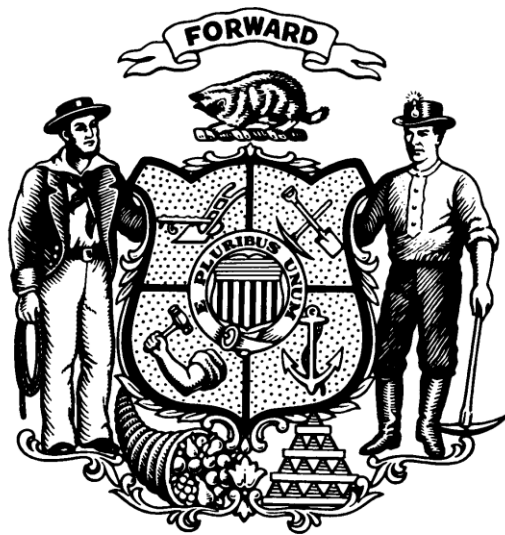


# WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



June 5, 2020  
MEETING

**Roger Frings**  
Chairperson

**TONY EVERS**  
Governor





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

VACANT  
Secretary

**OPEN MEETING NOTICE**  
June 5, 2020, 9:30 AM to 12:30 PM

**Join Zoom Meeting**  
**Meeting ID: 912 6306 1405**  
Meeting URL: <https://dhs.wi.zoom.us/j/91263061405>  
Phone one-tap: US: [+16465588656](tel:+16465588656)..91263061405# or [+13017158592](tel:+13017158592)..91263061405#

**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. Provider Updates on Services & Challenges during COVID-19.....Council Members & Guests
5. Committee reports:
  - Executive Committee..... Roger Frings... p.14-17
  - Diversity Committee.....Thai Vue... p.18-19
  - Intervention & Treatment Committee.....Roger Frings..... p. 20-34
    - ✓ **Motion:** SUD professionals assessing and treating tobacco use disorders (p.31)
  - Planning and Funding Committee.....Christine Ullstrup... p.35-46
    - ✓ **Motion:** DHS to consider practices for ensuring payments to non-profit grant recipients when awaiting completion of new contracts (p. 46)
  - Prevention Committee.....Chris Wardlow... p.47-58
    - ✓ **Motion:** Request clarification of the statutes authorizing opioid antagonist prescribing, and regarding intent of Good Samaritan Law (p.57)
    - ✓ **Motion:** Create an Alcohol Prevention Ad Hoc Workgroup that would develop a recommendation report and a public health response to issues related to alcohol use. (p.58)

6. Brief Recess
7. 2019 Synar Survey Report and Federal Changes to Synar Requirements  
 .....Nancy Michaud, DHS, Division of Public Health. ....p.59-108
8. Agency reports:
  - Governor’s Office.....Jessica Geschke
  - Department of Health Services.....Julie Willems Van Dijk
  - Department of Safety & Professional Services.....Christian Albouras
  - Department of Revenue.....Ann DeGarmo
  - Department of Public Instruction.....Brian Dean
  - Department of Veterans Affairs.....Colleen Rincken
  - Department of Justice.....Tina Virgil
  - Other Agencies.....
9. Bureau of Prevention, Treatment and Recovery Update.....Joyce Allen, DHS.... p.109-111
10. Report from Wisconsin Council on Mental Health .....Ryan Stachowiak
11. Agenda Items for Next Meetings.....Council Members
12. 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 608-852-6403 or [Michael.Derr@wisconsin.gov](mailto:Michael.Derr@wisconsin.gov).

See also <https://scaoda.wisconsin.gov/meetings.htm> for instructions on joining by phone or Zoom.

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

Roger Frings then asked Mike Derr to record votes on this motion. **Six Council members voted Yes (Autumn Lacy, Subhadeep Barman, Sandy Hardie, Norman Briggs, John Weitekamp, and Christine Ullstrup; one member voted No (Thai Vue), and nine members Abstained (Sen. Testin, Julie Willems Van Dijk, Roger Frings, Tina Virgil, Mary Ann Gerrard, Sen. Bewley, Jan Grebel, Michael Knetzger and Brian Dean). Motion carried.**

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

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

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

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

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

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

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

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

**Agency Reports:**

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

*Department of Revenue* – No update was given.

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

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

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

*Department of Transportation* - No update was given.

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

*Department of Justice* – Tina Virgil provided a 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
<b>Minutes</b>			

*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.



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](mailto:Michael.Derr@wisconsin.gov).

**Conference Call:** 1-877-820-7831

**Access Code:** 554523#

## 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: 2/10/2019	Time Started: 1:04 pm	Time Ended: 1:50 pm	
Location: DHS, 1 W. Wilson St., Room 736A, Madison, WI; via phone conference			Presiding Officer: Roger Frings, Committee Chair
<b>Minutes</b>			

*Present:* Roger Frings, and Sandy Hardie (both by phone)

*Absent:* None

*Staff:* Mike Derr

Roger Frings called the meeting to order at 1:04 pm. Sandy Hardie moved for approval of the Committee's November 25, 2019 draft minutes. Roger Frings seconded the motion. Motion carried – minutes were approved.

Roger Frings mentioned that Norman Briggs recently announced his resignation from the full Council, as well as from this Committee and the Intervention & Treatment Committee. Both Roger and Sandy noted their appreciation of Norman's many contributions to the Council and committees over numerous years, and that his leadership and knowledge will be greatly missed. Roger stated that he would look into appointing another Council member to serve out Norman's term as the Secretary until the next officer elections in September.

Both committee members reviewed the preliminary draft agenda for the March 13 2020 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 several motions will be presented at the meeting from the IT, Prevention and Planning & Funding committees, and of Roger and Sandy's desire to have Council members provide feedback on the motion language, including the DHS designee. There was some discussion regarding the background and purposes of the various motions.

Even though the agenda is crowded, Roger and Sandy would like to keep the two Recovery Housing presentations and Nancy Michaud's presentation on the agenda if time permits. Both were initially scheduled for the December meeting. Also, Roger reported little progress from the Governor or Legislator regarding the creation of an additional SCAODA citizen seat or seat for a Native American representative, though he has continued to raise this with the Governor's Office and some legislators. He also noted continued talks with the Governor's Office regarding efforts by the Dept. of Safety & Professional Services to address Act 262 and substance use disorder work certification issues and concerns.

No public comments were offered during the meeting. The meeting adjourned at 1:50 pm., pursuant to a motion by Sandy Hardie, seconded by Roger Frings and approved.

Prepared by: Michael Derr on 4/28/2020.

Meeting minutes approved by government body on 4/29/2020.





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**

Executive Committee

April 29, 2020

9:00 – 9:45 am  
Via Conference Call

**MEETING AGENDA**

- 1. Call to Order .....Roger Frings
- 2. Review of February 10, 2020 Meeting Minutes.....Roger Frings
- 3. SCAODA's June 5, 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.

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**Conference Call:** 1-877-820-7831

**Access Code:** 554523#

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**

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](mailto: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 Feast 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 OMTTC 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
<b>Minutes</b>			

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

**OPEN MEETING MINUTES**

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Roger Frings, Holly Stanelle, David Macmaster, Sandra Adams, Amy Anderson, Sheila Weix, Amanda Lake, Saima Chauhan, Michael Kemp, Joe Muchka (by phone), Jill Gamez (by phone), and Michelle Lund (by phone).
Date: 2/11/2020	Time Started: 10:05am	Time Ended: 2:00pm	
Location: Department of Corrections, Madison			Presiding Officer: Roger Frings, Chairperson

**Minutes**

1. Roger Frings called the meeting to order at 10:05am. Mr. Frings facilitated introductions of new and returning members. Mr. Frings also announced to the committee that Norman Briggs has resigned his position as co-chair of ITC and as vice chair of SCAODA, effective immediately. Mr. Frings also shared that Jessica Geschke will also be joining ITC and SCAODA as a representative from the Governor’s office.
2. Additions to the agenda: Amanda Lake shared that Andrea Jacobson, new substance abuse section chief at the DHS Bureau of Prevention, Treatment, and Recovery will be attending at 11:00am for a brief introduction.
3. Approval of 01/14/2020 meeting minutes: The minutes from the prior meeting were reviewed and approved. A motion was made by David Macmaster, with a second by Sheila Weix. All approved, no abstentions.
4. Discussion of upcoming SCAODA meeting: Two motions going forward at the upcoming council meeting include one from the Prevention Committee regarding the ability of county public health workers to distribute Narcan, as well as the WINTIP motion regarding tobacco integration from ITC. There will be a presentation of the behavioral health gaps study and needs assessment. There will also be a presentation of the WI SYNAR report, as well as two presentations regarding recovery housing from Meta House and Apricity. DHS will provide updates regarding the residential substance use treatment benefit and grant updates, and there will be other council and agency reports.
5. Development of ITC summary description: The committee reviewed and edited the proposed ITC summary description. Amanda Lake will revise and send back out to the group for approval and addition to the SCAODA website.
6. Committee review of the WINTIP motion for tobacco integration: A revised motion from WINTIP, in partnership with ITC, was presented to the committee to go forward to SCAODA regarding tobacco integration. Sheila Weix moved to consider the motion and David Macmaster seconded. David Macmaster and Roger Frings provided a summary of the process of the revision, the goals of the resolution, and the considerations for moving the motion forward. Sheila Weix discussed her experience at Marshfield Clinic implementing tobacco integration, including considerations for individuals with co-occurring mental health disorders, as well as considerations related to co-occurring marijuana use. Joe Muchka stressed the inclusion of emphasis on available training online for tobacco cessation interventions. All were in favor of approving the motion to go forward to SCAODA, with no abstentions.
7. ‘SUD workforce workgroup’ updates and action steps: The group discussed activities related to the SUD workforce workgroup, including the recent meeting with DSPS and the efforts to move forward on activities related to improving SUD representation in workforce and credentialing decision-making, as well as addressing problems related to Act 262. Roger discussed the previous intention to propose changes to be included in the next biennial budget. Sheila Weix expressed concern, however, that the next budget may not be soon enough to address the lack of reimbursement for providers delivering services. Saima Chauhan also shared an update from DMS about proposals to include waivers for provider credentialing to allow for mental health professionals’ reimbursement. Sheila Weix will reach out to Rep. Nygren’s office directly regarding this issue. Amanda Lake will invite Pam Lano from DMS to discuss the progress on provider credentialing and reimbursement for SUD services. Amanda Lake will develop a timeline diagram to go along with the summary document. Roger Frings will follow up with Yolanda McGowan from DSPS for additional information.

8. *(Addition to agenda)* Introduction of Andrea Jacobson, substance abuse section chief within the Bureau of Prevention, Treatment, and Recovery at DHS. Andrea shared her background with ITC, as a substance abuse treatment provider, and within Department of Health Services. Andrea shared about her role within the department and also answered committee questions about BPTR programs, grants, and supports. Andrea also shared the recent Burden of Binge Drinking report and Emerging Leaders Program information.
9. Discussion of terminology regarding “substance abuse” and “addiction”: Amy Anderson discussed her recommendation for the committee to consider putting forth a motion to support changes from terminology of substance abuse to addiction. Committee members discussed the impact of various terms, including what is within the purview of the committee to recommend changes as well as alignment with other federal, state, and professional terminology. The committee was in agreement and supportive regarding a motion to recommend changes in terminology that is less stigmatizing, however several committee members stressed the importance of involving other voices and representatives from cultural groups and the recovery community. Saima Chauhan suggested consulting national surveys and recommendations regarding terminology from SAMHSA. Roger Frings suggested beginning with a possible joint motion along with the Diversity Committee of SCAODA.
10. DHS 75 Updates: Amanda Lake shared a list with the group for ideas of questions and considerations related to Medicaid reimbursement for SUD services that align with the DHS 75 revision and address behavioral health integration barriers. Amanda Lake will compile input from the group and share a preliminary list with DMS for initial internal discussion that will include collaboration with SCAODA ITC and PFC in future discussions.
11. Sub-committee Updates
  - a. CYFT: Roger Frings shared that CYFT is continuing to recruit members for the sub-committee and also seeking direction from ITC regarding sub-committee activities and goals. Michelle Lund provided an updated member list. ITC members shared thoughts and ideas related to the charge for CYFT in focusing on the needs of youth and families as a special population within the substance use treatment continuum of care, including additional membership, resources, and tasks. Roger Frings suggested that CYFT representatives attend the upcoming ITC meeting in April.
  - b. Treatment for Women and their Children: Sheila Weix provided a report that the Urban Rural Women’s Grant GFO, including the lengthy process for application and awards, as well as the determinations of awards, resulted in service closures for three long-term programs that have been providing substance use treatment for women with children for 20 years in the state, including LSS Women’s Way, ARC Community Services, and Tri-County Women’s Services. Sheila Weix and Roger Frings proposed developing a letter to DHS expressing concerns related to the resultant loss of important services.
  - c. Older Adults: Amanda Lake will work with Roger Frings and others to finalize the report for printing and distribution.
12. No public comments.  
Announcements: David Macmaster shared about the Rally for Recovery coming up in April.  
Amanda Lake shared a reminder to send updated member information via email to her.  
The group decided to reschedule the April meeting from 04/14/2020 to 04/21/2020.
13. Holly Stanelle moved to adjourn the meeting at 2:00pm, Saima Chauhan seconded.

Prepared by: A. Lake on 4/20/2020.

These minutes were approved by the governmental body on: 4/21/2020



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)

April 21, 2020 - 12:00 p.m. to 2:00 p.m.

**This meeting will be held via teleconference.  
How to join the teleconference:**

[Join Zoom Meeting](#)

Phone: [+16465588656](tel:+16465588656), [982780797#](tel:+13126266799) or [+13126266799](tel:+13126266799), [982780797#](tel:+13126266799)  
Meeting URL: <https://dhs.wi.zoom.us/j/982780797>  
Meeting ID: 982 780 797

**AGENDA**

1. Call to order and roll call
2. Review and approval of 2/11/2020 ITC meeting minutes
3. Discussion of COVID-19 Public Health Emergency and Considerations for Substance Use Services
4. Public comments
5. Future Meeting Schedule and Agenda Topics

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 Amanda Lake at 608-630-2703 or [amanda.lake@dhswi.gov](mailto:amanda.lake@dhswi.gov).

Next scheduled SCAODA Meeting: June 5, 2020  
Next scheduled ITC Meeting: May 12, 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
<p>Background: SCAODA has supported evidence-based tobacco integration in Wisconsin AODA and mental health services since 2008.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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).</p> <p>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</p> <ul style="list-style-type: none"><li>• Positive impact: When all Wisconsin SUD programs have a level playing field that (1)</li><li>• provides evidence-based Tobacco Use Disorder treatment as part of an alcohol, drug, and</li><li>• tobacco free environment and (2) implements a SUD/TUD fully integrated range of</li><li>• treatment services and practices then people presenting for SUD treatment who use tobacco</li><li>• will have access to Wisconsin's more than 3,000 SUD treatment providers.</li><li>• Potential Opposition: SUD providers may be concerned about the cost of training</li><li>• staff to treat tobacco use disorders and being unable to bill for treatment of TUD.</li></ul>
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 lives 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.

**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 Reddington 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.

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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
Date: 11/12/2019	Time Started: 12: pm	Time Ended: 2:00 pm	Not Present: Kevin Florek Guests: DHS Staff: Mike Derr
Location: DHS Building, 9 <sup>th</sup> Floor, Madison, WI			Presiding Officer: Christine Ullstrup, Committee Chair
<b>Minutes</b>			

This meeting immediately followed the morning joint meeting of the Planning & Funding and Intervention 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. 4-6<sup>th</sup>. 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



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**

Planning and Funding Committee

January 29, 2020

9:30 AM to 2:00 PM

Tellurian, Inc., 5900 Monona Drive, 2<sup>nd</sup> 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](mailto: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
Date: 1/29/2020	Time Started: 9:39 am	Time Ended: 2:00 pm	Not Present: Karen Kinsey; Kellie Blechinger; Brian Dean Guests: Roger Frings DHS Staff: Mike Derr
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.





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

**OPEN MEETING NOTICE**

Planning and Funding Committee

February 19, 2020

9:30 AM to 2:00 PM

Tellurian, Inc., 5900 Monona Drive, 2<sup>nd</sup> 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](mailto: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 (by phone); Michelle Devine Giese; Kevin Florek; Karen Kinsey; Brian Dean
Date: 2/19/2020	Time Started: 9:34 am	Time Ended: 1:45 pm	Not Present: Kellie Blechinger Guests: Roger Frings DHS Staff: Mike Derr
Location: Tellurian Inc., Monona, WI			Presiding Officer: Christine Ullstrup, Committee Chair
<b>Minutes</b>			

Call to Order: Christine Ullstrup called meeting to order at 9:34 am.

Review of Jan. 29, 2020 draft meeting minutes:

Kevin Florek moved to approve minutes, and Michelle Devine Giese seconded. Christine Ullstrup requested that the minutes reflect the committee’s desire to seek 1-2 additional new members. Motion (conditioned on aforementioned modification to minutes) carried unanimously.

Public Comment:

No comments were offered from callers or non-Committee members attending the meeting. Kevin Florek mentioned that the DHS Division of Medicaid Services (DMS) has started a working group on the extension of Medicaid coverage over SUD residential treatment. He encouraged providers to get involved in this process. Christine Ullstrup encouraged provider to access DMS’ website to share comments and feedback.

Committee’s 2020 Priorities and Action Plan -- Continuation:

Committee members reviewed the updated draft of priorities for 2020. Members felt the Priority #1 and #2 language looked fine and approved the draft. Roger Frings stated the importance that someone from the Committee be part of the entire process for establishing Medicaid coverage policy for residential treatment (Priority #2). Jill Gamez noted that at the IT Committee meeting, Amanda Lake Cismesia mentioned some language alignment comments. DHS is seeking to align SUD Medicaid billing with mental health services billing – achieving parity.

Committee members approved the language for Priority #3. For Priority #4, Christine Ullstrup suggested that this entire section be moved up to Priority #4, to be added as Section 3. Jill noted that Priority 2 and 4 deal with different funding streams, so it makes sense to still address Medicaid coverage expansion and supporting the use of residential treatment as different sections within Priority #2. Regarding Priority #5, Jill suggested that Amanda’s ‘overlap’ and alignment comments could fall in here, and that the parity of SUD and mental health issue could be included here. Roger suggested that the State Group Insurance Board could be pulled in for discussions and any report that addresses parity issues. Mike Derr will incorporate these changes into an updated draft to be reviewed at the next Committee meeting.

Workshop at October 2020 MH & SU Recovery Conference:

Committee members reviewed the draft application language for the SCAODA Listening Session to be recast as also an educational session on advocacy and legislation. Brian Dean said the application should discuss the various committees and workshops, and how one could apply or participate in a body. Karen Kinsey stated the session should address what impact the committees have had on SUD policymaking. Mike Derr and Christine Ullstrup will incorporate those changes and other suggestions into the final application, to be submitted later in the week.

Allocation of SABG Funds:

Mike Derr reviewed two handouts pertaining to the 2019 allocation of annual SABG Community Aid grants to counties across the state, and listing those counties that used 2018 SABG Community Aids funds to support residential treatment services. He noted that the annual allocation amounts are based on a legislative statute from the late 1980s, which hasn't been updated or changed since. He will share the allocation statute with committee members at the next meeting. Christine Ullstrup would like the Committee to review the grant award allocation information more thoroughly to determine what types of programs are supported by those grant funds. In reviewing the 2018 list, Kevin Florek stated that several counties (i.e., Sauk and Columbia) are using Tellurian for residential treatment, but they weren't on that list. Mike Derr responded that a 2019 list of counties using SABG funds for residential treatment will be available by this summer. He noted that the counties self-report expenditures and programs; sometimes they don't report completely accurately.

DHS Update:

Mike Derr shared that the Bureau of Prevention Treatment & Recovery has added a third contract specialist – Cindy Matz – to assist with processing county and service provider contracts. Also, the Bureau added a new evaluation specialist, Lori Wiebold, who will assist with SUD program evaluation projects and reports. Mike also briefly address upcoming Grant Funding Opportunities, the Opioid Summit and other upcoming events.

Christine Ullstrup and Karen Kinsey raised discussion on a desire by providers for DHS to decrease the time needed to process new contracts. Specifically, they would like DHS to explore a process where vendors approved for a new annual contract can continue receiving funding at the same level as the prior year before the new contract is finalized and approved. Vendors have been facing cash flow challenges and hardships maintaining the same level of staffing and services without receiving funds from the new contract. Kinsey noted SAMHSA has asked states to get new contracts out on time. Roger Frings also encouraged DHS to explore approaches for continuing to provide grant recipients funding while awaiting contracts to be fully executed. The full Committee membership approved that the **Committee present a motion before the full Council requesting DHS to consider policies and practices ensuring that 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.**

Karen Kinsey and other committee members asked that in April or upcoming Committee meeting, Mike Derr review the SAMHSA audit findings from its August 2016 visit and the actions DHS has taken pursuant to those findings.

Agency Updates:

*DPI/Brian Dean* – DPI has announced it is awarding \$1,000 minigrants to bolster suicide prevention efforts. Funds are GPR, were part of legislation during the special session.

*SCAODA/Roger Frings* – He briefly summarized Feb. Executive Committee meeting and agenda for 3/13/20 SCAODA meeting. The Prescription Drug Task Force was scheduled to meet that day, is looking to work with pharmaceutical companies. The Office of the Commission of Insurance chairs this Task Force, which will make recommendations on cost issues.

*Tellurian/Raeanna Johnson* – Tellurian is considering applying for the Overdose Data to Action grant.

*Apricity/Michelle Devine Giese* – Apricity's women's program is half full, and has a waiting list for men. Women consumers aren't using Koinonia anymore. Nova reports this as well. Apricity has contracts with 12 counties. Referrals are usually from counties.

*ARC Community Services/Karen Kinsey* – Lots of federal money is coming in to cover trafficking concerns. ARC is appealing DHS' decision to not award Women's Urban/Rural Treatment funds to her agency, noting several concerns and irregularities in the award evaluation process.

Adjournment: By consensus, the meeting adjourned at 1:45 p.m.

Prepared by: Michael Derr on 5/18/2020.

Minutes were approved by the P&F Committee at its 5/20/20 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  
May 20, 2020  
9:30 AM to Noon

**Join Zoom Meeting**

<https://dhs.wi.zoom.us/j/99988281052>

**Meeting ID: 999 8828 1052**

**Dial by your location – 1-312-626-6799**

**MEETING AGENDA**

1. Call to Order and Roll Call.....Christine Ullstrup, Chair
2. Review Feb. 19, 2020 meeting minutes.....Christine Ullstrup
3. Public Comment: Substance Use Disorder Planning Topics.....Christine Ullstrup
4. Committee Members report out on COVID-19 impacts.....Committee Members
5. Committee 2020 Priorities & Action Plan – Status.....Committee Members
6. Legislative Update .....Mike Derr
7. DHS Data Dashboard Update.....Kate Rifken, DHS/BPTR
8. DHS Updates.....Mike Derr
9. Agenda Items for July 15, 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 608-852-6403 or at [Michael.Derr@dhs.wisconsin.gov](mailto:Michael.Derr@dhs.wisconsin.gov). [www.scaoda.state.wi.us](http://www.scaoda.state.wi.us)

## 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 autonomy 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.
  - o 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 ...”:
  - o Change the second bullet point of this section to just say, “exclude from serving alcohol at work-related functions.”
  - o The top of this section should be changed from “employment agency” to “employer.”
  - o 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.
  - o 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
  - o 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 are in draft form. They will be presented for approval by the governmental body on: 1/16/2020

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  
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
  - o Presentation from the Department of Children and Families
  - o 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](mailto:Mary.Haralampopoulos@wisconsin.gov).

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

<https://scaoda.wisconsin.gov>

**OPEN MEETING MINUTES**

Instructions: [F-01922A](#)

Name of Governmental Body: SCAODA Prevention Committee - Alcohol Priority Action Team		Attending: Christina Denslinger, Faith Price, Roger Frings, Julia Sherman, Nicole Butt, Emily Holder, Sarah Linnan, Sarah Johnson, Annie Short, Kari Lerch, Linda Koenan, Samuel Kramer, Jamie Gennrich, Faith Price, Daniel Ruland, Simone Fevola, Kat Koslov  DHS Staff: Raina Haralampopoulos, Cecie Culp, Kimberly Wild, Maggie Northrop, Tom Bentley
Date: 1/16/2020	Time Started: 9:30 a.m. Time Ended: 2:11p.m.	
Location: State Patrol; 911 W. North Ave., DeForest, WI		Presiding Officer: Chris Wardlow

**Minutes**

1. **Introductions** – Chris Wardlow, Interim Chair, welcomed members and guests. Members and guests introduced themselves.
2. **Public Comment** – There was no public comment.
3. **October Meeting Minutes** – Kari Lerch made a motion to approve minutes; Sarah Johnson seconded; No discussion and motion passed.
4. **Alcohol Priority Action Team** - Maggie Northrop, from the Division of Public Health (DPH), shared an update on the state health improvement plan related to the alcohol priority. Performance management scorecards are going to be shared, Maggie would appreciate feedback from the group, especially on root causes that could be included in the narrative of the scorecards. Incorporates information about driving factors behind each objective that this group helped identify. Maggie is hoping to include information about health disparities in the scorecards.
5. **Presentation from the Department of Children and Families**- Kat Koslov from the Division of Safety and Permanence (DSP) at the Department of Children and Families (DCF) presented on the intersection of Child Protective Services (CPS) and alcohol and substance use. Kat shared information about the CPS safety assessment and intervention process, and the rate of alcohol and drugs listed as a reason for a child being removed from their home from 2012-19: the rate of removals for alcohol abuse has remained fairly consistent, while the rate of removal for drug abuse has increased over time. Jamie Gennrich shared that it is optional for CPS workers to enter substance abuse concerns related to a case.
6. **Discussion About the Next Ad Hoc Committee**  
Julia Sherman shared that it has been 10 years since the Alcohol Culture and Environment report. The goal is to begin the work in October. The group should send comments about the content of the “charge to the ad hoc committee” to Raina by mid-March. Julia shared that groups appreciated the format of the previous report. Many comments about the content of the report focused on individual outcomes such as intoxicated driving, Fetal Alcohol Spectrum Disorder (FASD), etc. This takes the focus away from the environment. The group may want to think about including information about the alcohol industry, gaps in epidemiological data, connection to state public health goals, strength of local government, costs of binge drinking, acute and chronic alcohol use, healthy drinking myths, discussion of healthy alcohol environment, responsibility for educating local government, National Alcohol Survey (NAS) report on alcohol-related harms, as well as including more public health representation in the committee. The report needs to address the needs of coalitions, law enforcement, faith community, recovery community, etc. Julia shared that states that have an engaged faith communities are more likely to raise their alcohol tax.
7. **Review and Discuss the SCAODA Strategic Plan and Goals with Prevention Committee’s Progress**  
Roger shared that the State Council on Alcohol and Other Drug Abuse (SCAODA) strategic planning will be addressed in March. Members and guests discussed the process for identifying priority substances for prevention

efforts. Chris shared the importance of looking at risk and protective factors and doing more work upstream that prevents all substance use. Members and guests reviewed and discussed the Committee's progress on the plan and goals.

## **8. Legislative Updates**

Cecie continues to maintain the legislative updates document. The group will regularly discuss updates on relevant substance use legislation proposed or passed in our legislature. Two bills have passed during this year including mandatory minimum sentencing for OWI homicide and Wisconsin Act 68 (related to the federal farm bill). There was a bill introduced on Suicide Prevention Training that would require prevention specialists to have 2 hours of continuing education on suicide prevention.

Julia shared that the bills regarding click and collect have received some resistance, and are not moving forward at this time.

Roger shared that he met with several other stakeholders to discuss professional licensing issues and how licensing processes are grouped, the licensing process within Department of Safety and Professional Services (DSPS), and challenges that treatment providers are having with recruitment of new providers. At SCAODA's Intervention and Treatment Committee (ITC) meeting last Tuesday, Roger discussed forming a working group from members of each standing committee of SCAODA with other stakeholders to act as a reviewing body to oversee the licensing process for professionals in our field (substance abuse counselors, prevention specialists, etc.). This workgroup would work to define what this licensing body would look like, its structure, etc. and create a report to present to the Governor to inform the budget for the next biennium (which will likely occur in August/September, 2020). If folks are interested in being involved, let Roger know. The group discussed the importance of having diversity within this group to address the lack of diversity in the behavioral health workforce, as well. Ideally this would make it to full SCAODA in September. Annie Short suggested also having representation from the education field – to discuss the issues they face recruiting individuals into programs to train for these jobs – and other stakeholders, such as the Chief Executive Officer of Federally Qualified Health Centers (FQHCs).

## **9. Updates on Prevention Grants**

A handout was provided to Committee members on prevention grant updates; if individuals have questions they can email Raina Haralampopoulos directly.

Christy Niemuth (DHS) provided handouts with updates from the Naloxone Training of the Trainers program. Sarah Linnan (University of Wisconsin – Population Health Institute, UW-PHI) provided a handout with updates on the Partnerships for Success 2015 (PFS15) Evaluation.

Raina shared the funding announcement for the Partnerships for Success (PFS) 2020 grant and that the Department of Health Services (DHS) has received approval from DHS management to apply for funding and paperwork has been submitted to the Secretary's Office; DHS staff had their initial meeting to discuss the grant. This is a unique funding opportunity because communities and tribes can apply for funding along with States. DHS has considered applying for more general, poly-substance use, to avoid playing whack-a-mole.

Raina shared that PFS15 helped to fund the Burden of Binge Drinking report; the report will be sent to Prevention Committee members and will be provided to the full SCAODA at the next meeting; copies will also be distributed among legislators at the Capitol. DHS staff will email out when the copies are distributed at the Capitol so that local coalitions and other stakeholders can alert and follow-up with their elected representatives to ensure they pay attention to the report (about 500 copies will be printed).

Christina Denslinger and Nicole Butt did not have any additional updates to provide for Tribal PFS15.

## **10. Update on the Workplace Prevention Ad Hoc Committee's Report**

Roger and Chris provided an update to the group on how the workplace prevention report was received at the full SCAODA meeting in December. Jill Gamez and Michelle Devine Giese were able to attend the meeting to provide an overview of the report. There was very little discussion about the report and no major issues. Roger shared that this report allowed him to better network with Department of Workforce Development which was helpful and useful for SCAODA.

Raina shared that DHS staff is putting finishing touches on formatting to finalize the report. The Division of Care and Treatment Services (DCTS) communications specialist will also review the report. Neither the ad hoc committee nor the Prevention Committee discussed a dissemination plan. Sarah Johnson shared that with the

marijuana report, Chris Wardlow served as the face and fielded calls/media inquiries, but pointed out that Chris nor Roger were members of the ad hoc committee, they also do not necessarily speak on behalf of the Prevention Committee. It was decided that Roger will serve in this role for the Workplace Prevention Ad Hoc Report. Roger shared that the report will go on the SCAODA website and suggested dissemination could happen through gov-delivery through DHS. Roger suggested requesting that DWD include the report in information that they provide to employers. The group discussed disseminating to the business community as well (chambers of commerce, Wisconsin Manufacturers and Commerce, restaurant associations, builders/contracting group, Society for Human Resources Management, etc.). The Regional prevention Centers (RPCs) will be distributing it to the coalitions, and can be shared at the regional prevention trainings; the RPCs will be providing guidance to coalitions on how to use the report. In the past about 1,000 copies have been printed.

## 11. Agency Member Updates

**Emily Holder (Department of Public Instruction, DPI):** State 2019 YRBS data is in-house; Kate McCoy is working with the data to prepare for a release of the data. Emily shared that Kate runs a Technical Assistance group and uses this group to collect input and feedback on how the data is used/can be used from stakeholders. Chris is now a member of the Statewide AODA School Superintendent's Council. The group discussed the process/possibility of sharing more of the data or raw data in the future.

The Building the Heart of Successful Schools conference was in December; they had record attendance (~550 attendants).

DPI funded 70 AODA mini-grants, combined funding with DHS tobacco grants to fund an additional 8 – saw a significant increase in projects around vaping (YRBS numbers support this), a lot of peer-education programs (which aligns with a lot of the peer-based suicide prevention mini grants).

2018-19 SBIRT implementation – 2017-18 biannual budget; DPI received funding to implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) in schools in collaboration with Wisconsin Safe and Healthy Schools (WISH) and Scott Caldwell (DHS) – handout was provided to group summarizing the 2018-19 SBIRT implementation project, continued funding for this is included in the 2019-20 biannual budget.

**Julia Sherman (Wisconsin Alcohol Policy Project, WAPP):** If individuals are working on Place of Last Drink (POLD) data, have them reach out to Julia – the 2<sup>nd</sup> POLD Users Meeting will be held at the Law School on February 20 – this is for people who are actively working on POLD or actively working to implement POLD.

A reminder that October 8, 2020 – Alcohol Policy Seminar (Kalahari) will be taking place.

The American Public Health Association (APHA) adopted a new alcohol-related policy called “addressing alcohol-related harms” and looks at this issue at a population-level and included 13-specific interventions that can be done to address alcohol at a population level; Julia is working on an infographic to explain/summarize the 13 recommendations.

**Linda Koenen and Daniel Ruland (United States National Guard):** Linda introduced herself and Daniel and the Civil Operations/WI Counter-Drug program; they shared that they will be working with coalitions and the Alliance for Wisconsin Youth (AWY) to help move agendas and initiatives forward and to recreate some of the previous youth engagement activities that have happened in the past; will also be working directly with coalitions for things like strategic planning, workplans, etc.

They shared that there are (~20) analysts throughout the state that can also assist and support coalitions. Daniel shared that they have a leadership development course at Volk Field, and are hoping to have an annual program where coalitions and the youth that they are working with can meet and go through the Leadership Development Curriculum (LDC), which teaches critical-thinking and problem-solving.

**Simone Fevola (Marshfield):** Simone introduced himself to the group; a couple months ago he took over management of the AODA prevention team at Marshfield and provides oversight of the Northern and Western regions' Regional Prevention Centers.

**Sarah Johnson (Public Health Madison-Dane County):** “OD Map” – is a new tool developed from Baltimore's High Intensity Drug Trafficking Area (HIDTA) to track suspected overdose (OD) locations, to help folks get to a place of predictability by mapping ODs in collaboration with drug-trafficking routes. The state has the ability to link Wisconsin Ambulance Run Data System (WARDS) data with the OD Maps. The next step would be for coalitions and community partners to engage in harm reduction measures, and help get alerts and the word

out/inform their communities if we know there is a spike in ODs and can alert folks that there may be a bad batch out there, etc.

**Raina Haralampopoulos (DHS):** Raina shared updates on DHS/DCTS staffing; Substance Abuse Services (SAS) section chief, Scott Stokes, changed positions within DHS and is now working with the Hepatitis C/Human Immunodeficiency Virus (HCV/HIV) group within DPH. Andrea Jacobsen was announced as the replacement for the SAS section chief – she will be starting in February. Amanda Lake-Cismesia is no longer the Substance Use Services Treatment Coordinator. LeAnne Mueller (intoxicated driver program, IDP) retired. Raina also shared the 2020 Prevention Conferences and Training document and will send it out via email to the group.

**Kari Lerch (Community Advocates Public Policy Institute):** Kari shared that the Southern/Southeastern/Northeastern 2020 Annual Training location has changed.

## 12. Future agenda items –

Next meeting: needs to be changed, several committee members will be attending the National Rx Summit; meeting was scheduled for April 16, Raina will send out a Doodle poll to determine a new date.

Next meeting:

- Will discuss ad hoc workgroup charge
- Can finalize motions regarding naloxone to present to full SCAODA
- Underage drinking campaign will be live
- Alcohol dashboards will be live
- Update on workplace report dissemination plan
- Running agenda items: update workplan; legislative updates

## 13. Other Topics Discussed

Roger: discussed that at the last Prevention Committee meeting, the Committee discussed a motion regarding naloxone distribution/administration. The full SCAODA December meeting agenda was very full and Roger also got the sense from DHS that the motion may not have addressed what the Committee was hoping to actually address. Roger is working with Sarah Johnson to edit/update the motion to discuss at the next Prevention Committee meeting.

Annie Short shared that in her community, there is a lot of concern about the risk/liability surrounding naloxone distribution/administration.

Tom Bentley (DPH/Office of Health Informatics): shared that by April, the new alcohol dashboards will be live and can be shared at the next meeting.

Maggie Northrup (DPH): discussed that from previous discussions about data presentations we wanted to have come to meetings, the only ones left are trauma registry and medical examiners/coroners

## 14. Meeting Adjourned

Julia Sherman made a motion to adjourn, seconded by Sarah Johnson, no discussion and meeting adjourned at 2:11 p.m.

Prepared by: K. Wild; C. Culp on 1/16/2020.

These minutes were approved by the governmental body on: 4/30/2020



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**

April 30, 2020

9:30 AM to Noon

[Join Skype Meeting](#)

Join by phone

[Madison : \(608\) 316-9000](tel:6083169000) (Madison)

Conference ID: 11583

**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 January 2020 Meeting..... Chris Wardlow
4. Alcohol Priority Action Team (APAT) Work.....Maggie Northrop, OPPA/DPH/DHS
  - o Updates
5. Discussion about the next alcohol ad hoc workgroup.....Julia Sherman, UW Law School
  - o Review the Charge and motion for approval
  - o Motion to full Council for the Prevention Committee to form the new workgroup
6. Alcohol Data Dashboards Presentation.....Tom Bentley, OHI/DPH/DHS
7. Review and Discuss the SCAODA Strategic Plan and Goals with Prevention Committee's Progress..... Chris Wardlow
8. Legislative Updates.....Raina Haralampopoulos, DCTS/DHS
9. Updates on Prevention Grants (PFS15, Tribal PFS, PDO, SPF Rx, and SOR) – DCTS Staff and Christina Denslinger, GLITC
10. Agency Member Updates.....Committee Members
11. 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 608-206-0400 or at [Mary.Haralampopoulos@wisconsin.gov](mailto:Mary.Haralampopoulos@wisconsin.gov).



## 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.
<p>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.</p> <ul style="list-style-type: none"><li>• Positive impact: Reduced barriers to opioid antagonist distribution in order to save lives. Increase access to opioid antagaonists.</li><li>• 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.</li></ul>
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.

## SCAODA Motion Introduction

Committee Introducing: Prevention Committee
Motion: Motion to form an alcohol prevention ad hoc workgroup that would develop a recommendation report and a public health response to issues related to alcohol use.
Related SCAODA Goal: 1) Change Wisconsin's cultural norms to transform the state's Substance Use Disorder (SUD) problems into healthy behavioral outcomes. 2) Inform Wisconsin citizens on the negative fiscal, individual, and societal impacts of substance use disorders.
Background: Excessive alcohol use remains a significant threat to the health, safety and prosperity of Wisconsin's residents. Despite decreases in underage drinking, Wisconsin's rate of underage drinking remains above the national average. Early alcohol use creates a vulnerability to later opiate misuse and dependence among our children, a risk that should trouble all residents. Unhealthy and dangerous drinking among Wisconsin's adult population remains disturbingly high. Recent research suggests that even moderate alcohol use among the elderly carries more health and safety consequences than previously known. Given the broad scope of alcohol-related concerns in Wisconsin, this is a public health and safety concern that must be addressed at the population level.
<p>Rational for Supporting: There is a need for effective individual and population level interventions that can be implemented throughout Wisconsin. Since the 2010 release of State Council on Alcohol and Other Drug Abuse's (SCAODA) report on <i>Alcohol, Culture and Environment</i>, municipal interest and experience implementing evidence-informed policies and practices that reduce alcohol misuse has increased dramatically. In the intervening decade, research into effective policies &amp; practices has refined earlier options and suggested new interventions and policies. In addition, the increasing range of retailing options and alcohol products creates issues unanticipated by current statutes. Across Wisconsin, communities are working to meet the three alcohol-related objectives in <i>Healthy Wisconsin</i>: 1) reducing underage drinking, 2) reducing heavy and binge drinking among adults and, 3) reducing alcohol-related deaths. These three goals will improve the quality of life in Wisconsin and can reduce the financial burden excessive alcohol consumption places on municipalities responsible for emergency services and law enforcement.</p> <p>The Prevention Committee seeks to convene a workgroup to:</p> <ul style="list-style-type: none"><li>• Identify barriers that slow progress towards the alcohol objectives in <i>Healthy Wisconsin</i>.</li><li>• Identify gaps in Chapter 125 statutory language that limit or prevent effective alcohol regulation.</li><li>• Identify the groups, organizations and professions that have roles in the adoption and implementation of identified strategies.</li><li>• Identify under-recognized alcohol-related health issues and the appropriate agency, organization or profession best able to fill those gaps.</li><li>• Identify gaps in data collection that limit the ability of law enforcement, health care providers and educators to identify and implement effective policy or program options.</li><li>• Consider how all levels of government can support individuals in addiction recovery in their communities.</li></ul>

# **ANNUAL SYNAR REPORT**

**42 U.S.C. 300x-26**

**OMB No 0930-0222**

**FFY 2020**

**State: WI**

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Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0222. Public reporting burden for this collection of information is estimated to average 18 hours per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Rockville, MD 20857.

## 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<sup>1</sup> 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.

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<sup>1</sup>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.

<b>PUBLIC HEALTH SERVICES ACT AND SYNAR AMENDMENT</b>	
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.	
<b>SYNAR SURVEY SAMPLING METHODOLOGY</b>	
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.	
<b>SYNAR SURVEY INSPECTION PROTOCOL</b>	
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.	
<b>State:</b> Wisconsin	
<b>Name of Chief Executive Officer or Designee:</b> Julie A. Willems Van Dijk	
<b>Signature of CEO or Designee:</b> 	
<b>Title:</b> Deputy Secretary, WI Department of Health Services	<b>Date Signed:</b> 11-22-19
<b>If signed by a designee, a copy of the designation must be attached.</b>	

## 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*

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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*

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- 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

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**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 right limit of the right-sided 95% confidence interval.

RVR Estimate + (1.645 × \_\_\_\_\_) =  
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
<b>Effective sample size</b> (sample size needed to meet the SAMHSA precision requirement assuming simple random sampling)	
<b>Target sample size</b> (the product of the effective sample size and the design effect)	
<b>Original sample size</b> (inflated sample size of the target sample to counter the sample attrition due to ineligibility and noncompletion)	
<b>Eligible sample size</b> (number of outlets found to be eligible in the sample)	
<b>Final sample size</b> (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.)

<div style="text-align: right; margin-right: 10px;">State: _____</div> <div style="text-align: right; margin-right: 10px;">FFY: <u>2020</u></div>															
Summary of Synar Inspection Results by Stratum															
(1)		(2)						(3)			(4)			(5)	
(a) Row #	(b) Stratum Name	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) 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).

## 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
<b>Total</b>										

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
<b>Total</b>				

**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.”

<b>Inspection Tallies by Reason of Ineligibility or Noncompletion</b>			
		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) <i>(Describe.)</i>	
Other ineligibility reason(s) <i>(Describe.)</i>			
<b>Total</b>		<b>Total</b>	



**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.

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

## **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    | 4 – Statewide retail license/permit list |
| 2 – Local commercial business list        | 5 – Statewide liquor license/permit list |
| 3 – Statewide tobacco 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(%)
<b>All Outlets</b>											
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%
<b>Over the Counter Outlets</b>											
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%
<b>Vending Machines</b>											
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
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
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%



SSSES 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%
<b>Total Male</b>	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%
<b>Total Female</b>	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%

## 2020 Substance Use Prevention, Treatment, and Recovery Training Sessions and Conferences

### ***CANCELED:* National Rural Institute on Alcohol and Drug Abuse: Training for Addiction Prevention, Treatment and Allied Health Care Professionals**

June 21 – 25, 2020

Menomonie, WI

***SAVE the DATE for next year: June 20-24, 2021***

### **Society for Prevention Research 2020 Annual Meeting – “Why Context Matters: Towards a Place-Based Prevention Science”**

July 21-23, 2020

Virtual

For more information: <https://www.preventionresearch.org/2020-annual-meeting/>

### **CADCA’s Mid-Year Training Institute**

July 26 – 30, 2020

Virtual

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/>

### **National Conference on Addiction Disorders**

July 30-August 2, 2020

Virtual

Each year, we look forward to connecting with our national community to share groundbreaking and evidence-based treatment strategies, to ultimately improve patient care. In place of in-person NCAD events, we are excited to announce that we will be moving to a Virtual Experience, full of interactive video content, taking place July 30–August 2. For more information: <https://www.theaddictionconference.com/>

### **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>

### **5<sup>th</sup> Annual Wisconsin Peer Recovery Conference – “Thriving Amid Adversity”**

August 13-14, 2020

Virtual Conference via Zoom

\$50 Registration fee

**Conference Objectives:** Demonstrate aspects of effective peer support within community services, enhance individuals skills to provide more effective personal support, and explore innovative applications of peer support in communities.

Registration opens June 1, 2020. For more information: <https://www.uwsp.edu/conted/Pages/Wisconsin-Peer-Recovery-Conference.aspx>

#### **4<sup>th</sup> Annual Rejuvenating Tribal Communities Conference**

August 24-26, 2020  
Potawatomi Hotel & Casino  
Milwaukee, WI

For more information: <https://www.fcpotawatomi.com/event/rejuvenating-tribal-communities-conference/>

#### **24<sup>th</sup> Annual Crisis Intervention Conference – “2020: The Dawn of a New Decade: Innovations in Intervention”**

September 17-18, 2020  
Virtual Conference via Zoom

For more information: <https://www.uwsp.edu/conted/Pages/Crisis-Intervention-Conference-.aspx>

#### **Wisconsin Society of Addiction Medicine (WISAM) 2020 Annual Conference – “Substance Use Disorders and Beyond 2020: A New Era”**

October 1-2, 2020  
The Pyle Center – Madison, WI.

For more information: <http://wisam-asam.com/WISAM2020>

#### **2020 Wisconsin Alcohol Policy Seminar**

October 8, 2020  
Virtual Conference via Zoom  
\$75.00 Registration fee

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>

#### ***POSTPONED*: 13<sup>th</sup> 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](http://www.harmreduction.org/conference)

**Wisconsin's 16<sup>th</sup> Annual Mental Health and Substance Use Recovery Training Conference – “Thriving in Recovery: Supporting Ourselves and Others in the Journey”**

October 29-30, 2020

Virtual Conference via Zoom

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

**Cocaine, Meth & Stimulant Summit**

November 20-22, 2020

Miami, FL

The Cocaine, Meth & Stimulant Summit is the only educational event providing clinical, law enforcement, and public health professionals with practical strategies and solutions to address the country's stimulant crisis. Conference attendees hear from field leaders and change makers working to address this often under-recognized emergency compounding the opioid epidemic. For more information: <https://www.stimulantsummit.com/>



# **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.

