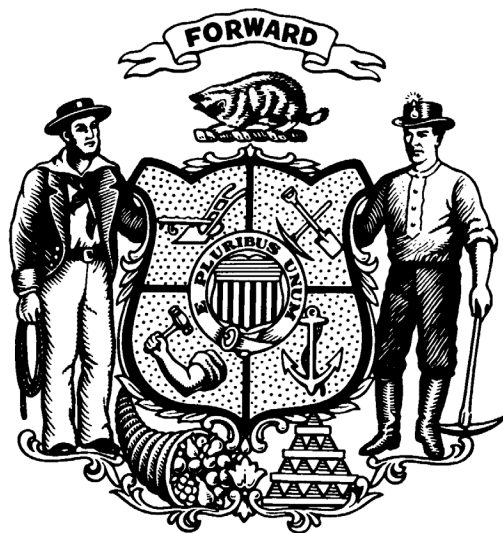


WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



March 18, 2022
VIRTUAL MEETING
(via Zoom)

Roger Frings
Chairperson

Tony Evers
Governor

Tony Evers
Governor



Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

State of Wisconsin

Kevin Florek
Secretary

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

OPEN MEETING NOTICE

**Meeting of the State Council on Alcohol and Other Drug Abuse (SCAODA)
March 18, 2022
9:30 AM to 1:00 PM**

<https://dhs.wi.zoomgov.com/j/1614805637>

Conference Call: 1-669-254-5252

Meeting ID: 161 480 5637

MEETING AGENDA

1. Welcome and introductionsRoger Frings, SCAODA Chairperson
2. Approval of December 3, 2021 meeting minutes.....Council Members....p. 5
3. Public inputSCAODA Chairperson
4. Committee Updates:
 - Executive CommitteeRoger Frings....p. 13
 - Diversity CommitteeHarold Gates....p. 15
 - ✓ Equity & Inclusion ad hoc Workgroup Update
 - Intervention and Treatment CommitteeRoger Frings....p. 22
 - Planning and Funding CommitteeChristine Ullstrup....p. 36
 - Prevention CommitteeStacy Stone and Chris Wardlow....p. 49
5. Wisconsin State Laboratory of Hygiene Presentation.....Amy Miles

6. FY 2022 Synar Report: Update on Tobacco PreventionNancy Michaud,
Wisconsin Tobacco Prevention and Control Program..... p. 52 - 104

7. Agency Reports:
 - Department of Health Services..... Paul Krupski
 - Other Agencies..... Agency Designees

8. Bureau of Prevention Treatment and Recovery Update.....Teresa Steinmetz, DHS

9. Latest Provider Updates on Services during COVID-19/ Workforce Challenges.... Council Members
and Guests

10. Report from Wisconsin Council on Mental Health.....WCMH Representative

11. Agenda Items for June 3, 2022 Meeting.....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 Sarah Boulton at 608.590.8598 or sarah.boulton@dhs.wisconsin.gov.

OPEN MEETING MINUTES

Name of Governmental Body: State Council on Alcohol and Other Drug Abuse		Attending: Members in Attendance: Roger Frings, Subhadeep Barman, Brian Dean, Kevin Florek, Mary Ann Gerrard, Jessica Geschke, Jan Grebel, Sandy Hardie, Paul Krupski, Autumn Lacy, Christina Malone, Terry Schemenauer, Stacy Stone, Christine Ullstrup, Tina Virgil, Nichol Wienkes, Rep. Jesse James, Meghan Sovey (on behalf of Senator Jeff Smith), Rep. Jill Billings, Angela Bins, Fil Clissa, Richard Immer, Colleen Rinken, Marianne Rosen, Mark Wegner, Ann DeGarmo Guests: Harold Gates, Dean Krahn, Vaughn Brandt, Amy Miles, Gwen Jones, Megan Sulikowski, David MacMaster, Maureen Busalacchi, Michael Kemp, Mike Tierney, Sheila Weix, Chris Wardlow, Lynn Harrigan, Amy Anderson, Ramsey Lee Department of Health Services Staff in Attendance: Sarah Boulton, Ryan Stachoviak, Teresa Steinmetz, Andrea Jacobson, Amanda Lake, Katie Behl, Annie Larson, Chelsey Myhre Foster, Dan Bizjak, Elizabeth Collier, Lindsay Emer, Liz Adams, Lori Kirchgatter, Michelle Lund, Raina Haralampopoulos, Wesley Van Epps, Allison Weber, Saima Chauhan, Tom Bentley, Dennis Radloff, Gary Roth, Holly Audley, Jamie McCarville, Joann Stephens, Kenya Bright, Sarah Coyle
Date: 12/3/2021	Time Started: 9:31am	Time Ended: 1:10pm
Location: Online via Zoom		Presiding Officer: Roger Frings
Minutes		

1. Call to order

Roger Frings called the meeting to order at 9:31am and reviewed Zoom protocols. Quorum was confirmed to conduct council business.

2. Approval of September 10, 2021 meeting minutes

Tina Virgil moved to approve the minutes of September 10, 2021.

Kevin Florek seconded the motion to approve the minutes.

No comments, corrections made.

Meeting minutes were approved unanimously.

3. Public input

David Macmaster, Managing Consultant for the Wisconsin Nicotine Treatment Integration Project, provided public comment to request that SCAODA support requests for funding tobacco integration, for technical support, and other resources. He suggested with the new DHS 75 revisions, now is the time for our Prevention, Treatment, and Recovery team to begin the work of developing the language, policies and procedures, and standards of practice to ensure access to multilevel, comprehensive SUD treatment services for people with tobacco use disorder. He expressed gratitude to Governor Evers and the DHS team in the DCTS for authorizing the DHS 75 revision with its improvements, as well as to Roger Frings and the ITC Committee for the support and credibility they have provided.

4. Latest provider updates on services during COVID-19

Sheila Weix noted that their service area continues to be significantly impacted. Team is flexible with people being served if they call in and say they aren't feeling well. Hospital bed capacity in the area is super tight.

Christina Ullstrup reports that the biggest impact of COVID for Meta House in Milwaukee is that they aren't able to serve the number of people they would like to serve because of needing to quarantine when people come into the facility. They currently have a huge waitlist. The hardest thing for clients is needing to stay in the facility and not being able to leave with passes. Meta House did mandate vaccination for their agency staff with a decision made in October. They are having a hard time with staffing, as others are across the state, in terms of hiring people, especially licensed clinicians. The outpatient program is going strong via a combination of telehealth and in-patient groups, but depending on how things go, they may shift back to entirely telehealth. This is similar for other providers in Milwaukee.

Representative Jill Billings reported that she wanted to highlight areas of brightness and good things happening in our communities, noting a Peer Run Respite Center opened in La Crosse after years of people trying to get this initiative off the ground. There is an open house this afternoon to celebrate the opening of Lighthouse. This is the sixth peer run respite that's been funded by DHS in Wisconsin.

Jessica Geschke reported that in response to the annual overdoses announced by the CDC, they've focused on educating employer groups in Wisconsin. They are going out to employers statewide to provide education and training on being recovery friendly workplaces. There is engagement with employers around meeting their employees where they're at and potentially offering Employee Assistance Programs. They are also training employers so that they are equipped with Narcan in their workspaces. Roger Frings noted that this ties in to work done by the Prevention Committee around workforce development and SUD in the workforce.

5. Presentation on Wisconsin's Integration of Hub and Spoke and Health Home Models for People with SUD

Paul Krupski provided a brief background on Wisconsin's integration of Hub and Spoke and Health Home Models for People with SUD and introduced presenters Vaughn Brandt from DHS's Division of Medicaid Services (DMS) and Dr. Dean Krahn who is a consultant in DCTS. Presentation highlights included:

DMS is launching a new model to improve behavioral health integration and treatment for people with SUD and co-occurring conditions. A core team developed the RFA and, from 17 quality applications, selected three applicants through an objective scoring process. The top three applicants were an urban site, a rural site, and a blended site. SUD Health Homes coordinate all primary, acute, and behavioral health care, and potentially also long-term care services related to a member's chronic condition(s). One of the key features is coordination of care, but also designed to address the social determinants of health (SDOH). Hubs are to provide regionally based specialty substance use treatment to address complex care needs and support locally based spokes via consultation and training to care for less complex patients, expanding overall capacity to provide quality care. Wisconsin model unique in that it's open to all SUD diagnoses, though tobacco use disorder alone does not qualify.

SUD Health Homes are designed to provide person centered, integrated care, which is generally considered best practice, but Medicaid isn't usually able to pay for. Addressing whole person needs, including comorbidities, smoking cessation, family relations, community integration, and personal recovery goals. Target population includes youth or adults who are Medicaid eligible with a moderate or severe SUD and who are experiencing, or at risk of experiencing, chronic associated physical and behavioral health conditions.

In pilot program, looking at how the hub can serve as the primary billing provider, primary center of excellence to coordinate care, and to intake participants. System of care that allows people to titrate down when they are doing well, and to allow the hub to maintain the capacity to enroll new members. Spokes can be a wide variety of entities, in WI model generally Medicaid eligible, but can also be non-Medicaid eligible stakeholders if not being paid directly by the hub. Potential spokes include MAT providers, residential providers, county governments. Stakeholders could include law

enforcement, drug courts, and other systems of care. Services are designed to meet people on a mobile basis and to be variable in intensity. A fundamental pillar of the program is to provide rapid engagement and to retain members in treatment and other services for as long as possible. Two required roles on every hub and spoke model: specialized care coordinator, who has expertise in SUD, Medicaid eligibility, and co-occurring disorders, and certified peer specialist/recovery coach, who has lived experience and promotes engagement.

Health Home bundled services include six core services: comprehensive care management, care coordination, health promotion, transitional care & follow up, patient & family support, and referral to community & social support. Services billed separately via existing Medicaid benefits include SUD counseling, MAT induction, OTP & OBOT, acute and primary medical/dental care, and residential treatment. No wrong door approach – can enter via emergent and non-emergent pathways. Currently, there is no waitlist for services. Telehealth likely an important tool for ongoing engagement.

Three pilot sites:

- The Family Health Center of Marshfield Inc.: FQHC that will provide services through Minocqua Alcohol and Drug Recovery Center.
- The Oneida Nation Behavioral Health Center: FQHC that will provide services to any federally enrolled Native American in the Oneida Nation, and Brown and Outagamie Counties.
- Wisconsin Community Services Inc.: Non-profit, community-based organization serving Milwaukee County that operates as a freestanding hub and will provide mobile, community-based services.

Program evaluation plan is in final stages of development. Within two-and-a-half-year primary pilot phase, working with each site to collect data on Medicaid claims, member enrollment data, and new data elements: socio-demographic stratification, member complexity, Monthly Brief Addiction Monitor (BAM), and treatment and services provided by staff. UofW program evaluation will include qualitative and quantitative program outcomes for members in terms of: SDOH, DEI, substance use and other outcomes, access and consistency of MAT, tobacco cessation outcomes, and the function of peer supports.

6. Committee updates

Executive Committee

Roger Frings provided the update, noting that the Committee met November 10th primarily to develop the agenda for the Council meeting. SCAODA has been without chairs for two standing committees, the Diversity Committee and the Prevention Committee. In order for these committees to function effectively, and as outlined in SCAODA bylaws, a council member is needed to chair. All members of the council are encouraged to consider chairing one of these committees. Roger recognized the hard work and efforts of Chris Wardlow as interim chair of the Prevention Committee and of Harold Gates as co-chair of the Diversity Committee and encouraged anyone who is interested in chairing to reach out to him.

Roger recognized DHS Designee Paul Krupski. Paul noted that he's been part of SCAODA meetings for a decade now and he will continue to bring department level updates as he has for the past year and a half during the COVID pandemic. He is happy to officially fill the designee role and looks forward to continuing to work with everyone on the Council.

Roger introduced the newest member of the Council, who was recently appointed, Stacy Stone. Stacy Stone introduced herself, noting that she lives in Lac Du Flambeau and has been in the field for almost 20 years and is currently in the role of State Emergency Data Analyst Coordinator. She has participated with a variety of state groups, noting that her focus is looking at co-occurring disorders, trauma informed care, gap analysis, and seeing how to fill those gaps within tribal nations and how to effectively partner within facilities. She is excited to be part of the Council and is interested in looking at the different ways of making policy change. Roger welcomed Stacy to the Council and confirmed that she will serve as the SCAODA representative to the Governor's Committee for People with Disabilities.

Diversity Committee

Harold Gates provided the update and thanked Roger for the reminder that someone on the Council is needed to be a co-chair, noting that Thai Vue's resignation has left a big void in the work of the Committee. A lot is going on around equity, including the hiring of the first Director of the Office of Health Equity, Dr. Michelle Robinson. Each division now has a senior diversity leader and Langston Hughes was hired to fill this role at DCTS. Loss of staff and members has impacted the Committee's ability to do the work. Filling the role of co-chair and member recruitment are critical.

Harold reported that he recently attended an excellent webinar looking at examples from Georgia, Ohio and Oklahoma in implementing CLAS standards and utilizing those standards to make services better. Georgia was looking specifically at making services better for people with disabilities, but they were all great examples about how to implement CLAS standards. The Equity & Inclusion Subcommittee that worked through June also has recommendations that will be distributed. Additional tools are available through the Great Lakes Addiction Technology Transfer Center and Office of Minority Health. The Prevention Committee has also been working in the community with CLAS and the Diversity Committee is able to provide coaching and mentoring to other committees/groups around CLAS standards. Additional efforts will be included in the summary of work that will go out to the Council.

Intervention & Treatment Committee

DHS staff Saima Chauhan provided the update. At ITC meeting in October, Amy Miles from Wisconsin State Laboratory of Hygiene provided a great presentation on Kratom, how it works, and the effects. Amy Miles will present to full SCAODA Council in March. ITC also talked about different legislative updates on different proposed bills related to Act 262 and allowing advanced practice social workers and independent social workers to provide substance use disorder services, as they were not added in Act 262. The Committee also talked about decriminalizing fentanyl test strips, which looks like hopefully it will pass, as many providers had communicated that this was important. ITC has also reviewed and discussed the DHS 75 revisions, which were put out for providers to review and will go into effect October 2022.

Roger thanked Saima for the update and reminded the Council about the Children, Youth and Family Subcommittee and noted that he continues to talk with department staff to try to generate more membership and to re-energize this Subcommittee.

Ramsey Lee thanked the Committee for their hard work. Per Ramsey, he's been listening as a member of the public and there's been a lot of work happening. Roger thanked Ramsey for attending and encouraged continued attendance.

Planning and Funding Committee

Christine Ullstrup provided the update. The Committee met twice since the last Council meeting and has been working to develop a survey for DHS 75.11 and 75.14 Providers to assess the new Medicaid RSUD benefit that went into effect in February 2021. Of the 61 surveys sent, they've received 13 responses. The survey asked if providers signed up to be a Medicaid provider, or why not, if they are contracted with counties for room and board costs, and how they are finding the billing and authorizing process. The survey was recently re-sent and it will be re-sent again following the holidays. More than half of the 13 respondents said that room and board was approved by counties and tribes, more than half of respondents indicated that additional clarification around use of block grant dollars would be helpful, a majority of respondents indicated that they've had to increase staffing for the time it takes to do the billing and authorization, and, on average, respondents have 32 beds in their program.

Christine noted that the Committee has also been looking at the Opioid Settlement Dollars and that Paul Krupski presented at the November meeting. The Committee emphasized to Paul, DHS, and the Secretary's Office that planning and implementation for settlement money should include feedback from providers and stakeholders, noting there are significant capacity issues in the state and that there aren't enough beds, providers, or workforce. The Committee will

be developing a list of ways to utilize these dollars in preparation for planning. Lastly, the Committee is updating their annual strategic plan and is recruiting new members, who are not required to be members of the Council.

7. Report from Wisconsin Council on Mental Health (WCMH)

Rick Immler provided Council updates. This fall, the WCMH held another 10 hours of informational zoom meetings with the question of where money is going and/or where it is at. Presentations included the Department of Corrections, Dr. Lano and Jim Jones from Medicaid, Milwaukee, Jefferson, and Washburn Counties, where they're doing a lot in many cases with not more Medicaid dollars for their programs, and a presentation from NAMI programs in Wisconsin and Minnesota. The next steps of the WCMH are to learn more about opportunities and data, noting we're constrained by the county-based PPS data system, whereas Medicaid tends to be a much more robust source of data.

8. Committee updates continued

Prevention Committee

Chris Wardlow provided a brief Committee update, noting that he would defer most of his time to Maureen Buslacchi, Director, Wisconsin Alcohol Policy Project, to present on the work of the Alcohol Prevention Ad Hoc Workgroup. Chris expressed his gratitude to the members of the ad hoc workgroup for their hard work and to state staff that provided the necessary support to get the report out.

Alcohol Prevention Ad Hoc Workgroup

Maureen presented on the workgroup's report Wisconsin Works: Policies and Strategies to Prevent and Reduce Excessive Alcohol Use in Wisconsin. The context of the workgroup generating this report is the death of 3,100 people from excessive alcohol use in Wisconsin in 2020. Surveys have shown that nine out of 10 excessive drinkers are not alcohol dependent, which means that an environment has been created where there's a lot of damage being done by folks who are excessively drinking in Wisconsin, with costs at approximately \$4 billion a year to deal with excessive alcohol use. With this context, the Workgroup was approved by SCAODA in June of 2020, formed, and launched in October of 2020. The Workgroup began by researching evidence-based practices and reviewing expert statements. The report was recently approved by the Prevention Committee after over a year of work from the Workgroup.

Maureen reported that the 2010 Alcohol Culture and Environment Report is an important building block, which was the first of its kind in Wisconsin and gave very specific policy recommendations to a variety of users like municipal governments, elected officials, and community organizations. The Workgroup followed a lot of that work and found it to be a helpful tool. The newly developed report tried to make everything very actionable and provide additional context for communities, like alcohol outlet density maps, to understand what efforts will be most helpful, for example, place of last drink in highly dense areas. The report is focused on primary prevention and preventing excessive use in the first place. The implementing agencies do not include employers because there is a separate report that SCAODA did that specifically addressed this. A comprehensive approach is needed for preventing excessive alcohol use and communities may need to look at multiple angles to get the results they want. There are 61 recommendations in the report, including top tier recommendations like reducing the density of alcohol outlets in communities, encouraging place of last drink collection, alcohol age compliance checks, screening and brief interventions, and raising the price of alcohol. Council members and invitees are encouraged to share the report and educate communities, coalitions, and elected officials.

Motion from the Prevention Committee: Review and adopt the Alcohol Prevention Ad-Hoc Workgroup's analysis and recommendation report, Moving Forward: Policies and Strategies to Prevent and Reduce Excessive Alcohol Use in Wisconsin.

Dr. Barman moved for adoption of the report.

Stacy Stone seconded the motion for adoption of the report.

Roger Frings opened the motion for discussion.

Tina Virgil extended appreciation from the Attorney General's Office for all the work that has gone into the report and requested the following revisions: In reference to recommendation five, where the Department of Justice, Bureau of Training and Standards, is listed as the lead agency for enforcement of Minimum Legal Drinking Age, it's noted that the Department of Justice does not have enforcement authority and request that the term 'enforcement' be stricken from the recommendation. Also, in reference to recommendation five, indicating the biennial budget for the DOJ should include annual GPR funding for alcohol age compliance checks, it's noted that the DOJ does not have a separate budget line to dedicate funding as this is done as part of the legislative review process for the budget and request that the language that refers to sufficient annual GPR funding now read as 'sufficient annual grant funding.'

The motion to adopt the revised report carried unanimously with three abstentions (Paul Krupski, Tina Virgil, Jan Grebel).

9. State Agency updates

DHS: Paul Krupski provided COVID updates. A new COVID variant, Omicron, was identified last week. To reiterate messaging from the federal level, this is a cause for concern but not a cause for panic. We have the tools to fight the variant today. Best steps are to get vaccinated and to get a booster if you have already been vaccinated. Vaccines provide protections against variants because many of the virus characteristics remain the same. In addition to vaccines, DHS encourages a layered approach: wear masks, avoid large gatherings, and maintain good hand hygiene. DHS also encourages all Wisconsinites to get the flu shot. A reminder that individuals can receive the COVID vaccine at the same time as the flu shot.

Paul shared Medicaid related updates, including a change in leadership. Jim Jones has retired. Lisa Olson, who was most recently the Assistant Deputy Secretary at DHS, has been named the new Medicaid Director beginning in January 2022. Updates on ARPA dollars for home and community-based services - ARPA allows for a 10 percent enhanced federal matching on certain home and community-based services and states will be permitted to use this funding through March 2024. States must use these funds to implement or supplement the implementation of one of more activities that enhance, expand, or strengthen HCBS under the Medicaid program. It's anticipated this will generate \$350 million that will be reinvested into the Medicaid HCBS system. DHS has identified nine initiatives for use of these funds:

- 1) Medicaid rate reform for HCBS services
- 2) Direct care workforce credentialing and training reform
- 3) Grants that will expand, enhance, or strengthen HCBS services
- 4) Tribal long term care system enhancements
- 5) Independent Living pilot to support older adults that are at risk of entering Long Term Care
- 6) Virtual Aging and Disability Resource Center
- 7) Resource Center for families with children with disabilities
- 8) Assisted living reporting, member assessment, and certification
- 9) Adult and Child Protective Service enhancements.

Paul introduced the Office of Health Equity, which is a dedicated team that will serve as a centralized hub that will help align and amplify diversity, equity, and inclusion efforts. Additionally, they will support the external work of the Minority Health Program and support the work of the Governor's Health Equity Council. The office will play a very active role in changing the internal culture at DHS. A Director of the Office of Health Equity started a few weeks ago, Dr. Michelle Robinson.

Paul shared the next budget process will begin in January. There is not a timeframe or an exact schedule for the budget process – but SCAODA will be asked to provide input and feedback.

A member of the public shared that it is hard to get good caregivers and there are all kinds of technical issues with electronic business verification. Focus should be on getting good caregiver rates, ensuring caregiver availability, and

quality of care. Minnesota asked for a federal extension, and it seems Wisconsin would have merit to ask for one as well. Roger thanked members of the public for their feedback.

DSPS: Mike Tierney provided updates. Primary concern is licensure timelines. Third parties that are primary sources have to provide information, which can be delayed. Legal review process for licensure can take a lot of time. Legislative bill in 2019 to remove single non-violent offenses, which would enable quicker licensing, did not pass. Three additional paralegals for legal review purposes were approved. Reviews can be very lengthy for convictions, education, disciplinary matters, reciprocity, etc. and there is limited DSPS staff. Another central concern is applicants getting through on the phone. Department is consistently getting up to 5000 calls per week but only able to have six staff in the call center. New online system will catch mistakes if people aren't entering their address and other information that can cause delays. In the next six or seven months, hope to have this in place for credentialing and anticipate that it will help with licensing delays.

10. Bureau of Prevention Treatment and Recovery updates

Teresa Steinmetz and Andrea Jacobson provided updates. Due to time constraints, updates for ARPA behavioral health funding will be shared at next meeting. Andrea thanked everyone who provided updates and input to DHS 75 revision. It was published on October 25th. Based on stakeholder feedback, where time to transition was requested, the new administrative rule will go into effect in October 2022. That creates logistical challenges during the transition period. DHS is working with DQA to get information that can be shared. The updated administrative rule reduced some duplicative certification requirements, incorporates the Governor's Task Force on Opioid Abuse recommendations, includes new provisions for integrated mental health and substance use, and removed the nicotine or tobacco exclusion. DHS will continue to include tobacco use treatment in grant funding opportunities and support training for behavioral health providers in addition to ongoing collaboration with the UofW Center for Tobacco Research, with WINTiP, and the Tobacco Prevention and Control Program in DPH. The DHS website now includes a DHS 75 webpage that is going to be the primary location and hub for all related information. There is an online form to ask questions, which will help develop the Frequently Asked Questions page. DHS Staff Amanda Lake shared the web page dedicated to the revised rule implementation, which includes information on the monthly webinar series focused on implementation. The first webinar session was held November 12 and the video will be posted to the website.

DHS Staff Sarah Boulton shared that the annual SABG report was submitted to SAMHSA earlier this week and that the report will be available to committees and the Council for review.

DHS Staff Ryan Stachowiak shared that new DHS staff member Sarah Boulton will serve as the staff support for SCAODA and as coordinator for the SABG.

10. Agenda items for March 11, 2022 meeting

Items should be emailed to Sarah Boulton or Roger Frings
Presentation from Amy Miles, WI State Laboratory of Hygiene
BPTR ARPA Updates

11. Meeting adjournment

Christine Ullstrup moved to adjourn.
Terry Schemenauer seconded the motion.
All in favor. None opposed.
Meeting adjourned at 1:10pm.

Prepared by: Sarah Boulton on 12/3/2021.

These minutes are in draft form. They will be presented for approval by the governmental body on: 3/18/2022



OPEN MEETING MINUTES

Name of Governmental Body: SCAODA Executive Committee			Attending: Roger Frings, Sandy Hardie, Kevin Florek, Ryan Stachoviak - DHS Staff, Sarah Boulton - DHS Staff
Date: 11/10/2021	Time Started: 1:36PM	Time Ended: 2:11PM	
Location: Zoom			Presiding Officer: Roger Frings, Committee Chair

Minutes

- 1. Call Executive Committee to Order**
The meeting was called to order at 1:36pm by Roger Frings.
- 2. Review of August 9, 2021 Meeting Minutes**
K. Florek moved to approve the Committee's draft meeting minutes of August 9, 2021.
S. Hardie seconded.
No discussion or changes mentioned.
Motion to approve the minutes carried unanimously.
Minutes were approved.
- 3. Public Comment**
None.
- 4. Setting Agenda for December 3, 2021 Council Meeting**
Members of the Executive Committee discussed plans and reviewed the draft agenda for the upcoming December 3rd SCAODA meeting. Members discussed the need for a chair for the Equity and Inclusion ad hoc Workgroup and Prevention Committee. The Intervention and Treatment Committee reached out to the Prevention Committee in the hopes of collaborating on issues related to Kratom and marijuana. Potential efforts could address levels of THC in products. R. Frings will reach out to staff at the Wisconsin State Lab of Hygiene to see if there could be a presentation on THC toxicity. The Planning and Funding Committee sent surveys to providers related to the RSUD Medicaid benefit and may have preliminary survey data to present. Committee discussed need for updates from DSPS and council discussion on the impacts of COVID. Per Committee, updates needed on the transition period between old DHS 75 and new DHS 75, specifically for facilities that will have a review in the interim.
- 5. Adjourn**
Meeting adjourned at 2:11PM with a motion from S. Hardie and second by K. Florek.

Prepared by: Sarah Boulton on 11/10/2021.

Executive Committee reviewed and approved these minutes at its 2/23/22 meeting.



Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Kevin Florek
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 of the State Council on Alcohol and Other Drug Abuse

February 23, 2022

1:30pm-2:30pm

Meeting to be held via Zoom

Meeting URL: <https://dhs.wisconsin.gov/j/1604206481>

Meeting ID: 160 420 6481

Conference Call: 669-254-5252

Agenda

1. Call to OrderRoger Frings
2. Review of November 10, 2021 Meeting Minutes.....Roger Frings
3. SCAODA Committee Discussion.....Executive Committee
4. Setting Agenda for March 18, 2022 Council MeetingExecutive Committee
5. 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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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

OPEN MEETING NOTICE

Cultural Diversity Committee

February 18, 2022
9:30 a.m. – 12 p.m.

<https://dhs.wi.zoomgov.com/j/1600201443>
Meeting ID: 160 020 1443

By Phone: Dial 312 626 6799 and enter meeting ID: 160 020 1443

Mai Zong Work Cell: 608-469-4370

MEETING AGENDA

1. Welcome and Introduction.....Committee Co-Chair
2. Public Comment: The committee will accept comments from the public relating to any committee business.....Committee Co-Chair
3. Review of Strategic PlanAll
4. DCTS Updates.....Mai Zong Vue
5. Diversity Workshop Report & 2022 Workshop Submission.....All
6. SCAODA E & I Ad Hoc Work Group Report.....Harold Gates
7. Denise Johnson, Co-Chair, Discussion.....All
8. Board Recruitment (1 recruitment/board).....Harold Gates
9. Others.....All
10. Future Agenda Items.....All

<https://scaoda.wisconsin.gov>

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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Cultural Diversity Committee

2020-21 Work Plan and Progresses

SCAODA Primary Goals for 2018-2022	SCAODA Objectives for Each Goal
1. Change Wisconsin’s cultural norms to transform the state’s Substance Use Disorder (SUD) problems into healthy behavioral outcomes.	(a) Reduce public stigma attached to seeking and obtaining SUD treatment and mental health services.
2. Inform Wisconsin citizens on the negative fiscal, individual, and societal impacts of substance use disorders.	(a) Enhance Council visibility as a SUD policy body and increase its level of advocacy to the Wisconsin Governor, Legislature and interested citizens.
3. Advocate for adequate funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need.	<p>(a) Increase focus and resources for youth and adolescent prevention and treatment programs...</p> <p>(b) Address the rising levels of SUD needs for the senior population.</p> <p>(c) Expand and train substance use disorder workforce capacity of prevention specialists and peer recovery specialists and coaches, including their capacity to understand and address the SUD needs of underserved populations with specific language and cultural issues as recommended in the CLAS Standards.</p> <p>(d) Continue supporting and advocating the use of SBIRT models throughout schools and communities.</p> <p>(e) Support and advocate adoption of emerging innovative and promising SUD programs and practices.</p> <p>(f) Increase the excise tax on fermented beverages to meet the average tax of all states and increase the portion of excise tax revenue apportioned to SUD programs.</p>
4. Remedy historical, racial /ethnic, gender, and other bias in substance use disorder systems, policies, and practices.	<p>(a) Improve the effectiveness of addressing the SUD needs of underserved populations.</p> <p>(b) Expand focus beyond services targeting needs of cultural/ethnic population groups to include the needs of</p>

	<p>socio-economic groups and geographic areas.</p> <p>(c) Support research and identification of SUD-related social determinants of health.</p> <p>(d) Support and advocate adoption of emerging innovative and promising SUD programs and practices that are incorporated within the national CLAS standards.</p>
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Committee Plan to address Goal & Objective	SCAODA Goal & Objective No. [i.e., 2(a)]	Activities & Outcomes demonstrating Progress during 2020-21
1. Developing a process to identify unmet needs of underserved populations	1 (a)	<ul style="list-style-type: none"> • Increased diversity members—bringing different voices to the table—1 new member (Jamila Hand) <ul style="list-style-type: none"> ○ Diversity Committee promoted and recruited new memberships ○ More ways to recruit (e.g., social media,) (How?) • Continue to review and distribution of information for the Diversity webpage <ul style="list-style-type: none"> ○ Who/What? Go back to committee to decide. See what you want to have done and who will oversee this strategy. What is in our control? – We give information to IT and they take care of it but IT is very slow. Having conversation around the process/pace of IT in getting information on the website – too slow? • Committee continues to work and get data updates from DCTS staff. Discussion included: <ul style="list-style-type: none"> ○ Who/What – Committee has to answer – “What is it that we are getting? What data? Is it the underserved population?” Looks like it might be demographic data – it might be time to clarify what is the data that the committee is looking for. ○ We do have some data – Deaf and something else. No concrete information. What does that number mean, what does it address? What it is meant? ○ DHS has data input for Deaf -Hard of Hearing? Need to follow up on this person that presented the data to capture the right data. 3 and 4 years longer or more. What is happening with that data and what those reports look like now? Tim can pull those data

		<p>out for you. Denise will follow up with Tim to gather this data.</p> <ul style="list-style-type: none"> ○ Identify what we need as a committee (Action) ○ Needs assessment is the action that belongs here? (Acton) ○ Suggestion - Advocacy for more data to be collected based on ethnicity, etc. We like to add Deaf/Blind. Have to look at what they are collecting. Have Tim give Denise request all the categories and the committee can review and see if there is more categories needed. The system is still in design so it is essential to look at this at this time. Sandy will bring this topic up at next committee to discuss. ○ Write your requests to Tim directly. ● Advocated for changes in DHS 75 to include CLAS Standards <ul style="list-style-type: none"> ○ This has been completed by Thai Vue, Denise, and Harold – met on hearings and attended virtually to voice perspectives on including CLAS ○ DHS 75 has been approved but loosely in wording. ○ More investigation of what else we can do in the advocacy by Committee – example, can be active in the implementation process? – Decision on this by committee. ● Needs assessment? <ul style="list-style-type: none"> ○ Maybe the data is related to the Needs Assessment. Put it under strategy “Committee continues to work and get data updates from DCTS staff”
<p>2. Promoting Diversity and Cultural Competent Training (CLAS Standards) for improving culturally appropriate service delivery</p>	<p>1 (a), 3 (a, c, d & e) & 4 (a, b, c & d)</p>	<p>Diversity Committee’s monitoring of CLAS Standards implementation at DCTS included:</p> <ul style="list-style-type: none"> ● Participated in the GAPS Evaluation project ● Participated in the Equity and Inclusion ad hoc committee ● Held monthly meetings to present report on importance of Equity and Inclusion at the June SCAODA meeting ● Presented on CLAS Standards to the Prevention committee ● Other Strategies? ● Have Open Forums?
<p>3. Coordinating diversity forum & representation at DHS’s annual Mental Health & Substance Abuse Conference</p>	<p>1 (a), 2 (a), 3 (a, c, d, e & f) 4 (a, b, c & d)</p>	<ul style="list-style-type: none"> ● Advocate for more workshops for underserved populations at DCTS’ Annual Mental Health Conference, which a track on special population was created <ul style="list-style-type: none"> ○ There has been other things happening on Diversity and it is happening from other groups. Someone continues to advocate for more workshops or keep a pulse on the number of workshops - Consultant propose some metrics around this – how many do

		<p>you want to see as committee – who is in charge of overseeing this strategy – what types of workshops do committee want to see</p> <ul style="list-style-type: none"> Conducted a virtual workshop “Diversity Dialogue: Unconscious Bias Awareness” at the annual MH/SUD Annual Conference <ul style="list-style-type: none"> We have been doing these things. Denise and Judy – presented on Unconscious Bias. Last year was Harold and Denise. Every year this does happen.
<p>4. Keeping Website current -promote information to providers -keeping Diversity Committee information current</p>	<p>1 (a), 2 (a), 3 (a, c, d, e & f) 4 (a, b, c & d)</p>	<p>1. • Ongoing updates of Diversity webpage to keep information current The actual work of updating is with internal staff (Mike – no longer with DCTS – Mai Zong cannot do the update because she does not have approval. Committee needs to find out and request that a staff helps them – send a request to Kenya about Mike’s replacement – who is in charge of this moving forward (assign Harold). Consultant suggest a person monitor this on a regular basis.</p> <ul style="list-style-type: none"> Ongoing reviews of CLAS standard resources for and post on Diversity Page. Harold knows the current CLAS standards and may be the appropriate person to make sure it gets onto the Diversity Webpage. Ongoing discussion on the promotion of information to providers <p>The committee starts discussion about this strategy and will make a decision as to action steps around this area.</p>
<p>5. Make annual presentation to SCAODA on diversity issues.</p>	<p>1 (a), 2 (a), 3 (a, c, d, e & f) 4 (a, b, c & d)</p>	<p>1. Presented on CLAS standards and importance of Equity and Inclusivity in the report from ad hoc committee. This tends to be Harold’s responsibility. He is also the Chair of the Ad Hoc committee. A suggestion is for the Committee to get more specific around this area. How does committee stay engage to the strategies and have information about the strategies?</p>
<p>6. Advocate for more training on Culturally Intelligent Practices for AODA Counselors</p>	<p>1 (a), 2 (a), 3 (a, c, d, e & f) 4 (a, b, c & d)</p>	<p>1. • Ongoing advocacy for trainings for underserved communities and for more diverse work force.</p> <ul style="list-style-type: none"> One thing that is doing – putting out educational pieces at conferences Have had conversations about people going into the field – the challenges (e.g, pay, cultures) – Consultant suggest maybe have some action steps out of the conversations. Supporting or attending the Emerging Leader program in 2022 and recruit some of the members to join the committee (Sandy) Tap to collaboration with ATTC and leverage their influence to promote what committee wants to do (Harold) Find other collaborates and leverage their influence to promote what committee wants (e.g., HEDI – Diversity Director and Diversity Advisory hired Bureau) (Mai

		Zong/Harold) <ul style="list-style-type: none"> Advocate for administrative support for committee
7. Advocate for training & retention of minority AODA counselors	1 (a), 3 (a, c, d, e & f) 4 (a, b, c & d)	<ul style="list-style-type: none"> Ongoing concerns raised and discussed at Diversity meetings regarding training of and maintaining of minority AODA counselors Combine this goal with #6? And see if this may already be included in other strategies and goals? Ongoing discussions about DSPS and its impact on diversity workforce Participated in DHS 75 revision process
Others		<ul style="list-style-type: none"> Review of cultural diversity committee's group structure and recruitment. Reviewed annual goals



Cultural Diversity Committee Priorities for 2021-22

Priority #1: Continue to be involved in the CLAS Standards Implementation at all levels

Priority #2: Advocate and explore funding to hire staff to adequately support the diversity, inclusion and cultural work of the Cultural Diversity Committee

Priority #3: Recruit additional Committee members

Priority #4: Ongoing advocacy and education for the inclusion of building a culturally competent behavioral workforce in order to impact system change and increase access to MH/SUD services for underserved populations.

OPEN MEETING MINUTES

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Roger Frings, David Macmaster, Sandra Adams, Amy Anderson, Sheila Weix, Michael Kemp, Jill Gamez, Holly Stanelle, DHS: Anne Larson, Saima Chauhan; Amanda Lake (at 11:00) Guests: None present
Date: 11/9/2021	Time Started: 10:05 AM	Time Ended: 11:55 AM	
Location: virtual meeting occurred via Zoom platform			Presiding Officer: Roger Frings, Chairperson

Minutes

1. Roger Frings called the meeting to order at 10:05 AM.
Comments or Announcements: Quorum confirmed by Roger.
2. **Review and approval of 8/10/2021 meeting minutes.** Move to approve by Sandy Adams, Second by Sheila Weix. No comments. No opposition. Approved unanimously.
3. **Discussion of COVID-19 and considerations for substance use services.**
Sheila Weix – Adult Covid cases are starting to drop but seeing an increase in children with Covid. As a result, seeing more parents who are unable to attend work or treatment. Hospitalizations are down. Continue hybrid model. Also seeing physician notes are needed for employees with “long-haul” Covid symptoms such as mental fog. Unsure of how to approach this as an employer.
Mike Kemp and his colleagues are noticing an increase in students struggling to attend class and turn in assignments. Increase in letters requesting accommodation due to mental health issues. Grades are dropping. Significantly.
Sandy Adams - Still focused on hybrid model.
Saima- Nurses with continuous exposure- long term Covid symptoms. Saima wants to reach out to hospital administrators to see if there is guidance on how to support staff with long haul Covid symptoms.

4. **Legislative updates: (Roger Frings & Mike Kemp)**
 Federal Update: infrastructure bill passed- other legislation has been on hold.

 Legislation- decriminalization passed the judiciary committee of the house; Senate will introduce the same bill when back in session.
 Michael gave recognition to Saima who testified –focusing on the impact including violation of client rights. An example of violating clients rights is if a Client seeking SUD services is assigned to a therapist that may have very little knowledge of SUD may assumes the therapist is trained and/or certified to provide appropriate SUD treatment. The Bill does refer that the MH professional will practice within their scope of practice but it does not define what scope of practice means. It could be attending 1 workshop on SUD or 1 college class. The bill passed committee. Saima encourages ITC to explore workforce development and use of peer supports to promote and assist in quality SUD services going forward.

Links to updates:

<https://appropriations.house.gov/news/press-releases/appropriations-subcommittee-approves-fiscal-year-2022-labor-health-and-human>

<https://www.democrats.senate.gov/imo/media/doc/Cannabis%20Administration%20and%20Opportunity%20Act.pdf>

<https://www.democrats.senate.gov/imo/media/doc/CAOA%20Detailed%20Summary%20-.pdf>

5. **Bill 2021-LRB-4466/1 & LRB-4938/1, (Saima Chauhan)**

Proposal: SB657- relating to: advanced practice social workers and independent social workers treating substance use disorder as a specialty. Sheila

Proposal: SB600/AB619- relating to: decriminalizing fentanyl testing strips. Saima noted the strips are currently seen as drug paraphernalia that could lead to a felony charge.

Proposal: SB545 -relating to: legalizing recreational marijuana, granting rule-making authority, making an appropriation, and providing a penalty.

Saima- current law prohibits manufacture, distribution. The change would allow Wisconsin residents 21 and over to possess up to 2 ounces of marijuana. If not resident of WI- allowed one ounce. Also has changes RE: process for those with convictions related to marijuana. Question- do we want to have a stand on this? Response-Probably won't get attention given makeup of legislature.

We should await the NDAAC white paper on this topic which is due out soon.

Assembly Bill 130- decriminalization re possession of not more than 10 grams- penalty-

Sheila- supports research and prevention work- proactive approach to have a response in place if legalized. Focus on prevention education. For parents and teens re impact of marijuana on the developing brain. Amy- the focus should be on potency of the product more than the quantity.

Proposal: AB599 (-3796) RE: Kratom- currently classified as level 1 controlled substance (Including various edibles). This bill proposes legalization of Kratom manufacturing and distribution and is being touted as a solution to the opioid epidemic.

Sandy- we should focus on education and prevention.

Mac- question re patient care? Sheila-we treat it like other opioids but doesn't show up on drug tests. People think they can use it to detox. Not sure if we can introduce MAT when using Kratom.

6. **SCAODA Ad Hoc Equity and Inclusion Committee**

Roger- request into EDI at DHS- to see how to align with Dept goals and objectives. Dec full council- hope to wrap up but may not occur at that meeting.

7. **Child, youth and Family Subcommittee Update** (Roger provided an update)

There is an upcoming meeting with Roger, Jason, Saima, Anne to discuss possible scope changes. An update will be given at the next ITC meeting in January.

8. **DHS 75 revision** (*Amanda Lake*)

Amanda discussed webpage updates with information for partners and substance use providers. Note: When viewing the new rule online you must scroll down several pages to find revised full text (smaller bolded text). The first webinar on the new rule is this Friday 11/12 (11:45-1). GovD sent today. Moving forward the webinars will be held on the second Friday of every month and will focus on implementation of the rule.

Sandy- question RE how to respond to certification reviews before 75 fully implemented. Amanda- Questions are being routed to Office of Legal Council- Since only one rule can be used at a time, upcoming reviews will be based upon the old rule. Can request waiver/variance since many of the reviewed topics will change in the next year.

[Revised DHS 75 Questions, F-02897 \(10/2021\) \(surveygizmo.com\)](#)

The clearing house rule page has the most current information.

https://docs.legis.wisconsin.gov/code/chr/all/cr_20_047

9. **Opioid Treatment Update/Announcements** (*Beth Collier*)

No new information

10. **Hub & Spoke Update** (*Sheila Weix*)

The three pilot hub sites, chosen from a field of 17 applicants from across the state, will pilot the new benefit in three different regions. The sites represent one rural site, one tribal site, and one urban site selected deliberately to help Wisconsin understand how this care coordination model will work in a variety of contexts, to inform a future statewide approach. The Hub and Spoke model utilizes the integrated behavioral health medical home model (not the Vermont model). The sites will treat all substance use disorders and is funded under Medicaid. Tobacco integration is a required component but tobacco cannot be the only substance use disorder.

The 3 sites include:

- Family Health Center (FHC) of Marshfield, Inc., a federally qualified health center, will provide services through the FHC Minocqua Alcohol and Drug Recovery Center for Forest, Iron, Oneida, Price, and Vilas Counties, as well as the Forest County Potawatomi, the Lac du Flambeau Band of Lake Superior Chippewa, and the Sokaogon Chippewa Tribal Nations.
- The Oneida Nation Behavioral Health Center, a federally qualified health center, will provide services to any federally enrolled Native American in the Oneida Nation, and Brown and Outagamie Counties.
- Wisconsin Community Services, Inc., a non-profit community based organization, will provide service. Participation in pilot- uses BAM- Behavioral Assessment Monitoring.

Medicaid-Health home benefit- working to implement-the model and the Redcap data base.

5 levels of team members including peers to physician providers. Tobacco Use Disorder (TUD) trainings next week. First “spoke”- OTP Methadone Clinic- (a Fox Valley provider) –allows daily administration and provides another level of care for people who can’t make it to the nearest site in Wausau.

With integrated wraparound care there is hope to treat HepC in-house. Sobriety is no longer a requirement for Intensive HepC treatment. The treatment provides a cure after a 6-week intervention. Hope to address recent increase in HepC in 18-34 year olds.

Redefining access. Goal to not have a waitlist moving forward. Telehealth is a boost to service array.

11. **Update on Tobacco Integration-** (*David “Mac” Macmaster*)

Mac-update WINTIP- want to support the bureau’s ability to move forward with implementation of the new rule and is actively promoting the changes to Rule 75. Amanda, Andrea and Saima- all advocates. Tobacco control program- publicizing the revised rule. Mac is also promoting DHS 75 through Wisc voices for recovery and Dane county coalition.

Sheila- highlighted existing training opportunities for tobacco use disorder (since 2002). Efforts expanded by Hub and Spoke model.

Mac presented a Motion:

The SCAODA Intervention and Treatment Committee requests that SCAODA and the Bureau of Prevention, Treatment and Recovery within the Division of Care and Treatment establish a 2-year transition period to facilitate the inclusion of tobacco use disorders in Wisconsin substance use disorder treatment and related services as one of the new priorities associated with the revised DHS75 rule with the same level of commitment applied to the treatment of other substance use disorders standards of practice.

Further, the SCAODA ITC requests Bureau of Prevention and Treatment within the Division of Care and Treatment acquire the necessary staffing and funding resources that successfully facilitates the transition to TUD in SUD so this new standard of SUD practice can be sustained.

The summary report (dated 10/4/2021) from Mac outlined the history of the initiative, related SCAODA goals, positive impact, potential opposition and rationale for support of the motion.

Roger-reticent to put the motion forward- since efforts are already in place to push the initiative forward. Mac wants assurances from Roger and the DCTS that TUD treatment is a priority. Andrea and Teresa were asked for this commitment and will send a letter of support.

Sheila- many efforts already in place. We should allow a chance for current efforts to evolve.

Mac willing to withdraw the motion if the committee is in support of accepting current level of support and commitment by the department.

12. Public comments

No public members were present.

13. Future meeting dates, agenda topics, and other announcements

Saima presented the 2022 Meeting Schedule

New SU Section staff: Women's Treatment Coordinator-Lori Kerchgatter

Jill requested future information on Block grant reporting- The are experiencing waitlist, 90% of capacity- no easy way to report. Also want information of statewide capacity for residential across the state.

Saima has been working on gathering information related to capacity and reporting. There is an internal meeting on Monday 15th at Noon to look at how to gather most current data from providers.

Sheila - noted inpatient detox waitlists- Access issues for people with a need for high level withdrawal management (e.g. seizures during withdrawal). Providers are having to focus on harm reduction and are coaching on safe "maintenance drinking" while waiting for availability. Recommend regional detox center for better access.

Mike gave an update on DSPS certification delays experienced by students noting that "many students of Chippewa and Fox Valley tech have finally received long awaited certifications." Multiple efforts have contributed to the improvement. Roger met with Carl Hamptons replacement at DSPS- Michael Terney- to help facilitate improvements. Sheila also brought up certification issues at a recent visit

from Gov Evers. Roger provided DSPS with a list of applicants awaiting certification. Roger also gave information to the Governor's office regarding a complaint that application fee checks are being cashed without timely processing of the associated applications. Roger was informed that DSPS is required to deposit the checks, even though applications may be delayed. Sometimes the delay is due to the need for thorough background checks. DSPS is trying to improve the capacity of the system. If individuals are stuck- let them know. Amy Anderson- issues as well- noted issues with resolving complaints such as a recent case with an impaired professional. The charge was dismissed and there seems to be no means to appeal the decision. The provider is still practicing. Sheila noted delays in case assignments for impaired providers. Still difficult to know the status of investigations.

Future Agenda Items:

- Covid updates; revisit
- Tobacco Integration Motion brought forward by Mac.
- Committee updates:
- Equity and Inclusion ad hoc update;
- Hub and Spoke update;
- 75;
- Legislative updates;
- Update re DSPS:

Future presentation ideas: Meth addiction treatment options- Jan and February- Vivitrol.

Saima will reach out to Cindy Berzinski- potential member (Voices for Recovery).

14. The meeting was **adjourned** at 11:55 AM following a motion by Sheila Weix and a second by Holly Stanelle; no opposition, approved unanimously.

***Next scheduled Meetings:**

SCAODA Meetings: December 3, 2021

ITC- January 11, 2022

Prepared by: Anne Larson on 11/9/2021.

These minutes were approved by the governmental body on 1/11/2022 .



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)

Time: January 11, 2022 at 10:00 AM Central Time (US and Canada)

This meeting will be held via teleconference.

Join ZoomGov Meeting

<https://dhs.wi.zoomgov.com/j/1600931057?pwd=YUQwckNhY3Fqd3Naakl4VFRiNFpuUT09>

Meeting ID: 160 093 1057

Passcode: 518071

Dial: 1 669 254 5252 Meeting ID: 160 093 1057

AGENDA

1. Call to order and roll call (Guests: Christopher Olson and Dr. Ian Gilson)
2. Review and approval of 11/9/2021 meeting minutes
3. Discussion of COVID-19 and considerations for substance use services: Impact of persistent post-covid symptoms in healthcare workers
4. Federal Legislative updates (*Roger Frings & Michael Kemp*)
5. State Legislative Updates (*Saima Chauhan, Roger Frings and/or Michael Kemp*)
6. Prevention & Education efforts for providers and the public on kratom & marijuana properties/adverse effects (collaboration between ITC and Prevention committee)
7. CYFT Update- 2022 Proposed Scope (*Anne Larson/Jason Cram*)
 1. DHS 75 Revision (*Saima Chauhan*)
 2. Opioid Treatment Update/Announcements (*Beth Collier*)
 3. DSPS Update (*Roger Frings-Ann Broske*)
 4. Hub & Spoke Update (*Sheila Weix*)
 5. Update on Tobacco Integration- (*David "Mac" Macmaster*)
 6. Public comments
 7. Future meeting dates, future agenda topics, and other announcements
 8. Adjourn

The purpose of this meeting is to conduct the governmental business outlined in the above agenda for the Intervention and Treatment Committee of the State Council on Alcohol and Other Drug Abuse. The mission of the State Council on Alcohol and Other Drug Abuse (SCAODA) is to enhance the quality of life for Wisconsin citizens by preventing alcohol and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities.

DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, if you need an interpreter or translator, or if you need this material in another language or in alternate format, you may request assistance to participate by contacting Saima Chauhan at 608-469-9317 or saima.chauhan@dhs.wisconsin.gov.

*Next scheduled ITC Meeting: **February 8, 2022** & SCAODA: March 11, 2022

OPEN MEETING MINUTES

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Roger Frings, David Macmaster, Sandra Adams, Amy Anderson, Michael Kemp, Jill Gamez, Holly Stanelle, Jessica Geschke, Sheila Weix (until 12:00 PM) DOC: Alisha Kraus DHS: Anne Larson, Saima Chauhan; Jason Cram, Raina Haralampopoulos Guests: Dr. Ian Gilson, Christopher Olson, Dr. Galbis-Reig
Date: 1/11/2022	Time Started: 10:02 AM	Time Ended: 12:06 PM	
Location: virtual meeting occurred via Zoom platform			Presiding Officer: Roger Frings, Chairperson Sheila Weix, Co-Chairperson

Minutes

1. Roger Frings called the meeting to order at 10:05 AM.
Comments or Announcements: Quorum confirmed by Roger.
DHS GFO Opportunities: <https://www.dhs.wisconsin.gov/business/solicitations-list.htm>
2. **Review and approval of 11/09/2021 meeting minutes.** Move to approve by Sandy Adams, Second by Sheila Weix. No comments. No opposition. Approved unanimously.
3. **Discussion of COVID-19 and considerations for substance use services.**

Sheila Weix – It’s been a “_____ Storm”. Many staff and patients are ill- forcing us to be even more nimble-switching appointments from in person to telehealth. Giving credit for patients who call in- viewed as engagement. No shows are down. Staff are running out of leave time. Health Resources and Services Administration (HRSA) is providing at home testing kits for FQHC staff and patients. News that the CDC may recommend different masks as typical cloth versions are not effective against Omicron. Planning to distribute surgical masks to staff and patients. Sheila also said Dunn County has reached out offering access to supplies. Emergency Management in each county has access to supplies.

Sandy Adams - Still focused on hybrid model. People are not as sick with Omicron. Very concerned about upcoming review by DHS. Still using telehealth and have paper charts which are often located at the remote offices of providers. Recruiting for additional providers. Have 150 providers. Continuing to use telehealth and docusign prior to first appointment. In rare cases, their providers may dictate consent and signature.

Tamara Feest- Wondered about what sites are doing about intakes and required signatures and consent to services. Initial assessments and planning and inductions occur in person. Use WebEx for telehealth with at least one in-person visit to start treatment.

Jill Gamez-Using docusign. Getting the electronic signatures into the chart. They have been cited for some missing signatures. Test everyone being admitted into residential. Shortage of testing supplies. Asking about immunization status. Offer immunization if interested. Surprised by the number who say “no” to Covid immunization.

Saima- will survey residential programs to see impact of Covid. Last survey was about a year ago.

Jason Cram- Covid has resulted in lack of capacity to reply to BPTR requests for proposals. Workforce issues and initiative overload. Will be sending out a GovD with all available options for funding.
<https://www.dhs.wisconsin.gov/business/solicitations-list.htm>

Dave MacMaster- 12 steps in Madison are adapting. Club rooms are in operation. Hybrid meetings- combination on-line and in person. Recovery side is adapting well to keep meetings. A Dane County meeting has been held around an outdoor fire pit for the last 2 years.

4. **Legislative updates:** (*Roger Frings & Mike Kemp*)

Federal Update: Conflict regarding the “Build Back Better” plan.

Sen Baldwin and Warren- comprehensive addiction resources act- in health committee-

The NAADAC 2022 Advocacy in Action Conference & Virtual Hill Day will take place virtually on April 19-21, 2022. Planning for meetings with reps at the conference. <https://www.naadac.org/advocacy-conference>

5. **State Legislative Updates** (*Saima Chauhan, Roger Frings and/or Michael Kemp*)

- Proposal: [AB599](#) (-3796) [View Bill History](#)
*relating to: regulating **kratom products**, granting rule-making authority, and providing a penalty.*
- Proposal: [SB352](#) (-2830) [View Bill History](#) -Important Actions (newest first)
*relating to: manufacturing, distributing, or delivering **fentanyl or fentanyl analogs** and providing a penalty.*
- Proposal: [AB619](#) (-4726) [View Bill History](#) & [SB600](#)
*relating to: decriminalizing **fentanyl testing strips**. Saima noted the strips are*
- *currently seen as drug paraphernalia that could lead to a felony charge.*
- Proposal: [AB844](#) (-4548) [View Bill History](#)
*relating to: **methamphetamine addiction treatment grants**.*
- Proposal: [AB845](#) (-4550) [View Bill History](#)
*relating to: **medication-assisted treatment expansion**.*
- SB657- Status –available for scheduling-Advanced practice social workers and independent social workers treating **SUD as a specialty**.
- Proposal: [AB686](#) (-4938) [View Bill History](#) - Status: A - Substance Abuse and Prevention
- Important Actions -relating to: advanced practice social workers and independent social workers treating substance use disorder as a specialty
- 2017 Wisconsin ACT 33- <https://docs.legis.wisconsin.gov/2017/related/acts/33/1c>
- AN ACT *to repeal* 961.443 (2) (b); *to renumber and amend* 961.443 (2) and 961.443 (2) (a); *to amend* 961.443 (1) (a), (b) and (c) and 961.443 (2) (title); and *to create* 961.443 (2) (b) of the statutes; **relating to:** immunity from revocation of probation, parole, or extended supervision for certain controlled substance offenses.

6. **Prevention & Education efforts for providers and the public on kratom & marijuana properties/adverse effects** (collaboration between ITC and Prevention committee- Raina Haralampopoulos)

Chris Wardlow- opponents are mostly law enforcement.

Raina supports. Thursday 1 hour listening session to talk about Kratom. We are not very far on this item. Delta 8 document shared with meeting agenda. 1/20 meeting to continue discussion- prevention strategy not in place. “Wack-a-mole”. Kratom flyer offered. Now Delta10 is in the mix. Need a way to be more proactive. Amy Anderson interested in attending the meeting next week. Raina will send out a notice. Raina will copy ITC on the notice and agenda. Amy it’s a controlled substance and has both stimulant and opioid effects- not FDA approved. Legislators cannot take the place of the FDA. Use of these substances with other drugs increases the risk of OD.

Chris- Dr. Galbis-Reig. Previously gave opposition testimony on this issue. Testimony Available in hearing testimony materials-letter dated 7/14/2021.

https://docs.legis.wisconsin.gov/misc/lc/hearing_testimony_and_materials/2021/ab599/ab0599_2021_12_08.pdf

Another concern-state legislation will pre-empt local control.

Saima- need to think about how we can get information out to providers, schools, the public?

7. **CYFT Update- 2022 Proposed Scope** (*Anne Larson/Jason Cram*)

Presentation of 2022 Proposed Scope. Jason gave update on proposed scope. The previous focus was solely on treatment

The scope of the Children, Youth, and Family Sub-Committee of the State Council on Alcohol and Drug Abuse (SCAODA) is to provide a unified voice in the areas of substance use prevention, intervention, treatment, and harm reduction for children, adolescents, transition-aged youth, and families in Wisconsin.

Proposal Language “The committee has a commitment to promoting services to the population of focus and seeing that they are delivered in a fair and equitable manner; comprehensively meet the needs of the population of focus; are culturally and linguistically responsive; have the least possible financial impact to families; and providers are properly reimbursed. In order to meet this commitment, the committee will provide recommendations to SCAODA in the areas of funding and grants related to youth and provide recommendations to SCAODA related to policy and practice in the areas of substance use prevention, intervention, treatment, and harm reduction that impact the population of focus.”

Roger will make the rounds and take the proposal to the other subcommittees- bring to full SCAODA in March-

The committee will engage stakeholders including people with lived experience, families, service providers, and state and local agencies in order to understand the relevant issues and promote strategies that ensure the safety and wellbeing of the population of focus as related to substance use prevention, intervention, treatment, and harm reduction.

Feedback:

Chris W.- like the potential of this; How can we pull in other committees; build collaboration around the reports we put out. Collaborate with other committees.

Roger- please give feedback by Noon on Tuesday 1/18; so the draft can be edited for taking it to the other committees. Sheila- liked how the specifics have been laid out.

Jill- initial reactions are great. Moving away from silos and broadening scope-

8. **DHS 75 revision** (*Saima Chauhan*)

Amanda Lake has left her position as the Substance Use Services section manager. The DHS 75 Webinar for 1/14 was postponed to 2/11 (content: general provisions, records, minors, staffing, etc.)

[Revised DHS 75 Questions, F-02897 \(10/2021\) \(surveygizmo.com\)](#)

The clearing house rule page has the most current information.

https://docs.legis.wisconsin.gov/code/chr/all/cr_20_047

9. **Opioid Treatment Update/Announcements** (*Beth Collier*)

Listening sessions are being held around the state to solicit input on future opioid settlement funds.

<https://www.dhs.wisconsin.gov/opioids/listening-sessions.htm>

Hoping for funding of mobile medication units.

Hoping for 4-5 new treatment locations (3 sites last year)

Article of interest: Rhinelanders officials crack down on CBD and THC products;

https://www.waow.com/news/rhinelanders-officials-crack-down-on-cbd-and-thc-products/article_c6e08d1a-4285-11ec-aa8c-231212507814.html

<https://www.badgerstatesheriffs.org/>

10. **Accessibility to withdrawal management** 3.7 (Medically Monitored Inpatient) & 4 (Medically Managed Inpatient)

Dr. Ian Gilson. Sargent Clinic. Buprenorphine prescriber.

Meeting Dept of Corrections and Allison Kraus; mostly work with young people who were addicted to Oxycodone. Standard of care in medical community.

Notices- patients on stable buprenorphine are incarcerated and have to go through withdrawal- High risk for disengagement, relapse and OD when they get out. Injectable is an option (expensive)

RE: Naltrexone-Vivitrol; Substance Abuse Task Force at the Medical College of Wisconsin-all colleagues agree programs should continue with co-management with corrections to ensure quality of care is maintained.

Dr. Daniel LaVoie, Medical Director- - at the Division of Adult Institutions- DOC Bureau of Health Services <https://doc.wi.gov/Pages/AboutDOC/AdultInstitutions/BureauofHealthServices.aspx> . RE:Opioid Use Disorder- MAT- Offer vivitrol pre-release. Dr. LaVoie, oversees prescribers in institutions. Need to incorporate security staff and administrators. There is understanding of the importance but implementation takes time. Dr. LaVoie working on a proposal and facilitating internal communication.

A report on MAT in prisons and jails dated 4/1/2021: www.Dhs.Wisconsin.gov/publications/p02910-21.pdf

GUEST: Dr. Galbis-Reig

https://drive.google.com/file/d/1On1gEQs9OuW8dszfIQB_jERhvd2pBzC1/view

Wondering where the issue is with county sheriffs? Outreach and education needed?

Sheila- No MA coverage while in jail; training issues for staff; individual county-culture.

Work with staff- check jail link to find missing patients. Relationship with nursing. Smart recovery in jail. If people know they are going to jail- taper and prepare them so they don't go through withdrawal in jail.

Tamara- 72 counties-72 ways- jails use a variety of medical services – funding is a struggle. Some lack of empathy about their withdrawal. Limited options for community housing.

Disconnect between the sheriff and jail administrator.

Roger- Dr. Gilson is working with the Milwaukee Sheriff.

Community providers are willing to work with the medical providers in the jail- no records requests. Cook County Jail has been successfully doing programs for years.

Holly Stanelle- suggested we reach out to Dr. Jonathan Buchholz, Addiction Specialist at the University of Washington.

11. **DSPS Update** (*Roger Frings-Ann Broske*)
No update

12. Hub & Spoke Update (*Sheila Weix*)

The Hub and Spoke model utilizes the integrated behavioral health medical home model (not the Vermont model). The sites will treat all substance use disorders and is funded under Medicaid. Tobacco integration is a required component but tobacco cannot be the only substance use disorder.

The 3 sites include: Family Health Center (FHC) of Marshfield, Inc.; The Oneida Nation Behavioral Health Center,; and, Wisconsin Community Services, Inc., a non-profit community based organization, will provide service.

Minocqua- Opioid Treatment Program (OTP)- Northernmost location opened yesterday. The first medication unit. Exciting opportunity.

Mike- important to address that issue of residents who have not been able to take their methadone if in residential treatment- and residents have been unable to leave residential on a pass to get doses in the community.

Need a place that will take people on Suboxone.

Saima is doing outreach and education.

Sheila left meeting at 12 noon for a national meeting on stigma- will give update next month.

Hub and spoke update next month.

13. **Update on Tobacco Integration**- (*David "Mac" Macmaster*)

Mac-update: See WINTIP January Progress report- want to support the bureau's ability to move forward with implementation of the new rule and is actively promoting the changes to Rule 75. Hope to give guidance treatment providers.

Success: St. Joseph's hospital program (Sheila)

14. Public comments

Christopher Olson- guest; interested in joining. Works at Cleanslate in Waukesha County.

Dr. Ian Gilson-

15. Future meeting dates, agenda topics, and other announcements

Future Agenda Items:

- Covid updates; revisit
- Tobacco Integration Motion brought forward by Mac.
- Committee updates
- Equity and Inclusion ad hoc update;
- Hub and Spoke update;
- DHS 75;
- Legislative updates;
- Update re DSPS;
- Meth addiction treatment options- Jan and February- Vivitrol.

16. The meeting was **adjourned** at 12:06 PM following a motion by Michael Kemp and a second by Dave Macmaster; no opposition, approved unanimously.

***Next scheduled Meetings:**

SCAODA Meeting March 11, 2022

ITC- February 11, 2022

Prepared by: Anne Larson on 2/07/2022.

These minutes were approved by the governmental body on 2/08/2022 .



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)

Time: February 8, 2022 at 10:00 AM Central Time (US and Canada)

This meeting will be held via teleconference.

Join ZoomGov Meeting

<https://dhs.wi.zoomgov.com/j/1602348871?pwd=ZWlIRldjMWxPYURhMTh5ZGU5WXZLZz09>

Meeting ID: 161 806 8279

Passcode: 471412

AGENDA

1. Call to order and roll call
2. Review and approval of 1/11/2022 meeting minutes
3. Discussion of COVID-19 and considerations for substance use services
4. Update on medication-assisted treatment for opioid use disorder in jails and prisons and during the reentry process (Alisha & Holly)
5. Federal Legislative updates (*Roger Frings & Michael Kemp*)
6. State Legislative Updates (*Saima Chauhan, Roger Frings and/or Michael Kemp*)
 - a. **Proposal: AB599 (-3796) View Bill History**
relating to: regulating kratom products, granting rule-making authority, and providing a penalty.
 - b. **Proposal: AB846 (-5553) View Bill History**
relating to: legalizing recreational marijuana, granting rule-making authority, making an appropriation, and providing a penalty.
 - c. **Proposal: SB352 (-2830) View Bill History** -Important Actions (newest first)
relating to: manufacturing, distributing, or delivering fentanyl or fentanyl analogs and providing a penalty.
 - d. **Proposal: AB619 (-4726) View Bill History & Senate Bill 600**
Relating to: decriminalizing fentanyl testing strips
 - e. **Proposal: AB844 (-4548) View Bill History**
relating to: methamphetamine addiction treatment grants.
 - f. **Proposal: AB845 (-4550) View Bill History**
relating to: medication-assisted treatment expansion.
 - g. **SB657**- Status –available for scheduling-Advanced practice social workers and independent social workers treating SUD as a specialty.
 - h. **Proposal: AB41 (-1282) View Bill History**
relating to: opioid and methamphetamine data system and making an appropriation.
 - i. **Proposal: SB49 (-1514) View Bill History**
relating to: opioid and methamphetamine data system and making an appropriation
 - j. **Proposal: AB686 (-4938) View Bill History** - Status: A - Substance Abuse and Prevention
Important Actions -relating to: advanced practice social workers and independent social workers treating substance use disorder as a specialty

- k. **2017 Wisconsin ACT 33**- <https://docs.legis.wisconsin.gov/2017/related/acts/33/1c>
AN ACT **to repeal** 961.443 (2) (b); **to renumber and amend** 961.443 (2) and 961.443 (2) (a); **to amend** 961.443 (1) (a), (b) and (c) and 961.443 (2) (title); and **to create** 961.443 (2) (b) of the statutes; **relating to:** immunity from revocation of probation, parole, or extended supervision for certain controlled substance offenses.
7. Update on prevention & education efforts for providers and the public on kratom, Delta 8, Delta 10 & marijuana properties/adverse effects (collaboration between ITC and Prevention committee)
 8. Dennis Radloff- The *Harm Reduction Services Coordinator & Narcan Direct Coordinator at BPTR will be presenting on Harm Reduction efforts in Wisconsin.*
 9. CYFT Update- (*Anne Larson/Jason Cram*)
 10. DHS 75 Revision (*Saima Chauhan*)
 11. Opioid Treatment Update/Announcements (*Beth Collier*)
 12. DSPS Update (*Roger Frings*)
 13. Hub & Spoke Update (*Sheila Weix*)
 14. Update on Tobacco Integration- (*David “Mac” Macmaster*)
 15. Public comments
 16. Future meeting dates, future agenda topics, and other announcements
 17. Adjourn

The purpose of this meeting is to conduct the governmental business outlined in the above agenda for the Intervention and Treatment Committee of the State Council on Alcohol and Other Drug Abuse. The mission of the State Council on Alcohol and Other Drug Abuse (SCAODA) is to enhance the quality of life for Wisconsin citizens by preventing alcohol and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities.

DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, if you need an interpreter or translator, or if you need this material in another language or in alternate format, you may request assistance to participate by contacting Saima Chauhan at 608-469-9317 or saima.chauhan@dhs.wisconsin.gov.

*Next scheduled ITC Meeting: **April 12, 2022** & SCAODA: March 18, 2022

OPEN MEETING MINUTES

Name of Governmental Body: SCAODA Planning and Funding Committee			Attending: Christine Ullstrup, Jill Gamez, Brian Dean, Kellie Blechinger, Michelle Devine Giese, Kevin Florek, Karen Kinsey DHS Staff: Sarah Boulton guests: Sandra Westerman
Date: 11/17/2021	Time Started: 9:35AM	Time Ended: 11:45AM	
Location: Zoom			Presiding Officer: Christine Ullstrup
Minutes			

1. Call Planning and Funding Committee to Order

The meeting was called to order at 9:35AM by Christine Ullstrup.

2. Review of October 2021 Minutes

Michelle Devine Giese made a motion to approve the minutes of 10.20.21.

Kevin Florek seconded the motion.

No discussion or changes mentioned

Motion to approve the minute carried unanimously.

Minutes were approved.

3. Public Comment

None.

4. Review Preliminary RSUD Survey Data

Kevin Florek provided an update on the RSUD Medicaid Benefit Provider Survey, sent via Survey Monkey. Per Kevin, there are 13 respondents who have completed the survey so far. Kevin reported the following initial survey findings:

- More than half of respondents reported that room & board was approved by counties and tribes where they are providing services
- Majority of respondents indicated that more clarification around SABG allowable expenses would be helpful
- Majority of respondents indicated that more time/staffing is required for the Medicaid approval process
- An average of 32 beds per program were reported

The committee reviewed the list of providers that the survey was sent to. List was generated by DHS. Per Kevin Florek, only one email bounced back. Committee agreed that survey should be re-sent to solicit additional responses. Committee brainstormed email titles to grab recipients’ attention. Committee agreed on a new email title of ‘Important – Your Help is Needed.’ Committee agreed that Kevin Florek should resend survey on December 1st.

Committee members discussed licensing issue. Per Karen Kinsey, DSPS Surveyor suggested that they may be able to do a variance and/or exception for licensing requirements. Kevin Florek reports that they’ve been dealing with the same issue. Michelle Devine Giese reports that they applied for an exemption four months ago and are still awaiting approval. Committee members agreed that it would be helpful to have an update from DSPS at the upcoming SCAODA meeting.

5. Opioid Settlement Questions

Committee members reviewed previous meeting minutes for questions and discussed additional concerns related to opioid settlement dollars. Committee generated several questions and concerns to relay.

Jill Gamez reports that some counties are covering care in a very prescriptive way, e.g. stuck in a paradigm of covering 21 days of care. Jill asked if other committee members are running into this same issue. Christine Ullstrup reports that they have not experienced this in Milwaukee County – as long as Medicaid is approving it then counties are.

6. Opioid Settlement Update

Paul Krupski, Director of Opioid Initiatives, joined the Planning & Funding Committee to provide an update on opioid settlement dollars. Paul provided a brief update regarding staffing in the Secretary’s Office, including that Deb Standridge has been named Deputy Secretary.

Paul provided the following updates related to the McKinsey settlement:

- Only settlement to be reached so far
- \$10.4 million across 5 years. 80 percent received up front, with remainder to be disbursed over next four years on May 1st of each year
- Four areas of focus for these dollars
 - o Prevention programming for communities disproportionately impacted by the opioid impact
 - o Mobile Harm Reduction teams
 - o Room and board costs for residential treatment settings
 - o Short and long-term housing for people in recovery via housing voucher program
- Residential room and board costs will remain consistent with what has previously been negotiated with providers.
- Paul is working with DOA on housing voucher specifically for people who are in recovery
- RFAs are currently being drafted for prevention and r&b
- Supplies are being purchased for the mobile Harm Reduction teams
- Hoping to roll out housing voucher program in Q1 of 2022

Karen Kinsey asked if state will manage harm reduction mobile teams. Paul responded that yes, initially state will manage these, but the hope is that the program will expand and fund providers. Paul reminded the committee that funding must be focused on opioid abatement, for example, individuals must have a diagnosis of OUD to be eligible for room and board coverage, and individuals must have a history of opioid misuse to be eligible for the housing voucher.

Karen Kinsey asked if the mobile harm reduction teams will include a SUDS professional. Per Paul, the teams will primarily be focused on triaging with assessments, distribution of naloxone/narcan, wound care, and referral to specialized care, as needed.

Jill Gamez asked if housing vouchers are specifically for residences. Paul confirmed that they must be on the state's registry.

Christine Ullstrup asked how much money will go to each county. Per Paul, funding mechanism was similar to Unmet Treatment Needs Program wherein an overall amount is listed in the RFA and counties could apply with a dollar amount within that.

Christine Ullstrup pointed out that counties that are interested in supporting care and services are likely to apply, while counties who do not see the importance of these services likely will not apply. Paul reports that they have encouraged everyone to apply.

Christine Ullstrup suggested that a pot of money is kept aside for individuals to apply, or treatment agency, if they are in a county that has not applied.

Jill Gamez noted that they have 30 people on a waitlist and another 30 people who are looking for coverage. Jill notes that the requirement that individuals have to be involved with county services can be stigmatizing. Jill recommends that treatment providers be involved in the RFA process.

Paul notes that the state is getting out dollars as quickly as possible and that it would be challenging for the state to set one rate room and board when it varies so significantly from region to region.

Christine Ullstrup asked how much will go to the housing voucher program and towards room and board. Per Paul, this is to be announced via RFAs and press release.

The committee discussed COVID-relief dollars. Paul notes that some COVID relief dollars have block grant restrictions. Christine Ullstrup suggested that the committee invite Teresa Steinmetz back to speak about COVID-relief funding.

Jill Gamez noted that a lot of money is coming out but that concerns around capacity to provide these services remain. Jill asked where does planning come into play to ensure there aren't continued gaps in care.

Paul notes that these are challenges that are absolutely recognized. Per Paul, COVID relief is going towards workforce development.

Paul provided the following updates regarding additional settlements:

- Wisconsin is actively involved in four additional settlements
- Unlike McKinsey Settlement, remaining settlements will involve, states, counties and municipalities. 30 percent will go to states and the remaining amount will go to counties and municipalities. In Wisconsin, all but one county filed.
- Unclear when these dollars will be available.

- DHS will be implementing planning process for additional settlement dollars, including engagement and feedback with stakeholders
- It will not be a lump sum. To be determined what amount and over what amount of time but funding will be specific to opioids.
- DHS will be communicating and planning with counties since they will be getting their own settlement dollars.

Karen Kinsey noted that the Planning and Funding committee is well positioned to provide general feedback from community members and providers. Karen encouraged Paul to keep the committee in mind in the planning process.

Per Paul, annual plan will be submitted to Joint Finance in April of each year. Since settlement is still being reached, it is unlikely that a plan will be submitted in 2022. An outreach plan is being developed to solicit feedback on a regular and ongoing basis.

The committee thanked Paul for attending. The committee reflected on the updates.

Karen Kinsey expressed concern about mobile harm reduction teams due to the lack of recovery coaches in parts of the state.

Jill Gamez notes that a lot of good things are happening and that the committee should start putting together and synthesizing their thoughts so that they are ready. Jill agrees that recovery coaches are not available across the state and that this is an important planning piece. Jill asks how can the committee poise itself so they are ready to give priority areas and don't wait around until after funding has been announced.

Kellie Blechinger expressed that these dollars may help build sustainability. Kellie reports that she agrees with Jill that we should have a plan in place. Per Kellie, they are using block grant dollars for certified peer support specialists in southwest region. This service is not available across the state; how do we expand it?

Michelle Devine Giese stated that she agrees with Jill that we need to assess resources and capacity. Per Michelle, sometimes systems are looking to create something new rather than build on what's already working in our communities and that sometimes it doesn't seem our voices are heard.

Jill Gamez stated that bridging is needed to take what's working and expanding it.

Christine Ullstrup noted that this should be included in the committee's strategic plan.

Karen Kinsey stated that typically the state won't review a plan until money is in hand. The committee could give feedback on the McKinsey plan now and can develop a plan for future settlements but it may not be heard yet. Karen expressed concern that since the mobile harm reduction team has braided funding with public health taking the lead that substance use may be lost.

Committee members suggested follow up, including having Andrea Jacobson update the committee about Urban Rural Women and more funding potentially going into it and having Teresa Steinmetz update the committee on COVID-relief. The committee agreed to prepare for this in January and invite Teresa for February.

7. Funding Updates

DHS Staff, Sarah Boulton, provided a brief update regarding funding. Committee members received a list of SABG funded contracts as of November 2021.

8. Revisit Strategic Plan

Committee reviewed the Planning and Funding Strategic Plan and updated strategies and objectives. Updated plan attached to meeting minutes. Committee agrees to revisit Strategic Plan at the top of the next meeting.

9. COVID Impact

Members shared latest COVID impacts. Karen Kinsey noted that there are vaccine mandates across multiple sectors and that some have been challenged/suspended and asked how the group is dealing with this. Christine Ullstrup reports that their staff is fully vaccinated and expectation for staff was to be fully vaccinated by November 12. Per Christine, two staff members lost employment as a result of the vaccine requirement. Karen Kinsey stated that employers are concerned that staffing will be impacted by a vaccine mandate. Jill Gamez noted that a memo went out around Wisconsin Medicaid agencies and that many providers are not contracted with Medicaid federally and are therefore not required to meet the vaccine requirement for federal contracted providers. Michelle Devine Giese reported that they have individually followed up with unvaccinated staff members. Karen Kinsey asked the group if they are requiring clients to be vaccinated. Christine Ullstrup reported that they do not require client to be vaccinated. Kellie Blechinger notes that there was a vaccination process for those incarcerated and that announcements have gone out for community released folks.

10. Agenda for Next Meeting January 19, 2022 (via zoom)

Agenda items for next committee meeting:

- Strategic planning (continue plan updates)
- RSUD Survey update
- Discuss new members

11. Adjourn

Meeting adjourned at 12:29PM with a motion from Jill Gamez and second by Kellie Blechinger.

Prepared by: Sarah Boulton on 11/19/2021.

Planning and Funding Committee reviewed and approved these minutes at its 1/19/22 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

January 19, 2022

9:30am to 12:30pm

Meeting to be held via Zoom

Meeting URL: <https://dhs.wi.zoomgov.com/j/1603872083>

Meeting ID: 160 387 2083

Conference Call: 646-828-7666

Agenda

- | | | |
|----|--|---------------------------|
| 1. | Call to Order and Roll Call | Christine Ullstrup, Chair |
| 2. | Review November 17, 2021 Meeting Minutes | Christine Ullstrup |
| 3. | Public Comment | Christine Ullstrup |
| 4. | Revisit Strategic Plan | Committee Members |
| 5. | Review RSUD Survey Data | Kevin Florek |
| 6. | New Committee Members | Committee Members |
| 7. | COVID Impact | Committee Members |
| 8. | Agenda for February (zoom) | 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 Sarah Boulton at 608.590.8598 or Sarah.Boulton@dhs.wisconsin.gov.

OPEN MEETING MINUTES

Name of Governmental Body: SCAODA Planning and Funding Committee			Attending: Christine Ullstrup, Brian Dean, Michelle Devine Giese, Jill Gamez
Date: 1/19/2022	Time Started: 9:35AM	Time Ended: 12:23PM	DHS Staff: Sarah Boulton
Location: Zoom			Presiding Officer: Christine Ullstrup

Minutes

1. Call Planning and Funding Committee to Order

The meeting was called to order at 9:35AM by Christine Ullstrup.

2. Review November 17, 2021 Meeting Minutes

Jill Gamez made a motion to approve the minutes of 11.17.21.

Michelle Devine Giese seconded the motion.

No discussion or changes mentioned.

Motion to approve the minute carried unanimously.

Minutes were approved.

3. Public Comment

None.

4. Review RSUD Survey Data

Christine Ullstrup noted that Kevin Florek was unable to join the committee meeting today as he is providing floor coverage. Prior to the meeting, Kevin communicated that the RSUD Medicaid Benefit Provider survey went out again with a subject line appealing for help. Two more responses received, which means that 15 out of 61 total licenses completed the survey. Michelle Devine Giese noted that the staff person responsible for responding at her agency reported the survey indicated that it would take ten minutes to respond to but actually required specific data and other items that needed to be looked up. The person started the survey thinking that they would know the items of the top of their head but then were unable to complete it and haven't returned to the survey. Christine Ullstrup noted that there were a couple items that were difficult to know off the top of one's head, including all the contracts in place and who is paying for room and board. Committee members agreed that now is not the time to resend the survey as staff coverage has become a daily challenge. Michelle Devine Giese suggested that once things have improved, the committee might consider gathering some volunteers to call providers and complete the survey via interview. Christine Ullstrup agreed and suggested that maybe the committee can shorten the survey. Jill Gamez suggested that the committee revisit exactly what they want to know from the survey as things look very different from nine months ago.

The committee agreed that it would be helpful to have information about the number of beds each facility has to better understand overall capacity. Christine Ullstrup noted that she requested this from DHS staff in terms of facility mapping and bed capacity. DHS Staff Sarah Boulton confirmed that Behavioral Health Certification Section Staff within Department of Health Services, Division of Quality Assurance, Bureau of Health Services reported that locations for the DHS 75.11 and DHS 75.14 providers have not been mapped out and that, because applications systems are very old, currently they do not have the ability to track the number of beds.

Jill Gamez noted that there is not a good sense of capacity of residential services across the state. Committee agreed that there is a lack of information that is needed in order to plan for the state and the state's capacity and that significant amounts of funding are being pushed out without an understanding of capacity. Committee agreed that it is always important to understand what capacity is and that it's especially important during COVID. Michelle Devine Giese noted that they have not been at capacity for most of the year while hearing from the state that we need more beds and capacity. Fear that money will be pushed out and programs will start that aren't actually needed. Brian Dean asked why agencies have not been at capacity. Michelle Devine Giese reported that the process to get into treatment is more complicated for the people they generally serve due to pandemic closures of county buildings and lack of available outreach services. Jill Gamez echoed that Arbor Place has not been at capacity as the pandemic has resulted in spacing issues, which they were able to overcome with testing, but now it is challenging to get testing supplies. They currently have a waitlist of approximately 30 people but do not have

the necessary workforce capacity to intake them. Christine Ullstrup reported that they similarly have not been at capacity because they set a limited capacity in response to COVID.

Committee discussed the need for additional time and staffing due to the Medicaid process and the challenges of waitlist management and that currently, Wisconsin does not have a good system. Jill Gamez noted that Minnesota has a good centralized system with a website that is updated weekly by treatment providers to indicate availability. Minnesota has better embraced the No Wrong Door entry system where people don't have to access through the county, while Wisconsin is set up through counties. Christine Ullstrup noted that funding has gone out in the past to support more real-time systems. Brian Dean noted that it would be great if 211 was real time since he regularly receives calls from people looking for treatment and he has to direct them back to their county. Committee agreed that they should revisit the survey at a later time but that they should consider working with the state in determining capacity.

Jill Gamez inquired around centralized planning. DHS Staff Sarah Boulton noted that there is a two-year block grant plan and that the Gaps Analysis Report, which informs the work of the Bureau. Jill Gamez noted that we may be limited to two year plans because of the changing political landscape but asks if we could ever anticipate a five or ten-year plan. Christine Ullstrup noted that the Hub and Spoke pilot project started under the Walker administration and worked with the Pew Foundation, who did a deep dive into data. Jill Gamez noted that the lack of a cohesive plan is in large part due to different funding streams, observing that it's great there are opioid listening sessions about what to do with settlement dollars but also it seems like we should already know.

Christine Ullstrup agreed that we should know where funding is going and that the state should have an inventory of services that is more sophisticated than an excel spreadsheet. Why doesn't DHS 75 ask about capacity? Renewal for the DHS 75 will occur in October of this year and should include questions about capacity. Jill Gamez suggested that as a committee, they take the next month to formulate something to bring to SCAODA. Christine Ullstrup agreed that the committee should have a motion ready for March. Can be very simple with some of the x, y, z's of a practical inventory of services broken down by level of care. Committee discussed that members are unaware of what the licensing requirements are to serve adolescents, which is indicative of the issue. Committee agreed that it would be helpful to have inventory of anything that is licensed, what their capacity is, and if they are a Medicaid provider, noting that this could be updated as providers are re-licensing every year and that information could be made available to the public. Jill Gamez offered to draft a motion for the committee to review and work with at the next meeting. Jill Gamez noted that data dashboards that are currently available are great but want to take that model and show what services are available to address it. There are dashboards around what are most used services but there are none that indicate what services are unavailable.

Committee discussed that data gathered from PPS system does not reflect a full picture since PPS only collects county level services and does not reflect any Medicaid services, therefore PPS is only capturing a sliver of services. Christine Ullstrup noted that the committee should maybe recommend that DHS collect better outcomes data via Medicaid. Currently providers aren't asked anything about how Medicaid services went. Providers may not like another thing to do but potentially in the motion the committee should encourage better communication between DCTS and Medicaid.

15-minute break

Christine Ullstrup confirmed with committee that they have the basics for a motion around provider capacity and inventory in Wisconsin, and that Jill Gamez will work on developing the language for the motion in advance of the February meeting to have ready for the SCAODA council meeting in March. The committee will put the RSUD Provider Survey on hold for now and revisit in April or May.

5. **New Committee Members**

DHS Staff, Sarah Boulton, noted that two potential new members have continued to express interest in joining the committee but have had scheduling conflicts. Committee members reported no additional ideas for recruitment and/or new members, noting that everyone's bandwidth is limited. Committee members agreed to keep this as an ongoing agenda item.

6. **Revisit Strategic Plan**

Committee members reviewed working draft of the strategic plan. Jill Gamez noted that several of these tasks were generated from looking at Medicaid as a funder that could potentially support providers in implementing evidence-based practices (EBP). Example of a grant funded adolescent program in Connecticut where Medicaid was proving incentives for EBPs. Grant was supporting Multidimensional Family Therapy (MDFT) which is a complex intervention that includes lots of time and effort that is not billable. Costs associated with EBPs are challenging for providers to sustain. Jill Gamez asks how can we look at a funding source, not just licensing, to plan for sustainable, high quality, infrastructure in the state of Wisconsin? Christine Ullstrup noted that the Medicaid related goal may be an ad-hoc committee and that it would need to include a member from Division of Medicaid. Jill Gamez suggested that the committee invite Dr. Pam Lano to have a discussion around multiple strategic plan tasks related to Medicaid. The committee discussed examples of programs that are state Medicaid supported with Federal approval. Jill Gamez noted that Connecticut has really embraced MDFT and part of that has been innovative funding and support. Christine Ullstrup noted that DBT requires intense training and supervision and asks who is paying for that? Jill Gamez noted that 101 treatment approaches, such as MI and CBT, all take time, supervision, and review of sessions, but how can that be funded when a billable hour is being taken up? Christine Ullstrup responded that value-based reimbursement would be helpful, if you can demonstrate good outcomes and get a reimbursement bump. It would be helpful for the committee to discuss implementing EBPs and planting the seed to pay providers for good outcomes with Pam Lano.

Michelle Devine Giese suggested that Wisconsin might utilize opioid settlement dollars to get this model up and running. Christine Ullstrup noted that settlement dollars have to be tied to a person using opioids. Michelle Devine Giese suggested that settlement dollars could assist on the front end with setting up training and resources. Jill Gamez agreed that it might be helpful to explore this area with opioid dollars, noting that a pilot project could be a good idea and then would have information to advocate down the road. Christine Ullstrup recommended that the committee start off with a Medicaid focus, asking what is the process for trying to fund EBPs using Medicaid and how can Medicaid do value-based reimbursement? Committee reviewed strategic plan draft and made updates related to these focus areas.

Jill Gamez asked about the DHS staff capacity to update the legislative tracker. DHS Staff Sarah Boulton reported that the person who previously provided updates is no longer working at DHS in the same capacity. Committee agreed to continue to keep legislative items on the agenda and to send any legislative materials to Sarah in advance of the meeting, Sarah will then consolidate all updates into one document and share as part of the meeting materials. Committee discussed ways in which they could have a central location for committee documents. Committee reviewed SharePoint and SCAODA website as two possible options for this. DHS staff will confirm if DHS is able to provide an option for this.

Jill Gamez provided an update on the recent meeting she attended on behalf of SCAODA/Planning and Funding with Bloomberg Philanthropies and Vital Strategies. They are working with several states, including Wisconsin, on a five-year project to reduce overall opioid overdoses. Includes involvement from Pew Charitable Foundation and Johns Hopkins. Per Jill, she shared at the meeting that she hopes they will use Planning and Funding Committee as an important partner in this work and reported concerns regarding workforce capacity. Strategies need to be assessed through the lens of workforce. Additionally, it's important to think about applicability of strategies to other substances, as well as to have treatment professionals and prevention professionals on board. It's great to have more resources but hopefully they will connect with providers and really dig in to what's needed rather than just bringing strategies.

7. **COVID Impact**

Committee discussed the impact of COVID on services. Christine Ullstrup noted that there have been six overdose deaths since Christmas that they've heard about from their network and that this has significantly impacted the team.

Jill Gamez reported that the last order they put in for testing supplies to the state could not be fulfilled. Reached out to HHS as well but they aren't delivering supplies to their type of facility. Michelle Devine Giese reported that they've experienced the same issues ordering testing supplies, noting that they've been taking clients to testing sites.

Christine Ullstrup reported that they are testing clients and staff. Clients are testing on day one and day five. They had made one of the smaller facilities a quarantine house but, as the result of several positives, have had to move the quarantine house to a larger facility. For folks coming from DOC who are positive, they are being placed in a hotel and treatment staff are reaching out every day. Michelle Devine Giese reported that they have people quarantining in rooms with phones, noting that clients have been really great about everything. People are able to participate in one-on-ones and then access food/showers when the rest of the group is away. Christine Ullstrup reported that they were offering staff incentives work in quarantined spaces and that everyone has an N95 mask. Michelle Devine Giese reported that they've had six interns who have been super helpful during this period of time.

Brian Dean reported that there were 800 cases last week in Madison school and 1200 cases in the last two weeks, including 300 staff. DPI sent communication to the superintendent encouraging flexibility for staff and students. At this point, all efforts are around mitigation as prevention is really difficult.

8. **Agenda for Next Meeting February 16, 2022 (via zoom)**

- Invite Dr. Lano and/or another member of DMS for discussion around Medicaid support for implementing EBPs and value-based care
- New committee members
- Motion development and review for provider/services inventory
- Finalize Work Plan

9. **Adjourn**

Meeting adjourned at 12:23PM with a motion from Michelle Devine Giese and second by Brian Dean.

Prepared by: Sarah Boulton on 1/19/2022.

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

Tony Evers
Governor



Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Kevin Florek
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 16, 2022

9:30am to 12:30pm

Meeting to be held via Zoom

Meeting URL: <https://dhs.wi.zoomgov.com/j/1618030137>

Meeting ID: 161 803 0137

Conference Call: 669-254-5252

Agenda

- | | | |
|-----|---|---------------------------|
| 1. | Call to Order and Roll Call | Christine Ullstrup, Chair |
| 2. | Review January 19, 2022 Meeting Minutes | Christine Ullstrup |
| 3. | Public Comment | Christine Ullstrup |
| 4. | Prepare for Medicaid Discussion | Committee Members |
| 5. | Discussion with Dr. Pam Lano, DMS | Committee Members |
| 6. | Revisit Strategic Plan | Committee Members |
| 7. | Review and Finalize Motion | Committee Members |
| 8. | DHS Updates | Sarah Boulton, DHS |
| 9. | New Committee Members | Committee Members |
| 10. | COVID Impact | Committee Members |
| 11. | Agenda for April (zoom) | Committee Members |
| 12. | 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 Sarah Boulton at 608.590.8598 or Sarah.Boulton@dhs.wisconsin.gov.

Planning & Funding Committee – Work Plan 2022

SCAODA Goal #2: <i>Inform Wisconsin Citizens on the negative fiscal, individuals, and societal impacts of substance use disorders.</i>		
Objective A: Continue analyzing SUD needs in counties and regions across the state, where grant funds are distributed across the state, and recommend approaches to ensure that funds are meeting specific SUD needs of counties and regions.		
Task #1: Review report from DCTS on who received what Federal Block Grant dollars for which GFOs and programs	Who: Sarah B.	Status: Ongoing
Task #2: Review reports produced by SCAODA and other sources to assess to gain information on possible funding needs across the state (treatment, prevention) and make recommendations to DCTS	Who: Committee Members	Status: Ongoing
Task #3: Support the use of federal and state funds to improve access to comprehensive treatment (gender specific, parents, pregnant and post-partum women) for all Substance Use Disorders	Who: Committee Members	Status: Ongoing

SCAODA Goal #3: <i>Advocate for adequate funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need.</i>		
Objective A: Study features of Medicaid systems by studying innovative funding strategies.		
Task #1: Invite Pam Lano/Representative from Division of Medicaid to explore supporting Evidence-Based Practices and promoting Value-Based Care via Medicaid. a. https://www.chcs.org/resource/behavioral-health-provider-participation-in-medicaid-value-based-payment-models-an-environmental-scan-and-policy/ b. http://files.kff.org/attachment/INFOGRAPHIC-MEDICAIDS-ROLE-IN-ADDRESSING-THE-OPIOID-EPIDEMIC.pdf	Who: Committee Members	Status: Ongoing

<p>c. https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/</p>		
<p>Task #2: Support the use of SUD residential treatment services when appropriate for consumers, particularly in areas of the state where residential treatment beds are available.</p> <ul style="list-style-type: none"> • <u>Explore</u> with DHS and the State available funding options to cover room and board costs • <u>Solicit</u> feedback from providers on the RSUD benefit via survey 	<p>Who: Committee Members</p>	<p>Status: Ongoing</p>
<p>Objective B: Review and support legislation promoting SUD services that adopt evidence-based practices and promote prevention and recovery support as part of the full continuum of recovery.</p>		
<p>Task #1: Use updates from Milwaukee Mental Health Board and other sources to track and discuss legislative updates</p>	<p>Who: Committee Members and Sarah B.</p>	<p>Status: Ongoing</p>

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Prevention Committee, State Council on Alcohol and Other Drug Abuse			Attending: Members: Chris Wardlow, Sarah Johnson, Alex Berg, Maureen Busalacchi, Danielle Luther, Meagan Pichler, Hannah Lepper, Faith Price, Roger Frings Guests: Felice Borisy-Rudin, Staff: Liz Adams, Sarah Boulton, Raina Haralampopoulos, Allison Weber
Date: 11/15/2021	Time Started: 9:00am	Time Ended: 10:00 apm	
Location: Via Zoom			Presiding Officer: Chris Wardlow, Interim Chair

Minutes

1. Welcome and Introductions.....Chris Wardlow, Interim Chair

Chris Wardlow, Interim Chair welcomed everyone, called the meeting to order at 9:04 a.m. asked them to introduce themselves.

2. Public Comment: The committee will accept comments from the public relating to any committee business.....Chris Wardlow

Interim Chair opened the floor for public comment. No public comment.

3. Approve Minutes from April Meeting..... Chris Wardlow, Interim Chair

Chris thanked Raina Haralampopoulos for the draft meeting minutes. Chris requested the Committee to review them and will entertain a motion. Raina received an email about a correction to Jenny Hallett’s name. Sarah Johnson made a motion to approve the meeting minutes as presented, Maureen Busalacchi seconded the motion, no discussion, and motion passed unanimously.

4. Review and discuss Alcohol Prevention ad hoc Workgroup Recommendations Draft Report..... Maureen Busalacchi

Maureen discussed the following changes that were made in the report. The title was changed; the background was updated with new data and what has happened since 2010 ACE Report; recommendation 5 will be updated to include “other drug use”; Streamlined recommendations 7 and 9 about alcohol advertising; Alcohol industry recommendation 3 in the Alcohol Industry section removed the recommendation for nutritional value for labeling; and in the State Government section, recommendation 6’s language was changed to be streamlined. Chris commented that the report is looking really good and he is glad that we will have a current report that applies to our current environment.

Raina shared that staff is still formatting and finalizing the report. Chris would entertain a motion to approve the report with anticipated formatting updates and edits mentioned to the full SCAODA for their approval. Danielle Luther motioned to approve the report with the anticipated formatting updates and other edits mentioned to pass on to full SCAODA for their approval, motion seconded by Faith Price, no further discussion, and motion passes.

Roger Frings expressed his appreciation for the work that went into the work for this report. He commits to continuing to work with the Committee and to keep discussion about the report alive.

5. Future Agenda Items..... Committee Members

Progress and updates on THC, Delta 8, Kratom, and the Intervention and Treatment Committee meeting on January 11th, 2022.
 Maureen will give high-level presentation and have discussion about the launch of the recommendations report at the April 2022 meeting.
 Motion to adjourn by Maureen Busalacchi. Seconded by Megan Pichler. No discussion. Motion passed.

Prepared by: M. Raina Haralampopoulos on 11/18/2021.
Minutes approved by the Prevention Committee at its meeting.



Tony Evers
Governor



Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Kevin Florek
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

<https://dhs.wisconsin.gov/j/1616322221>

Thursday, January 20, 2022

9:30 a.m. to Noon

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. Supporting Peers in SCAODA and Committees.....Joann Stephens, Consumer Affairs Coordinator
4. Approve Minutes from November 2022 Meeting..... Chris Wardlow
5. THC and Kratom PresentationKayla Neuman, Wisconsin State Lab of Hygiene
6. Equity and Inclusion ad hoc Workgroup and Prevention.....Meagan Pichler, Committee Member
7. Agency Updates.....Committee Members
8. Future Agenda Items.....Committee Members

Next meeting is Thursday, April 21, 2022.

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 Mary.Haralampopoulos@dhs.wisconsin.gov.

<https://www.dhs.wisconsin.gov/scaoda/index.htm>

ANNUAL SYNAR REPORT

42 U.S.C. 300x-26

OMB № 0930-0222

FFY 2022

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 2021 Compliance Progress) and future plans to ensure compliance with the Synar requirements to reduce youth tobacco access rates (FFY 2022 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. Part of the mission of the Center for Substance Abuse Prevention (CSAP) is to assist states¹ 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.

¹The 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, 2021 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.

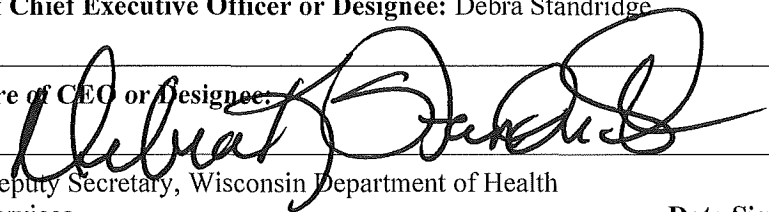
The state must upload one copy of the ASR using the online WebBGAS (Block Grant Application System). In addition, the following items must be uploaded to WebBGAS:

- FFY 2022 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, in the FFY 2022 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 2022: FUNDING AGREEMENTS/CERTIFICATIONS

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

PUBLIC HEALTH SERVICES ACT AND SYNAR AMENDMENT	
42 U.S.C. 300x-26 requires each state to submit an annual report of its progress in meeting the requirements of the Synar Amendment and its implementing regulation (45 C.F.R. 96.130) to the Secretary of the Department of Health and Human Services. By signing below, the chief executive officer (or an authorized designee) of the applicant organization certifies that the state has complied with these reporting requirements and the certifications as set forth below.	
SYNAR SURVEY SAMPLING METHODOLOGY	
The state certifies that the Synar survey sampling methodology on file with the Center for Substance Abuse Prevention and submitted with the Annual Synar Report for FFY 2022 is up-to-date and approved by the Center for Substance Abuse Prevention.	
SYNAR SURVEY INSPECTION PROTOCOL	
The state certifies that the Synar Survey Inspection Protocol on file with the Center for Substance Abuse Prevention and submitted with the Annual Synar Report for FFY 2022 is up-to-date and approved by the Center for Substance Abuse Prevention.	
State: Wisconsin	
Name of Chief Executive Officer or Designee: Debra Standridge	
Signature of CEO or Designee: 	
Deputy Secretary, Wisconsin Department of Health	
Title: Services	Date Signed: 12/09/21
If signed by a designee, a copy of the designation must be attached.	

SECTION I: FFY 2021 (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

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 2022 ASR was posted to this Web address.)*
Web address: <https://www.dhs.wisconsin.gov/scaoda/index.htm>
Date published: December 6, 2021
- 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.)* _____

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

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

Wisconsin Department of Health Services

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

- Yes No

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

Wisconsin Department of Health Services

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

- Yes No

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

Wisconsin Department of Health Services

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

- Yes No

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

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

Wisconsin Department of Health Services

b. Has the responsible agency changed since last year's Annual Synar Report?

- Yes No

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

- Are the same
- Have a formal written memorandum of agreement
- Have an informal partnership

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

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

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

f. Has the responsible agency changed since last year’s Annual Synar Report?
 Yes No

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

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

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

5. Please answer the following questions regarding the state's activities to enforce the state's youth access to tobacco law(s) in FFY 2021 (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 <u>citations issued</u>	UNK	UNK	UNK
Number of <u>finest assessed</u>	UNK	UNK	UNK
Number of <u>permits/licenses suspended</u>	UNK		UNK
Number of <u>permits/licenses revoked</u>	UNK		UNK
Other (Please describe.) <i>State checks were not completed in 2021-no data</i>	UNK	UNK	UNK

- 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. Merchant resources were translated into 5 languages (Spanish, Hmong, Somali, Hindi and Arabic). Because Wisconsin Wins compliance checks were not conducted in 2021, local contractors focused their efforts primarily on this type of merchant education.

- 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. This recognition continued even in the absence of Wisconsin Wins compliance checks.

- 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.*) Tobacco 21 Media Campaign

A statewide media campaign to create awareness of the federal law prohibiting tobacco sales to individuals under the age of 21. The target audiences were retailers and consumers that included online video ads, online display/banner ads, paid social media ads, gas station pump ads, and retailer exterior poster ads.

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 2021 (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.

$$\text{RVR Estimate} + (1.645 \times \text{Standard Error}) = \text{Right Limit}$$

plus times

Accuracy rate _____

Completion rate _____

c. **Fill out Form 1 in Appendix A (Forms 1–5).** *(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) in Appendix A (Forms 1–5) *(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 in Appendix A (Forms 1–5), and answer the following question.

If No, go to Question 7g.

Were any certainty primary sampling units selected this year?

- Yes No

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

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

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

h. **Fill out Form 4 in Appendix A (Forms 1–5).**

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: 2021

b. Percent coverage from the latest Sampling frame coverage study: 92.9 %

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: 2026

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

In an email dated 5/28/20, Amara Matlock approved the change to the protocol in Appendix C, 4. b. While this approval took place in FFY21, Wisconsin did not conduct the Synar survey due to COVID-19. This approval was applied to the survey conducted this year.

b. Provide the inspection period: From 08/03/21 to 09/29/21

MM/DD/YY MM/DD/YY

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

20

NOTE: If the state uses SSES, please ensure that the number reported in 9b 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 2022 (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 2022. 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 2022, the Tobacco Prevention and Control Program will issue contracts to local agencies for community-based activities. These activities will include compliance investigations (if deemed safe with COVID-19), utilizing a positive reinforcement protocol, law enforcement involvement, promotion of WITobaccoCheck.org, media and community outreach activities. The statewide media campaign on the federal tobacco 21 law will continue, which will raise awareness of the federal law among retailers and consumers under 21 years old. Currently, a bill to increase the minimum legal sales age from 18 to 21 is being addressed in the Wisconsin Legislature. If the bill is passed into law, local contractors will work with local law enforcement to check compliance utilizing underage purchasers ages 17-20 years old.

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.)

- 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.

- 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.

- Limitations in the state youth tobacco access laws

Current state statutes are preemptive of stronger local laws. Product definitions are not comprehensive nor model language. No license is required to sell nicotine

products (e-cigarettes). Wisconsin minimum legal sales age is 18, therefore, local law enforcement do not have authority to enforce sales not in compliance with federal law.

- Limited public support for enforcement of youth tobacco access laws

- 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. Vape shops do not require a license to sell electronic smoking devices/e-cigarettes, resulting in no tracking mechanism.

- Limited expertise in survey methodology

- Laws/regulations limiting the use of minors in tobacco inspections

- Difficulties recruiting youth inspectors

- Issues regarding the balance of inspections conducted by youth inspectors age 15 and under

- Issues regarding the balance of inspections conducted by one gender of youth inspectors

- Geographic, demographic, and logistical considerations in conducting inspections

Logistical: COVID-19 made it unsafe for adult and youth inspectors to participate in state compliance inspections (e.g., traveling in car together, entering retail outlets, maintaining 6ft).

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

- Issues regarding sources of tobacco under tribal jurisdiction

- Other challenges (*Please list.*) COVID-19 and MLSA

Because of the pandemic, state compliance inspections were suspended. Because the state's minimum legal sales age does not align with the federal law, there was confusion among retailers, the general public and even local leaders.

APPENDIX A: FORMS 1–5

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

Complete Form 1 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 form, provide the state name and reporting federal fiscal year (FFY 2022). 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 2 (Optional)

Appropriate for stratified simple or systematic random sampling designs.

Complete Form 2 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 form, provide the state name and reporting federal fiscal year (FFY 2022).

- 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 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 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 form, provide the state name and reporting federal fiscal year (FFY 2022).

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: 2022 _____				
(1) Row #	(2) Stratum Name	(3) Number of PSUs Created	(4) Number of PSUs Selected	(5) Number of PSUs in the Final Sample
Total				

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

Complete Form 4 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 form, provide the state name and reporting federal fiscal year (FFY 2022).

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

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

Inspection Tallies by Reason of Ineligibility or Noncompletion			
		State: _____	
		FFY: 2022	
(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>			
Total		Total	

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

Complete Form 5 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 form, provide the state name and reporting federal fiscal year (FFY 2022).

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 the total of attempted buys and successful buys equals the total for Column 4(c) and Column 5(c), respectively, on Form 1. If the totals do not match, please explain any discrepancies.

Synar Survey Inspector Characteristics		
		State: _____
		FFY: 2022 _____
	(1) Attempted Buys	(2) Successful Buys
Male		
15 years		
16 years		
17 years		
18 years		
19 years		
20 years		
Male Subtotal		
Female		
15 years		
16 years		
17 years		
18 years		
19 years		
20 years		
Female Subtotal		
Other		
Total		

APPENDIXES B & C: FORMS

Instructions

Appendix B (Sampling Design) and Appendix C (Inspection Protocol) are to reflect the state's CSAP-approved sampling design and inspection protocol. These appendixes, therefore, should generally describe the design and protocol and, with the exception of Question #10 of Appendix B, are not to be modified with year-specific information. Please note that any changes to either appendix must receive CSAP's advance, written approval. To facilitate the state's completion of this section, simply cut and paste the previously approved sampling design (Appendix B) and inspection protocol (Appendix C) and respond to Question #10 of Appendix B to provide the requested information about sample size calculations for the Synar survey conducted in FFY 2021.

APPENDIX B: SYNAR SURVEY SAMPLING METHODOLOGY

State: Wisconsin
 FFY: 2022

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. 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 25 counties
- 5. Counties: Less than 20,000 residents 19 counties

C. Do a Probability Proportional Sample (PPS), 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 2021.

- 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: 5.5%

Frame Size: 6,506

Input for Target Sample Size:

Design Effect: 0.9

Inputs for Original Sample Size:

Safety Margin: 35%

Accuracy (Eligibility) Rate: 89.8%

Completion Rate: 98.2%

- 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.

Per March 2020 discussion with SAMHSA about the input values reported in the FY2020 ASR, we determined we would start using the previous year's data as the input values we use for the SSES calculator. Because we did not do an FY2021 Synar Smoking Audit due to COVID-19, the most recent data we had available to enter in the SSES calculator came from FY2020. We do not actually use the sample size output from the SSES calculator, but run it every year to confirm that it is less than our more conservative sample size of 1100 vendors. Given that, the changes we made to SSES calculator input values do not actually affect the total vendors in our final sample.

APPENDIX C: SYNAR SURVEY INSPECTION PROTOCOL SUMMARY

State: Wisconsin
FFY: 2022

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.

All outlets will be assigned to one tobacco product (cigarettes, smokeless tobacco, cigarillos, or disposable e-cigarettes). To the extent possible based on the outlet names, certain types of outlets will be assigned to the product they are most likely to sell (for example, outlets that appear to be cigar shops will be assigned to cigarillos). The remaining outlets will be randomly assigned to a tobacco product. The purchaser will first attempt to purchase the tobacco product assigned to that outlet. If the retailer does not sell the tobacco product assigned for that outlet, the purchaser can request cigarettes or another product. Minors are permitted to request any brand, although the training includes examples of brands for the different products.

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

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. Initially the state was set to be divided into 10 regions based on the anticipated hiring group, but due to significant staffing issues immediately before the training and throughout the field period, the state was divided into 7 regions.

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 4-1/2 hour virtual 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. Hiring Paperwork
 2. Introductions
 3. Synar Background
 4. Introduction to the Manual
 5. Purchase Attempt & Tablet
 6. Tablet
 7. Training the Minors
- Overview & Manual
- Role Playing & scripts
8. Mailing Tobacco
 9. Timesheet/Expense Overview
 10. COVID-19 Safety Guidelines
 11. Materials Overview
 12. End of Project Protocols

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

Youth inspectors (age 16 to 20) 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.)

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 youth participants, aged 17-20 (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.

-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:

-A tobacco type will be assigned to the vendor. If that type is not available, ask for cigarettes or another product.

-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: 2022

1. Calendar year of the coverage study: 2021

2. a. Unweighted percent coverage found: 92.9%
b. Weighted percent coverage found: N/A%
c. Number of outlets found through canvassing: 196
d. Number of outlets matched on the list frame: 182

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

Census tracts

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

Yes No

If Yes, please explain.

Before drawing the census tracts, the Applied Population Laboratory at the University of Wisconsin-Madison excluded 16 tracts that were determined to be water or zero population areas only.

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.

Wisconsin used a probability proportional to size sample for the 2021 Synar Coverage Study. All counties in Wisconsin were assigned to one of five stratum based on county population size. The Applied Population Laboratory provided the percent of the total state population represented in each stratum. We then sampled using a stratified proportional sampling technique. We used these percentages to determine the number of outlets to be visited within each stratum. This was accomplished by effectively doubling each of the percentage values to find the total number of outlets to be inspected within each stratum. The total number of outlets to be visited was 150-200.

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

1. Counties: 500,00 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 25 counties
5. Counties: Less than 20,000 residents 19 counties

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.

The Applied Population Laboratory provided the census tracts in a random order. Inspectors were instructed to canvass tracts in that specified order, and to only move onto the next tract in a given stratum if the outlet goal for that particular stratum had not yet been met. Once the target number of outlets for a stratum was reached, that stratum was considered complete and no more census tracts within it were canvassed. If the inspector reached the target number of outlets for a stratum partway through canvassing a tract, the inspector completed canvassing that tract. Ultimately 46 census tracts were sampled (plus an additional 10 reserve tracts), but only 31 tracts were fully canvassed to reach the target number of outlets for each stratum.

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.

Each inspector was permitted to use their own systematic route through the census tract, provided the entire census tract was canvassed before moving to the next census tract in the stratum. Inspectors were provided with large scale, color printed maps of each census tract. These census tract maps were the inspectors to keep and edit however they found most helpful to track their canvassing progress. Inspectors were also provided with a tracking form to fill out after canvassing a census tract. The tracking form included a section where inspectors could document if they had not yet completed canvassing a tract, and which specific retailers or areas needed follow-up.

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.

In order to confirm whether or not the outlet sold tobacco the inspector entered each outlet and asked a clerk or manager if the outlet sold tobacco. If so, the inspector asked to see the license. From that license, the inspector recorded the business name, address, corporate name, business owner and or manager, and phone number. If the business license was not visible or the clerk could not find it, the inspector collected that data from the business owner, manager, or available outlet clerk. The inspector also recorded whether the outlet sold tobacco over the counter or through a vending machine, or both. The inspector was provided with inspection forms to record these outlets, as well as forms to record visited non-sample outlets (those that did not sell tobacco). If an outlet was closed at the time of inspection, the

inspector either visited the outlet again while in the area or recorded the phone number and completed a phone interview as soon as possible.

11. Please provide the state’s definition of “matches” or “mismatches” to the Synar sampling frame? (i.e., address, business name, business license number, etc.)

Completed forms were regularly returned to the Project Director at the University of Wisconsin Survey Center. The Project Director compared these forms to the Fall/Winter 2020-2021 list to determine matches. Matches were defined as having the business name and address in common between the coverage study form and the list. If only the name or address matched, project staff telephoned the outlet or reviewed available online information to determine if they had recently moved or had recently changed the name of their business. If project staff were able to determine that, at the time of list creation, the outlet had been the name and address represented in the list it qualified as a match.

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

Not applicable, Wisconsin used a probability proportional to size sample.

SSES Table 1 (Synar Survey Estimates and Sample Sizes)

CSAP-SYNAR REPORT

State	WI
Federal Fiscal Year (FFY)	2022
Date	11/12/2021 14:36
Data	p1554_SynarComplianceChecks_2021.11.12_V07_Final.xlsx
Program Version	Version 7.0
Analysis Option	Stratified SRS with FPC

Estimates

Unweighted Retailer Violation Rate	15.3%
Weighted Retailer Violation Rate	14.1%
Standard Error	1.0%
Is SAMHSA Precision Requirement met?	YES
Right-sided 95% Confidence Interval	[0.0%, 15.8%]
Two-sided 95% Confidence Interval	[12.1%, 16.2%]
Design Effect	0.9
Accuracy Rate (unweighted)	89.9%
Accuracy Rate (weighted)	89.9%
Completion Rate (unweighted)	95.4%

Sample Size for Current Year

Effective Sample Size	153
Target (Minimum) Sample Size	138
Original Sample Size	1,100
Eligible Sample Size	989
Final Sample Size	944
Overall Sampling Rate	16.2%

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

STATE: WI

FFY: 2022

Samp. Stratum	Var. Stratum	Outlet Frame Size	Estimated Outlet Population Size	Number of PSU Clusters Created	Number of PSU Clusters in Sample	Outlet Sample Size	Number of Eligible Outlets in Sample	Number of Sample Outlets Inspected	Number of Sample Outlets in Violation	Retailer Violation Rate(%)	Standard Error(%)
All Outlets											
1	1	1,395	1,238	N/A	N/A	284	252	247	69	27.9%	
2	2	1,458	1,345	N/A	N/A	310	286	282	34	12.1%	
3	3	1,725	1,531	N/A	N/A	294	261	240	27	11.3%	
4	4	1,351	1,193	N/A	N/A	162	143	134	9	6.7%	
5	5	577	542	N/A	N/A	50	47	41	5	12.2%	
Total		6,506	5,849			1,100	989	944	144	14.1%	1.0%
Over the Counter Outlets											
1	1	1,395	1,238	N/A	N/A	247	247	247	69	27.9%	
2	2	1,458	1,345	N/A	N/A	282	282	282	34	12.1%	
3	3	1,725	1,531	N/A	N/A	240	240	240	27	11.3%	
4	4	1,351	1,193	N/A	N/A	134	134	134	9	6.7%	
5	5	577	542	N/A	N/A	41	41	41	5	12.2%	
Total		6,506	5,849			944	944	944	144	14.1%	1.0%
Vending Machines											
1	1	0	0	N/A	N/A	0	0	0	0	0.0%	
2	2	0	0	N/A	N/A	0	0	0	0	0.0%	
3	3	0	0	N/A	N/A	0	0	0	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	0			0	0	0	0	0.0%	0.0%

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: 2022

Disposition Code	Description	Count	Subtotal
EC	Eligible and inspection complete outlet	944	
Total (Eligible Completes)			944
N1	In operation but closed at time of visit	2	
N2	Unsafe to access	1	
N3	Presence of police	1	
N4	Youth inspector knows salesperson	2	
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	1	
N8	Run out of time	38	
N9	Other noncompletion	0	
Total (Eligible Noncompletes)			45
I1	Out of Business	25	
I2	Does not sell tobacco products	67	
I3	Inaccessible by youth	7	
I4	Private club or private residence	3	
I5	Temporary closure	1	
I6	Can't be located	7	
I7	Wholesale only/Carton sale only	0	
I8	Vending machine broken	0	
I9	Duplicate	0	
I10	Other ineligibility (see below)	1	
Total (Ineligibles)			111
Grand Total			1100

Give reasons and counts for other ineligibility:

Reason	Count
This outlet could be categorized under multiple ineligible disposition codes. The main road leading to the outlet was unusable due to weather. The alternative road to access the outlet was closed. Available information from the outlet indicated it was closed, but it was not clear whether that closure was temporary or permanent.	1

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

STATE: WI
FFY: 2022

Frequency Distribution

Gender	Age	Number of Inspectors	Attempted Buys	Successful Buys
Male	14	0	0	0
	15	0	0	0
	16	1	33	1
	17	6	267	20
	18	2	109	32
	19	1	53	18
	20	1	20	1
	Subtotal		11	482
Female	14	0	0	0
	15	0	0	0
	16	0	0	0
	17	5	180	27
	18	1	98	9
	19	3	184	36
	20	0	0	0
	Subtotal		9	462
Other		0	0	0
Grand Total		20	944	144

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	3.0%	0.0%	3.0%
17	7.5%	15.0%	10.5%
18	29.4%	9.2%	19.8%
19	34.0%	19.6%	22.8%
20	5.0%	0.0%	5.0%
Other			0.0%
Total	14.9%	15.6%	15.3%

SSES Table 6 (Synar Survey Inspection Results by Type of Product)

STATE: WI
FFY: 2022

Frequency Distribution and Buy Rate

Product Type	Attempted Buys	Successful Buys	Violation Rate (%)
Cigarettes	438	57	13.0%
Small cigars/Cigarillos	171	33	19.3%
Smokeless tobacco	167	27	16.2%
ENDS	168	27	16.1%
Other	0	0	0.0%
Missing	0	0	0.0%
Invalid	0	0	0.0%
Grand Total	944	144	15.3%

SSES Table 6 (Synar Survey Inspection Results by Type of Product)

Buy Rate by Type of Product

Product Type
Cigarettes
Small cigars/Cigarillos
Smokeless tobacco
ENDS
Other
Missing
Invalid
Total Male

Product Type
Cigarettes
Small cigars/Cigarillos
Smokeless tobacco
ENDS
Other
Missing
Invalid
Total Female

Product Type
Cigarettes
Small cigars/Cigarillos
Smokeless tobacco
ENDS
Other
Missing
Invalid
Grand Total

Key Inspection Results by Type of Product)

STATE: WI
FFY: 2022

Product, Age, and Gender

Male							
Age							Total
14	15	16	17	18	19	20	
0.0%	0.0%	0.0%	10.4%	13.6%	42.3%	0.0%	13.9%
0.0%	0.0%	25.0%	12.5%	43.5%	33.3%	0.0%	23.0%
0.0%	0.0%	0.0%	0.0%	31.6%	28.6%	11.1%	9.0%
0.0%	0.0%	0.0%	4.7%	43.5%	18.2%	0.0%	16.3%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	3.0%	7.5%	29.4%	34.0%	5.0%	14.9%

Female							
Age							Total
14	15	16	17	18	19	20	
0.0%	0.0%	0.0%	12.6%	7.3%	14.0%	0.0%	12.2%
0.0%	0.0%	0.0%	12.8%	10.5%	23.1%	0.0%	15.5%
0.0%	0.0%	0.0%	25.0%	11.1%	35.1%	0.0%	26.9%
0.0%	0.0%	0.0%	20.6%	10.0%	14.3%	0.0%	15.9%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	15.0%	9.2%	19.6%	0.0%	15.6%

All							
Age							Total
14	15	16	17	18	19	20	
0.0%	0.0%	0.0%	11.4%	10.6%	20.2%	0.0%	13.0%
0.0%	0.0%	25.0%	12.6%	28.6%	25.7%	0.0%	19.3%
0.0%	0.0%	0.0%	4.1%	21.6%	34.1%	11.1%	16.2%
0.0%	0.0%	0.0%	11.7%	27.9%	15.4%	0.0%	16.1%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	3.0%	10.5%	19.8%	22.8%	5.0%	15.3%

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

STATE: WI

FFY: 2022

Frequency Distribution and Buy Rate

Retail Outlet	Attempted Buys	Successful Buys	Violation Rate (%)
Gas Station	445	62	13.9%
Tobacco Store	40	16	40.0%
Restaurant	26	6	23.1%
Hotel	5	1	20.0%
Grocery Store	105	14	13.3%
Drug Store	29	1	3.4%
Other	294	44	15.0%
Missing	0	0	0.0%
Invalid	0	0	0.0%
Grand Total	944	144	15.3%

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

STATE: WI
FFY: 2022

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%	0.0%	9.6%	20.0%	36.4%	0.0%	13.2%
Tobacco Store	0.0%	0.0%	0.0%	20.0%	71.4%	50.0%	0.0%	50.0%
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%	0.0%	6.9%	35.7%	10.0%	50.0%	15.5%
Drug Store	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	0.0%	6.2%
Other	0.0%	0.0%	9.1%	4.9%	35.7%	47.1%	0.0%	16.2%
Missing	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Invalid	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Male	0.0%	0.0%	3.0%	7.5%	29.4%	34.0%	5.0%	14.9%

Female								
Retail Outlet	Age							Total
	14	15	16	17	18	19	20	
Gas Station	0.0%	0.0%	0.0%	15.1%	6.5%	19.3%	0.0%	14.9%
Tobacco Store	0.0%	0.0%	0.0%	22.2%	25.0%	46.2%	0.0%	34.6%
Restaurant	0.0%	0.0%	0.0%	50.0%	0.0%	20.0%	0.0%	33.3%
Hotel	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	25.0%
Grocery Store	0.0%	0.0%	0.0%	0.0%	15.4%	13.6%	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%	0.0%	13.7%	10.0%	16.3%	0.0%	13.8%
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%	0.0%	15.0%	9.2%	19.6%	0.0%	15.6%

All								
Retail Outlet	Age							Total
	14	15	16	17	18	19	20	
Gas Station	0.0%	0.0%	0.0%	11.5%	13.9%	22.9%	0.0%	13.9%
Tobacco Store	0.0%	0.0%	0.0%	21.4%	54.5%	46.7%	0.0%	40.0%
Restaurant	0.0%	0.0%	0.0%	26.7%	0.0%	20.0%	0.0%	23.1%
Hotel	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	20.0%
Grocery Store	0.0%	0.0%	0.0%	4.9%	25.9%	12.5%	50.0%	13.3%
Drug Store	0.0%	0.0%	0.0%	0.0%	11.1%	0.0%	0.0%	3.4%

Other	0.0%	0.0%	9.1%	9.1%	22.4%	24.2%	0.0%	15.0%
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%	3.0%	10.5%	19.8%	22.8%	5.0%	15.3%

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

STATE: WI
FFY: 2022

Frequency Distribution and Buy Rate

Clerk Asked for ID	Attempted Buys	Successful Buys	Violation Rate (%)
Yes	747	11	1.5%
No	193	133	68.9%
Missing	4	0	0.0%
Invalid	0	0	0.0%
Grand Total	944	144	15.3%

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

STATE: WI
FFY: 2022

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%	0.0%	1.3%	3.0%	0.0%	5.3%	1.6%
No	0.0%	0.0%	50.0%	56.7%	73.2%	81.8%	0.0%	68.8%
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%	3.0%	7.5%	29.4%	34.0%	5.0%	14.9%

Female								
Clerk Asked for ID	Age							Total
	14	15	16	17	18	19	20	
Yes	0.0%	0.0%	0.0%	0.7%	1.2%	2.2%	0.0%	1.4%
No	0.0%	0.0%	0.0%	68.4%	61.5%	71.7%	0.0%	69.1%
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%
Total Female	0.0%	0.0%	0.0%	15.0%	9.2%	19.6%	0.0%	15.6%

All								
Clerk Asked for ID	Age							Total
	14	15	16	17	18	19	20	
Yes	0.0%	0.0%	0.0%	1.1%	2.0%	1.8%	5.3%	1.5%
No	0.0%	0.0%	50.0%	63.2%	70.4%	75.0%	0.0%	68.9%
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%
Grand Total	0.0%	0.0%	3.0%	10.5%	19.8%	22.8%	5.0%	15.3%

Substance Use Prevention, Treatment, and Recovery Conferences and Trainings

Prevent Suicide Wisconsin Conference (PSW22): Broadening Our Horizons

April 21-22, 2022

Virtually via Zoom

The conference will feature a wide range of keynote presentations, breakout sessions and a lived experience panel designed to be of interest to coalition members, clinicians, educators, public health professionals, clergy, first responders, and anyone interested in suicide prevention on a local and statewide level.

For more information, visit the [conference website](#).

NAMI Wisconsin Annual Conference 2022: Change Starts with YOU(th)!

April 29-30, 2022

Kalahari Convention Center: Wisconsin Dells, Wisconsin

The NAMI Wisconsin Annual Conference is a two-day event for everyone interested in mental health. The event hosts around 300 attendees including peers, family members, mental health providers, advocates, social workers, clinicians, government officials, and criminal justice partners.

For more information, visit the [conference website](#).

Opioids, Stimulants, and Trauma Summit

May 10-12, 2022

La Cross Center: La Cross, Wisconsin (with a virtual option)

The Opioids, Stimulants, and Trauma Summit is an event focused on highlighting strategies to address the use of opioids and stimulants in Wisconsin. All people interested in building healthy communities are invited to attend.

For more information, visit the [conference website](#).

Wisconsin's 26th Annual Crisis Intervention Conference: Prisms of Possibility: Crisis and Recovery

September 15-16, 2022

Kalahari Convention Center: Wisconsin Dells, Wisconsin

The Crisis Intervention Conference gives like-minded people who are directly involved with delivering crisis services an opportunity to share knowledge, ideas, and support.

For more information, visit the [conference website](#).

Wisconsin's 18th Annual Mental Health & Substance Use Recovery Conference: Care for Self, Care for Others: Building Resilient Communities

October 20-21, 2022

Kalahari Convention Center: Wisconsin Dells, Wisconsin

The Annual Mental Health & Substance Use Recovery Conference is for behavioral health professionals, people in recovery and family members, clinicians in the criminal and juvenile justice system, adolescent treatment professionals and educators, and anyone interested in the topics discussed.

For more information, visit the [conference website](#).



SCAODA 2022 Meeting Dates

(Proposed)

March 18, 2022 (Remotely via Zoom)

June 3, 2022 (Meeting Mode TBD)

September 9, 2022 (Meeting Mode TBD)

December 2, 2022 (Meeting Mode TBD)

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.

