, including state difficulties and successes in enforcing retailer compliance with youth tobacco access laws.

[1]The term "state" is used to refer to all the states and territories required to comply with Synar as part of the Substance Abuse Prevention and Treatment Block Grant Program requirements (42 U.S.C. 300x-64 and 45 C.F.R. 96.121).

Getting assistance in completing the Synar report

If you have questions about programmatic issues, you may call CSAP's Division of State Programs at (240) 276-2550 and ask for your respective State Project Officer, or contact your State Project Officer directly by telephone or email. If you have questions about fiscal or grants management issues, you may call the Grants Management Officer, Office of Financial Resources, Division of Grants Management, at (240) 276-1422.

Where and when to submit the Synar report

The ASR must be received by SAMHSA no later than December 31, 2019 and must be submitted in the format specified by these instructions. Use of the approved format will avoid delays in the review and approval process. The chief executive officer (or an authorized designee) of the applicant organization must sign page one of the ASR certifying that the state has complied with all reporting requirements.

The state must upload one copy of the ASR using the online WebBGAS (Block Grant Application System). In addition, the following items must be uploaded to WebBGAS:

- FFY 2020 Synar Survey Results: States that use the Synar Survey Estimation System (SSES) must upload one copy of *SSES Tables 1–8* (in Excel) to WebBGAS. **Please note that, beginning with the FFY 2019 ASR, SSES will generate Tables 6, 7, and 8, which are based on the optional microdata on product type, retail outlet type, and whether identification was requested. If your state does not submit these optional data, Tables 6, 7, and 8 will be blank. Tables 6, 7, and 8 are generated for the convenience of the state, and states are not required to submit completed versions of Tables 6, 7, or 8.** States that do not use SSES must upload one copy of ASR Forms 1, 4, and 5, and Forms 2 and 3, if applicable, (in Excel), as well as a database with the raw inspection data to WebBGAS.
- Synar Inspection Form: States must upload one blank copy of the inspection form used to record the result of each Synar inspection.
- Synar Inspection Protocol: States must upload a copy of the protocol used to train inspection teams on conducting and reporting the results of the Synar inspections. This document should be different than the Appendix C attached to the Annual Synar Report.
- A scanned copy of the signed Funding Agreements/Certifications

Each state SSA Director has been emailed a login ID and password to log onto the Synar section of the WebBGAS site.

FFY 2020: FUNDING AGREEMENTS/CERTIFICATIONS

The following form must be signed by the Chief Executive Officer or an authorized designee and submitted with this application. Documentation authorizing a designee must be attached to the application.

PUBLIC HEALTH SERVICES ACT AND SYNAR AMENDMENT
42 U.S.C. 300x-26 requires each state to submit an annual report of its progress in meeting the requirements of the Synar Amendment and its implementing regulation (45 C.F.R. 96.130) to the Secretary of the Department of Health and Human Services. By signing below, the chief executive officer (or an authorized designee) of the applicant organization certifies that the state has complied with these reporting requirements and the certifications as set forth below.
SYNAR SURVEY SAMPLING METHODOLOGY
The state certifies that the Synar survey sampling methodology on file with the Center for Substance Abuse Prevention and submitted with the Annual Synar Report for FFY 2020 is up-to-date and approved by the Center for Substance Abuse Prevention.
SYNAR SURVEY INSPECTION PROTOCOL
The state certifies that the Synar Survey Inspection Protocol on file with the Center for Substance Abuse Prevention and submitted with the Annual Synar Report for FFY 2020 is up-to-date and approved by the Center for Substance Abuse Prevention.
State: Wisconsin
Name of Chief Executive Officer or Designee: Julie A. Willems Van Dijk
Signature of CEO or Designee: Julie A. Willems Van Dijk
Title: Deputy Secretary, WI Department of Health Services **Date Signed:** 11-22-19
If signed by a designee, a copy of the designation must be attached.

SECTION I: FFY 2019 (Compliance Progress)

YOUTH ACCESS LAWS, ACTIVITIES, AND ENFORCEMENT

42 U.S.C. 300x-26 requires the states to report information regarding the sale/distribution of tobacco products to individuals under age 18.

1. **Please indicate any changes or additions to the state tobacco statute(s) relating to youth access since the last reporting year. If any changes were made to the state law(s) since the last reporting year, please upload a copy of the state law to WebBGAS.** *(see 42 U.S.C. 300x-26.)*

   a. **Has there been a change in the minimum sale age for tobacco products?**

   ☐ **Yes** ☒ **No**

   *If **Yes,** current minimum age:* ☐ 19 ☐ 20 ☐ 21 ☐ Other *(Please specify.)*

   _____

   b. **Have there been any changes in state law that impact the state's protocol for conducting *Synar inspections?***

   ☐ **Yes** ☒ **No**

   *If **Yes,** indicate change. (Check all that apply.)*
   ☐ Changed to require that law enforcement conduct inspections of tobacco outlets
   ☐ Changed to make it illegal for youth to possess, purchase or receive tobacco
   ☐ Changed to require ID to purchase tobacco
   ☐ Changed definition of tobacco products
   ☐ Other change(s) *(Please describe.)* _____

   c. **Have there been any changes in state law that impact the following?**

Licensing of tobacco vendors	☐ **Yes**	☒ **No**
Penalties for sales to minors	☐ **Yes**	☒ **No**
Vending machines	☐ **Yes**	☒ **No**
Added product categories to youth access law	☐ **Yes**	☒ **No**

2. **Describe how the Annual Synar Report** *(see 45 C.F.R. 96.130(e))* **was made public within the state prior to submission of the ASR.** *(Check all that apply.)*

   ☐ Placed on file for public review

   ☒ Posted on a state agency Web site *(Please provide exact Web address and the date when the FFY 2020 ASR was posted to this Web address.)*

   Web address: https://scaoda.wisconsin.gov

   Date published: December 3, 2019

   ☐ Notice published in a newspaper or newsletter

   ☐ Public hearing

☐ Announced in a news release, a press conference, or discussed in a media interview
☐ Distributed for review as part of the SABG application process
☐ Distributed through the public library system
☐ Published in an annual register
☒ Other *(Please describe.)* *Presented and discussed on December 13, 2019 at the Wisconsin State Council on Alcohol and other Drug Abuse meeting.*

3. **Identify the following agency or agencies** *(see 42 U.S.C. 300x-26 and 45 C.F.R. 96.130).*

   a. **The state agency(ies)** ***designated by the Governor for oversight of the Synar requirements:***

   Wisconsin Department of Health Services

   Has this changed since last year's Annual Synar Report?

   ☐ **Yes** ☒ **No**

   b. **The state agency(ies)** ***responsible for conducting random, unannounced Synar inspections:***

   Wisconsin Department of Health Services

   Has this changed since last year's Annual Synar Report?

   ☐ **Yes** ☒ **No**

   c. **The state agency(ies)** ***responsible for enforcing youth tobacco access law(s):***

   Wisconsin Department of Health Services

   Has this changed since last year's Annual Synar Report?

   ☐ **Yes** ☒ **No**

4. **Identify the following agencies and describe their relationship with the agency responsible for the oversight of the Synar requirements.**

   a. **Identify the state agency responsible for tobacco prevention activities (the agency that receives the Centers for Disease Control and Prevention's National Tobacco Control Program funding).**
   Wisconsin Department of Health Services

   b. **Has the responsible agency changed since last year's Annual Synar Report?**
   ☐ **Yes** ☒ **No**

   c. **Describe the coordination and collaboration that occur between the agency responsible for tobacco prevention and the agency responsible for oversight of the Synar requirements.** ***(Check all that apply.)*** **The two agencies**

   ☒ Are the same
   ☐ Have a formal written memorandum of agreement

☐ Have an informal partnership
☐ Conduct joint planning activities
☐ Combine resources
☐ Have other collaborative arrangement(s) *(Please describe.)* _____
☐ No relationship

d. Does a state agency contract with the Food and Drug Administration's Center for Tobacco Products (FDA/CTP) to enforce the youth access and advertising restrictions in the Family Smoking Prevention and Tobacco Control Act?
☒ **Yes** ☐ **No (if no, go to Question 5)**

e. If yes, identify the state agency responsible for enforcing the youth access and advertising restrictions in the Family Smoking Prevention and Tobacco Control Act (the agency that is under contract to the Food and Drug Administration's Center for Tobacco Products (FDA/CTP)).
Wisconsin Department of Health Services/Tobacco Prevention and Control Program

f. Has the responsible agency changed since last year's Annual Synar Report?
☐ **Yes** ☒ **No**

g. Describe the coordination and collaboration that occur between the agency contracted with the FDA to enforce federal youth tobacco access laws and the agency responsible for oversight of the Synar requirements. ***(Check all that apply.)*** **The two agencies:**

☒ Are the same
☐ Have a formal written memorandum of agreement
☐ Have an informal partnership
☐ Conduct joint planning activities
☐ Combine resources
☐ Have other collaborative arrangement(s) *(Please describe.)* _____
☐ No relationship

h. Does the state use data from the FDA enforcement inspections for Synar survey reporting?
☐ **Yes** ☒ **No**

5. **Please answer the following questions regarding the state's activities to enforce the state's youth access to tobacco law(s) in FFY 2019** *(see 42 U.S.C. 300x-26 and 45 C.F.R. 96.130(e)).*

   a. **Which one of the following describes the enforcement of state youth access to tobacco laws carried out in your state?** *(Check one category only.)*

   ☒ Enforcement is conducted exclusively by local law enforcement agencies.

   ☐ Enforcement is conducted exclusively by state agency(ies).

   ☐ Enforcement is conducted by both local *and* state agencies.

b. The following items concern penalties imposed for all violations of state youth access to tobacco laws by LOCAL AND/OR STATE LAW ENFORCEMENT AGENCIES (this does not include enforcement of local laws or federal youth tobacco access laws). Please fill in the number requested. If state law does not allow for an item, please mark "NA" (not applicable). If a response for an item is unknown, please mark "UNK." The chart must be filled in completely.

PENALTY	OWNERS	CLERKS	TOTAL
Number of citations issued	UNK	UNK	153
Number of fines assessed	UNK	UNK	153
Number of permits/licenses suspended	UNK		UNK
Number of permits/licenses revoked	UNK		UNK
Other *(Please describe.)*			

c. Are citations or warnings issued to retailers or clerks who sell tobacco to minors for inspections that are part of the Synar survey?

☐ **Yes** ☒ **No**

If "Yes" to 5c, please describe the state's procedure for minimizing risk of bias to the survey results from retailers alerting each other to the presence of the survey teams:

d. Which one of the following best describes the level of enforcement of state youth access to tobacco laws carried out in your state? *(Check one category only.)*

☐ Enforcement is conducted only at those outlets randomly selected for the Synar survey.

☒ Enforcement is conducted only at a subset of outlets not randomly selected for the Synar survey.

☐ Enforcement is conducted at a combination of outlets randomly selected for the Synar survey and outlets not randomly selected for the Synar survey.

e. Did every tobacco outlet in the state receive at least one compliance check that included enforcement of the state youth tobacco access law(s) in the last year?

☐ **Yes** ☒ **No**

f. What additional activities are conducted in your state to support enforcement and compliance with state youth tobacco access law(s)? *(Check all that apply and briefly describe each activity in the text boxes below each activity.)*

☒ Merchant education and/or training

Through the state compliance program, Wisconsin Wins, a free on-line retailer training called WITobaccoCheck.org is available to all retailers. The training

includes study guides on the law (related to tobacco sales), the sale (how to verify age) and the local partnership (law enforcement and compliance checks). After reviewing study guides, retailers test their knowledge and receive a certificate upon successful completion of training. WITobaccoCheck.org promotional cards are mailed directly to retailers. Merchant resources, to include no sales to minors signage and ID reference cards (how to verify age), are distributed.

☒ Incentives for merchants who are in compliance (e.g., nonenforcement compliance checks in which compliant retailers are given positive reinforcement and noncompliant retailers are warned about youth access laws)

The positive reinforcement component varies, but generally involves public recognition (media or community meeting) and/or a small "gift" for the clerk, such as gift certificates. Thank you cards are awarded to merchants from the local compliance check team.

☒ Community education regarding youth access laws

Local WI Wins contractors are required to conduct outreach activities that reach community members. These outreach activities may include meetings with local policymakers, law enforcement, business organizations and other community service organizations.

☒ Media use to publicize compliance inspection results

Local WI Wins contractors are required to annually conduct local media activities per county such as press releases, letters to the editor or newsletter articles.

☒ Community mobilization to increase support for retailer compliance with youth access laws

Local WI Wins contractors partner with youth, law enforcement, and tobacco coalition members to inform the community about youth access laws, conduct compliance checks, and thank retailers who comply with the law.

☐ Other activities *(Please list.)* _____

SYNAR SURVEY METHODS AND RESULTS

The following questions pertain to the survey methodology and results of the Synar survey used by the state to meet the requirements of the Synar Regulation in FFY 2019 *(see 42 U.S.C. 300x-26 and 45 C.F.R. 96.130)*.

6. Has the sampling methodology changed from the previous year?

☐ **Yes** ☒ **No**

The state is required to have an approved up-to-date description of the Synar sampling methodology on file with CSAP. Please submit a copy of your Synar Survey Sampling Methodology (Appendix B). If the sampling methodology changed from the previous reporting year, these changes must be reflected in the methodology submitted.

a. If yes, describe how and when this change was communicated to SAMHSA

7. Please answer the following questions regarding the state's annual random, unannounced inspections of tobacco outlets *(see 45 C.F.R. 96.130(d)(2))*.

a. Did the state use the optional Synar Survey Estimation System (SSES) to analyze the Synar survey data?

☒ **Yes** ☐ **No**

*If **Yes,** upload a copy of SSES tables 1–8 (in Excel) to WebBGAS. Then go to Question 8. If **No,** continue to Question 7b.*

b. Report the weighted and unweighted Retailer Violation Rate (RVR) estimates, the standard error, accuracy rate (number of eligible outlets divided by the total number of sampled outlets), and completion rate (number of eligible outlets inspected divided by the total number of eligible outlets).

Unweighted RVR _____

Weighted RVR _____

Standard error (s.e.) of the (weighted) RVR _____

Fill in the blanks to calculate the <u>right limit</u> of the right-sided 95% confidence interval.

	+	(1.645	×	)	=	
RVR Estimate	**plus**	(1.645	**times**	**Standard Error)**	**equals**	**Right Limit**

Accuracy rate _____

Completion rate _____

c. **Fill out Form 1 (See Appendix A: Forms 1–5 Templates).** *(Required regardless of the sample design.)*

d. **How were the (weighted) RVR estimate and its standard error obtained?** *(Check the one that applies.)*

☐ Form 2 (Optional) (See Appendix A: Forms 1–5 Templates) *(Attach completed Form 2.)*

☐ Other *(Please specify. Provide formulas and calculations or attach and explain the program code and output with description of all variable names.)*

e. **If stratification was used, did any strata in the sample contain only one outlet or cluster this year?**

☐ **Yes** ☐ **No** ☐ **No stratification**

*If **Yes,** explain how this situation was dealt with in variance estimation.*

f. **Was a cluster sample design used?**

☐ **Yes** ☐ **No**

*If **Yes,** fill out and attach Form 3 (See Appendix A: Forms 1–5 Templates), and answer the following question.*

*If **No,** go to Question 7g.*

Were any certainty primary sampling units selected this year?

☐ **Yes** ☐ **No**

*If **Yes,** explain how the certainty clusters were dealt with in variance estimation.*

g. **Report the following outlet sample sizes for the Synar survey.**

	Sample Size
Effective sample size (sample size needed to meet the SAMHSA precision requirement assuming simple random sampling)	
Target sample size (the product of the effective sample size and the design effect)	
Original sample size (inflated sample size of the target sample to counter the sample attrition due to ineligibility and noncompletion)	
Eligible sample size (number of outlets found to be eligible in the sample)	
Final sample size (number of eligible outlets in the sample for which an inspection was completed)	

h. **Fill out Form 4 (See Appendix A: Forms 1–5 Templates).**

8. **Did the state's Synar survey use a list frame?**

☒ **Yes** ☐ **No**

*If **Yes,** answer the following questions about its coverage.*

a. **The calendar year of the latest Sampling frame coverage study:** 2015

b. **Percent coverage from the latest Sampling frame coverage study:** 95.6%

c. **Was a new study conducted in this reporting period?**

☐ **Yes** ☒ **No**

*If **Yes,** please complete Appendix D (List Sampling Frame Coverage Study) and submit it with the Annual Synar Report.*

d. **The calendar year of the next coverage study planned:** 2020

9. **Has the Synar survey inspection protocol changed from the previous year?**

☐ **Yes** ☒ **No**

The state is required to have an approved up-to-date description of the Synar inspection protocol on file with CSAP. Please submit a copy of your Synar Survey Inspection Protocol (Appendix C). If the inspection protocol changed from the previous year, these changes must be reflected in the protocol submitted.

a. **If Yes, describe how and when this change was communicated to SAMHSA**

b. **Provide the inspection period: From** 06/17/19 **to** 7/17/19
MM/DD/YY MM/DD/YY

c. **Provide the number of youth inspectors used in the current inspection year:**

36

NOTE: If the state uses SSES, please ensure that the number reported in 9c matches that reported in SSES Table 4, or explain any difference.

d. **Fill out and attach Form 5 in Appendix A (Forms 1–5).** *(Not required if the state used SSES to analyze the Synar survey data.)*

SECTION II: FFY 2020 (Intended Use):

Public Law 42 U.S.C. 300x-26 of the Public Health Service Act and 45 C.F.R. 96.130 (e) (4, 5) require that the states provide information on future plans to ensure compliance with the Synar requirements to reduce youth tobacco access.

1. **In the upcoming year, does the state anticipate any changes in:**

   Synar sampling methodology ☐ **Yes** ☒ **No**
   Synar inspection protocol ☐ **Yes** ☒ **No**

   If changes are made in either the Synar sampling methodology or the Synar inspection protocol, the state is required to obtain approval from CSAP prior to implementation of the change and file an updated Synar Survey Sampling Methodology (Appendix B) or an updated Synar Survey Inspection Protocol (Appendix C), as appropriate.

2. **Please describe the state's plans to maintain and/or reduce the target rate for Synar inspections to be completed in FFY 2020. Include a brief description of plans for law enforcement efforts to enforce youth tobacco access laws, activities that support law enforcement efforts to enforce youth tobacco access laws, and any anticipated changes in youth tobacco access legislation or regulation in the state.**

   In 2020, the Tobacco Prevention and Control Program will issue contracts to local agencies for community-based activities. These activities will include compliance investigations utilizing a positive reinforcement protocol, law enforcement involvement, promotion of WITobaccoCheck.org, media and community outreach activities.

3. **Describe any challenges the state faces in complying with the Synar regulation.** *(Check all that apply and describe each challenge in the text box below it.)*

   ☒ a. Limited resources for law enforcement of youth access laws

   While law enforcement involvement is a requirement in the work plan of WI Wins contracting agencies, the level of involvement varies in each community and is dependent on law enforcement resources.

   ☒ b. Limited resources for activities to support enforcement and compliance with youth tobacco access laws

   Limited funding doesn't allow for compliance investigations at every licensed retailer.

   ☒ c. Limitations in the state youth tobacco access laws

   Current state statutes are preemptive of stronger local laws.

   ☐ d. Limited public support for enforcement of youth tobacco access laws

   ☒ e. Limitations on completeness/accuracy of list of tobacco outlets

Tobacco licenses are issued by local municipality annually. There is no statute requiring local municipalities to submit list of licensed outlets, therefore a collection request must be conducted each year.

☐ f. Limited expertise in survey methodology

☐ g. Laws/regulations limiting the use of minors in tobacco inspections

☐ h. Difficulties recruiting youth inspectors

☐ i. Issues regarding the balance of inspections conducted by youth inspectors age 15 and under

☐ j. Issues regarding the balance of inspections conducted by one gender of youth inspectors

☐ k. Geographic, demographic, and logistical considerations in conducting inspections

☒ l. Cultural factors (e.g., language barriers, young people purchasing for their elders)

The state has limited resources for non-English materials to support merchant education activities.

☐ m. Issues regarding sources of tobacco under tribal jurisdiction

☒ n. Other challenges *(Please list.)* Enforcing retailer training

State statute requires all employees handling tobacco products receive training on tobacco sales laws, however this is not enforced consistently statewide.

APPENDIX A: FORMS 1–5 TEMPLATES

FORM 1 (Required for all states not using the Synar Survey Estimation System (SSES) to analyze the Synar Survey data)

Complete Form 1 **in Excel** to report sampling frame and sample information and to calculate the unweighted retailer violation rate (RVR) using results from the current year's Synar survey inspections.

Instructions for Completing Form 1: In the top right-hand corner of the **Excel** form, provide the state name and reporting federal fiscal year (FFY 2020). Provide the remaining information by stratum if stratification was used. Make copies of the form if additional rows are needed to list all the strata.

Column 1: *If stratification was used*:

1(a) Sequentially number each row.
1(b) Write in the name of each stratum. All strata in the state must be listed.

If no stratification was used:

1(a) Leave blank.
1(b) Write "state" in the first row (indicates that the whole state is a single stratum).

Note for unstratified samples: For Columns 2–5, wherever the instruction refers to "each stratum," report the specified information for the state as a whole.

Column 2: 2(a) Report the number of over-the-counter (OTC) outlets in the sampling frame in each stratum.
2(b) Report the number of vending machine (VM) outlets in the sampling frame in each stratum.
2(c) Report the combined total of OTC and VM outlets in the sampling frame in each stratum.

Column 3: 3(a) Report the estimated number of eligible OTC outlets in the OTC outlet population in each stratum.
3(b) Report the estimated number of eligible VM outlets in the VM outlet population in each stratum.
3(c) Report the combined total estimated number of eligible OTC and VM outlets in the total outlet population in each stratum.

The estimates for Column 3 can be obtained from the Synar survey sample as the weighted sum of eligible outlets by outlet type.

Column 4: 4(a) Report the number of eligible OTC outlets for which an inspection was completed, for each stratum.
4(b) Report the numbers of eligible VM outlets for which an inspection was completed, for each stratum.
4(c) Report the combined total of eligible OTC and VM outlets for which an inspection was completed, for each stratum.

Column 5: 5(a) Report the number of OTC outlets found in violation of the law as a result of completed inspections, for each stratum.
5(b) Report the number of VM outlets found in violation of the law as a result of completed inspections, for each stratum.
5(c) Report the combined total of OTC and VM outlets found in violation of the law as a result of completed inspections, for each stratum.

Totals: For each subcolumn (a–c) in Columns 2–5, provide totals for the state as a whole in the last row of the table. These numbers will be the sum of the numbers in each row for the respective column.

FORM 1 (Required for all states not using the Synar Survey Estimation System [SSES] to analyze the Synar Survey data.)

Summary of Synar Inspection Results by Stratum

State: _____

FFY: 2020

(1)		(2)			(3)			(4)			(5)		
STRATUM		NUMBER OF OUTLETS IN SAMPLING FRAME			ESTIMATED NUMBER OF ELIGIBLE OUTLETS IN POPULATION			NUMBER OF OUTLETS INSPECTED			NO. OF OUTLETS FOUND IN VIOLATION DURING INSPECTIONS		
(a) Row #	(b) Stratum Name	(a) Over-the-Counter (OTC)	(b) Vending Machines (VM)	(c) Total Outlets (2a+2b)	(a) Over-the-Counter (OTC)	(b) Vending Machines (VM)	(c) Total Outlets (3a+3b)	(a) Over-the-Counter (OTC)	(b) Vending Machines (VM)	(c) Total Outlets (4a+4b)	(a) Over-the-Counter (OTC)	(b) Vending Machines (VM)	(c) Total Outlets (5a+5b)

RECORD COLUMN TOTALS ON LAST LINE (LAST PAGE ONLY IF MULTIPLE PAGES ARE NEEDED).

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FORM 2 (Optional)
Appropriate for stratified simple or systematic random sampling designs.

Complete Form 2 **in Excel** to calculate the weighted RVR. This table (in Excel form) is designed to calculate the weighted RVR for stratified simple or systematic random sampling designs, accounting for ineligible outlets and noncomplete inspections encountered during the annual Synar survey.

Instructions for Completing Form 2: In the top right-hand corner of the **Excel** form, provide the state name and reporting federal fiscal year (FFY 2020).

Column 1: Write in the name of each stratum into which the sample was divided. These should match the strata reported in Column 1(b) of Form 1.

Column 2: Report the number of outlets in the sampling frame in each stratum. These numbers should match the numbers reported for the respective strata in Column 2(c) of Form 1.

Column 3: Report the original sample size (the number of outlets originally selected, *including* substitutes or replacements) for each stratum.

Column 4: Report the number of sample outlets in each stratum that were found to be eligible during the inspections. Note that this number must be less than or equal to the number reported in Column 3 for the respective strata.

Column 5: Report the number of eligible outlets in each stratum for which an inspection was completed. Note that this number must be less than or equal to the number reported in Column 4. These numbers should match the numbers reported in Column 4(c) of Form 1 for the respective strata.

Column 6: Report the number of eligible outlets inspected in each stratum that were found in violation. These numbers should match the numbers reported in Column 5(c) of Form 1 for the stratum.

Column 7: Form 2 (in Excel form) will automatically calculate the stratum RVR for each stratum in this column. This is calculated by dividing the number of inspected eligible outlets found in violation (Column 6) by the number of inspected eligible outlets (Column 5). The state unweighted RVR will be shown in the Total row of Column 7.

Column 8: Form 2 (in Excel form) will automatically calculate the estimated number of eligible outlets in the population for each stratum. This calculation is made by multiplying the number of outlets in the sampling frame (Column 2) times the number of eligible outlets (Column 4) divided by the original sample size (Column 3). Note that these numbers will be less than or equal to the numbers in Column 2.

Column 9: Form 2 (in Excel form) will automatically calculate the relative stratum weight by dividing the estimated number of eligible outlets in the population for each stratum in Column 8 by the Total of the values in Column 8.

Column 10: Form 2 (in Excel form) will automatically calculate each stratum's contribution to the state weighted RVR by multiplying the stratum RVR (Column 7) by the relative stratum weight (Column 9). The weighted RVR for the state will be shown in the Total row of Column 10.

Column 11: Form 2 (in Excel form) automatically calculates the standard error of each stratum's RVR (Column 7). The standard error for the state weighted RVR will be shown in the Total row of Column 11.

TOTAL: For Columns 2–6, Form 2 (in Excel form) provides totals for the state as a whole in the last row of the table. For Columns 7–11, it calculates the respective statistic for the state as a whole.

FORM 2 (Optional) Appropriate for stratified simple or systematic random sampling designs.

Calculation of Weighted Retailer Violation Rate										State: _____ FFY: 2020
(1) Stratum Name	(2) **N** Number of Outlets in Sampling Frame	(3) **n** Original Sample Size	(4) **n1** Number of Sample Outlets Found Eligible	(5) **n2** Number of Outlets Inspected	(6) **x** Number of Outlets Found in Violation	(7) **p=x/n2** Stratum Retailer Violation Rate	(8) **N'=N(n1/n)** Estimated Number of Eligible Outlets in Population	(9) **w=N'/Total Column 8** Relative Stratum Weight	(10) **pw** Stratum Contribution to State Weighted RVR	(11) **s.e.** Standard Error of Stratum RVR
Total										

N - number of outlets in sampling frame
n - original sample size (number of outlets in the original sample)
n1 - number of sample outlets that were found to be eligible
n2 - number of eligible outlets that were inspected
x - number of inspected outlets that were found in violation
p - stratum retailer violation rate (p=x/n2)
N' - estimated number of eligible outlets in population (N'=N*n1/n)
w - relative stratum weight (w=N'/Total Column 8)
pw - stratum contribution to the weighted RVR
s.e. - standard error of the stratum RVR

FORM 3 (Required when a cluster design is used for all states not using the Synar Survey Estimation System [SSES] to analyze the Synar survey data.)

Complete Form 3 **in Excel** to report information about primary sampling units when a cluster design was used for the Synar survey.

Instructions for Completing Form 3: In the top right-hand corner of the **Excel** form, provide the state name and reporting federal fiscal year (FFY 2020).

Provide information by stratum if stratification was used. Make copies of the form if additional rows are needed to list all the strata.

Column 1: Sequentially number each row.

Column 2: *If stratification was used*: Write in the name of stratum. All strata in the state must be listed.

If no stratification was used: Write "state" in the first row to indicate that the whole state constitutes a single stratum.

Column 3: Report the number of primary sampling units (PSUs) (i.e., first-stage clusters) created for each stratum.

Column 4: Report the number of PSUs selected in the original sample for each stratum.

Column 5: Report the number of PSUs in the final sample for each stratum.

TOTALS: For Columns 3–5, provide totals for the state as a whole in the last row of the table.

Summary of Clusters Created and Sampled

State:

FFY: 2020

(1) Row #	(2) Stratum Name	(3) Number of PSUs Created	(4) Number of PSUs Selected	(5) Number of PSUs in the Final Sample
Total				

FORM 4 (Required for all states not using the Synar Survey Estimation System [SSES] to analyze the Synar Survey data)

Complete Form 4 **in Excel** to provide detailed tallies of ineligible sample outlets by reasons for ineligibility and detailed tallies of eligible sample outlets with noncomplete inspections by reasons for noncompletion.

Instructions for Completing Form 4: In the top right-hand corner of the **Excel** form, provide the state name and reporting federal fiscal year (FFY 2020).

Column 1(a): Enter the number of sample outlets found ineligible for inspection by reason for ineligibility. Provide the total number of ineligible outlets in the row marked "Total."

Column 2(a): Enter the number of eligible sample outlets with noncomplete inspections by reason for noncompletion. Provide the total number of eligible outlets with noncomplete inspections in the row marked "Total."

Inspection Tallies by Reason of Ineligibility or Noncompletion			
		State:	
		FFY: 2020	
(1) INELIGIBLE		**(2) ELIGIBLE**	
Reason for Ineligibility	**(a) Counts**	**Reason for Noncompletion**	**(a) Counts**
Out of business		In operation but closed at time of visit	
Does not sell tobacco products		Unsafe to access	
Inaccessible by youth		Presence of police	
Private club or private residence		Youth inspector knows salesperson	
Temporary closure		Moved to new location	
Unlocatable		Drive-thru only/youth inspector has no driver's license	
Wholesale only/Carton sale only		Tobacco out of stock	
Vending machine broken		Ran out of time	
Duplicate		Other noncompletion reason(s) *(Describe.)*	
Other ineligibility reason(s) *(Describe.)*			
Total		**Total**	

FORM 5 (Required for all states not using the Synar Survey Estimation System [SSES] to analyze the Synar survey data)

Complete Form 5 **in Excel** to show the distribution of outlet inspection results by age and gender of the youth inspectors.

Instructions for Completing Form 5: In the top right-hand corner of the **Excel** form, provide the state name and reporting federal fiscal year (FFY 2020).

Column 1: Enter the number of attempted buys by youth inspector age and gender.

Column 2: Enter the number of successful buys by youth inspector age and gender.

If the inspectors are age eligible but the gender of the inspector is unknown, include those inspections in the "Other" row. Calculate subtotals for males and females in rows marked "Male Subtotal" and "Female Subtotal." Sum subtotals for Male, Female, and Other and record in the bottom row marked "Total." Verify that that the total of attempted buys and successful buys equals the total for Column 4(c) and Column 5(c), respectively, on Form 1. If the totals do not match, please explain any discrepancies.

Synar Survey Inspector Characteristics **State:** **FFY:** 2020		
	(1) Attempted Buys	(2) Successful Buys
Male		
15 years		
16 years		
17 years		
18 years		
19 years		
20 years		
Male Subtotal		
Female		
15 years		
16 years		
17 years		
18 years		
19 years		
20 years		
Female Subtotal		
Other		
Total		

APPENDIXES B & C: FORMS

Instructions

Appendix B (Sampling Design) and Appendix C (Inspection Protocol) are to reflect the state's CSAP-approved sampling design and inspection protocol. These appendixes, therefore, should generally describe the design and protocol and, with the exception of Question #10 of Appendix B, are not to be modified with year-specific information. Please note that any changes to either appendix must receive CSAP's advance, written approval. To facilitate the state's completion of this section, simply cut and paste the previously approved sampling design (Appendix B) and inspection protocol (Appendix C) and respond to Question #10 of Appendix B to provide the requested information about sample size calculations for the Synar survey conducted in FFY 2019.

APPENDIX B: SYNAR SURVEY SAMPLING METHODOLOGY

State: Wisconsin
FFY: 2020

1. **What type of sampling frame is used?**

   ☒ List frame *(Go to Question 2.)*
   ☐ Area frame *(Go to Question 3.)*
   ☐ List-assisted area frame *(Go to Question 2.)*

2. **List all sources of the list frame. Indicate the type of source from the list below. Provide a brief description of the frame source. Explain how the lists are updated (method), including how new outlets are identified and added to the frame. In addition, explain how often the lists are updated (cycle).** *(After completing this question, go to Question 4.)*

   Use the corresponding number to indicate* Type of Source *in the table below.

   1 – Statewide commercial business list
   2 – Local commercial business list
   3 – Statewide tobacco license/permit list
   4 – Statewide retail license/permit list
   5 – Statewide liquor license/permit list
   6 – Other

Name of Frame Source	Type of Source	Description	Updating Method and Cycle
Compiled list of local tobacco license lists	6	Wisconsin is a Home Rule State (Wis. Stats. 166). Licensing of liquor and tobacco product distribution is done at the local level. No centralized list of tobacco vendors is available. But under Wisconsin Statute, an annual tobacco retailer license must be obtained from the clerk of the municipality (city, village or town) where the retail activity will be exercised. The renewal date of such a license may be established by the municipality as the date of issuance but it is usually set as July 1 of each year. Licenses are not transferable and must be obtained for each retail premise, including vending machine sites. The DHS polls each of Wisconsin's municipalities and obtains a list of licensed tobacco vendors to compile the frame.	Updated annually through repetition of the polling process.

3. **If an area frame is used, describe how area sampling units are defined and formed.**

   a. Is any area left out in the formation of the area frame?

☐ **Yes** ☐ **No**

*If **Yes,** what percentage of the state's population is not covered by the area frame?*
_____%

4. **Federal regulation requires that vending machines be inspected as part of the Synar survey. Are vending machines included in the Synar survey?**

☒ **Yes** ☐ **No**

*If **No,** please indicate the reason(s) they are not included in the Synar survey. Please check all that apply.*

☐ State law bans vending machines.
☐ State law bans vending machines from locations accessible to youth.
☐ State has a contract with the FDA and is actively enforcing the vending machine requirements of the Family Smoking Prevention and Tobacco Control Act.
☐ Other *(Please describe.)* _____

*If **Yes**, please indicate how likely it is that vending machines will be sampled.*

☐ Vending machines are sampled separately to ensure vending machines are included in the sample
☒ Vending machines are sampled together with over the counter outlets, so it is possible that no vending machines were sampled, however they are included in the sampling frame and have a non-zero probability of selection
☐ Other reasons *(Please describe.)*_____

5. **Which category below best describes the sample design?** *(Check only one.)*

☐ **Census** *(STOP HERE: Appendix B is complete.)*

Unstratified statewide sample:
☐ Simple random sample *(Go to Question 9.)*
☐ Systematic random sample *(Go to Question 6.)*
☐ Single-stage cluster sample *(Go to Question 8.)*
☐ Multistage cluster sample *(Go to Question 8.)*

Stratified sample:
☒ Simple random sample *(Go to Question 7.)*
☐ Systematic random sample *(Go to Question 6.)*
☐ Single-stage cluster sample *(Go to Question 7.)*
☐ Multistage cluster sample *(Go to Question 7.)*
☐ **Other** *(Please describe and go to Question 9.)* _____

6. **Describe the systematic sampling methods.** *(After completing Question 6, go to Question 7 if stratification is used. Otherwise go to Question 9.)*

7. **Provide the following information about stratification.**

   a. **Provide a full description of the strata that are created.**

A. County codes are assigned to all outlets.

B. Counties are stratified into 5 strata; the same 5 used in Wisconsin's coverage study that are determined by population of county.

1. Counties: 500,000 or more residents 3 Counties
2. Counties: 499,999 - 150,000 residents 7 counties
3. Counties: 149,999 - 50,000 residents 18 counties
4. Counties: 49,999 - 20,000 residents 26 counties
5. Counties: Less than 20,000 residents 18 counties

C. Do a Probability Proportional Sample (PPS) by geography, using total county population by taking a random sample of outlets within each of the 5 strata that is proportional to the overall population of the counties.

   b. **Is clustering used within the stratified sample?**

☐ **Yes** *(Go to Question 8.)*
☒ **No** *(Go to Question 9.)*

8. **Provide the following information about clustering.**

   a. **Provide a full description of how clusters are formed.** *(If multistage clusters are used, give definitions of clusters at each stage.)*

   b. **Specify the sampling method (simple random, systematic, or probability proportional to size sampling) for each stage of sampling and describe how the method(s) is (are) implemented.**

9. **Provide the following information about determining the Synar Sample.**

   a. **Was the Synar Survey Estimation System (SSES) used to calculate the sample size?**

☒ **Yes** *(Respond to part b.)*
☐ **No** *(Respond to part c and Question 10c.)*

   b. **SSES Sample Size Calculator used?**

☒ **State Level** *(Respond to Question 10a.)*
☐ **Stratum Level** *(Respond to Question 10a and 10b.)*

c. **Provide the formulas for determining the effective, target, and original outlet sample sizes.**

10. **Provide the following information about sample size calculations for the Synar survey conducted in FFY 2019.**

a. **If the state uses the sample size formulas embedded in the SSES Sample Size Calculator to calculate the state level sample size, please provide the following information:**

Inputs for Effective Sample Size:
RVR: 20%
Frame Size: 6791

Input for Target Sample Size:
Design Effect: 1

Inputs for Original Sample Size:
Safety Margin: 35%
Accuracy (Eligibility) Rate: 80%
Completion Rate: 90%

b. **If the state uses the sample size formulas embedded in the SSES Sample Size Calculator to calculate the stratum level sample sizes, please provide the stratum level information:**

c. **If the state does not use the sample size formulas embedded in the SSES Sample Size Calculator, please provide all inputs required to calculate the effective, target, and original sample sizes as indicated in Question 9.**

The state calculated 844 as its initial minimum original sample size and increased it to 1,100 for the following reasons:
a) Other tobacco products were included in the survey.
b) Data is lacking, so increasing the sample size will increase the precision.
c) By maintaining level collection for the other tobacco products, rates on the individual products can be better monitored.

APPENDIX C: SYNAR SURVEY INSPECTION PROTOCOL SUMMARY

State: Wisconsin
FFY: 2020

Note: Upload to WebBGAS a copy of the Synar inspection form under the heading "Synar Inspection Form" and a copy of the protocol used to train inspection teams on conducting and reporting the results of the Synar inspections under the heading "Synar Inspection Protocol."

1. How does the state Synar survey protocol address the following?

a. Consummated buy attempts?

☒ Required
☐ Permitted under specified circumstances (Describe:)
☐ Not permitted

b. Youth inspectors to carry ID?

☐ Required
☐ Permitted under specified circumstances (Describe:)
☒ Not permitted

c. Adult inspectors to enter the outlet?

☐ Required
☒ Permitted under specified circumstances (Describe: 1. Adult inspectors will observe the retail establishment and make a decision regarding safety. If there is a question, the adult should enter the establishment first and determine if an inspection should be made. 2. In the event of any problems during the inspection, the adult should enter the store immediately, identify themselves and explain the work that is being done.)
☐ Not permitted

d. Youth inspectors to be compensated?

☒ Required
☐ Permitted under specified circumstances (Describe:)
☐ Not permitted

2. Identify the agency(ies) or entity(ies) that actually conduct the random, unannounced Synar inspections of tobacco outlets. *(Check all that apply.)*

☐ Law enforcement agency(ies)
☐ State or local government agency(ies) other than law enforcement
☐ Private contractor(s)
☒ Other

List the agency name(s): **University of Wisconsin Survey Center (UWSC)**

3. **Are Synar inspections combined with law enforcement efforts (i.e., do law enforcement representatives issue warnings or citations to retailers found in violation of the law at the time of the inspection?)?**

☐ Always ☐ Usually ☐ Sometimes ☐ Rarely ☒ Never

4. **Describe the type of tobacco products that are requested during Synar inspections.**

   a. **What type of tobacco products are requested during the inspection?**

☒ Cigarettes
☐ Small Cigars
☒ Cigarillos
☒ Smokeless Tobacco
☒ Electronic Cigarettes/Electronic Nicotine Delivery Systems (ENDS)
☐ Other

   b. **Describe the protocol for identifying what types of products and what brands of products are requested during an inspection.**

The purchaser will attempt to purchase the tobacco product assigned to that outlet to include cigarettes, smokeless tobacco, cigarillos and disposable e-cigarettes. Minors are to request the identified preferred brands first. If the retailer does not sell the tobacco product designated to that outlet, the purchaser can request cigarettes or another product that teenagers might be likely to use.

5a. Describe the methods used to recruit, select, and train adult supervisors.

The State was divided into 11 regions. Regional boundaries were strategically drawn based on ability to recruit adults and minors, area coverage and number of inspection points per region. The number of regions varies from year to year for two reasons: (1) the number of outlets selling tobacco in Wisconsin changes each year and (2) the sample of retailers checked for the Synar Survey is randomly drawn each year.

The project director re-hired majority of supervisors who had participated in the previous year's survey or other field projects. Thorough applications were filled out and extensive interviews were conducted via telephone. Background checks were completed with the Department of Justice and references were called.

The project director conducted a four-hour training session for inspection teams in each of the regions. Representatives from the DHS were also in attendance, to ensure that questions were answered and procedures were clearly understood. An agenda was developed and followed closely to prevent any inconsistencies in information or protocol given to the various inspection teams. The training included the following agenda:

SYNAR COMPLIANCE CHECK TEAM TRAINING AGENDA

1. Employment Paperwork

2. Introductions

- Explanation of Roles
- Description of the Synar Project and Federal Requirements

3. Training
- Synar History, Tobacco Compliance in WI, Statutes
- Introduction to Training Manual
- Guidelines, Responsibilities & Protocols
- Tablet Usage, Selector, Mapping & Recording Purchase Attempts
- Training Minors
- Role Playing & Scripts
- Coversheets & Sale Procedures
- Submitting Data & Paperwork
- Payroll & Reimbursement

4. Questions

5. Review Reporting Requirements & Invoicing Procedures with Adult Supervisors

5b. Describe the methods used to recruit, select, and train youth inspectors.

Youth inspectors (age 16 to 17) were recruited and trained by the supervisors, with an emphasis placed on attempting to recruit racial minorities for each group and a balance in gender and age. The training for youth inspectors involves a thorough explanation of the protocol with opportunities to do role plays for different situations.

6. Are there specific legal or procedural requirements instituted by the state to address the issue of youth inspectors' immunity when conducting inspections?

a. Legal

☒ **Yes** ☐ **No**

*(If **Yes,** please describe.)*

Inspection protocols were developed by the DPH per federal guidelines provided by the Center for Substance Abuse Prevention.

In October 1999, Wisconsin Act 9 was passed into law. Wisconsin Act 9, the State Biennial Budget Bill created Chapter 254, Subchapter IX, "Investigations of the Sale or Gift of Cigarettes or Tobacco Products to Minors." This statute provides regulatory standards for conducting compliance investigations including on-site protocol and reporting requirements. Chapter 254, Subchapter IX, Wis. Stats., was amended with 2001 Wisconsin Act 75.

Specifically, the following language addresses the issue of youth inspectors' immunity when conducting inspections:

(b) A person under 18 year of age, but not under 15 years of age, may buy, attempt to buy or possess any cigarette, nicotine product, or tobacco product in the

course of his or her participation in an investigation under s. 254.916 that is conducted in accordance with s. 254.916 (3).

b. Procedural

☒ **Yes** ☐ **No**

*(If **Yes,** please describe.)*

In the event of any problems, the adult supervisor will enter the store immediately, identify him or herself, explain the work they are conducting and show the letter from the State authorizing Synar survey activity.

7. **Are there specific legal or procedural requirements instituted by the state to address the issue of the safety of youth inspectors during all aspects of the Synar inspection process?**

   a. **Legal**

   ☒ **Yes** ☐ **No**

   *(If **Yes,** please describe.)*

   In October 1999, Wisconsin Act 9 was passed into law. Wisconsin Act 9, the State Biennial Budget Bill, created Chapter 254, Subchapter IX, "Investigations of the Sale or Gift of Cigarettes or Tobacco Products to Minors." This statute provides regulatory standards for conducting compliance investigations, including on-site protocol and reporting requirements.

   Sec. 254.916, Wis. Stats., provides for youth safety by requiring that the minor have permission from his or her parent or legal guardian, that the minor be allowed to conduct this act only for the purpose of conducting a compliance investigation, that the minor be directly supervised by an adult employee or a governmental regulatory authority, and that the minor have prior written permission from a governmental regulatory authority or district attorney.

   b. **Procedural**

   ☒ **Yes** ☐ **No**

   *(If **Yes,** please describe.)*

   General Rules and Guidelines

   • The survey team will consist of one adult supervisor and two minors (one purchaser and one observer).

   • The inspection will not be conducted if the retail site or area is perceived as unsafe by adult supervisors or minors.

   • Survey team members must wear seat belts and obey all traffic laws.

   Responsibilities and Protocols for Adult Supervisors

   • Adult supervisors will do all of the driving.

   • Vehicles must be parked in a location where survey participants can exit and enter the vehicle safely, but not within view of the retail outlet personnel.

   • The adult supervisor will obtain a preliminary view of the retail establishment and make a decision regarding safety. If there is any question, the adult will enter the establishment first and determine if an inspection should be made. The adult might go in under the pretense of using the phone, etc., so as not to alert the retail employee. If the outlet or neighborhood appears unsafe to either the youth or the adult supervisor, the youth will not enter.

• The adult supervisor will maintain visual surveillance of the youth survey team members as they enter, and will be prepared to intervene if a problem arises.

•In the event of any problems, the adult supervisor will enter the store immediately, identify him- or herself, explain the work they are conducting, and show the letter from the State authorizing Synar survey activity.

• The adult supervisor will allow time for a debriefing after each attempt and at the end of the day, encouraging the youth to process their feelings about successful and unsuccessful purchases.

Responsibilities and Precautions for Youth Participants

• Youth survey teams will be composed of two participants. Both youth will enter the retail outlet together for each inspection. One will make the purchase attempt, and the other will be an observer.

• Both members will have the "Letter of Authorization" with them at all times.

• **Observer Role:**

• The observer will keep other youth (purchaser) in view at all times.

• If the purchaser appears to be having a problem or an experience that in any way seems unsafe, the observer will notify the adult supervisor immediately so he/she can intervene.

• The observer will leave the store with the purchaser.

• In gang activity areas, team members will avoid behaviors or mannerisms that might be perceived as "gang-related."

• Both youth survey team members will leave the store immediately if the situation appears unsafe or feels uncomfortable.

8. Are there any other legal or procedural requirements the state has regarding how inspections are to be conducted (e.g., age of youth inspector, time of inspections, training that must occur)?

a. Legal

☒ **Yes** ☐ **No**

*(If **Yes,** please describe.)*

In October 1999, Wisconsin Act 9 was passed into law. Wisconsin Act 9, the state Biennial Budget Bill, created Chapter 254 Subchapter IX, "Investigations of the Sale or Gift of Cigarettes or Tobacco Products to Minors." This statute provides regulatory standards for conducting compliance investigations, including on-site protocol and reporting requirements.

Sec. 254.916 (2), Wis. Stats., specifies that a minor be "under 18 years of age, but not under 15 years of age" to legally conduct compliance investigations.

Sec. 254.916 (3), Wis. Stats., states that "All of the following, unless otherwise specified, apply in conducting investigations under this section:

(a) If questioned about his or her age during the course of an investigation, the minor shall state his or her true age.

(b) A minor may not be used for the purpose of an investigation at a retail outlet at which the minor is a regular customer.

(c) The appearance of a minor may not be materially altered so as to indicate greater age.

(d) A photograph or videotape of the minor shall be made before or after the investigation or series of investigations on the day of the investigation or investigations. If a prosecution results from an investigation, the photograph or videotape shall be retained until the final disposition of the case.

b. Procedural

☒ **Yes** ☐ **No**

*(If **Yes,** please describe.)*

General Rules and Guidelines

-The survey team will consist of one adult supervisor and two 16 or 17 year old youth (one purchaser and one observer).

-Survey teams will inspect only those retail outlets provided. If a retail outlet is closed, or if conditions are unsafe for inspecting, the adult supervisor will note this information on the data collection tablet, with an explanation as to why the inspection was not completed.

-The data collection tablet must remain in the vehicle with the adult supervisor and be completed after the purchase attempt is completed. The data collection tablet is not to be taken into the retail outlet.

-The inspection will not be conducted if the retail site or area is perceived as unsafe by adult supervisors or minors.

-The goal of the survey is to provide an accurate reflection of sale to minors, rather than to persuade the employee to sell. Team members will be honest and straightforward.

-This survey project is CONFIDENTIAL. Information and experiences will be discussed only within the team.

-Survey team members must wear seat belts and obey all traffic laws.

Responsibilities and Protocols for Adult Supervisors

-Adult supervisors will do all of the driving.

-Vehicles must be parked in a location where survey participants can exit and enter the vehicle safely, but not within view of the retail outlet personnel.

-The adult supervisor will obtain a preliminary view of the retail establishment and make a decision regarding safety. If there is any question, the adult will enter the establishment first and determine if an inspection should be made. The adult might go in under the pretense of using the phone, etc., so as not to alert the retail employee. If the outlet or neighborhood appears unsafe to either the youth or the adult supervisor, the youth will not enter.

-The adult supervisor will maintain visual surveillance of the youth survey team members as they enter, and will be prepared to intervene if a problem arises.

-In the event of any problems, the adult supervisor will enter the store immediately, identify him- or herself, explain the work they are conducting, and show the letter from the State authorizing Synar survey activity.

-If the purchase is made, the adult supervisor will label the tobacco product with a date and store ID number and place it in the plastic bag provided.

-The adult supervisor will complete the data collection form based on the information given by the youth survey team members after each inspection attempt.

-The adult supervisor will allow time for a debriefing after each attempt and at the end of the day, encouraging the youth to process their feelings about successful and unsuccessful purchases.

Responsibilities and Precautions for Youth Participants

-Youth survey teams will be composed of two participants. Both youth will enter the retail outlet together for each inspection. One will make the purchase attempt, and the other will be an observer.

-Both members will have the "Letter of Authorization" with them at all times.

Observer Role:

-The observer will keep other youth (purchaser) in view at all times.

-If the purchaser appears to be having a problem or an experience that in any way seems unsafe, the observer will notify the adult supervisor immediately so he/she can intervene.

-The observer will make a mental note of whether or not the outlet has a warning sign, and note the type and location of the sign.

-The observer will note the gender and approximate age of the employee.

-The observer will leave the store with the purchaser.

Survey Team Role:

-Survey team members will have enough money to make the purchase, including the appropriate amount of change, in case a purchase must be made from a vending machine.

-Once inside, the youth survey team should quickly locate the tobacco product.

-Survey team members will act naturally.

-Survey team members will dress as usual. The intention is not to fool the retail - employee, but to present themselves in a normal manner.

-In gang activity areas, team members will avoid behaviors or mannerisms that might be perceived as "gang-related."

-Both youth survey team members will leave the store immediately if the situation appears unsafe or feels uncomfortable.

-If a friend or someone known to either survey team member works or is present in the retail site, the team will exit the store without attempting to make a tobacco purchase.

Purchaser Role:

-If tobacco is available in open, unlocked displays, the purchaser should pick up the item and place it on the counter.

-If tobacco is available only through a clerk-assisted sale (e.g., behind the counter or in a locked case), then the purchaser should request the specific type and brand of product.

-If the tobacco is available both in open, unlocked displays and behind the counter, the purchaser should try to pick up the item from the open, unlocked displays.

-If the location sells tobacco both over the counter and from vending machines, the purchaser should attempt to make the purchase from the vending machine.

-Team members must be truthful at all times. If asked their age, team members must honestly state their actual age.

-Team members will NOT carry identification into the retail outlet. If asked for age identification, team members should say, "I don't have any."

-If asked who the tobacco is for, the purchaser should respond, "For me."

-It is very important that no survey team member entice a sale or in any way encourage the sales clerk to make the sale.

-Once the clerk has completed the sale, the purchaser should pay for the product and leave the store immediately.

-Information about the sale (or nonsale) will be recorded by the adult supervisor, who will then collect the purchased tobacco and place a label on it identifying the location and date of the purchase.

For vending machines, if a machine is operated with tokens or controlled by a locking device, the purchaser should initiate the steps required for a sale. He or she should purchase tokens or ask the clerk to turn on the vending machine. If the clerk requests ID or age, the youth will respond as stated above for over-the-counter sales.

APPENDIX D: LIST SAMPLING FRAME COVERAGE STUDY

(LIST FRAME ONLY)

State: Wisconsin
FFY: 2020

1. **Calendar year of the coverage study:** _____

2. a. **Unweighted percent coverage found:** _____%
   b. **Weighted percent coverage found:** _____%
   c. **Number of outlets found through canvassing:** _____
   d. **Number of outlets matched on the list frame:** _____

3. a. **Describe how areas were defined.** *(e.g., census tracts, counties, etc.)*

   b. **Were any areas of the state excluded from sampling?**

   ☐ **Yes** ☐ **No**

   *If **Yes,** please explain.*

4. **Please answer the following questions about the selection of canvassing areas.**

   a. **Which category below best describes the sample design?** *(Check only one.)*

   ☐ **Census** *(Go to Question 6.)*

   Unstratified statewide sample:

   ☐ Simple random sample *(Respond to Part b.)*
   ☐ Systematic random sample *(Respond to Part b.)*
   ☐ Single-stage cluster sample *(Respond to Parts b and d.)*
   ☐ Multistage cluster sample *(Respond to Parts b and d.)*

   Stratified sample:

   ☐ Simple random sample *(Respond to Parts b and c.)*
   ☐ Systematic random sample *(Respond to Parts b and c.)*
   ☐ Single-stage cluster sample *(Respond to Parts b, c, and d.)*
   ☐ Multistage cluster sample *(Respond to Parts b, c, and d.)*
   ☐ **Other** *(Please describe and respond to Part b.)* _____

b. **Describe the sampling methods.**

c. **Provide a full description of the strata that were created.**

d. **Provide a full description of how clusters were formed.**

5. **Were borders of the selected areas clearly identified at the time of canvassing?**

☐ **Yes** ☐ **No**

6. **Were all sampled areas visited by canvassing teams?**

☐ **Yes** *(Go to Question 7.)* ☐ **No** *(Respond to Parts a and b.)*

a. **Was the subset of areas randomly chosen?**

☐ **Yes** ☐ **No**

b. **Describe how the subsample of visited areas was drawn. Include the number of areas sampled and the number of areas canvassed.**

7. **Were field observers provided with a detailed map of the canvassing areas?**

☐ **Yes** ☐ **No**

*If **No,** describe the canvassing instructions given to the field observers.*

8. **Were field observers instructed to find all outlets in the assigned area?**

☐ **Yes** ☐ **No**

*If **No,** respond to Question 9.*
*If **Yes,** describe any instructions given to the field observers to ensure the entire area was canvassed, then go to Question 10.*

9. **If a full canvassing was not conducted:**

   a. **How many predetermined outlets were to be observed in each area? _____**

   b. **What were the starting points for each area? _____**

   c. **Were these starting points randomly chosen?**

   ☐ **Yes** ☐ **No**

   d. **Describe the selection of the starting points.**

   e. **Please describe the canvassing instructions given to the field observers, including predetermined routes.**

10. **Describe the process field observers used to determine if an outlet sold tobacco.**

11. **Please provide the state's definition of "matches" or "mismatches" to the Synar sampling frame? (e.g., address, business name, business license number)**

12. **Provide the calculation of the weighted percent coverage (if applicable).**

SSES Table 1 (Synar Survey Estimates and Sample Sizes)

CSAP-SYNAR REPORT

State	WI
Federal Fiscal Year (FFY)	2020
Date	10/30/2019 16:29
Data	FFY20_SSES_SynarDataReport_2019.10.03_V2_Updated 20191030.xlsx
Program Version	Version 7.0
Analysis Option	Stratified SRS with FPC

Estimates

Unweighted Retailer Violation Rate	6.0%
Weighted Retailer Violation Rate	5.5%
Standard Error	0.7%
Is SAMHSA Precision Requirement met?	YES
Right-sided 95% Confidence Interval	[0.0%, 6.5%]
Two-sided 95% Confidence Interval	[4.2%, 6.7%]
Design Effect	0.9
Accuracy Rate (unweighted)	89.8%
Accuracy Rate (weighted)	89.7%
Completion Rate (unweighted)	98.2%

Sample Size for Current Year

Effective Sample Size	450
Target (Minimum) Sample Size	450
Original Sample Size	1,100
Eligible Sample Size	988
Final Sample Size	970
Overall Sampling Rate	15.9%

SSES Table 2 (Synar Survey Results by Stratum and by OTC/VM)

STATE: WI
FFY: 2020

Samp. Stratum	Var. Stratum	Outlet Frame Size	Estimated Outlet Population Size	Number of PSU Clusters Created	Number of PSU Clusters in Sample	Outlet Sample Size	Number of Eligible Outlets in Sample	Number of Sample Outlets Inspected	Number of Sample Outlets in Violation	Retailer Violation Rate(%)	Standard Error(%)
All Outlets											
1	1	1,498	1,350	N/A	N/A	284	256	253	15	5.9%	
2	2	1,497	1,343	N/A	N/A	310	278	271	22	8.1%	
3	3	1,778	1,590	N/A	N/A	294	263	260	17	6.5%	
4	4	1,403	1,282	N/A	N/A	162	148	144	3	2.1%	
5	5	615	529	N/A	N/A	50	43	42	1	2.4%	
Total		6,791	6,094			1,100	988	970	58	5.5%	0.7%
Over the Counter Outlets											
1	1	1,498	1,350	N/A	N/A	253	253	253	15	5.9%	
2	2	1,497	1,338	N/A	N/A	270	270	270	21	7.8%	
3	3	1,778	1,584	N/A	N/A	259	259	259	17	6.6%	
4	4	1,403	1,282	N/A	N/A	145	144	144	3	2.1%	
5	5	615	529	N/A	N/A	42	42	42	1	2.4%	
Total		6,791	6,083			969	968	968	57	5.4%	0.6%
Vending Machines											
1	1	0	0	N/A	N/A	0	0	0	0	0.0%	
2	2	0	5	N/A	N/A	1	1	1	1	100.0%	
3	3	0	6	N/A	N/A	1	1	1	0	0.0%	
4	4	0	0	N/A	N/A	0	0	0	0	0.0%	
5	5	0	0	N/A	N/A	0	0	0	0	0.0%	
Total		0	11			2	2	2	1	44.7%	31.6%

Note: There are some records with unknown outlet type. Therefore the overall counts may not equal the sum of OTC and VM counts.

SSES Table 3 (Synar Survey Sample Tally Summary)

STATE: WI
FFY: 2020

Disposition Code	Description	Count	Subtotal
EC	Eligible and inspection complete outlet	970	
Total (Eligible Completes)			970
N1	In operation but closed at time of visit	4	
N2	Unsafe to access	1	
N3	Presence of police	0	
N4	Youth inspector knows salesperson	1	
N5	Moved to new location but not inspected	0	
N6	Drive thru only/youth inspector has no drivers license	0	
N7	Tobacco out of stock	2	
N8	Run out of time	0	
N9	Other noncompletion (see below)	10	
Total (Eligible Noncompletes)			18
I1	Out of Business	23	
I2	Does not sell tobacco products	80	
I3	Inaccessible by youth	0	
I4	Private club or private residence	2	
I5	Temporary closure	3	
I6	Can't be located	3	
I7	Wholesale only/Carton sale only	0	
I8	Vending machine broken	0	
I9	Duplicate	0	
I10	Other ineligibility (see below)	1	
Total (Ineligibles)			112
Grand Total			1100

Give reasons and counts for other noncompletion:

Reason	Count
Outlet did not carry assigned or alternate type of tobacco product, but did carry a different type of tobacco product. The teen did not attempt to purchase this alternate tobacco product.	5
Supervisor thought outlet was a duplicate, as the building was attached to another assigned outlet. However the two businesses operate separately and have separate licenses. Inspection team could not go back to re-attempt.	1
Supervisor thought outlet had closed and another business took over. However it is actually the same business with different signage. Inspection team could not go back to re-attempt.	1

Outlet is a catering business operating one day a week, ending midway through the field period. We cannot access to inspect without booking or gaining access to a catering event.	1
Youth inspector did not follow protocol to attempt purchase of alternate tobacco type.	2

Give reasons and counts for other ineligibility:

Reason	Count
Vendor only exists on festival grounds during festival dates outside of field period	1

SSES Table 4 (Synar Survey Inspection Results by Youth Inspector Characteristics)

STATE: WI
FFY: 2020

Frequency Distribution

Gender	Age	Number of Inspectors	Attempted Buys	Successful Buys
Male	14	0	0	0
	15	0	0	0
	16	11	252	11
	17	8	235	12
	18	0	0	0
	19	0	0	0
	20	0	0	0
	Subtotal	19	487	23
Female	14	0	0	0
	15	0	0	0
	16	8	251	12
	17	9	232	23
	18	0	0	0
	19	0	0	0
	20	0	0	0
	Subtotal	17	483	35
Other		0	0	0
Grand Total		36	970	58

Buy Rate in Percent by Age and Gender

Age	Male	Female	Total
14	0.0%	0.0%	0.0%
15	0.0%	0.0%	0.0%
16	4.4%	4.8%	4.6%
17	5.1%	9.9%	7.5%
18	0.0%	0.0%	0.0%
19	0.0%	0.0%	0.0%
20	0.0%	0.0%	0.0%
Other			0.0%
Total	4.7%	7.2%	6.0%

SSES Table 7 (Synar Survey Inspection Results by Type of Retail Outlet)

STATE: WI
FFY: 2020

Frequency Distribution and Buy Rate

Retail Outlet	Attempted Buys	Successful Buys	Violation Rate (%)
Gas Station	431	27	6.3%
Tobacco Store	25	0	0.0%
Restaurant	13	0	0.0%
Hotel	4	0	0.0%
Grocery Store	138	18	13.0%
Drug Store	45	0	0.0%
Other	314	13	4.1%
Missing	0	0	0.0%
Invalid	0	0	0.0%
Grand Total	970	58	6.0%

SSES Table 7 (Synar Survey Inspection Results by Type of Retail Outlet)

STATE: WI
FFY: 2020

Buy Rate by Type of Retail Outlet, Age, and Gender

Male								
Retail Outlet	Age							Total
	14	15	16	17	18	19	20	
Gas Station	0.0%	0.0%	5.4%	6.2%	0.0%	0.0%	0.0%	5.8%
Tobacco Store	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Restaurant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Hotel	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Grocery Store	0.0%	0.0%	9.1%	12.1%	0.0%	0.0%	0.0%	10.6%
Drug Store	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	0.0%	0.0%	2.3%	2.4%	0.0%	0.0%	0.0%	2.4%
Missing	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Invalid	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Male	0.0%	0.0%	4.4%	5.1%	0.0%	0.0%	0.0%	4.7%

Female								
Retail Outlet	Age							Total
	14	15	16	17	18	19	20	
Gas Station	0.0%	0.0%	4.3%	9.3%	0.0%	0.0%	0.0%	6.7%
Tobacco Store	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Restaurant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Hotel	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Grocery Store	0.0%	0.0%	8.1%	22.9%	0.0%	0.0%	0.0%	15.3%
Drug Store	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	0.0%	0.0%	5.1%	7.6%	0.0%	0.0%	0.0%	6.2%
Missing	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Invalid	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Female	0.0%	0.0%	4.8%	9.9%	0.0%	0.0%	0.0%	7.2%

All								
Retail Outlet	Age							Total
	14	15	16	17	18	19	20	
Gas Station	0.0%	0.0%	4.8%	7.9%	0.0%	0.0%	0.0%	6.3%
Tobacco Store	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Restaurant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Hotel	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Grocery Store	0.0%	0.0%	8.6%	17.6%	0.0%	0.0%	0.0%	13.0%

Drug Store	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	0.0%	0.0%	3.6%	4.7%	0.0%	0.0%	0.0%	4.1%
Missing	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Invalid	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Grand Total	0.0%	0.0%	4.6%	7.5%	0.0%	0.0%	0.0%	6.0%

SSES Table 8 (Synar Survey Inspection Results by Clerk Asked for ID)

STATE: WI
FFY: 2020

Frequency Distribution and Buy Rate

Clerk Asked for ID	Attempted Buys	Successful Buys	Violation Rate (%)
Yes	877	12	1.4%
No	93	46	49.5%
Missing	0	0	0.0%
Invalid	0	0	0.0%
Grand Total	970	58	6.0%

SSES Table 8 (Synar Survey Inspection Results by Clerk Asked for ID)

STATE: WI
FFY: 2020

Buy Rate by Clerk Asked for ID, Age, and Gender

Male								
Clerk Asked for ID	Age							Total
	14	15	16	17	18	19	20	
Yes	0.0%	0.0%	1.3%	0.5%	0.0%	0.0%	0.0%	0.9%
No	0.0%	0.0%	27.6%	47.8%	0.0%	0.0%	0.0%	36.5%
Missing	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Invalid	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Male	0.0%	0.0%	4.4%	5.1%	0.0%	0.0%	0.0%	4.7%

Female								
Clerk Asked for ID	Age							Total
	14	15	16	17	18	19	20	
Yes	0.0%	0.0%	2.1%	1.5%	0.0%	0.0%	0.0%	1.8%
No	0.0%	0.0%	46.7%	76.9%	0.0%	0.0%	0.0%	65.9%
Missing	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Invalid	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Female	0.0%	0.0%	4.8%	9.9%	0.0%	0.0%	0.0%	7.2%

All								
Clerk Asked for ID	Age							Total
	14	15	16	17	18	19	20	
Yes	0.0%	0.0%	1.7%	1.0%	0.0%	0.0%	0.0%	1.4%
No	0.0%	0.0%	34.1%	63.3%	0.0%	0.0%	0.0%	49.5%
Missing	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Invalid	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Grand Total	0.0%	0.0%	4.6%	7.5%	0.0%	0.0%	0.0%	6.0%

2019 and 2020 Substance Use Prevention (Treatment and Recovery) Training Sessions and Conferences

Sustaining Your Positive Prevention Outcomes
December 3, 2019
UW – Eau Claire, Ojibwe Grand Ballroom
9:00 a.m. to 4:00 p.m.
FREE in-person training

Sustaining positive prevention outcomes and the processes used to reach them takes planning. This day-long, in-person training offers participants a unique opportunity to engage first-hand in a comprehensive sustainability planning process. Participants will learn the rationale for sustaining prevention processes and outcomes, the core components of sustainability planning, and receive tools and resources to create their own sustainability plan. Hosted by the Great Lakes Prevention Technology Transfer Center Network (PTTC). More information about the training: https://pttcnetwork.org/centers/great-lakes-pttc/sustaining-your-positive-prevention-outcomes-1

2019 Building the Heart of Successful Schools Conference hosted/sponsored by the WI Dept. of Public Instruction
December 5-6, 2019
Wilderness Resort in the Wisconsin Dells
$125 Registration fee

The keynote will be Jim Sporleder who was the Principal at Lincoln High School in Washington and under his leadership the school became a "trauma informed" school, gaining national attention. This story is part of the documentary, Paper Tigers. Here is the direct link to the conference's information: https://dpi.wi.gov/sspw/conference.

30th Annual National Leadership Forum and SAMHSA's 16th Prevention Day
February 3-6, 2020
Gaylord National in National Harbor, Maryland

To help increase collaboration and positive impacts by our coalitions nationwide, CADCA is holding its 30th National Leadership Forum, including SAMHSA's 16th Annual Prevention Day. CADCA's Forum is the premier and largest training event for community-based substance use and misuse prevention leaders – and now, more than ever, you'll find training, resources and connections at your fingertips to create healthy, safe and drug-dress communities at home. Hosted by CADCA and for more information: https://www.cadca.org/

Safe Schools, Safe Communities Conference on LBGTQ+ Youth
March 16, 2020
Madison College in Madison, WI

Safe Schools, Safe Communities will feature a variety of speakers and workshops facilitated by local and regional experts. Conference participants will gain critical skills, tools, knowledge, and connections to help lead and support efforts to create safer, more inclusive environments for LGBTQ+ youth across Wisconsin, especially LGBTQ+ Youth of Color and Transgender and Nonbinary Youth.

Our target audience includes adults who work with youth and their families as well as youth delegates from middle school and high school-age groups, clubs, and community programs. *School and community-based youth groups and clubs are invited to designate and register up to four youth delegates to attend SSSC20. Youth participants must provide a completed registration form.*

We have a limited number of full and partial scholarships available to individuals wishing to attend SSSC20. If you or an individual you are registering are in need of a scholarship, would prefer to register offline, need to be invoiced, or have additional questions please contact Brian J. at (608) 661-4141 or email brianj@gsafewi.org.

Online registration is open! Please contact the GSAFE office at (608) 661-4141 or info@gsafewi.org with questions.

21st Annual Wisconsin Council on Problem Gambling Statewide Conference
March 19-20, 2020
Preconference on March 18
Hyatt Regency in Green Bay, WI

National and state presenters from gambling, substance abuse, and mental health fields will provide presentations on co-occurring disorders, wellness, high risk groups, financial issues and treatment options as well other topics. For more information: http://wi-problemgamblers.org/conferencestraining/wcpg-annual-conference

Partners in Substance Abuse Prevention Conference (NE, S, and SE regions)
March 25-26, 2020
Milwaukee Sheraton in Brookfield
Save the data – more information to come after the New Year.

Rx Drug Abuse & Heroin Summit
April 13-16, 2020
Gaylord Opryland in Nashville, Tennessee

The Rx Drug Abuse & Heroin Summit is where solutions are formulated, stakeholders from Federal to family convene, and change begins. It is the annual gathering for stakeholders to discuss what's working in prevention and treatment. Notable speakers in past years have included President Donald Trump and First Lady Melania Trump in 2019, President Barack Obama in 2016, Congressmen Patrick Kennedy and Newt Gingrich in 2017, and President Bill Clinton and Counselor to the President, Kellyanne Conway in 2018. Be part of the international discussion addressing the opioid crisis by attending the 2020 Rx Drug Abuse & Heroin Summit in Nashville. Hosted by Psychiatry & Behavioral Health Learning Network and for more information: https://www.rx-summit.com/

33rd Annual Conference: The Greg and Mary Ann Renz Conference on Child Abuse and Neglect
Conference: Tuesday, April 21 & Wednesday, April 22, 2020
Seminar Day: Thursday, April 23, 2020
The Osthoff Resort in Elkhart Lake

The purpose of the 2020 Together for Children conference is to improve prevention, treatment, investigation and prosecution of child abuse and neglect by providing knowledge and skills to address emerging issues, research questions and public policy changes in child welfare and child protection.
For conference brochure and registration link, visit Prevent Child Abuse Wisconsin.

10th Annual Prevent Suicide Wisconsin Conference
"Reframing the Narrative"
Conference: Tuesday, April 29, 2020
Seminar Day: Monday, April 28, 2020
Kalahari Resort & Convention Center in Wisconsin Dells

More information coming soon! Registration will open in mid- to late-February: https://www.preventsuicidewi.org/psw-annual-conference

Wisconsin Association of Treatment Court Professionals (WATCP) Annual Conference
April 29 – May 1, 2020
Kalahari Resort & Convention Center in Wisconsin Dells

For more agenda and registration, visit https://www.watcp.org/event/2020-annual-state-conference/

Greater Milwaukee Youth Summit on Opioid Awareness
May 5, 2020
Miller High Life Theater, 500 W. Kilbourn Avenue, Milwaukee WI
9:00 a.m. to 12:30 p.m.

The Greater Milwaukee Youth Summit on Opioid Awareness will educate young people, educators and other adults about the growing opioid epidemic and encourage healthy decision-making. An essential ingredient to a solution is stopping the spread of addiction through a message of abstaining from experimentation – if less young people are experimenting with these highly addictive drugs, less will fall victim to this often-fatal disease of addiction. The program seeks to educate students, teachers, and parents about the dangers, warning signs, and effects of opioid abuse, and also connect them with resources to deal with opioid abuse. Most of all, the program aims to recognize and promote healthy choices and demonstrate the benefits of a healthy lifestyle. For more information and registration: https://www.drugfreeisuptome.org/milwaukee-home

2020 Wisconsin Department of Health Services Opioid Forum
May 5-7, 2020
Kalahari Resort in the Wisconsin Dells

It will feature workshops on prevention, treatment, and recovery topics related to opioids and other drugs. There will also be sessions focused on the intersection of trauma and substance use disorders. Health and human services workers, law enforcement, medical professionals, mental health professionals, public health workers, and substance use professionals are invited to attend. Be the first to know when registration opens! Join the email list: https://www.dhs.wisconsin.gov/opioids/index.htm

Methamphetamine Recovery Summit 2020
May 14, 2020
WITC – Rice Lake, WI

Registration will open for 200 attendees. More information to come.

WPHA and WALHDAB 2020 Annual Conference
Advancing our Public Health System One Step at a Time
May 19-21, 2020
KI Convention Center in Green Bay, WI

Whether you are a student, new professional, emerging leader, or long-time practitioner, researcher, or trail blazer in public health, this conference is for you! You may be looking forward to new professional opportunities, reflecting back on your career path, or at any point along the way. Throughout this journey, there are so many occasions, just like this conference, to learn something new – either new information about a topic you are deeply immersed in, a new topic altogether, or a topic that challenges your current perspective or practice. As we each focus on different and diverse communities, health outcomes, and determinants of health that fall under the broad umbrella of public health, there are numerous possibilities for collaboration – intentionally and creatively – across disciplines, across geography, and across the political spectrum. Effective public health programs and policies are often only achieved through collaboration and almost always require strong leadership. Leaders exist at all levels, and we can all learn to lead in our current roles or we may envision ourselves moving into new positions as managers, directors, CEOs, or elected officials. Learning, collaborating, and leading together are key actions that will move us closer to our shared vision of health equity for all. For more information:

- WPHA Members - visit the Annual Public Health Conference page on the WPHA website. Not a current member? Now is a great time to join!

- WALHDAB Members - visit the Annual Public Health Conference page on the WALHDAB website. *Note: You may register up to two health department staff and an unlimited number of board of health members at the member rate through your WALHDAB membership.*

Society for Prevention Research
28th Annual Meeting – "Why Context Matters: Towards a Place-Based Prevention Science"
May 26-29, 2020
Hyatt Regency Washington on Capitol Hill in Washington D.C.

The SPR Annual Meeting provides a unique opportunity to advance this vision by providing a centrally integrated forum for the exchange of new concepts, methods, and results from prevention research and related public health fields; and by providing a forum for the communication between scientists, public policy leaders and practitioners concerning the implementation of evidence-based preventive interventions in all areas of public health. Don't miss this opportunity to meet and network with more than 800 U.S. and international researchers, policy-makers and practitioners at the premier meeting for prevention science! For more information please go to: https://www.preventionresearch.org/2020-annual-meeting/

2020 Northwoods Prevention Conference (N and W regions)
June 3-4, 2020
Wausau, WI
Save the data – more information to come after the New Year.

Mid-Year Training Institute
July 26 – 30, 2020
Gaylord Opryland in Nashville, Tennessee

Held for 4 days during the summer, the Mid-Year Training Institute offers in-depth, interactive training sessions geared specifically for community coalition leaders and staff. The Mid-Year also includes two levels of training for the National Youth Leadership Initiative activities (Key Essentials and Advanced). From fundamentals of coalition building and strategic planning to evaluation and research, you will come away motivated and inspired. Hosted by CADCA and for more information: https://www.cadca.org/

HOPE Consortium Training
August 6 and 7, 2020
Lake of the Torches in Lac du Flambeau, WI

TARGET AUDIENCE: The conference is designed for Providers, Criminal Justice Partners, Human Services, Prevention Professionals and Community and Tribal leaders. Individuals that work or reside within the HOPE Consortium service areas (North Region: Oneida, Vilas, Forest, Price or Iron counties or Sokaogon Chippewa, Lac du Flambeau Chippewa or Forest Potawatomi Tribal Nations and Central Region: Clark, Jackson, Portage, Wood and HoChunk Tribal Nation) are invited to attend. Registration will be $25 and will include all conference materials and lunch. More information to come: https://hopeconsortium.org/trainings

33rd Annual National Prevention Network Conference
August 25-27, 2020
Sheraton Birmingham in Birmingham, Alabama

The purpose of the National Prevention Network (NPN) Conference is to highlight the latest research in the substance use prevention field. It provides a forum for prevention professionals, coalition leaders, researchers, and federal partners to share research, best practices and promising evaluation results for the purpose of integrating research into prevention practice. Hosted by National Association of State Alcohol and Drug Abuse Directors (NASADAD) and for more information: https://npnconference.org/

2020 Wisconsin Alcohol Policy Seminar
October 8, 2020
Kalahari Resort in the Wisconsin Dells

A specialized session on alcohol policy for local officials, law enforcement, coalition leaders, and advocates offering 13 alcohol policy topics in 16 workshops. For more information: https://www.uwsp.edu/conted/pages/health-and-human-services.aspx

13th National Harm Reduction Conference
October 15-18, 2020
San Juan, Puerto Rico
$385 Registration fee

The 2020 National Harm Reduction Conference comes at a time when harm reduction, health care, and drug policy reform have entered a dynamic and critical phase. The prescription opioid and heroin overdose epidemic has captured national attention, with renewed focus on transmission of HIV and viral hepatitis among people who use drugs. These trends are reshaping the policy and public health landscapes, making harm reduction more urgent and relevant than ever before.
The biennial event is the only conference of its kind in the United States. For four days, some of the most creative minds from the U.S. and abroad come together to address a myriad of complex issues facing the harm reduction movement. A diverse community of people who use drugs, social justice activists, service providers, healthcare workers, researchers, policymakers, public health officials, and law enforcement— all coming together to put an end to the harms and injustices caused by the War on Drugs. Conference objectives include:

+To provide safe spaces for the exchange of ideas and cutting-edge practices that reduce harms associated with drug use

+To create networking opportunities for people from diverse backgrounds committed to dismantling the racialized policies that underwrite and perpetuate oppression

+To challenge stigmatizing narratives about people who use drugs by supporting their leadership development and exposing social inequities driven by structural violence and discrimination

For more information: www.harmreduction.org/conference

Wisconsin's 16th Annual Mental Health and Substance Use Recovery Training Conference
October 29-30, 2020
Kalahari Resort in the Wisconsin Dells

For more information: https://www.uwsp.edu/conted/pages/health-and-human-services.aspx

PLACEHOLDERS
February 19-20: CST - Coordination Fundamentals Workshop (Appleton)
April 29-May 1: WI Association of Treatment Court Professionals (Wisconsin Dells)
June 21-25: UW-Stout Rural Health Institute on AODA (Menomonie)
August 13-14: WI Peer Recovery Conference (Middleton)
September 17-18: Crisis Intervention Conference (Wisconsin Dells)
October 1-2: WISAM Conference (Madison)
TBD: DOJ Opioid & Meth Summit (TBD)

SCAODA 2020 Meeting Dates

March 13, 2020
June 5, 2020
September 11, 2020
December 4, 2020

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

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.