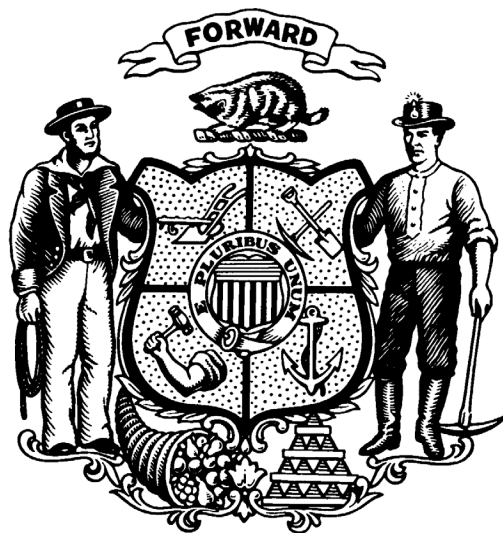


WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



March 3, 2023
VIRTUAL MEETING
(via Zoom)

Kevin Florek
Chairperson

Tony Evers
Governor

Tony Evers
Governor



Kevin Florek
Chairperson

Sandy Hardie
Vice Chairperson

Christine Ullstrup
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

**Meeting of the State Council on Alcohol and Other Drug Abuse (SCAODA)
March 3, 2023
9:30 AM to 1:00 PM**

<https://dhs.wi.zoomgov.com/j/1606004151>

Phone: 1-669-254-5252

Meeting ID: 160 600 4151

MEETING AGENDA

1. Welcome and Introductions.....Kevin Florek, SCAODA Chairperson
2. Approval of December 2, 2022 Meeting Minutes.....Council Members...p. 5
3. Public Input.....SCAODA Chairperson
4. Horizon High School Presentation.....John Fournelle and Traci Goll...p. 13
5. ATLAS Overview.....Shatterproof team...p. 25
6. Committee Updates:
 - Executive CommitteeKevin Florek...p. 29
 - Diversity CommitteeDenise Johnson
 - Intervention & Treatment CommitteeRoger Frings and Sheila Weix...p. 38
 - Planning and Funding CommitteeChristine Ullstrup...p. 48
 - Prevention CommitteeStacy Stone and Chris Wardlow...p. 59
7. FY 2023 Synar Report: Update on Tobacco Prevention.....Nancy Michaud,
Tobacco Prevention and Control Program.....p. 67
8. Agency Reports:

- Department of Health Services.....Paul Krupski
 - Other Agencies.....Agency Designees
9. Bureau of Prevention Treatment and Recovery Update.....Teresa Steinmetz, DHS
 10. Report from Wisconsin Council on Mental Health.....WCMH Representative
 11. Agenda Items for June 2, 2023 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 sarah.boulton@dhs.wisconsin.gov.

OPEN MEETING MINUTES

Name of Governmental Body: State Council on Alcohol and Other Drug Abuse		Attending: Members in Attendance: Kevin Florek, Tina Virgil, Paul Krupski, Amanda Kind (on behalf of Senator Smith), Jan Grebel, Tony Peterangelo, Subhadeep Barman, Deb Kolste, Holly Stanelle (on behalf of Dr. Autumn Lacy), Sandy Hardie, Christina Malone, Terry Schemenauer, Christine Ullstrup, Representative Jill Billings, Representative Jesse James, Zach Stollfus (on behalf of Senator Wimberger), Ex-Officio Members in Attendance: MJ Griggs, Jennifer Fahey, Fil Clissa, Elizabeth Salisbury-Afshar, Dr. Ritu Bhatnagar Guests: Denise Johnson, Dave MacMaster, Beth Collier, Chris Wardlow, Michelle Devine Giese, Maureen Busalacchi, Mark Wadium, Kerry Thieme, Jane Goldberg, Miah Olson, Mike Tierney, Michael Kemp, Roger Frings, Jane Goldberg, Kerry Thieme, Mark Wadium, Nick Lutes, Sarah Johnson, Dennis Radloff, Katie B (interpreter), Scottie A (interpreter) Department of Health Services Staff: Sarah Boulton, Teresa Steinmetz, Andrea Jacobson, Simran Arora, Cindy Matz, Liz Adams, Leilani Nino, Jamie McCarville, Allison Weber, Holly Audley, Janet Fleege, Amy Anderson, Katie Behl, Tiffaney Nielson, Mike Christopherson, Sarah Coyle, Raina Haralampopoulos
Date: 12/2/2022	Time Started: 9:30am	Time Ended: 1:00pm
Location: Online via Zoom		Presiding Officer: Kevin Florek

Minutes

1. Call to Order

Council Chairperson Kevin Florek called the meeting to order at 9:31am.

2. Approval of September 9, 2022 Meeting Minutes

Christine Ullstrup moved to approve the minutes of September 9, 2022.

Deborah Kolste seconded the motion to approve the minutes.

No comments, corrections made.

Meeting minutes were approved unanimously.

3. Public input

Miah Olson, Substance Use Disorder Counseling Instructor & Department Chair at Fox Valley Technical College gave public comment regarding ongoing concerns with credentialing through the Department of Safety and Professional Services (DSPS). Students at Fox Valley are having a hard time with their SAC-IT. There has been talk that this system had improved with the online Licensee. It is still taking way too long for folks to get their licenses.

Council members and guests discussed the ongoing licensing issue, including staffing shortages across the state. Michael Kemp of Fox Valley Technical College formally requested as a member of public that the Council write a formal letter to the Governor and DSPS sharing the professional concerns around this and asking for a response on what the plan is to expedite this.

Mike Tierney from DSPS shared that DSPS has requested the authority to hire more permanent, full-time staff. Having full time employees in the department that are trained in all aspects of the process are better able to answer questions.

If the department could use application fee dollars to hire full time staff to be in the call center to accurately answer questions and provide information, process would move more quickly. Many of the positions are limited term employment positions, which are exceptionally difficult for the department to fill because they are lower paying and temporary. Many delays stem from law changes and statutory changes. One of the changes in code provision resulted in that if a person had renewed twice, they weren't allowed to use an initial renewal process so staff, who are trying to renew new credentials, spend an inordinate amount of time walking people through the different process. It's roughly 20 percent of applications that really require staff to do intensive communication with the person, which reduces credentialing staff from being able to work on other people's credentials. In the department budget request to the Governor, made robust requests for staffing that is needed to answer the phones, provide correct information, answer questions in detail, and process applications. Need to be able to use applicant dollars to provide the level of service that applicants expect and that's something the department has been hamstrung on the last four years. That request has gone in the budget, and hopeful that there's some support in the Legislature this time around.

Zach Stollfus from Senator Wimberger's Office noted that people should contact their legislator if they are experiencing licensing delays.

Dr. Ritu Bhatnagar noted that there is significant support from organized medicine societies because members are affected by this problem.

Kevin Florek confirmed that the Executive Committee will take this up and that anyone who wants to share additional information with him are welcome to at kflorek@tellurian.org.

4. Latest Provider Updates on Services during COVID-19/Workforce Challenges

No updates shared.

5. Committee updates

Executive Committee

Kevin Florek shared the update. The Executive Committee participated in the SCAODA listening session at the annual Mental Health and Substance Use Recovery Conference in October. The session was well attended. There were some questions that came up around Act 122. Christine Ullstrup added that there were some great topics that were brought up in the session that can be shared with the standing committees. Kevin Florek reported that some of the items that were brought up in the session were concerns around Medicaid reimbursement, Act 122, recovery housing, the Council's stance on legalization of marijuana, prevention of alcohol use, prevention of tobacco use, and the need for more housing resources.

Diversity Committee

Denise Johnson shared the update. The Diversity Committee was supposed to meet in November but had to cancel because they did not have quorum. More members are needed for the Diversity Committee. It would be great if some Council members joined.

Intervention & Treatment Committee

Roger Frings shared the update. Thank you to Kevin Florek for leading the Council. ITC needs a member from the Council to fill the role of chair. In the meantime, Sheila Weix serving as co-chair alongside Roger. If anyone is interest in chairing, please reach out to Kevin. Would encourage any interested folks to get involved with the ITC Committee. Always looking for different members that bring expertise from various areas to the table.

ITC has continued to collaborate with the Prevention Committee. Chris Wardlow has attended many of the ITC meetings. The Tobacco 21 law is one thing that is being looked at and the development of a motion on cannabis derived products. Karen Conner from WiNTip has been involved with ITC in a more official capacity since the retirement of Dave Macmaster. The Committee looks forward to continuing with work with Karen on the implementation of the tobacco integration aspects of the revised DHS 75.

Planning and Funding Committee

Christine Ullstrup shared the update. Last Council meeting, Planning and Funding put forth a motion for DHS to create a centralized database of providers. Database would help with identifying needs, and where there are pockets of services still needed. An amended motion passed that encouraged DHS to explore this. Planning and Funding Committee formed a subgroup to look at what data is already available to bring to DHS, such as DQA or DSPS, etc. From the collective knowledge, realized that all the information out there is disjointed. Committee will continue to encourage ways to work with DHS to have a database that is useful not only for providers but also other systems across the state so that we can provide services to our citizens that really need it.

Committee has also been discussing the implications of the revised DHS 75, specifically that many providers are finding they they've needed to add staff to meet the requirements. There is a lot more paperwork involved. Medicaid reimbursement rates have not changed so the Committee will be inviting Division of Medicaid staff back to discuss reimbursement rates, specifically those established for residential substance use disorder reimbursement that started in February 2021. Hearing that some providers within the community are opting for commercial insurance instead of Medicaid because the reimbursement rate does not cover the cost of services. Cost of services and cost of staff continue to rise. Having this database would be helpful to understand which providers are providing Medicaid services, and those who have possibly opted not to.

The Committee looks forward to working with DHS on the next batch of opioid settlement dollars. If there are innovative services that can be covered, if a database could be covered, more services for clients, help providers stay in business and be able to provide high quality services.

Denise Johnson suggested in the chat that the sub-committees form one larger committee. DHS Sarah Boulton noted that the Council by-laws specify the standing committees. Sandy Hardie noted that that it's important to have separate committees because they all have a separate focus. It would be challenging to plan and move work forward within one large committee. Individual committees are important to keep the focus clear and move work forward.

Prevention Committee

Chris Wardlow provided the update. For people's reference, [Marijuana in Wisconsin: Research-Based Review and Recommendations for Reducing the Public Health Impacts of Marijuana](#) was approved by SCAODA in June 2016. The recommendation at that time was to not legalize recreational or medical marijuana. That is the Council's official stance currently. There have been a lot of changes since that report, so it would probably be good to revisit and have a discussion as a Council.

The October meeting was rescheduled because it overlapped with the Annual Mental Health and Substance Use Recovery Conference and the Alcohol Policy Summit. Unfortunately, at the rescheduled meeting in November, Committee did not have quorum to conduct business. Working on developing a motion for the full Council to support the passage of Tobacco 21 law. Non-compliance rate for underage tobacco sales has continued to rise. Developing another motion around hemp-derived cannabinoids, for which there are no Federal or State regulations currently. Motion will urge the State to pass some kind of regulatory action around hemp-derived cannabinoids.

The Committee welcomed two new members. Kathy Asper from Arbor Place and Melissa Moore from Taylor County Health Department. Committee is thankful to have them.

Folks can review the progress of the Committee with the updated workplan that starts on page 44 of the meeting booklet. A big part of that process has to do with the work of the Wisconsin Alcohol Policy Project, so Maureen Busalacchi will provide additional updates.

Maureen Busalacchi provided the update on the Wisconsin Alcohol Policy Seminar, held October 19th via hybrid model. Maintained attendance as previous years. Covered topics like place of last drink, alcohol age compliance check, and alcohol and health. Also presented a poster at the American Public Health Association.

Continue to work towards implementing the SCAODA Alcohol Recommendation Report both locally and statewide. Continuing to look at place of last drink through Badger Tracks database in partnership with DOJ and DOT.

Received some funding from the Advancing a Healthier Wisconsin Endowment to dig deeper into building the municipal database, which would be a database with where all the policies are housed for 1,900 communities. It would look at license liquor establishments and stores to provide an idea of what's being implemented in different places across the state and be able to compare health outcomes.

Some things that are being looked at for next legislative session, Wisconsin has more access to alcohol than most other States based on density, and it's concerning that home delivery would pass the next legislature, which would essentially make every house an opportunity to have alcohol. This brings up that there is no funding for the alcohol age compliance checks. For tobacco, every county receives some funding to do compliance checks but there is no funding for alcohol age compliance checks

Chris Wardlow thanked DHS staff person Liz Adams for her support of the Prevention Committee and wished her the best in her new role at DPH.

6. Council Strategic Planning Process

Kevin Florek shared that early next year Council will be reviewing and revising its strategic plan. Looking for a few more folks to be part of that process. Thank you to Stacy, Deb, and Chris who have already volunteered to be part of the process. Roger Frings volunteered to be part of the strategic planning process. If anyone else is interested, should reach out to DHS Staff Sarah Boulton or to Council Chair Kevin Florek.

7. State Agency Updates

DHS: Paul Krupski shared the update. First, the unwinding of the Public Health emergency. Document shared [Unwinding the COVID-19 Public Health Emergency: Effects on Health Care and Nutrition Programs \(wisconsin.gov\)](#). Document created by DHS with input from DMS and others. This is a resource that is available to everybody as preparation for the unwinding of the Public Health emergency continues. Team at DHS has been preparing for this and are ready to act. The most important for people to know now is to make sure that their contact information is up to date in the portal so that they can be contacted when the unwinding begins.

Second update is on the opioid settlement dollars. An additional \$17 million dollars received today for first year settlement. State previously received just over 13 million of the 31 million that we were expected to receive in 2022. The first payment was the very beginning of August, and the second payment was in October. As those payments are received, strategically selected which strategies or initiatives from the approved plan to invest in and begin work on. So far, funding has gone towards Narcan direct expansion, making Fentanyl Test Strips available around the State, and room and board for residential SUD. Additionally, the funds that are to go directly to tribal nations to address the opioid epidemic. The RFA was released for room and board for counties and tribes <https://dhs.wisconsin.gov/dcts/memos/202219actionmemo.pdf>. Work doesn't being on project application until money is in hand. Work will now begin on remaining strategies. That includes the funding for a law enforcement grant program, funding for medication for opioid use disorder expansion, money for expanding the hub and spoke pilot project, and money for capital projects. Most importantly, the funding is in hand now and work will begin on every single strategy that was included in the approved plan.

Looking ahead to 2023, a reminder that the State does have to put forward a plan to the Joint Committee on Finance on an annual basis for the funds due April 1st. The department will begin to work on that in the early months of 2023. The process for external input will look differently than last year. For those of you who participated last year, may remember

there were a dozen listening sessions around the State, an online application that was open for any partner in Wisconsin to submit input. This year will be different for a couple reasons. In 2022, state received \$31 million, which represents 25 percent of the total funding. No additional settlements have been reached. The only funding expected in 2023 are those from the two settlements reached this year. The remaining payments are through 2038, so because so much was received upfront, the annual amounts will be significantly less moving forward. Anticipate in the \$5 to \$7 million dollar range. In the first year, had 12 or 13 strategies with \$31 million. Moving forward, anticipate funding maybe one or two projects. There will be a process for external input on how 2023 funds should be spent but the process will not be as robust as last year.

Dr. Ritu Bhatnagar asked in the chat if counties are applying separately for the residential funding or the DHS 75 certified residential treatment facilities. DHS staff Andrea Jacobson confirmed that counties and tribal nations are eligible to apply for the room and board funding to be used for MA enrolled individuals receiving residential care through MA enrolled providers, specific to opioid use.

Final update is on partnership with Bloomberg Philanthropies. Background – Wisconsin was approached by Bloomberg Philanthropies. Previously working with two states, added five additional states for a total of seven states. There are several partners within Bloomberg Philanthropies. Vital Strategies is the primary partner that is providing most of the training and technical assistance. Other partners include Johns Hopkins University, Pew Charitable Trust, and the CDC. Vital Strategies has talked with partners and providers across the state to gather information on how the state is structured and how it operates. Work is still in infancy stage as this year has primarily been planning. One of the buckets they identified is to increase access to harm reduction services in rural areas, hard hit areas, and sovereign nations. For example, partnering with Bad River Tribe Harm Reduction Program, who will be able to provide and promote harm reduction supplies to individuals across the state via mail. Specifically going to be marketing and targeting rural and indigenous communities. Should be fully operational by the end of this year. Be on the lookout for additional information on this. They have also done a lot of work with The Rebalanced-Life Wellness Association based in Madison. That work has centered on integrating Naloxone and Fentanyl Test Strip distribution, as well as harm reduction education and referrals into the primary health care services that are embedded in barbershops within Dane County. Second bucket identified was partnering with DHS to optimize funding and programming to reduce overdose deaths. As part of this partnership, have received two embedded staff within DHS. Sarah Johnson and Dennis Radloff, which has expanded the bandwidth of the department. Third bucket is to increase harm reduction services and awareness in Black and African American neighborhoods in Milwaukee. Data analysis that was done by vital strategies and the other partners identified specific neighborhoods and census tracts in Milwaukee that were underserved or had no Harm Reduction services available. Working with several different partners in certain neighborhoods and census checks in Milwaukee to increase the services that are available and increase overall awareness. Last bucket they've identified and begun some work in, is to increase mobile community mobilization to help reduce overdose deaths. They are looking to identify an organization who is going to help form what's going to be called a statewide survivors coalition, which will focus on mobilizing people who are currently using drugs, so that this coalition can be a voice that advises government organizations, other partners, and providers throughout the state on what is needed and what effective strategies need to be expanded or currently aren't being done that can really impact and reduce overdose deaths in the state. Still have four more years of a five-year partnership.

Dr. Ritu Bhatnagar asked in the chat if Paul could share how it was that the embedded staff was able to be hired more quickly than the other openings that exist for the state. Paul Krupski noted that embedded staff are not state staff, they are Vital Strategies staff. Hiring process was entirely handled by them. Dr. Ritu Bhatnagar noted that it might be helpful to emulate their process as there are so many vacant positions at the state level. Paul Krupski noted that there is a state mandated process for recruitment and hiring across all state agencies. DCTS Assistant Administrator Holly Audley noted that DHS, as well as representatives from all state agencies, are involved in a workforce modernization project with the Department of Administration to improve the process.

Dr. Elizabeth Salisbury-Afshar expressed concerns about the way that room and board is currently being done, specifically how quickly things are changing, and how complicated it is to understand. Probably most specific to Dane

County, but applies to other counties as well, since in hospital role see folks from across the state. Continue to see how variable it is what patients can even access, depending on where we are deeming their county of residents. Many of the folks are experiencing homelessness, but they get locked into a county that sometimes they haven't lived in for a long time because it was their last legal residence on file. It continues to be extremely challenging to be able to help folks navigate this process, especially for the most vulnerable. Telling those without phones or who are unhoused that a theoretical person will find them when it's their turn. It's an overwhelming and really disjointed process. Paul Krupski noted that this feedback is very helpful. Continue to look at ways to improve this and feedback for department and for Division of Medicaid Services can help improve the process. Dr. Elizabeth Salisbury-Afshar noted that this could be a good discussion for a future meeting.

Chris Wardlow noted that the plan to Joint Committee on Finance included a significant chunk of prevention coalition funding that was removed. Thinking how we might include primary prevention efforts in the future. Does the plan have to be approved each year? Paul Krupski responded that yes, will need to continue to receive approval of release of funds and that funds may not be spent without approval, per Act 57. JCF may remove or add items. Department remains committed in investing across the continuum. In 2023, because funding will be significantly less, will likely invest in one or two strategies. There will definitely be a process for input but, again, will be less robust than last year. The landscape has not changed significantly in the last year so also still considering the input that was received last year.

Sandy Hardie noted that we need to look at the reality for clients experiencing homelessness. Often the only alternative is going to jail or prison to receive treatment. This is an issue that needs to be looked at closely. Paul Krupski thanked Sandy for the input and agreed that this is something that should be further looked at.

Department of Safety and Professional Services: Mike Tierney shared the update. DSPS is one of the smaller state agencies in government. There is one call center that serves the entire agency. Budget submitted to the Governor is seeking to create more efficiency. For example, in Division of Industry Services that works with the building industry, asked for a significant increase in staffing. This would benefit persons applying for credentials and occupational licenses as it would enable the call center to see a reduction in the volume of calls. Right now, there are six full time call center staff and, on average, receiving over 5,000 calls per week, which goes up closer to 10,000 calls during graduation season. The Governor did allocate some federal funds to this and right now have 20 contract staff that help answer the phone. In the budget, requested to use applicant dollars to add full time staff, which would enable department to have people in those positions who are well trained on the different application requirements. This would dramatically reduce the number of follow up calls that have to be made by ensuring that people are given the correct information initially. In the budget, also requested 16 additional full-time credentialing staff. This would add an additional supervisor for the health credentialing team, which currently has one supervisor that works with a small staff. Also requesting an additional paralegal position in the budget. Hopeful that these requests will go through and allow the department to have the necessary staff.

Many folks can go online and figure out the requirements and are now able to go into the Licensee program and get set up. However, many folks want to be able to walk through their credential with somebody on the phone. Ultimately, a lot of staff time goes into working out difficulties. One comparable example for occupational licenses is Colorado, which has about 12 times as many licensing staff as Wisconsin. Another example is nursing in Kentucky, who have 85 staff specifically for nursing while Wisconsin has three full time staff as a larger state with more applicants.

Hoping that the budget is well received by the Legislature. Many individual licensing boards have written letters to Legislature and to the Occupational Study Committee. Any increase in funding would come from applicant fees. Want to provide the level of service that applicants expect and pay for.

Continuing the transition to Licensee. In the process of shifting all renewals to that platform. By the end of next year, it will have all business and trades credentials. Should reduce the call volume to the call center for occupations outside of healthcare. Having a lot of success with Licensee in terms of third parties loading information but still having some third

parties that will email or mail a document and then it doesn't appear in Licensee. Significant amount of staff time then spent looking for those documents.

One thing DSPS is doing early next year is partnering with DHS to virtually meet with county health departments to provide an overview of credentialing and licensing. Want to make steps to be more proactive with individuals being employed by counties so that licensure hang ups can be avoided.

Also continuing to support efforts to allow the department to have more discretion when it comes to legal reviews. Hope is that the legislature, either through the ongoing study committee or through separate legislation, is going to enable staff to have greater discretion, so that they can look at things like juvenile offenses or nonviolent ordinance violations that are obviously not going to have any impact on licensure today. Could then forego some of the legal reviews that are currently taking a lengthier period of time.

Representative Billings thanked Mike for his update on DSPS and asked if he knows what the staff turnover is at DSPS. Mike Tierney responded that they don't have a high degree of turnover but do have a low number of applications. Need to be able to offer full time employment. Representative Billings asked for clarification for how the department could have more flexibility in use of application fees to invest in full time staff. Mike Tierney noted that DSPS is a program revenue funded agency, so the agency is funded by the fees people pay for licensure for renewals. Every two years, the department undergoes a fee study, looks at current staffing and there is a formula used. Then submit to the Joint Committee on Finance and include what they would like to charge for initial license, licensing renewals, etc. Since being at the agency since March 2019, the fees have been lowered on two different occasions and are now the third lowest in the nation. Department collects fees that are approved by JCF but in order to actually allocate those dollars, need to have those positions approved in a budget, which have to be approved by the JCF, Legislature, and then signed into law by the Governor. Department has requested additional positions but those have not gone through. Representative Billings noted that it sounds like SCAODA should be advocating and educating Joint Finance Committee members on the needs, the issues with licensure, and for more staff. Representative Billings asked if the Study Committee will be putting forth bills that SCAODA should be reviewing. Mike Tierney noted that one of the drafts the committee had done was to provide more discretion for legal review.

Dr. Bhatnagar asked how the wage issue at DSPS and other state agencies might be addressed to better fill gaps for critical state functions. Representative Billings noted that her belief is that the department is underfunded and has a small workforce. Worth looking into whether that's part of the issue. May need to look at raising funds for this department. There isn't a legislator that's not hearing about the challenges that people are having. Next step is to educate folks on JCF and make sure they understand the stories throughout Wisconsin, and many of them are hearing this from their constituency about the backlog. SCAODA is uniquely positioned because there are people who know firsthand about the issues.

Zach Stollfus noted that Mike Tierney had referenced some 2018 legislation that was causing issues and asked if those issues has been communicated to legislators. Mike Tierney reported that some issues from this legislation recently came to light, for example, people with substance abuse training credentials where it was renewed twice and after the second renewal, they hadn't completed requirements for license. When they apply again, staff explains that they can't have another training credential. It seems that it's been a desire of the legislature to ensure that persons getting substance use services are getting them from qualified, well-trained individuals, based on the legislation that's been passed. There seemed to be a bipartisan acknowledgement that oftentimes there were people thinking they could have a training credential in perpetuity and whether they were obtaining the training and education was up in the air. Now there are some challenges in some instances in determining a path forward to licensure. Zach Stollfus noted that this is an issue that has captured the attention of the legislature and with the bipartisan Study Committee, it would be great for the department to offer solutions beyond additional funds.

8. Bureau of Prevention Treatment and Recovery updates

Teresa Steinmetz and Andrea Jacobson provided the update. In addition to room and board funding opportunity mentioned by Paul Krupski, there is also a funding opportunity currently available to expand youth, crisis, stabilization facilities within the state of Wisconsin. There is also the State Opioid Response (SOR 3) grant that Wisconsin recently received and will be releasing many other funding opportunity announcements that will specifically be targeting addressing the opioid epidemic in Wisconsin. The request for applications for counties and tribes to apply for the unmet needs SOR funding, which has been a historical funding stream that is put out to address gaps in community-based services should be released within the next couple of weeks, and then, with this new application, have a couple of additional expansion grants that will be released within the next month that are really focusing on expanding medication assisted treatment into different settings, as well as peer service expansion and other funding to address gaps in the system.

Andrea Jacobson shared staffing updates for the bureau. Alicia Cook has been hired as the new Women's Treatment Coordinator. Two new SOR Coordinators were hired – Jennifer Beer and Julie Nalepinski. In the Performance Management Section, Rich Spindler has been hired as a Data Evaluator. Liz Adams will be transitioning to a Program and Policy Analyst Position in the Tobacco Prevention and Control Program within the Division of Public Health.

Revised DHS 75, which is the administrative rule that oversees community substance use services, went into effect on October 1st. Hundreds of agencies were automatically converted to the new certification. And other agencies have quickly applied for the new services that are in DHS 75. DHS 75 implementation website <https://dhs.wisconsin.gov/rules/dhs75-implementation.htm> has been used throughout the process. People can submit questions/concerns through the website. Very interested in hearing feedback because want to be proactive in finding solutions and for ways to streamline things. A lot of certified mental health DHS 35 providers had questions about if they could provide substance use services under their DHS 35 mental health certificate. DHS 35 providers that do not have a current 75 certification do indeed need to have 75 certification to be providing substance use disorder services. DHS is looking to support those DHS 35 providers so there is not an interruption in services. Hosting a monthly meeting for DHS 35 providers to share with them information about their options to get certified under DHS 75 and what that would entail.

11. Agenda Items for March 3, 2023 meeting

Chris Wardlow suggested an update from Department of Public Instruction on the results of the 2021 Youth Risk Behavior Survey.

12. Meeting Adjournment

Dr. Ritu Bhatnagar moved to adjourn.

Terry Schemenauer seconded the motion.

All in favor. None opposed.

Meeting adjourned at 12:32pm

Prepared by: Sarah Boulton on 12/2/2022.

These minutes are in draft form. They will be presented for approval by the governmental body on: 3/3/2023



HORIZON HIGH SCHOOL

Wisconsin's only Recovery High School
Helping teens succeed in sobriety and in life since 2005

Horizon High School:
P.O. Box 45045
Madison, WI 53744
608-442-0935
www.horizonhs.org

HORIZON HIGH SCHOOL'S ANNUAL REPORT FOR 2022

Dear Valued Friends and Supporters:

As we start our 19th year of operation, it is important to thank you all for helping us survive--and thrive! As Andy Finch of the Association of Recovery Schools reports, the average lifespan of a recovery high school is about 9 1/2 years—as many schools never achieve financial stability. Recovery high schools require a significantly higher staff to student ratio compared to traditional schools, to be able to address the needs of students who are struggling with substance use and mental health issues. To have the staff, both with the training and skills, and the numbers, results in the cost per student which can reach \$30,000 to 35,000 or more.

In January 2022, we started out with 15 students (12 MMSD and 3 from other districts). Three students graduated on May 26. Summer school ran from June 20 to July 22. In September we held a well attended celebration of our 18 years of operation at the Goodman Center. As part of the retrospective nature, we asked some of our alumni to record short video accounts of their lives and the role of Horizon in them. These YouTube videos are posted on our webpage: www.horizonhs.org.

As the 2021-2022 school year progressed into Spring, we learned that four critical staff members (one full time, three part time) would be leaving that summer, for a variety of reasons (e.g., graduating from college and taking a well-paid full time job; leaving part-time at HHS to devote full time to their own counseling practice, etc). Traci then had to scramble, and was very successful in hiring three new (all full time) staff. And as we are all aware, the job market in 2022 is not at all like it was in previous years. One consequence is that our expenses, both salaries and benefits, have increased significantly. With increased expenses, fundraising has to find more resources. Board member Nancy Meyer has been hard at work locating new potential sources of funding, and made important progress. There are many grants we are not eligible for, either because we are not a public school or because we have less than 25 students.



Horizon students volunteer every Thanksgiving with the Berbee Derby. This is just one of many community service opportunities which Horizon students participate in. And we thank Berbee for supporting Horizon with its Technology Education Foundation grants.

2022 was also a tough year for us; in April our vice-president and long time recovery high school expert and advisor Paul Moberg died of liver cancer, having been diagnosed only a month before. We are now following up on something Paul had informed us of, from his recovery school research--that recovery school advocates in Massachusetts had been able to get state funding to create and then sustain recovery schools there.

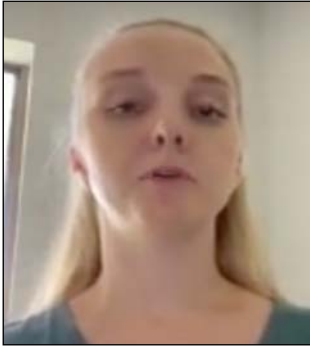
In fall 2022, I followed up on Paul's suggestion, and dug out the information. It was unbelievable! Massachusetts is funding annually \$2.5M to five recovery high schools (\$500K each). The three original ones have been in operation for 17 years! And following that example, both New York and New Jersey state legislatures are similarly funding recovery schools in their states.

We are starting an effort now to locate Wisconsin state legislators who would be interested in a similar funding program for creating and sustaining recovery high schools here in Wisconsin. Stay tuned!

1/29/23

Horizon High School of Madison, Inc. is a 501(c)(3) charitable organization and all contributions are fully tax deductible. Our EIN: 20-1240272

Horizon Graduate Tells Her Story



My name is Amy and I am a 2013 graduate of Horizon High School. I began attending Horizon my senior year after I came home from a year of three consecutive treatment programs. Since I had struggled with severe substance abuse,

mental health issues, extensive trauma and a bunch of other things before I left my last treatment program, it had already been set up for me to attend Horizon. They didn't want me to go back to my previous public school.

When I attended Horizon I did not live at home or with guardians. I had moved out at the beginning of the school year since I had turned 18. I had my own apartment. From the beginning, Horizon became like a second home for me. For the first time I genuinely enjoyed going to school. I was waking up in the morning, getting to school on time, doing the work and the material and being consistent.

From the academic side of things the teacher, Ket, really did an amazing job. He met me where I was at, since I have multiple learning disabilities. He helped me understand the material in a way that I could do it. The classroom was a really small size which gave me the opportunity to focus and have one-on-one help. It was also a fun and enjoyable place to learn. They also helped me far beyond academics. They provided me with a structured schedule that included individual and group therapy, life skills to be an adult, ways to have fun being sober, help with college application, touring the college, signing up for classes—so many ways they helped me.

No matter what the situation or emergency was or what day or time it was, they were always there to help me work through it and had my back. There were several late nights 10, 11 p.m. that I was struggling with my sobriety and on the verge of relapse. They would pick me up and drive me around or take me to the 24 hour Perkins Restaurant and sit with me to help process and work through my emotions, feelings and triggers, making me want to go back to

using. There was a weekend that the dad of the kids I nannied sexually assaulted me. Horizon staff were out there immediately to help me since I was disassociating and struggling. They stayed by my side all day while I talked with the police, did the paperwork, dealt with everything that was going on. They made sure before they left that night I was safe and in a good mindset, able to cope with what had happened to me.

They were always on your team. When I was in a very dark place, relapsed on opiates, not answering my phone, staying in bed with my blinds closed, not eating, not taking care of myself, they came to my apartment. With no judgment, they helped me work through it. They were not disappointed in me. They said "OK, where can we start from here. Let's get you up, dressed, clean, get some food in you and get you to school. We can keep processing what made you go back again". That moment, I think, forever saved me. I can never repay them for that. I am so grateful and I definitely think what they did helped push me to the career choice I made because I wanted to give back for all the help they gave me.

After graduating in 2013, I was allowed to continue to do the summer school program so that I had some structure before I started doing my fall classes at MATC. In 2014 and 2015 I volunteered at Horizon helping with students and whatever help the staff needed. In 2015 and 2016 I accepted a position to do their database management. In 2016 I received my Associate's degree in Human Services. That same year, my family and I relocated to Arizona. I received my Bachelor's and Master's Degrees at Arizona State University. I am now a licensed social worker working with adolescents. I truly don't know where I would be today without Horizon.

Five of our graduates - Molly (2009), Amy (2013), Shodari (2019), Jada (2020) and Ken (2021) recorded brief video (YouTube) accounts of how Horizon has impacted their lives.

We invite you to meet them on our webpage: <https://www.horizonhs.org/>

Congratulations Shodari!

When Shodari came to Horizon as a sophomore, as a young woman she had been through more obstacles in life than most adults. She entered our doors fragile, vulnerable, depressed, and very sick.

We watched her take in everything Horizon provided and she started to open up, learn, grow and have hope. She became a part of the "Horizon family" and through all life's darkest obstacles she never gave up, just kept pushing through. Not only did she get educated, healthy, sober, she earned her high school diploma!

This December, she graduated from Madison College with high honors in cosmetology. Shodari is also a proud mom of two small kids, Dazari and Zahunest. She wants to make sure her kids to have a different childhood and to make sure they know they can do anything!

—Traci



Academics at Horizon

Fall 2022 has involved an array of interesting topics in academics. Each subject has had its highlights. In English we had the opportunity to see a live performance of Hamlet at American Players Theatre. It was a great experience to see the play come to life after we read the script together as a class.

World Religion has been fun, opening our eyes to tradition, history and controversy. One highlight was the students completing in depth research papers about unique sects of Christianity. We have also reenacted Bible stories and had our own Shabbat celebration.

Everyday in science we are amazed and sometimes disgusted by what we learn about human anatomy in *The Body: An Occupant's Guide* by Bill Bryson. Did you know that humans shed half a kilo of skin flakes every year? Or that no one really knows why our fingers wrinkle in water? Or that our cartilage is smoother than glass?

And in math we continue to challenge students through a highly individualized curriculum. We have been emphasizing a growth mindset this semester, reminding students that everyone can be successful in math, no one is inherently "bad at math" and that we learn through productive struggle and by making mistakes.

—Megan and Bob

Horizon High School Staff:
January 2023

Traci Goll - Director, 608-335-0387
Bob Weinswig - Teacher
Megan Muhs - Teacher
Madeline Brown - Clinical Substance Abuse Counselor
Jason Semenas - Special Ed Assistant
Mallory Olcott - Special Ed Assistant
Gary Salmela - Classroom Aide

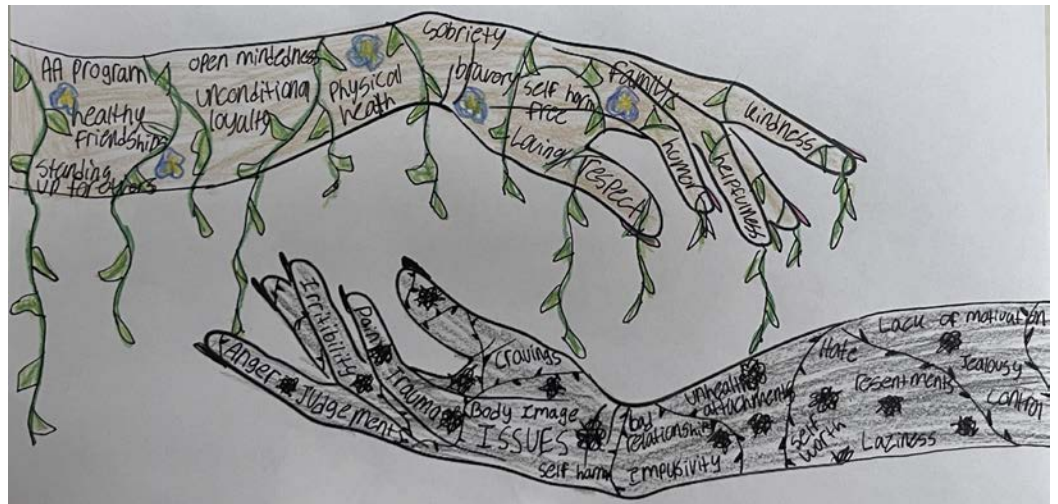
Staff changes:

In August 2022, we welcomed Teacher Megan Muhs, Clinical Substance Abuse Counselor Madeline Brown, and Special Ed Assistant Mallory Olcott. And Gary Salmela joined us a few weeks ago, as a classroom aide (science and math). We also welcome new board members Liz Feder and Robyn Reed. And mourn the loss of our dear friend, advisor and board member, Paul Moberg,

In 2022, we said goodbye to Dual Diagnosis Therapist and Teacher Kim Lohman, Counselor Dave Krych, Special Ed Assistants Darby Bruisker and Dustin Lyons, Art Therapist Eric KollenBroich and Office Manager Suzanne Sweetnam.

Group/Art Therapy at Horizon

This year in Group/Art Therapy (which we have affectionately nicknamed "Grart") we have focused on creating visual representations of what we are thinking, feeling, and experiencing. In this particular project, the students drew two hands representing what they want to hang onto and what they want to let go of. We discussed the things in life that no longer serve us and the personal benefits of letting these things go to move forward. The students also openly shared what they want to welcome into their lives to increase quality of life. I have been so proud of the students and what they share during group therapy. I admire their willingness to share their vulnerabilities and how they use the group time to work on becoming the best versions of themselves - mentally and emotionally. — Madeline



Life Skills Activity

One of my favorite moments of this year was our Life Skills trip to Bob's farm. Students were able to interact with all of the animals on the farm, including getting to ride the horses. It was a joy being able to share my passion for horses with the students while seeing their confidence rise. -- Mallory

Horizon's Athletics & Workouts



Horizon students go one day a week to Harbor Athletic Club. Thank you Harbor for providing our students with free access to your facilities!

Student Self Identification Demographics (Jan 2023)

Bi racial-5	Female-9
Black-4	Males-4
White-5	Fluid-2
Hispanic-1	

13 of our students are from low or no income families; 7 have IEPs

Paul Moberg 1949 - 2022

Paul touched my life so deeply! He was a humble and brilliant man, always stepping in to help with projects. I have known Paul for over 25 years, beginning at the Department of Family medicine and our involvement with PICADA (Prevention and Intervention Center Alcohol and Drug Abuse).

Paul did several research projects with clients at Connections Counseling and in 2004, I consulted with Paul as I knew he was involved with Andrew Finch in evaluating the models for recovery high schools. Paul was gracious and always patient in explaining his research outcomes.

After asking him on more than one occasion to be a board member for Horizon High School, he agreed and we were all beyond thrilled! Paul was a gift to our board and brought tremendous recognition and insight to improving the quality of our school. We will forever cherish his memory...to Sylvia, his sons and colleagues....thank you for sharing Paul with all of us!"

— Shelly Dutch



Paul Moberg - Recovery School Pioneer

Introduction of Paul in D.C. when he was awarded an honor in the first Recovery High School Research Award ceremony in 2015.

Paul Moberg is a pioneer in the area of recovery high school research. His 1995 study of Recovery High School in

Albuquerque, New Mexico, was funded by the Robert Wood Johnson Foundation, and was the first known externally funded study of a recovery high school. RWJF later funded a second study of a recovery charter school in Chicago, but that study was not completed due to the school closing.

In 2004, Dr. Moberg partnered with Andy Finch to earn the first federal research grant to study recovery high schools, which was funded by NIDA. That study provided the first ever national multi-site descriptive data, which has led to multiple publications, including the anchor article in a special issue of the *Journal for Groups in Addiction and Recovery*.

This study also set the stage for the first ever rigorous outcomes study of recovery high schools, also funded by NIDA, on which he is serving as one of three principal investigators. That study is in its fifth year and offers the best chance yet to learn about the effects of recovery high schools on student outcomes.

Dr. Moberg's contributions to recovery high school research cannot be understated, as there was literally no literature in this field until his groundbreaking study of Albuquerque's Recovery High School

Paul Moberg — By Andy Finch

Paul was a mentor to me, and in many ways a father-figure. He took me under his wing during the last stage of his career, helping develop research in a very niche field. I had no idea the impact he had had in much larger areas until later. I was in my early 30s, running a small, private recovery school in Nashville, having recently completed my Ph.D., when I received a package in the mail from him in the early 2000s.

I had never met nor heard of Paul Moberg, but somehow, he had found my name and work address. He had done an evaluation of a school in Albuquerque in the mid-1990s, funded by a Robert Wood Johnson Foundation Grant – just one of many projects in his portfolio. The school was called "Recovery High School", and it was the first

continued on next page —>

Around 2003 we were in a family crisis when our son was consuming whatever drugs and alcohol he could get, stopped coming home at night and began to get arrested. We sent him to Hazelden in Minnesota for 28 days – and despite whatever benefits he may have made there, as soon as he came home, he returned to West High School – and immediately returned to the same group and behavior. It took a while to find Shelly Dutch and Connections Counseling, and he started to get counseling there.

One cold February morning in 2004, talking with Shelly after taking our son to Connections, Shelly said "You know, if we had a recovery school like they have in Minnesota, he might have a better chance". "What's a recovery school?" we asked. She described it, and we said "Let's start one". Shelly got 3 other people who were interested (Susan Davidson, Barbara Hagens and Judy Henderson—head of Dane County Transition School), and in March 2004 the 6 of us met a Sunprint Café on Odanna and Whitney Way, and agreed to start research. We got a list of recovery schools and 3 of us started calling them up, learning about how they worked.

And Shelly told us about Paul Moberg at UW! We immediately contacted Paul, and asked for his advice –which he was more than happy to share. From his research into recovery schools, he wrote up a 1 ½ page "Issues to Consider in Establishing a Recovery School". I have not looked at this document until days ago, and see how "on target" Paul was!

In late 2004, with a \$10,000 donation we incorporated, hired a teacher and with counselors from Connections, started with 6 students in the basement of a church on Old Sauk Road. Paul was on our Advisory Board for several years, and then he joined the Board of Directors, and became our vice-president. His sage advice has been an important part of the success of Horizon High School. The school is one of his many legacies! — John Fournelle and Judi Munaker

These statements are from the May 7 Memorial Service for Paul

Moberg Scholarship Fund @ MATC

An endowment for a scholarship in Paul's name has been set up at MATC, to support Horizon graduates. If you would be interested in contributing, go to <https://www.supportmadisoncollege.org/moberg-memorial-scholarship/>

Horizon's 2022 Finances

Horizon High School of Madison, Inc.		
Income & Expenses Calendar Year 2022		
<u>Revenue</u>		
School Districts	\$125,318	
CCS	\$37,582	
Donations	\$175,007	
Grants	\$134,734	
In Kind Donations	\$10,483	
Total Revenue		\$483,124
<u>Expenses</u>		
Salaries	\$252,749	
Benefits	\$30,755	
Payroll Taxes	\$18,976	
Rent & Occupancy Expenses	\$35,589	
Insurance	\$8,528	
Student Expenses	\$18,184	
Staff Expenses	\$3,762	
School Bus	\$2,993	
Maintenance & Repairs	\$1,954	
Phone & Internet&Website	\$6,238	
Office Supplies & Copier	\$4,189	
Books & Instructional Materials	\$792	
Travel & Conferences	\$3,378	
Legal & Accounting Services	\$7,200	
Fundraising (Printing, Postage)	\$5,602	
Other Operating Expenses	\$4,919	
Total Operating Expenses		\$405,808
Net Income		\$77,316

HHS Board January 2023
 John Fournelle, President
 Jacci See, Vice President
 Ken Klinzing, Treasurer
 Judi Munaker, Secretary
 Ken Adams
 Stan Kanter
 Brian Koenig
 Nancy Meyer
 Liz Feder
 Robyn Reed

CCS: Comprehensive Community Services—funded by Medicaid through the State of Wisconsin and operated by Dane County Department of Human Services. CCS provides compensation for dual diagnosis support services and therapy provided by Horizon staff counselors. This is critical funding, though it only covers a fraction of our students for essential non-educational services which Horizon provides. We currently (Jan. 2023) have 6 students (and former students—we continue to support them after they graduate!) with CCS. There is a lot of paperwork, but this funding helps!

Our budget for calendar year 2023 is estimated to be \$485,000 — about \$80,000 more than last years, all of it due to increased costs for our staff. We are fortunate to have a net income at the end of 2022 of \$77,316 which guarantees that we should be able to continue operation, provided our donations and grants continue at the same level. Our September fundraiser raised almost \$65,000, with many new business sponsors.

Funding our summer school program is particularly important, and we only receive \$5000 from MMSD; the budget for this is \$45,000. Your donations and grants are critical to helping Horizon continue to service our young people, particularly during the summer when the danger of relapsing is high.

Legacy Planning

In consultation with the Madison Community Foundation, Horizon High School is offering our supporters the opportunity to include Horizon High School in your estate plans. If you would be interested in naming Horizon High School as a beneficiary of your will, trust, retirement plan or life insurance policy, please contact John Fournelle at johnfournelle@horizonhs.org or 608-438-7480.

Become a Monthly Sustainer! Your PayPal or credit card donation can be easily made. Currently we have sustainers from \$5 to \$100 a month. Or just a one time donation helps us a lot! Go to www.horizonhs.org and select the green “Donate” button, which will take you to the proper location. (There are several “Horizon High Schools” in the U.S. —we are HHS of Madison, Inc.)

Andy Finch’s Memorial for Paul Moberg—continued

externally funded study of recovery high schools. He was cleaning out his office, and instead of throwing out the final reports, he thought I might want a few copies.

I had not requested these reports, and did not even know they existed. But I immediately contacted him to offer my gratitude, and that conversation began a friendship that lasted until he passed away last week.

As a first-generation college student with a freshly-minted Ph.D., I had little understanding of the grant world, the federal bureaucracy, or even academia, and Paul took it upon himself to teach me all of it and to introduce me to his network of researchers.

What emerged was the first federal grant to study recovery high schools in 2004, and then a second one (the first comparative outcomes study of RHSs) in 2011. We traveled the U.S. visiting schools in 10 states.

With Paul, I saw the redwoods in Northern California, hiked in Arizona, and dined at local restaurants all over the country. I spent the coldest day in my memory with him in White Bear Lake, MN, and almost drove a car onto an iced-over lake until Paul suggested it wouldn’t be a good idea. We literally drew up a recovery high school concept map on the back of a napkin in a Chinese restaurant.

I could go on-and-on about his influence on me, how to raise a family as an academic, and how to build a research agenda. Without Paul Moberg, there would be no recovery high school research, and who knows if I would even be a college professor.

His influence on a field - and on me personally - has been profound. I am deeply saddened by his passing, but his legacy will always live in me and the hundreds of people he touched.

Excerpts from a 4 page document we prepared for the WI Assembly Committee on Mental Health and Substance Abuse Prevention, January 2023—Showing the Need for State Funding for RHS

How does the crisis with drugs and alcohol affect Wisconsin youth and what can we do about it?

Self-reported drug and alcohol use by Wisconsin public high school students, in the DPI Youth Risk Behavior Survey for the last reported year (2019), provides a sober appraisal of the magnitude of the problem. Using DPI's figure of 260,001 public high school students, and doing the math, we conclude that roughly:

- 42,900 had their first alcohol drink before the age of 13
- 77,480 currently use alcohol
- 51,740 currently use marijuana
- 35,620 have been offered, sold or given an illegal drug or alcohol on school property

A DPI survey released 12/6/22 shows nearly 34% of WI public school students (~88,000!) reported feeling sad or hopeless almost every day for more than 2 weeks in a row, and WI teens showing suicidal ideation at highest rate in survey's history.

Recovery High Schools (RHS) were developed in the 1980s to provide an alternative education setting for students struggling with substance use disorders (SUDs) who wanted to maintain sobriety. The school environment is a critical location for either peer support – or peer sabotage of efforts to be sober. Youth returning to their home schools following stints at recovery facilities invariably relapse. Recovery schools are typically physically distanced from traditional high schools to provide safe spaces with new peers to develop new strengths. And it is clear that there is a strong linkage for many teens between mental health problems and SUD, and so the smaller, nurturing environment of recovery schools can address the complete individual.

Policy Issues and Cost-Benefit Considerations

The current Wisconsin charter reimbursement rate (\$9264), or School Choice Special Needs rate (\$13,000), does not provide the required cost of \$30,000-35,000 per student in a recovery high school. There is a higher staff to student ratio than in a traditional high school due to addressing individual academic, mental health and recovery needs.

In 2017 the Wisconsin State Legislature approved funding for developing a Charter RHS under the UW System. However it was only \$50K, for carrying out a preliminary investigation, with no other funding being offered. As this level of funding was insufficient for the task of actually starting a RHS, no one applied.

17 years ago, the Massachusetts legislature was convinced of the need for state Public Health support for RHS. They put out an RFP, offering \$250K a year per school, to set up three RHS. No one applied—the money was insufficient. They then offered \$500K a year per school for 3 years, and 3 schools applied. Those three schools still exist – when the national life span of a RHS is 9.5 years (because they cannot pay their staff). Then later two more RHS were developed in Massachusetts – so now there are 5 RHS there, with the state providing \$2.5M a year for them. That's forward thinking. New Jersey and New York have followed Massachusetts and also provide \$500K each for several recovery high schools in their states.

RHS help meet the needs of other community issues, benefiting health, substance abuse, mental health, child and family services and juvenile justice sectors.

According to the Wisconsin Department of Corrections, the cost per youth per day for Juvenile (<17) Institutions is \$981.62 or a cost of \$358,291.30 per inmate a year. Lincoln Hills and Copper Lake Schools had 78 juveniles in fall 2022. Doing the math, that's almost \$28 million dollars. Five recovery schools, working with 78 youth, would cost the state 1/10 that cost and have greater probabilities of success.

Also from WI DOC, for those 17 and older, the cost per day for Adult Institutions is \$121.64 per day per inmate or \$44,398.60 per inmate a year. RHS intervention with these teens is clearly more cost-effective.

Since Horizon High School's creation, over 200 young people have attended. Today many of these former students are enrolled in colleges and universities, in the military, or working as contributing members of our community. Several have become social workers or counselors. Over 60% of the students, who have attended Horizon for at least a semester, have graduated (they get a degree from both Horizon and their prior home school if they wish). If they had not attended Horizon, the graduation rate would have been noticeably lower.

Can Wisconsin address the clear need for providing state-level funding for recovery schools?

Massachusetts, New York and New Jersey Can Do It — Why Not Wisconsin?
—> \$500K/year/per school, for creating and sustaining recovery high schools

THANK YOU FROM OUR STUDENTS, STAFF AND BOARD OF DIRECTORS

Thank you to all the generous supporters who assisted us financially in keeping in operation in 2022! Students at Horizon will be successful engaged learners and competent problem solvers who know that lifelong learning is the key to personal fulfillment and living a productive life. We never give up on our children. Horizon changes lives. Our small class size, individual attention and counseling transforms lives into successful futures!

We thank the community and our generous sponsors who helped to support our school in 2022. We received generous support from many individual donors and organizations and foundations during the calendar year 2022: WI Department of Public Instruction, CUNA Mutual Foundation, Anonymous, JPK Krogstad Charitable Trust, Thomas P and Patricia A. O'Donnell Foundation, The Cremer Foundation, The Keller Family Charitable Trust, Linda Granato, William Van Haren, The Hovde Foundation, UW Population Health Institute & Second Harvest Food Bank, Technology Educational Foundation (Berbee), Steve Stricker American Family Insurance, John Fournelle & Judi Munaker, Joe & Kay Tisserand, Veridian Foundation, Inc, John & Jo Ellen McKenzie, Marilyn Huset, Deb Houden, Gates & Fulwiler Family Fund, Rogers Memorial Hospital, Inc, Oregon Mental Health Services, Madison South Rotary Foundation, Kids Fund, Inc (Cap Times), John Blaha, Kathleen Johnson, Jacquelyn and Ted See, Summit Credit Union, Patricia Paska, Edward & Susan Oppenheimer, MGE Foundation, Kiwanis Club of Middleton, Mary and Colm Keenan, Katherine Johnson-Becklin, Herb Kohl Philanthropies, Hausmann-Johnson Insurance Inc, Rick & Judy Fetherston, Susan & Richie Davidson, Colony Brands Fnd, Inc, Thomas Kurtz, Henry Rattunde, George Cutlip, Teri Edman, Paul & Anne-Marie Correll, Robert & Susan Elias, Paul Blair, Starion Bank, Randy Sproule, Stephanie Ramer, ThermoFisher Scientific, Park Bank, Nick & Judy Topitzes Family Foundation, Paul Moberg, James Iliff, William Fitzpatrick, Shelly Dutch, Church Mutual Insurance Company Foundation, Karen Christianson, Boys and Girls Clubs of Dane County, Advanced Greig Laminators, Inc, United Way of Dane Cty, Placon, Kathleen Newman. Patricia Howe, Russell Grimm, Lisa Steinkamp, Moving Forward, LLC, Brian & Sherry Koenig, First Weber Group Foundation, Ed & Rita Emmenegger, Ed Borbely, James Wolfe, The Law Center, S.C., Bert & Lesley Slinde, Oak Bank, Ken & Susan Meigs, Tom Kelly & Sue Babcock, Kayser Ford Lincoln, David Fish, Destree Design Architects Inc, Brett Gerharz State Farm Insurance, Sean Bolton, Katherine Lehto, John & Jil Kammer Wozniczka, Bonnie Hustad Whalen, George & Patricia Silverwood, Arlene Silveira, Eric Schulenburg, Richard Meyer, Yael Lund, Joan Lerman, Ken Klinzing, Hillestad Refrigeration, Inc, Timothy Crummy, CPU Solutions, Inc, Dwight Breitbach, John Aeschlimann, Justin Newhouse, Pamela Noyd, Paul McMahan, Judith Kay Bodden, Nifty Dio, Gerald Mowris, Jeanette & Mike Froehle, Jonathan Seymour, Anna Becker, Lynn and Mark Williamson, Jeanne Williams, Gert Williams, Jean Wallace-Baker, Charles Tubbs, TAS Consulting Group Inc, Kelsey & Donald Stetzenbach, Sandra Stephens, Dennie Petersen, James Otterson, Michael Nowakowski, Linda Matusewic, Erin Marklein, Sara Lindberg, David Lasker, Jodelle & Scott Kowalski, Brian & Tricia Kermicle, John and Andrea Kenny, Torrey Jaeckle, Amy & Randy Heidel, Ilene Hagman, Susanne Gilbertson, Thomas Farley, Ann T Christenson, Marilyn Chohaney, Tom & Chandra Brown, Brian Blanchard, Ellen Bernards, Eric Berg, Valerie Murphy, Alicia Pelton, Sunset Garden Club, Patricia Nicholson, Alice Schneiderman, Judith Wolff-Prazak, Trena Wendt, Joan Richner, Christine Reichelderfer, Thomas & Joanne Marshall, Mallory Lopez, Bettine Lipman, Joel Levin, Janice and Larry Lehmann, Knick, Molly Kelly, Lois Karn, Stephen Kailin, Thomas Hirsch, Colleen Hermans, Scott Greene, Marlys Goll, Hiam Garner, Michael R. Christopher, Jennifer Brown, Nancy Barry, Pamela Alsum, Valentina Ahedo, Kaitlin McDonough, Josh Lavik & Associates, Kenneth Bradbury, Bonnie Trudell, Sarah Sneider, Judith Howard,

We Need a New/er School Bus!



Director Traci Goll says: Help! We need a replacement! The bus is critical for transportation to the gym and around Madison for Life Skills. The side door does not work and sometimes flies open when driving, and cannot be repaired. The heater doesn't always work, which makes for a cold ride. It has 304,834 miles. Let me know if you know of a possible replacement!

Horizon High School has been blessed by the following families that donated holiday gifts to each of our students: Joe Tisserand, Kay Tisserand, Dan Tisserand, Sarah Dunn, Monica Dunn, Laurie Fitschen Graham, Kim Krigbaum, Kimberly Payne Carrigan, Angie Powers, Delight Oelerich, Kelsey Stetzenbach, Tena Wild, Pegeen Arnold, Chris Hamacher, Susan L Foster, Lynne Schwarm Pope, Kristen Snell Ripp, Michelle Ripp, Linda Granato, Sherry Buisker, Darby Buisker, Carrie Kirkpatrick, Deb Houden, Bradley J Goll, Lisa Steinkamp, Polly Kraemer, Deb Houden, Kari Carey, Tom & Cheryl Rasmussen, and Kelly Rock.

Horizon High School of Madison, Inc. is a 501(c)(3) charitable organization and all contributions are fully tax deductible. Our EIN: 20-1240272 20

HORIZON HIGH SCHOOL--WISCONSIN'S *only* recovery school

Helping teens succeed in sobriety and in life since 2005

Traci Goll, Director, (608) 335-0387 ttgoll@tds.net

John Fournelle, founder and current board president, (608) 438-7480 jhfour@gmail.com

How does the crisis with drugs and alcohol affect WI youth and what can we do about it?

- Self-reported drug and alcohol use by Wisconsin public high school students, in the DPI Youth Risk Behavior Survey for the last reported year (2019), provides a sober appraisal of the magnitude of the problem. Using DPI's figure of 260,001 public high school students, and doing the math, we conclude that roughly:
 - 42,900 had their first alcohol drink before the age of 13
 - 77,480 currently use alcohol
 - 51,740 currently use marijuana
 - 35,620 have been offered, sold or given an illegal drug or alcohol on school property
- We live in a country where nearly 21 million people have at least one addiction. *Over 90% of those 21 million used alcohol or drugs before their 18th birthday.*
- In 2018 it is reported that of the 5.1 million youth with a substance use disorder (SUD), 9 in 10 did not get treatment. (SAMHSA, NSDUH: 2018)
- On March 31, 2020 SAMHSA reported 39,271 people under 18 were in treatment for SUD in the United States and *only 664 people under 18 were in treatment for SUD in Wisconsin* (2020 SAMHSA N-STAT Report)—and that clearly is a tiny fraction of the actual need.
- Among teens that do receive treatment, there is a high rate of relapse, especially if there is a return to their former high school. Recovery schools were developed to address this problem.
- In November 2022, the Wisconsin Department of Health Services confirmed an increase in opioid-related deaths in 2021 of 16% over those in 2020 and 70% over 2018 deaths.
- Opioid overdose deaths in adolescents rose far more rapidly than the general population between 2019 and 2021, according to a new study by the CDC. Deaths from opioid overdoses in teens ages 14 to 18 increased by 94% between 2019 and 2020 and by an additional 20% between 2020 and 2021. One specific driver of these deaths was fentanyl.
- Wisconsin opioid deaths hit another record high in 2022. (Mann, 2022). There were 1,427 opioid-related deaths in the state in 2021.
- There is a strong linkage for many teens between mental health problems and SUD (National Institute of Mental Health).
- The WI DPI survey released 12/6/22 shows nearly 34% of students reported feeling sad or hopeless almost every day for more than 2 weeks in a row, and WI teens showing suicidal ideation at the highest rate in survey's history. Recovery schools respond rapidly to student mental health crises, in real time—not making appointments for a session weeks later.

What is a Recovery School and why are they necessary?

- Recovery High Schools (RHS) were developed in the 1980s to provide an alternative education setting for students struggling with SUDs who wanted to maintain sobriety. The school environment is a critical location for either peer support – or peer sabotage of efforts to be sober. Youth returning to their home schools following stints at recovery facilities invariably relapse. Recovery schools are typically physically distanced from traditional high schools to provide safe spaces with new peers to develop new strengths.
- The primary purpose of a recovery school is to educate students in recovery from substance abuse and/or co-occurring mental health disorders, to meet state requirements for awarding high school diplomas, and to support a commitment from the student to work on recovery.
- Most RHS students also have dual diagnosed mental health disorders. RHS provides staff and peers to support recovery, in a small nurturing environment. Mental health crises are addressed in live time. (Finch, Tanner-Smith, Hennessy, & Moberg, 2018)
- Research data show effectiveness in reducing substance use and increasing high school graduation and positive cost-benefit ratios.
- RHS students had higher rates of abstinence from alcohol, marijuana, and other drugs as well as decreased rates of absenteeism from school, relative to a comparison group of students with substance use disorders who did not attend RHSs (Finch, Tanner-Smith, Hennessy, & Moberg, 2018)

Policy Issues and Cost-Benefit Considerations

- The current Wisconsin charter reimbursement rate (~\$9364), or School Choice Special Needs (\$13,000), does not provide the required cost of \$30,000-35,000 per student in a recovery high school. There is a higher staff to student ratio than in a traditional high school due to addressing individual academic, mental health and recovery needs.
- In 2017 the Wisconsin State Legislature approved funding for developing a Charter RHS under the UW System. However it was only \$50K, for carrying out a preliminary investigation, with no other funding being offered. As this level of funding was insufficient for the task of actually starting a RHS, no one applied.
- 17 years ago, the Massachusetts legislature was convinced of the need for state Public Health support for RHS. They put out an RFP, offering \$250K a year per school, to set up three RHS. No one applied—the money was insufficient. They then offered \$500K a year per school for 3 years, and 3 schools applied. Those three schools still exist – when the national life span of a RHS is 9.5 years (because they cannot pay their staff). Then later two more RHS were developed in Massachusetts – so now there are 5 RHS there, with the state providing \$2.5M a year for them. That’s forward thinking. New Jersey and New York have followed Massachusetts and also provide \$500K each for several recovery high schools in their states.

- RHS help meet the needs of other community issues, benefiting health, substance abuse, mental health, child and family services and juvenile justice sectors.
- According to the WI Department of Corrections, the cost per day for Juvenile (<17) Institutions is \$981.62 or a cost of \$358,291.30 per inmate a year. Lincoln Hills and Copper Lake Schools had 78 juveniles in fall 2022. Doing the math, that's almost \$28 million dollars. Five recovery schools, working with 78 youth, would cost the state 1/10 that cost and have greater chances of success in helping troubled youth and keeping them out of the correctional system.
- Also from WI DOC, for those 17 and older, the cost per day for Adult Institutions is \$121.64 per day per inmate or \$44,398.60 per inmate a year. RHS intervention with these teens is clearly more cost-effective.

Recovery Schools in Wisconsin

- Horizon High School of Madison, Inc. (HHS), a private, non-profit educational alternative, started in January 2005. Located in Dane County, it is currently Wisconsin's only RHS.
- HHS has almost shut down twice since 2005 due to lack of funding, but survived with community financial support.
- In 2011, the Madison Metropolitan School District entered into a contractual agreement with HHS to serve students who would benefit from a recovery school environment. MMSD has provided ~\$680 per student per month, and only recently has provided a lump sum of \$5000 for summer school (recovery is not a 9 month thing, summers can be dangerous for youth struggling with sobriety). MMSD provides no funding for SUD/mental health therapists who are an essential part of a RHS. HHS receives a total of ~\$30K a year for HHS staff counseling of eligible students with Medicaid, from Dane County Social Services (under the CCS program).
- Horizon has had students attend from most other districts in Dane County (and some from out of Dane County). Two other recovery schools had been established as district-level charters (Waukesha and Janesville) but did not survive with that model.
- Transportation can be a critical issue. For students living in Madison and adjacent 'bedroom communities', it is typically not a critical factor. One student in urgent need of a RHS, who lived 40 minutes away, had to stop coming because it was impossible to find a dependable daily ride to and from Horizon. For RHS in other parts of Wisconsin, particularly rural areas, transportation is a critical factor, and funding for such transportation would be critical.

Outcomes at Horizon High School

- Students must *WANT* to attend and work on both their academics and recovery. They agree to random weekly drug testing, and to abide by a set of normative expectations. Personal crises are addressed immediately.
- Our student population varies and is usually between 10-15 students, with up to 18 and even 21 on occasion.

- There are regular speakers who themselves are in recovery, who provide role models for the students. Usually at least one member of the staff is themselves in recovery.
- To maintain an engaging and educational atmosphere, Horizon High School incorporates other guest speakers, life skills education, physical education, volunteering and field trips. Outings engage students in the greater Madison community.
- Students are encouraged to participate in a variety of activities, both at school and after school, in order to help them maintain their recovery and to grow into well-rounded community members.
- A large majority of our students are from low income families and need food assistance. Second Harvest has established a food pantry on our site and is part of educating our students in nutrition and cooking.
- Since Horizon High School's creation, over 200 young people have attended. Today many of these former students are enrolled in colleges and universities, in the military, or working as contributing members of our community. Several have become social workers or counselors.
- Over 60% of the students, who have attended Horizon for at least a semester, have graduated (they get a degree from both Horizon and their prior home school if they wish). If they had not attended Horizon, the graduation rate would have been noticeably lower.

Can Wisconsin address the clear need for providing state-level funding for recovery schools?

- Massachusetts, New York and New Jersey have shown it is possible. They have made it a priority to find the funding, particularly using some of the annual state block grant funding from SAMHSA for funding the crucial SUD and mental health aspects of recovery schools. Now we need to start the discussion here in Wisconsin

References:

Finch, A. J., Tanner-Smith, E., Hennessy, E., & Moberg, D. P. (2018). Recovery high schools: Effect of schools supporting recovery from substance use disorders. *The American journal of drug and alcohol abuse*, 44(2), 175-184

Mann, B. (2022). 2022 Was a deadly (but hopeful) year in America's opioid crisis. *Wisconsin Public Radio*. Retrieved 2022, from <https://www.wpr.org/2022-was-deadly-hopeful-year-americas-opioid-crisis>.

Substance abuse and mental health services administration. SAMHSA. (n.d.). Retrieved January 2, 2023, from <https://www.samhsa.gov/>

U.S. Department of Health and Human Services. (n.d.). *Statistics*. National Institute of Mental Health. Retrieved January 4, 2023, from <https://www.nimh.nih.gov/health/statistics>

Tony Evers
Governor



DIVISION OF CARE AND TREATMENT SERVICES

1 WEST WILSON STREET
PO BOX 7851
MADISON WI 53707-7851

Karen E. Timberlake
Secretary

State of Wisconsin
Department of Health Services

Telephone: 608-266-2717
Fax: 608-266-2579
TTY: 711 or 800-947-3529

January 17, 2023

Dear Stakeholder:

In September of 2022, the Wisconsin Department of Health Services (DHS) contracted with Shatterproof to develop a Substance Use Disorder Treatment Platform which will serve as an online public resource for identifying substance use disorder treatment providers in the state. The platform will provide the location, comparison, and review of treatment programs in the state. The platform will also include additional information such as: information about the types of substance use treatment services a provider or facility offers, availability of age-specific programming, and insurance or other accepted forms of payment information. In addition, the platform will offer patients a place to share reviews and information about their experiences with the treatment services offered by a provider.

Shatterproof is a national nonprofit organization dedicated to ending the devastation to families caused by addiction. The platform Shatterproof will develop, and launch is called ATLAS®.

ATLAS® is an easy-to-use database that highlights high-quality addiction treatment options available in the state and has already been implemented in ten states and visited over 500,000 times. Based on Shatterproof's National Principles of Care for Substance Use Disorder Treatment©, ATLAS® evaluates substance use disorder treatment providers' use of evidence-based best practices and publicly displays this information to support those in need and their loved ones in navigating to appropriate, quality care.

In the coming months, Shatterproof will inform stakeholders of the ATLAS® platform and will host roundtable discussions to solicit feedback from providers and other interested parties. Shatterproof will also work with stakeholders and provider organizations throughout the state to encourage treatment facilities to submit data to ATLAS®. DHS will not require providers to enroll in the platform; providers would do so on a voluntary basis.

Visit the [ATLAS® FAQ page](#) or the current [TreatmentATLAS.org](#) website to understand how the website is functioning in states where it has already been implemented. For all other questions or suggestions, please contact ATLAS Director of State Engagement, Kelsey Knowles at KKnowles@Shatterproof.org.

We look forward to the launch of ATLAS® in Wisconsin, and most importantly to improve access to high-quality addiction treatment for all Wisconsinites.

Sincerely,

Gynger Steele
Division Administrator

The wrong addiction treatment can do more harm than good.

It's critical to get into the right care.

But how do you know where to start?



TreatmentATLAS.org

FREE. CONSUMER-FRIENDLY. PROVIDER-INFORMED.

ATLAS® is the first free resource of its kind to give transparent, unbiased information about the quality of addiction treatment facilities. The not-for-profit website is designed for patients and family members alike, and features evidence-based information to help individuals navigate the addiction treatment system.

You can use ATLAS to...

- Take a brief assessment to determine your or your loved one's addiction treatment needs
- Locate and compare addiction treatment facilities on treatment quality
- Filter results by factors important to you, such as:



Distance



Special groups served



Languages offered



Insurance accepted



Substances treated

and more!

- Access user-friendly information on what to look for in quality addiction treatment
- Read feedback from real patients about their experiences at facilities
- Leave feedback about facilities at which you or a loved one have received treatment.

ATLAS is currently available in ten states, soon to be 11...



Delaware



Florida



Louisiana



Massachusetts



New Jersey



New York



North Carolina



Oklahoma



Pennsylvania



West Virginia



California
Coming Spring
2023!

...and more
on the
horizon.

ATLAS aims to expand nationwide. For questions on how to bring ATLAS to your state, please contact our team at ATLAS@shatterproof.org. To explore ATLAS, and for more information, visit TreatmentATLAS.org.

ATLAS Open Enrollment Preparedness Toolkit

It's time to submit your ATLAS Survey! Completing this survey is required to ensure your facility profile on ATLAS displays quality data. If you do not submit this survey, your facility will still be listed on ATLAS, but your profile will be **incomplete**.

Quick facts about the ATLAS Survey:

- ✓ The survey is online. While you can prepare notes on paper, you must submit the survey via the online form.
- ✓ On average, it takes 30 minutes to 2.5 hours to complete – we recommend scheduling a block of time in your calendar. Remember - you can start the survey and return to it at a later time with your progress saved.
- ✓ If you oversee at least two facilities that offer similar treatment services, we have a streamlined survey option for you! Email us at ATLAS@shatterproof.org to learn more.

Need help at any point during the survey? We're here for you!



READ OUR [SURVEY FAQs](#)



CONTACT US AT
ATLAS@SHATTERPROOF.ORG



CALL OUR HELPLINE
(203) 807-8313
FROM 9 AM – 5 PM EST

Before starting your survey, be sure to...

Task	Completed?
Identify an ATLAS champion – the person who will be completing the survey for your site(s). Given the focus of the survey questions, we recommend a clinical/program director	<input type="checkbox"/>
Have a reference copy of the survey on hand. <i>You can download a reference copy here.</i>	<input type="checkbox"/>
Schedule time for your CEO to attest to the accuracy of the survey responses once you have completed all questions. This process is completed in the last section of the survey.	<input type="checkbox"/>

List of information you need to complete the survey...

Information Needed	Prepared?
Facility contact information, including phone number, fax, and email address	<input type="checkbox"/>
Facility General Overview – 1,000-character maximum	<input type="checkbox"/>
Payment sources accepted at this facility (e.g. – Medicaid, Medicare, specific private insurance accepted, cash pay, etc.)	<input type="checkbox"/>
Level(s) of SUD care offered for patients – these align with the ASAM levels of care	<input type="checkbox"/>
Substances that facility provides treatment for (e.g. – methamphetamine, opioids, marijuana, etc.)	<input type="checkbox"/>
Which patient-identified genders and age groups are eligible to receive services at this site	<input type="checkbox"/>
Fast access to treatment – options regarding same day access/walk-in appointments	<input type="checkbox"/>

Telehealth offerings (video conferencing, audio conferencing, hybrid)	<input type="checkbox"/>
Standardized assessment instruments used	<input type="checkbox"/>
Cadence by which the facility/facilities monitor(s) patient progress	<input type="checkbox"/>
Electronic Health Record (EHR), including type, patient data collected, and data use (if applicable)	<input type="checkbox"/>
Information on discharge process	<input type="checkbox"/>
FDA-approved medications for addiction treatment offered, including availability of naloxone	<input type="checkbox"/>
Evidence-based behavioral therapies for addiction offered	<input type="checkbox"/>
Lab tests (what kind, when, purpose, internal protocols)	<input type="checkbox"/>
Concurrent, coordinated care offerings for physical and mental health	<input type="checkbox"/>
Staff counts (nurses, therapists, peers, etc.) and licensing / certifications	<input type="checkbox"/>
Additional services offered to support recovery (e.g., case management, assistance with housing and social services, educational assistance, employment counseling, etc.)	<input type="checkbox"/>
Facility accreditations and licensure (including screenshot(s) or scanned copies of facility's license(s))	<input type="checkbox"/>
Information on facility accessibility	<input type="checkbox"/>
Special populations served/target populations (judicial system related groups, military, patients with co-occurring mental health conditions)	<input type="checkbox"/>
Services for LGBTQIA+ identifying patients	<input type="checkbox"/>
Languages that services are offered in	<input type="checkbox"/>
Facility hours of operation or intake	<input type="checkbox"/>
Photos of the facility	<input type="checkbox"/>

As a reminder, we're here to help! Reach out to us at any point.



READ OUR [SURVEY FAQs](#)



CONTACT US AT
ATLAS@SHATTERPROOF.ORG



CALL OUR HELPLINE
(203) 807-8313
FROM 9 AM – 5 PM EST

OPEN MEETING MINUTES

Name of Governmental Body: SCAODA Executive Committee			Attending: Kevin Florek, Christine Ullstrup, Sandy Hardie DHS Staff - Sarah Boulton
Date: 11/14/2022	Time Started: 1:05 PM	Time Ended: 1:57 PM	
Location: Zoom			Presiding Officer: Kevin Florek, Committee Chair

Minutes

1. Call Executive Committee to Order

The meeting was called to order at 1:05pm by Kevin Florek.

2. Review of July 27, 2022 Meeting Minutes

Kevin Florek moved to approve the Committee's meeting minutes of July 27, 2022.

Sandy Hardie seconded.

No discussion or changes mentioned.

Motion to approve the minutes carried unanimously with one abstention (Christine Ullstrup)

Minutes of July 27, 2022 were approved.

3. Review Safe Opioid Prescribing Petition

Members of the Executive Committee reviewed the Safe Opioid Prescribing Petition materials submitted to SCAODA Chair by the Wisconsin Partners of Pain. Members agreed that this may be a topic area of interest to the full Council to be presented at a future meeting. Kevin Florek reports that he will touch base with Division of Public Health designee Dr. Elizabeth Salisbury Afshar for additional recommendations for follow up on the petition materials.

4. Annual SCAODA Listening Session Follow Up

Members of the Executive Committee reviewed and discussed feedback shared by the public at the Annual Mental Health and Substance Use Recovery Conference SCAODA Listening Session. Members identified items for follow up, including peer support and legalization status of marijuana.

5. Setting Agenda for December 2, 2022 Council Meeting

Members of the Executive Committee discussed plans and set the agenda for the upcoming December 2nd SCAODA meeting. Agenda items to include need for committee chairs, the Council's strategic planning process, and an update from the Department of Safety and Professional Service.

6. Adjournment

Meeting adjourned at 1:57pm with a motion from Kevin Florek and second from Christine Ullstrup.

Prepared by: Sarah Boulton on 11/14/2022.

Executive Committee reviewed and approved these minutes at its 1/10/23 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

Executive Committee of the State Council on Alcohol and Other Drug Abuse

January 10, 2023

1:00pm – 2:00pm

Meeting to be held via Zoom

Meeting URL: <https://dhs.wi.zoomgov.com/j/1603224543>

Meeting ID: 160 322 4543

Conference Call: 669-254-5252

AGENDA

- 1. Call to OrderKevin Florek
- 2. Review of November 14, 2022 Meeting Minutes.....Kevin Florek
- 3. Public Comment.....Kevin Florek
- 4. Draft Letter on Workforce Concerns.....Executive Committee
- 5. Executive Committee 2023 Meeting Schedule.....Executive Committee
- 6. Adjournment.....Kevin Florek

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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OPEN MEETING MINUTES

Name of Governmental Body: SCAODA Executive Committee		Attending: Kevin Florek, Christine Ullstrup, Sandy Hardie DHS Staff - Sarah Boulton	
Date: 1/10/2022	Time Started: 1:01 PM	Time Ended: 1:58 PM	
Location: Zoom		Presiding Officer: Kevin Florek, Committee Chair	

Minutes

1. Call Executive Committee to Order

The meeting was called to order at 1:01pm by Committee Chair Kevin Florek.

2. Review of November 14, 2022 Meeting Minutes

Christine Ullstrup moved to approve the Committee's meeting minutes of November 14, 2022.

Sandy Hardie seconded.

No discussion or changes mentioned.

Motion to approve the minutes carried unanimously.

Minutes of November 14, 2022 were approved.

3. Public Comment

None.

4. Draft Letter on Workforce Concerns

Committee members discussed feedback from most recent Council meeting regarding need for advocacy ahead of upcoming budget process around extensive credentialing delays at the Department of Safety and Professional Services (DSPS). Committee members agreed that letter should be directed to the Legislature and the Joint Committee on Finance. Committee members drafted correspondence:

The State Council on Alcohol and Other Drug Abuse (SCAODA) is the statutorily authorized, Governor-appointed Council whose function is to advise the Governor, Legislature, and Department of Health Services on substance use issues confronting the state.

On behalf of the SCAODA, we are writing to express our sincere concern regarding the ongoing licensing delays occurring at the Department of Safety and Professional Services (DSPS). This ongoing delay has created innumerable impacts for the behavioral health profession as well as the people of Wisconsin.

The need for behavioral health services has never been greater in Wisconsin. Opioid overdose deaths continue to rise exponentially, with 1,427 opioid-related deaths in the state in 2021, a 16 percent increase over 2020 and a 70 percent increase over the number of deaths in 2018. The rate of suicide in Wisconsin also continues to climb, with an increase of 40 percent between 2000 and 2017.

DSPS has one staff member for every 27,500 license applications received. The lack of staff capacity to process this continually increasing number of licenses, creates extremely long wait times for licensure review and credentialing. Eliminating excessively long wait times for licensing should be a priority when Wisconsin is already experiencing a shortage of behavioral health professionals.

The continuing increase of suicides, overdoses, and behavioral health crises across the state cannot be adequately addressed when people may wait for up to six months to access critically important services due to provider staffing shortages and licensing delays. Substance use disorder treatment providers across Wisconsin are unable to staff facilities when there are currently delays of up to a year for staff to receive necessary licensure. These delays further exacerbate existing behavioral health staff shortages

related to COVID. Lack of licensed providers reduces overall capacity of agencies, accessibility of services, and the quality of available care across Wisconsin, all while behavioral health needs are at an all time high.

SCAODA supports the Department of Safety and Professional Services Agency Budget Request for the 2023 – 2025 Biennium, including allowance for the department to use licensing fees to add the staff necessary to handle the volume of work. SCAODA asks that the Legislature support this to ensure timely licensing of behavioral health providers. The citizens of Wisconsin deserve nothing less than timely, accessible, high-quality behavioral health services.

We would be honored to provide additional information and context to the Legislature on this critically important issue. Please do not hesitate to reach out if we can be of service to advance this concern.

Thank you for your consideration of this request and your service to Wisconsin citizens.

Sandy Hardie made a motion to send the letter to the Legislature and the Joint Committee on Finance. Christine Ullstrup seconded the motion.

Motion to send the correspondence carried unanimously.

5. **Adjournment**

Meeting adjourned at 1:58pm with a motion from Sandy Hardie and second from Christine Ullstrup.

Prepared by: Sarah Boulton on 1/10/2023.

Executive Committee reviewed and approved these minutes at its 2/7/23 meeting:



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Date: January 10, 2023

To: Senator Chris Kapenga, Senate President
Senator Devin LeMahieu, Senate Majority Leader
Senator Melissa Agard, Senate Minority Leader
Representative Robin Vos, Assembly Speaker
Representative Tyler August, Assembly Majority Leader
Representative Greta Neubauer, Assembly Minority Leader

From: State Council on Alcohol and Other Drug Abuse (SCAODA) Executive Committee

RE: Wisconsin behavioral health workforce needs and increased support for services at the Department of Safety and Professional Services

The State Council on Alcohol and Other Drug Abuse (SCAODA) is the statutorily authorized, Governor-appointed Council whose function is to advise the Governor, Legislature, and Department of Health Services on substance use issues confronting the state.

On behalf of the SCAODA, we are writing to express our sincere concern regarding the ongoing licensing delays occurring at the Department of Safety and Professional Services (DSPS). This ongoing delay has created innumerable impacts for the behavioral health profession as well as the people of Wisconsin.

The need for behavioral health services has never been greater in Wisconsin. Opioid overdose deaths continue to rise exponentially, with 1,427 opioid-related deaths in the state in 2021, a 16 percent increase over 2020 and a 70 percent increase over the number of deaths in 2018.¹ The rate of suicide in Wisconsin also continues to climb, with an increase of 40 percent between 2000 and 2017.²

DSPS has one staff member for every 27,500 license applications received.³ The lack of staff capacity to process this continually increasing number of licenses, creates extremely long wait times for licensure review and credentialing. Eliminating excessively long wait times for

¹ Wisconsin Department of Health Services. Data Direct, [Opioid Summary Module](#).

² Prevent Suicide Wisconsin. [Suicide in Wisconsin: Impact and Response](#). September 2020.

³ The Cap Times. [Licensing backlog plagues would-be therapists, social workers in Wisconsin](#). March 2022.

licensing should be a priority when Wisconsin is already experiencing a shortage of behavioral health professionals.

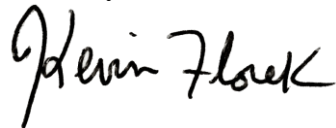
The continuing increase of suicides, overdoses, and behavioral health crises across the state cannot be adequately addressed when people may wait for up to six months to access critically important services due to provider staffing shortages and licensing delays. Substance use disorder treatment providers across Wisconsin are unable to staff facilities when there are currently delays of up to a year for staff to receive necessary licensure. These delays further exacerbate existing behavioral health staff shortages related to COVID. Lack of licensed providers reduces overall capacity of agencies, accessibility of services, and the quality of available care across Wisconsin, all while behavioral health needs are at an all time high.

SCAODA supports the Department of Safety and Professional Services Agency Budget Request for the 2023 – 2025 Biennium, including allowance for the department to use licensing fees to add the staff necessary to handle the volume of work. SCAODA asks that the Legislature support this to ensure timely licensing of behavioral health providers. The citizens of Wisconsin deserve nothing less than timely, accessible, high-quality behavioral health services.

We would be honored to provide additional information and context to the Legislature on this critically important issue. Please do not hesitate to reach out if we can be of service to advance this concern.

Thank you for your consideration of this request and your service to Wisconsin citizens.

Sincerely,

A handwritten signature in black ink that reads "Kevin Florek". The signature is written in a cursive, flowing style.

Kevin Florek,
Chairperson
State Council on Alcohol and Other Drug Abuse

Cc: Dr. Ritu Bhatnagar,
President, Wisconsin Society of Addiction Medicine

Dr. Elizabeth Salisbury-Afshar,
Medical Director of Harm Reduction Services, Wisconsin Department of Health Services



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Date: January 10, 2023

To: Co-Chairs, Senator Howard Marklein and Representative Mark Born, and Members, Joint Committee on Finance

From: State Council on Alcohol and Other Drug Abuse (SCAODA) Executive Committee

RE: Wisconsin behavioral health workforce needs and increased support for the Department of Safety and Professional Services

The State Council on Alcohol and Other Drug Abuse (SCAODA) is the statutorily authorized, Governor-appointed Council whose function is to advise the Governor, Legislature, and Department of Health Services on substance use issues confronting the state.

On behalf of the SCAODA, we are writing to express our sincere concern regarding the ongoing licensing delays occurring at the Department of Safety and Professional Services (DSPS). This ongoing delay has created innumerable impacts for the behavioral health profession as well as the people of Wisconsin.

The need for behavioral health services has never been greater in Wisconsin. Opioid overdose deaths continue to rise exponentially, with 1,427 opioid-related deaths in the state in 2021, a 16 percent increase over 2020 and a 70 percent increase over the number of deaths in 2018.¹ The rate of suicide in Wisconsin also continues to climb, with an increase of 40 percent between 2000 and 2017.²

DSPS has one staff member for every 27,500 license applications received.³ The lack of staff capacity to process this continually increasing number of licenses, creates extremely long wait times for licensure review and credentialing. Eliminating excessively long wait times for licensing should be a priority when Wisconsin is already experiencing a shortage of behavioral health professionals.

The continuing increase of suicides, overdoses, and behavioral health crises across the state cannot be adequately addressed when people may wait for up to six months to access critically

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³ The Cap Times. [Licensing backlog plagues would-be therapists, social workers in Wisconsin](#). March 2022.

important services due to provider staffing shortages and licensing delays. Substance use disorder treatment providers across Wisconsin are unable to staff facilities when there are currently delays of up to a year for staff to receive necessary licensure. These delays further exacerbate existing behavioral health staff shortages related to COVID. Lack of licensed providers reduces overall capacity of agencies, accessibility of services, and the quality of available care across Wisconsin, all while behavioral health needs are at an all time high.

SCAODA supports the Department of Safety and Professional Services Agency Budget Request for the 2023 – 2025 Biennium, including allowance for the department to use licensing fees to add the staff necessary to handle the volume of work. SCAODA asks that the Joint Committee on Finance support this to ensure timely licensing of behavioral health providers. The citizens of Wisconsin deserve nothing less than timely, accessible, high-quality behavioral health services.

We would be honored to provide additional information and context to the committee on this critically important issue. Please do not hesitate to reach out if we can be of service to advance this concern.

Thank you for your consideration of this request and your service to Wisconsin citizens.

Sincerely,

A handwritten signature in black ink that reads "Kevin Florek". The signature is written in a cursive, slightly slanted style.

Kevin Florek,
Chairperson
State Council on Alcohol and Other Drug Abuse

Cc: Dr. Ritu Bhatnagar,
President, Wisconsin Society of Addiction Medicine

Dr. Elizabeth Salisbury-Afshar,
Medical Director of Harm Reduction Services, Wisconsin Department of Health Services



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 7, 2023

1:00pm – 2:00pm

Meeting to be held via Zoom

Meeting URL: <https://dhs.wi.zoomgov.com/j/1609937479>

Meeting ID: 160 993 7479

Conference Call: 669-254-5252

AGENDA

- 1. Call to OrderKevin Florek
- 2. Review of January 10, 2023 Meeting Minutes.....Kevin Florek
- 3. Public Comment.....Kevin Florek
- 4. Setting Agenda for March 3, 2023 Council Meeting.....Executive Committee
- 5. Adjournment.....Kevin Florek

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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OPEN MEETING MINUTES

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Roger Frings, Amy Anderson, Jill Gamez, Sheila Weix, Sandy Adams, Alisha Kraus, Chris Wardlow, Karen Conner, Beth Collier (at 10:30), Dave MacMaster, Michael Kemp, Holly Stanelle, Jessica Geschke, DHS: Anne Larson, Saima Chauhan, Alicia Cooke, Sarah Johnson (DHS-opioid initiatives) Guests: Tom Farley, Hanna Huffman, Jolee Buhr-residential manager at Arbor Place, Karen Connor, Mark Wadium (Outagamie county)
Date: 11/8/2022	Time Started: 10:02 AM	Time Ended: 11:56 AM	
Location: virtual meeting occurred via Zoom platform			Presiding Officer: Sheila Weix-interim co-chair-(provider) Roger Frings (public)-Interim Chairperson and Chris Wardlow-Co-chair.

Minutes

1. Roger Frings called the meeting to order at 10:02 AM.

Comments or Announcements: **Quorum confirmed by Saima.** Introduction of Guests and new DHS staff.

Jill Gamez announced that she will continue to focus on the Planning Finance Committee. Jolee Buhr, Residential Clinical Manager at Arbor Place will step in to the role that Jill has been filling on ITC.

2. Review and approval of 10/11/2022 meeting minutes.

Jill Gamez moved to approve the October 11, 2022 Meeting Minutes. **Second provided by Sandy Adams.** No abstentions, No opposition. Approved unanimously.

3. The New Women’s Treatment Coordinator (Alicia Cook)

Alicia introduced herself to the committee. Alicia has Treatment provider in Wisconsin for 13 years. Sheila Weix requested that Alicia attend a future ITC Meeting to give an update on DHS programs specific to Women.

4. Discussion of ITC chair (Roger Frings)

Roger will talk to SCAODA leaders Kevin Floreck and Sandy Hardie regarding recruitment of committee members.

There continues to be a need to recruit a Council member to Co-Chair the ITC.

Roger made suggestions for an Insurance Commission replacement prior to his recent retirement.

Sheila noted that there has always been a small group of “worker bees” and some who are not fully engaged- The group discussed a need to expand recruitment and onboarding practices. Current Bylaws allow participation by community members but only SCAODA members vote on initiatives.

Roger will follow up with Kevin, Sandy, and Christine to look at the Bylaws and possibly recommend adjustments to enable increased participation.

5. Update from the Prevention Committee-Tobacco 21 (Chris Wardlow)

Chris said the Prevention Committee met on Friday, November 4th but lacked a Quorum for voting.

Nancy Michaud, the Youth Access Program Coordinator presented on the Tobacco 21 federal legislation Which moved the access to tobacco products from 18 to 21. Wisconsin lacks a state law that mimics Tobacco 21 so we are unable to legally enforce it. Our compliance checks focus on current laws (age 18).

Next meeting- Plan to have the council recommend that Wisconsin pass a Tobacco 21 law.

There are no statewide regulations regarding access to hemp-derived cannabinoids (e.g., Delta 9). Some local efforts have resulted in community level ordinances to limit access to these products. The committee intends to recommend enactment of a state-wide framework to regulate product safety and access for these substances (especially prior to age 21).

The draft of the State Health Improvement Plan will be released soon.

Youth Risk Behavior data shows drops in tobacco use, vaping, and marijuana use in last 10 years.

<https://www.dhs.wisconsin.gov/scaoda/marijuana-wisconsin-20160722.pdf>

There is ongoing concern about CBD and Delta 8, 9, 10. Some communities have vending machines distributing these products. Roger offered to reach out to a contact at the Grocer's Association to ask for assistance.

Amy noted there is a precedent for regulating vending machines (i.e., cigarette vending machines have been banned from locations that serve youth under the age of 18).

6. **Tobacco Integration Update-** (Karen Conner)

As of the October 1st implementation of DHS 75, providers must have a policy explaining how they assess for tobacco use. They must also have a policy addressing smoke free facility requirements. Continuing to work with providers to implement the tobacco integration aspects of DHS 75.

Final results of the survey that closed on 10/1 (prior to implementation of DHS 75) will be sent out by email. Karen highlighted some items-

- 66 surveys completed- every county was represented
- Clients are asked about their tobacco use always= 57%
- Tobacco use addressed in the treatment plan- always-5%; (should be 100%)
- Medications encouraged or prescribed= low

Work with prevention committee- don't limit recommendations to vending machines.

Sheila- Public health implemented previous tobacco free initiatives.

Chris will draft a motion regarding SCAODA recommendations.

Implications- more education is needed regarding treatment of tobacco use disorders.

7. **Updates on DHS 75** (*Saima Chauhan*)

Saima- gave brief updates:

Outpatient and residential starting in January- provider meetings will restart. Dates and times will be released via GovD and posted on the DHS 75 web page.

A DHS 35 provider meeting is held on the 2nd Tuesday of each month at noon.

[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

8. **Tall Cop (Officer Jermaine Galloway) to speak at SCAODA** (Amy)

Amy contacted Officer Galloway- re presentation for SCAODA- he travels around the country to speak. He assesses the status of the community he is in and talks about more extensive trends. A 1-hour

presentation costs \$2,100.00 and 2 hours for \$3400. Perhaps we could have him present at the Prevention Conference in September 2023.

9. Public Comments

Sheila- increasing concern regarding the “unwinding” of Medicaid (MA). Many people covered by MA due to emergency order initiated during pandemic. Rule end is implemented when enrollment renewal is due. Members will receive 60-day notice to reapply if eligible.

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

- Next SCAODA meeting on 12/2.
- **2023 SCAODA Intervention and Treatment Committee Schedule**
All meetings will be held virtually until further notice. Meetings start at 10am and will run until 1pm. Tuesdays: January 10th, February 14th, April 11th, May 9th, July 11th, August 8th, October 10th, November 14th, 2023
- **2023 SCAODA Meeting Schedule:** All meetings will be held virtually until further notice. Meetings start at 9:30am and will run until 1pm. Fridays: March 3rd, June 2nd, September 8th, December 1st, 2023. Updates on PRTS planning.
- **Roger-SCAODA officers elected:**
 - Kevin Floerke-Tellurian- New Chair. Outgoing chair (Roger) will mentor Kevin in his new role.
 - Sandy Hardie Co-Chair
 - Christine Ullstrup-Meta House named Secretary (also serves as chair of Planning and Funding Committee).

Discussion-There is a need for council members to share in the work of the SCAODA committees. Christina Malone-is a new member with interest in cultural diversity or ITC

Future Agenda Items:

- January- presentation on Mobile Units
- Prevention Committee motion regarding hemp-derived cannabinoids
- Motion re: Youth access to tobacco products by youth (e.g., vending machines)
- Opioid Settlement Funds-Finance report
- Update on DHS-SUD services specific to Women

Options: Updates on Covid, state and federal legislation, DHS 75, Hub and Spoke model, Tobacco integration, Legislative Updates, Sub-Committee Reports; DSPS.

11. Adjournment

Michael moved to adjourn; Holly Stanelle seconded. **Unanimous approval to adjourn the meeting at 11:56 AM** *Next scheduled Meeting: SCAODA on December 2nd. Next ITC: January 10th,2023.

Prepared by: Anne Larson on 11/08/2022.

These minutes were approved by the governmental body on xxx: .



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 10, 2023, 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/1610346565?pwd=RHdHdFhIRGt4d1VnQzRma3pwaFVGUT09>

Meeting ID: 161 034 6565

Passcode: 812076

AGENDA

1. Call to order and roll call
2. Interested ITC Applicant: Dr. Charles "Chuck" Schauburger
3. Review and approval of 11/8/2022 meeting minutes (Sheila Weix)
4. Medicaid after the emergency order drops (Saima Chauhan)
5. Presentation on recently released request for Applications & the State Opioid Response (SOR) grant program (Jennifer Beer & Julie Nalepinski)
6. Upcoming training through Wisconsin Connect (Bernestine Jeffers)
7. Update from the Prevention, Intervention, and Recovery Section (Janet Fleege)
8. Prevention Committee motion on cannabis-derived products (Hemp) (Chris Wardlow)
9. Tobacco Integration Update (Karen Conner)
10. Updates on DHS 75 (Saima Chauhan)
11. Public comments
12. Future meeting dates, future agenda topics, and other announcements
13. Adjourn

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

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*Next scheduled ITC Meeting: **February 14, 2023**, & SCAODA: March 3, 2022

OPEN MEETING MINUTES

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Amy Anderson, Sheila Weix, Sandy Adams, Alisha Kraus (after 1 st hour), Chris Wardlow, Dave MacMaster, Michael Kemp, Holly Stanelle, Chuck Schauberger, Jolee Buhr DHS: Anne Larson, Saima Chauhan, Alicia Cooke, Janet Fleege, Simran Arora (until 11:00), Jennifer Beer, Julie Nalepinski, Leilani Nino, Sarah Johnson, Bernestine Jeffers Guests: Tom Farley, Hanna Huffman, Amy Miles
Date: 1/10/2022	Time Started: 10:02AM	Time Ended: 11:43AM	
Location: virtual meeting occurred via Zoom platform			Presiding Officer: Sheila Weix-interim co-chair-(provider) - Interim Chairperson and Chris Wardlow-Co-chair.

Minutes

- 1. Sheila Weix called the meeting to order at 10:02 AM.**
 Comments or Announcements: **Quorum confirmed by Saima.** Introduction of Guests and new DHS staff.
Jill Gamez announced that she will continue to focus on the Planning Finance Committee. Jolee Buhr, Residential Clinical Manager at Arbor Place will step in to the role that Jill has been filling on ITC.
Not Present- Roger, Karen, Beth Collier.
 Introduction: Interested ITC Applicant: Dr. Charles “Chuck” Schauberger -retired Obstetrician, Addictionologist-recently retired from Gunderson ; Serves on ASAM Criteria Review Committee-regarding the pregnant and parenting; also serves on the Wisconsin Medical Committee- as Secretary.
- 2. Review and approval of 11/08/2022 meeting minutes.**
Holly Stanelle made Motion moved to approve the November 11, 2022 Meeting Minutes. **Second provided by Sandy Adams.** No abstentions, No opposition. Approved unanimously.
- 3. Medicaid after the emergency order drops (Saima Chauhan)**
 Meetings are being held regarding the “unwinding” of the Covid public health emergency. Sheila offered additional information. Unwinding will be gradual- and people who received Medicaid may no longer be available. There will be a person-by-person determination of coverage options. The earliest date to end the emergency is 4/11/2023. A Gov delivery email will go out with upcoming meeting dates. Rule end is implemented when enrollment renewal is due
- 4. Presentation on recently released request for Applications & the State Opioid Response (SOR) grant program (Jennifer Beer & Julie Nalepinski)**
 Presentation Slides will be sent out by Saima.
- 5. Upcoming training through Wisconsin Connect (Bernestine Jeffers)**
 Wisconsin Connect- Partnerships with the Center for Population Health, UW Madison, Advocate Aurora Research Institute. Training and technical Assistance are offered for BH, Medical or allied health providers.
 Conferences: Virtual and Hybrid-remote options
 Opioid, Stimulants, and trauma Summit
 Upcoming trainings- Some of the trainings include: Harm Reduction, Contingency Management, ASAM, Youth Justice, Social Determinants of Health, etc.
[WISCONSIN CONNECT - We Connect You.](#)

LinkedIn Page; Facebook; monthly newsletter.

Bernestine: jeffersb@uwm.edu.

Sheila- highlighted that Wisconsin Connect covers rural areas. Sheila and Chris offered appreciation for trainings offered by Wisconsin Connect.

6. Update from the DCTS-Prevention, Intervention, and Recovery Section (PIR) (Janet Fleege)

Janet gave an update on the first year of her role leading the new PIRS which was developed as a new BPTR Section focuses on prevention, harm reduction, and recovery support services separate from work being done in the Substance Use Section.

- 3 Regional Prevention Centers
- The section presents the IPS Conference in April
- Distributes Fentanyl Test strip
- Narcan Direct-150 Narcan Direct agencies- distribution, training, etc.
- Want to set up a similar program for Fentanyl test strips- need to target drug users themselves- phase 1 focused on public health and opioid treatment sites. Kits include a tin with sterile water, spoon, test strips and instructions.
- Seeing more Harm Reduction vending machines to distribute Narcan kits, Can also use machines to distribute other prevention tools (e.g. condoms), first aid kits, etc.
- Recovery Housing- SAMHSA supports- UW Whitewater- to offer training to people who offer Recovery (Sober) housing.

janet.fleege@dhs.wisconsin.gov

7. Prevention Committee motion on cannabis-derived products (Hemp) (Chris Wardlow)

First meeting of 2023 is on January 19th.

2 upcoming motions: Plan to have the council recommend that Wisconsin pass a Tobacco 21 law.

There are no statewide regulations regarding access to **hemp-derived cannabinoids** (e.g., Delta 9).

Some local efforts have resulted in community level ordinances to limit access to these products. The committee intends to recommend enactment of a state-wide framework to regulate product safety and access for these substances (especially prior to age 21).

Sheila: Any plan to develop information materials?

Amy Miles provided an information link: <https://hempsupporter.com/news/regulation---policy-updates-in-4-states>

8. Tobacco Integration Update (Karen Conner)

Not present-no update provided

Dave MacMaster- 2 items of information. Jim Rich and Mac are developing a proposal to offer supplemental webinars and consultation for providers. Introduced a book by Jim Rich called *A Time to LEAD* and made a Request to have Jim present at SCAODA

9. Updates on DHS 75 (Saima Chauhan)

Saima- gave brief updates:

January 19th Webinar- presentation on signatures- Working on a signature matrix- showing who needs to sign specific documents. DQA will provide information from Legal Counsel-regs re residential facilities. Will post info on the DHS 75 website and forward via GovD.

A DHS 35 provider meeting is held on the 2nd Tuesday of each month at noon.

[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

10. Public Comments

Sheila- increasing concern regarding the “unwinding” of Medicaid (MA). Many people covered by MA due to emergency order initiated during pandemic. Rule end is implemented when enrollment renewal is due. Members will receive 60-day notice to reapply if eligible.

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

Michael Kemp Announcements:

- NAADAC 2023 ADVOCACY IN ACTION CONFERENCE & HILL DAY – 8+ CES (HYBRID) Wednesday, March 8, 2023 - Bethesda, MD & Live Streamed and Thursday, March 9, 2023 in Washington, DC
- The National Certification Commission for Addiction Professionals (NCC AP) is developing a certification for Nicotine Use Dependence treatment.
- Jolee Buhr brought up the ongoing concerns regarding delays in the processing of licensing applications by DSPS. Encouraged advocacy for additional DSPS positions through our elected representatives.
- Chuck announced: upcoming educational seminar on emergency room prescription on prescription of buprenorphine on February 27th 7-8 PM

Future Agenda Items:

- Covid transition
- DCPS
- Pam from DMS
- presentation on Mobile Units
- Motion re: Youth access to tobacco products by youth (e.g., vending machines)
- Opioid Settlement Funds-Finance report
- Update on DHS-SUD services specific to Women

12. Adjournment

Holly Stanelle moved to adjourn; Michael Kemp seconded. **Unanimous approval to adjourn the meeting at 11:43AM**

*Next scheduled Meeting: SCAODA on March 3, 2023 Next ITC February 14, 2023

Prepared by: Anne Larson on 1/10/2023.

These minutes were approved by the governmental body on xxx: .



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 14, 2023, 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/1610346565?pwd=RHdHdFhlRGt4d1VnQzRma3pwaFVGUT09>

Meeting ID: 161 034 6565

Passcode: 812076

AGENDA

1. Call to order and roll call
2. Interested ITC Applicant: Jennifer Stegall (Sheila Weix)
3. Review and approval of 1/10/2023 meeting minutes (Roger Frings)
4. DHS 75 implementation update and discussion on increasing access to integrated care (Andrea Jacobson, Deputy Director with BPTR)
5. CYF subcommittee update (Anne Larson)
6. Update from the Criminal Justice Coordinator (Leilani Nino)
7. Prevention Committee motion on cannabis-derived products (Chris Wardlow)
8. Tobacco Integration Update (Karen Conner)
9. Updates on DHS 75 (Saima Chauhan)
10. Public comments
11. Future meeting dates, future agenda topics, and other announcements
12. Adjourn

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

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*Next scheduled ITC Meeting: April 11, 2023, & SCAODA: **March 3, 2022**

Upcoming Sessions, Trainings, and Conferences

The DHS 75 Webinar Series is focused on supporting providers of residential and/or outpatient substance use services.

Upcoming sessions

- Sessions for residential services providers are scheduled for March 16, June 15, September 21, and December 14 from 12:00 p.m. to 1:30 p.m.
- Sessions for outpatient services providers are scheduled for February 16, May 25, August 17, and November 16 from 12:00 p.m. to 1:00 p.m.

More information on each session is available on [DHS website](#). Each session will be recorded. The recordings will be posted to the [DHS website](#) within five business days after each session.

Survey: We are seeking your input on topics to cover in the sessions for residential services providers. [Share your feedback through this online form by February 18, 2023](#).

Upcoming trainings

Wisconsin Connect provides training to substance use services providers.

[ASAM Criteria](#)

April 6, July 13, September 14

[Matrix Model](#)

February 21-23

[Women's Treatment ECHO](#)

Second Friday of every month

Upcoming conferences

[Wisconsin Council on Problem Gambling Annual Conference](#)

March 16-17 (Pre-conference activities March 15)

[Opioids, Stimulants, and Trauma Summit](#)

May 16-18 (Pre-conference activities May 15)

[Wisconsin Harm Reduction Conference](#)

June 28-29

[Wisconsin Substance Use Prevention Conference](#)

September 13-14

[Mental Health and Substance Use Recovery Conference](#)

October 19-20

- The Division of Care and Treatment Services (DCTS) is putting together an advisory committee (AC) for administrative rule writing in response to Act 122, which focuses on funding and certifying peer recovery coaches. The AC will advise on the creation of the new DHS 72, which will set policy for recovery coaches in Wisconsin. It is typical to have an advisory committee for larger rule projects such as this. The AC will meet approximately three times this spring. DCTS is seeking recovery coaches or professionals with experience with recovery coaches to advise on writing this new administrative rule, as well as advise on changes to DHS 105 and 107 which govern Medicaid reimbursement and providers, in relation to recovery coaches.

For details about the project, please see:

[Administrative Rules | Wisconsin Department of Health Services](#)

[Wisconsin Legislature: 2019 Wisconsin Act 122](#)

Interested parties should respond to Janet Fleege at janet.fleege@dhs.wisconsin.gov and/or Kenya Bright at kenya.bright@dhs.wisconsin.gov by **February 14th**.

- **Apply Now for NARCAN® Direct Program**

We are accepting applications for the next round of the [NARCAN® Direct Program](#). This program provides NARCAN®, the opioid overdose reversal drug, at no cost to select community agencies for free distribution to people at-risk for an opioid overdose or people who may witness an opioid overdose. The people receiving the

NARCAN® must attend a training session focused on how to identify an opioid overdose and how to administer NARCAN® before they receive the drug.

- Request for Applications – After-School Opioid Prevention Program-DCTS Action Memo 2023-02
The memo outlines the application process for a grant that will be awarded to a community-based nonprofit organization capable of providing after-school opioid prevention programming across Wisconsin in partnership with local law enforcement agencies. The deadline to apply for this funding is 11:59 p.m. March 10, 2023. [View the entire memo](#)

OPEN MEETING MINUTES

Name of Governmental Body: SCAODA Planning and Funding Committee			Attending: Members: Christine Ullstrup, Brian Dean, Jill Gamez, Karen Kinsey, Beth Collier, Michelle Devine Giese DHS Staff: Sarah Boulton Guests: Hannah Huffman
Date: 11/16/2022	Time Started: 9:33 AM	Time Ended: 11:00 AM	
Location: Zoom			Presiding Officer: Christine Ullstrup

Minutes

1. Call Planning and Funding Committee to Order

The meeting was called to order at 9:33am by Christine Ullstrup.

2. Review October 26, 2022 Meeting Minutes

Michelle Devine Giese made a motion to approve the minutes of 10.26.22.

Beth Collier seconded the motion.

Motion to approve the minute carried unanimously.

Minutes were approved.

3. Public Comment

Jill Gamez provided public comment to update the Committee on the progress that has been made in follow up to the motion passed by SCAODA. Beth Collier and Jill Gamez have reviewed what data is available through various entities. Department of Quality Assurance (DQA) has information on licensed agencies, number of beds, though this does not include specific information around populations served, and number of individuals who are credentialed to provide substance use disorder services. Department of Health Services (DHS) has information on women’s treatment providers via the Women’s Treatment Coordinator, information from the State Opioid Treatment Authority, and some internal knowledge about what other states are doing. Wisconsin Hospital Association has psychiatric bed tracker. Beth Collier noted that Division of Public Health (DPH) has data on overdoses and ambulance data, which is helpful information about where there are hot spots and service needs. Jill Gamez noted that there is an overall lack of ability to easily access and retrieve this data, which is why there is a need for an updated platform/information database. One suggestion would be to utilize opioid settlement dollars for this project.

4. Opioid Settlement Funding

Christine Ullstrup reminded Committee members that they were asked to generate ideas for opioid settlement dollars. Joint Committee on Finance has approved the year one plan. Anticipate additional updates from Paul Krupski at the December Council meeting. Committee discussed previously that there are two avenues to pursue. Can make recommendations as a Committee and Council through DHS and can advocate as citizens directly to Joint Committee on Finance. Beth Collier shared 2018 Pew Report in the chat [Substance Use Disorder Treatment Policy Recommendations for the State of Wisconsin](#) that included recommendations. Jill Gamez suggested that they should tie funding recommendations to the recommendations made by Pew. Beth Collier reported that DHS previously looked at bed tracking systems and explored what other states were doing around this. DHS 75 rewrite requests that providers are doing real-time capacity tracking, in addition to requirements for block grant funding. Christine Ullstrup noted that this was part of the reason for bringing the motion to SCAODA, to encourage this system. Some information and data is available but it is all patchwork. Beth Collier reported that it would be helpful to have additional information about whether a bed tracking system is something that is continuously being looked at. There was lots of work done on this. Christine Ullstrup suggested that it would be helpful to have someone provide updates around bed count and workforce count and to see what next steps are. Beth Collier noted that County Agency Consortium should be asking questions about this. Wisconsin Association for the Treatment of Opioid Dependence hired Arena Strategy Group as part of support for DHS 75. Arena could also be advocating to DHS. Christine Ullstrup suggested that bringing BPTR leadership to a meeting could help inform the Committee on how they can best support use of funds for this. Beth Collier noted that they should also encourage utilization of opioid settlement funds towards this.

Karen Kinsey asked what opioid settlement dollars are being used for in year one. Christine Ullstrup referenced the JCF approved expenditures for the first round of settlement dollars. Christine Ullstrup asked for other ideas from the group. Jill Gamez suggested that it is good to keep in mind what is not able to be funded by other

sources. Beth Collier suggested expansion of contingency management. Evidence based information suggests that far more than \$75 approved by federal funding is needed for effective contingency management. Between \$1,500 - \$2,000 and an increasing amount is most effective for contingency management. Matrix Model has also been shown to be effective with stimulant use, incarcerated populations, and pregnant women. Hybrid model of Matrix Model and contingency management is needed to meet people where they're at. Jill Gamez asked if contingency management limit is set by Medicaid. Beth Collier reported the group has learned that it's outside of Medicaid. Contingency management is allowed with SAMHSA funding. At national level, talking about this for opioid settlement dollars. Some concern around if this would be considered 'kick back.' Conversations to continue at the national level. Beth Collier also suggested funding for room and board for folks with MA, funding for recovery housing in members communities, access to more mobile units for rural communities where it is cost prohibitive to build brick and mortar facilities, and an updated/upgraded system for DQA for collecting and sharing information.

5. Revisit Strategic Plan

Committee members reviewed and updated 2022 – 2023 Workplan, including:

- Under overall Council goal to 'advocate for adequate funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need:'
 - o Added second task to 'advocate for providers to have direct access to opioid settlement funding under objective c to 'investigate mechanisms for agencies to expand and grow.'
 - o Added objective d to 'advocate for platform that would provide real-time tracking of treatment capacity and workforce.'
 - Under this objective, added two tasks:
 - 'Put forth a motion to full Council for DHS to develop mechanism to collect system-level capacity for DHS 75 certified entities, including service level and workforce, across the state for planning and creation of a public facing system'
 - Invite BPTR leadership to continue discussion around progress of real-time treatment tracking system

6. DHS Updates

DHS Staff Sarah Boulton shared the following updates:

- Staffing updates for the Bureau of Prevention, Treatment and Recovery:
 - Jennifer Patridge is the new Community Recovery Services (CRS) Coordinator
 - Gregg Curtis will be the new DHS Project AWARE (Advancing Wellness and Resilience in Education) Co-Coordinator in partnership with Department of Public Instruction.
- Action Memo coming out in the next month for room and board for CY 2023 that makes Opioid Settlement Dollars available to counties and tribes to provide room and board support.
- Committee 2023 meeting dates to be sent out following meeting. Meetings are held the third Wednesday of each month that the Council does not convene. Committee members agreed that meetings should be scheduled as Zoom for now. Karen Kinsey noted that zoom has been very effective for these meetings and has made them more accessible to members around the state.

7. COVID Impact

Beth Collier asked if agencies are still requiring masks. Karen Kinsey reported that they are still requiring them at ARC. Still seeing COVID cases in residential facility. Christine Ullstrup noted that they are still requiring masks for all staff and clients. Discussing internally if they will continue with the vaccine mandate – if folks are vaccinated but don't have booster. Jill Gamez noted that they don't require masking. Still doing testing for residential. Masking is required only for those that have tested positive and completed quarantine.

8. Agenda Items for January 2023

Invite Pam Lano from Division of Medicaid Services to continue conversation around residential SUD coverage and support for evidence-based practices and value-based care.

Any updates around progress made on tracking system.

Brian Dean announced that he is retiring from Department of Public Instruction this month, and this will be his final Planning and Funding Committee Meeting. Christine Ullstrup thanked Brian for his contributions to the Committee.

9. Adjourn

Meeting adjourned at 11:00am with a motion from Brian Dean and second by Beth Collier.

Prepared by: Sarah Boulton on 11/16/2022.

Planning and Funding Committee reviewed and approved these minutes at its 1/18/23 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

January 18, 2023

9:30am to 12:30pm

Meeting to be held via Zoom

Meeting URL: <https://dhswi.zoomgov.com/j/1617160029>

Meeting ID: 161 716 0029

Conference Call: 669-254-5252

AGENDA

- | | | |
|-----|--|--|
| 1. | Call to Order and Roll Call | Christine Ullstrup, Co-Chair
Beth Collier, Co-Chair |
| 2. | Review November 16, 2022 Meeting Minutes | Christine Ullstrup |
| 3. | Public Comment | Christine Ullstrup |
| 4. | Information Mapping Updates | Beth Collier and Jill Gamez |
| 5. | Prepare for Opioid Settlement Funding Discussion | Committee Members |
| 6. | DHS Updates | Sarah Boulton, DHS |
| 7. | ATLAS Overview | Shatterproof Team |
| 8. | Agenda for February | Committee Members |
| 9. | COVID Impact | Committee Members |
| 10. | Opioid Settlement Funding | Paul Krupski |
| 11. | 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: Members: Christine Ullstrup, Beth Collier, Karen Kinsey, Jill Gamez, Michelle Devine Giese, Kevin Florek, Stacy Stone DHS Staff: Sarah Boulton, Paul Krupski Guests: MJ Griggs, Hannah Huffman, Sarah Johnson, Kelsey Knowles, Grant Boyken, Catherine Taylor
Date: 1/18/2023	Time Started: 9:36 AM	Time Ended: 12:35PM	
Location: Zoom			Presiding Officer: Christine Ullstrup
Minutes			

1. Call Planning and Funding Committee to Order

The meeting was called to order at 9:36am by Christine Ullstrup. Committee members and guests introduced themselves.

2. Review November 16, 2022 Meeting Minutes

Beth Collier made a motion to approve the minutes of 11.16.22.

Jill Gamez seconded the motion.

No discussion or changes mentioned.

Motion to approve the minutes carried unanimously.

Minutes were approved.

3. Public Comment

None.

4. Information Mapping Updates

Christine Ullstrup noted that the Committee has been mapping where various data and information is available in follow up to the motion passed at the full Council. Committee members discussed that they may have a better idea of how to move forward in this area after overview of ATLAS today. Jill Gamez noted that report out at November meeting covered where most of the data is maintained. Continuous advocacy is needed around the creation of a comprehensive system. Beth Collier noted that this could be part of the conversation with Paul Krupski today for potential utilization of opioid settlement funding.

5. Prepare for Opioid Settlement Funding Discussion

Christine Ullstrup reported that Paul Krupski provided an update the December Council meeting. The update included that \$31 million of the first year of opioid settlement funding has gone out and that there will not be listening sessions for this year. Sarah Johnson, Funding Technical Advisor from Vital Strategies, confirmed there will not be statewide listening sessions for the second year of funding. There will be a statewide survey to solicit feedback on how to prioritize 2023 funding. There will be significantly less funding in 2023 than in 2022 – from \$31 million in 2022 to an estimated \$8 million in 2023. A plan must be submitted to Joint Committee on Finance by April 1st, so team is currently soliciting feedback. Beth Collier asked if the survey will go out via GovDelivery. Sarah Johnson confirmed that yes, it will go out through all systems. Beth Collier asked if the survey will be available in Hmong. Sarah Johnson noted that the survey will be available in English and Spanish, but that their team should be contacted for any accommodations. Christine Ullstrup asked if the \$31 million for the first year was that high because of who the settlements were with. Sarah Johnson reported that the settlement amount to anyone involved was much higher for the first year. Moving forward, anticipate that annual funding will be between \$7 and \$8 million. There are multiple settlement cases that are still in litigation and pending. Jill Gamez asked why the 2022 funding has not been fully distributed yet as much of the funding isn't out the door. Sarah Johnson noted that DHS had to wait until the settlement dollars were fully in hand before releasing for funding. Final 2022 payments were not received until December 2022, so hope is that all funding should be out the door within the first quarter of 2023. Jill Gamez asked about youth prevention grant, that was not funded by opioid settlement, that was funded for only one year. Has there been consideration to continue to support it? Sarah Johnson noted that the sustainability piece is a significant consideration for all funding. DHS process is to give one-year contracts. Recommend that there is continued discussion around this. Jill Gamez noted that organizations are being asked to do the work and sometimes smushing two years of work into one. Should think about currently funded projects for existing entities when looking at planning. There should be reviews of mid-year and end-of-year reports to see the great work that is being done and to consider extending those projects.

There are missed opportunities to keep good work going. Stacy Stone reported that the tribes are often in the same position. One of the challenges is the application process. Expanding prevention, harm reduction, treatment, and recovery services. How to do that in a 12-month period? Even if that work is started, unable to finish it. Christine Ullstrup noted that it is very hard to create sustainable programming in a year. Some of the RFPs for 2022 funding aren't out yet, maybe there should be some consideration to make those more than one year. Committee members suggested that it would be helpful to review block grant plan. DHS Staff Sarah Boulton noted that the annual plan is posted on SCAODA website <https://dhs.wisconsin.gov/scaoda/mhbg-sabg-combined-mini-application-2022-23.pdf>. Plan for DHS staff to provide overview of plan at April committee meeting.

6. DHS Updates

DHS staff Sarah Boulton provided the following updates:

- Gynger Steele, former assistant administrator in the Division of Care and Treatment Services, has stepped into the role of administrator for the Division following Rose Kleman's retirement.
- The Division is currently working with DHS Deputy Secretary Deb Standridge to advance programming for mental health and substance use services. Await the announcement from Governor Evers on the appointment of a new DHS secretary.
- Applications for the 2023 Emerging Leaders program are currently open, with a deadline of January 25th. Emerging Leaders is a workforce development program that provides training and mentorship to BIPOC behavioral health professionals. <https://dhsworkweb.wisconsin.gov/dcts/news/emerging-leaders.htm> Please share with folks you know and/or anyone who might be interested in participating.
- Request for applications:
 - After School Opioid Prevention Program: Open to community-based nonprofit organizations capable of providing after-school opioid prevention programming. DUE 3/10 <https://www.dhs.wisconsin.gov/dcts/memos/202302actionmemo.pdf>
 - Capital Projects to Expand Prevention, Harm Reduction, Treatment, and Recovery Services in Wisconsin: Open to open to community-based providers currently offering prevention, harm reduction, treatment, and recovery services for people with an opioid use disorder. DUE 2/10 <https://www.dhs.wisconsin.gov/dcts/memos/202301actionmemo.pdf>

7. ATLAS Overview

Shatterproof staff members Kelsey Knowles, Grant Boyken, and Catherine Taylor provided an overview of ATLAS. Addiction Treatment Needs Assessment (ATLAS) is a free addiction treatment locator that will be newly launching in Wisconsin. It is a free, public website for those seeking treatment for themselves or others. The National Principles of Care are utilized as metrics for quality. Finding addiction treatment can often be challenging because folks don't know what to look for and there is often misinformation and/or misleading, biased information online. ATLAS has an easy-to-complete 10 question needs assessment. This produces a recommended level of care. There is no paid-for provider advertising that skews the results. List of providers comes from the state and then is regularly updated. Beth Collier asked what regularly updated means. Kelsey Knowles clarified that it means there are two open enrollments per year when providers are asked to update their information. Grant Boyken added that there are two open enrollment periods per year, but the first enrollment is the biggest lift for providers in terms of providing information. After that, verifying existing information. Christine Ullstrup noted that this sounds like an opt-in system. Kelsey Knowles noted that all licensed facilities will be included but only providers who have completed informational survey will have those details included on their listing. The open enrollment period is now through March. Grant Boyken reported that currently new providers must wait for an open enrollment period for their information to be included, but that process is being updated.

Patients are also able to complete a patient experience survey when they've received services from a provider. Includes ten survey questions that are related to the metrics of quality. Provider reviews are not posted until there are at least 20 reviews. Beth Collier asked how filtering is done to ensure that reviews are legitimate. Kelsey Knowles reported that data team reviews them to ensure it's not a bot, targeted, and/or inappropriate. Reviews are designed to be helpful to ATLAS users. Christine Ullstrup asked if users can rate on the ten standards of care and provide a written review. Kelsey Knowles confirmed there is an opportunity to provide written feedback. Grant Boyken noted that there is one open ended question. Jill Gamez clarified if the survey is geared towards patient or if family members can complete it. Kelsey Knowles reported that it can be a patient or family member and plan to break those out into distinct surveys. Grant Boyken confirmed that the first question clarifies whether it's a patient

or family/friend completing the survey. Jill Gamez asked if the program listing includes what populations served. Kelsey Knowles noted that the search tool can be filtered with specific populations.

ATLAS will launch at the end of June in Wisconsin. Currently, in the process of a website redesign. Moving to a mobile-first model. Reviewed search tool:

- Addiction treatment assessment was created in partnership with ASAM. Ten question assessment.
 - Results may be filtered by substance, payment options, insurance, treatment type, facility features, medications for opioid use disorder/alcohol use disorder, age specific programming, special groups served
- Beth Collier noted that if a provider has not indicated something specific in their page, then would not appear when filtered. Kelsey Knowles reported that there are multiple opportunities for review of program information and then a preview period before the page goes live. Stacy Stone asked to review the additional services to support recovery. Includes items such as assistance with food, case management, housing support, etc. Jill Gamez asked if there is a way to see if a facility allows MAOUD but does not prescribe it onsite. Kelsey Knowles confirmed that there is. Jill Gamez asked if a facility offers multiple levels of care if there will be multiple surveys. Kelsey Knowles confirmed that facilities would need to provide information on each level of care. Jill Gamez asked if the number of beds for residential facilities is collected. Kelsey Knowles reported that they don't currently include real-time capacity but looking at this for future iterations of the website. Jill Gamez asked if there is a streamlined way for providers to submit feedback/suggestions. Kelsey Knowles reported that there are a few different mechanisms to collect feedback, including listening sessions with providers on website updates, and advisory committee in each state that meets quarterly. Jill Gamez suggested that the Wisconsin site include capacity piece. If someone is seeking residential services, it's important for them to know if it's a 16-bed versus a 64-bed facility. Christine Ullstrup asked what the sustainability plan is. Kelsey Knowles noted that they have not entered a state and then left. Not certain about the funding plan. Beth Collier asked about relationship with OpenBeds, would Shatterproof be interested in making this a more robust system connecting folks to care. Kelsey Knowles noted that there is potential for linking to OpenBeds as a long-term project in Wisconsin. Grant Boyken confirmed that they want to be part of the treatment landscape in Wisconsin. Kelsey Knowles noted that it would really be up to the individual providers to provide that updated information. Jill Gamez asked if there is paid marketing for the treatment locator. Kelsey Knowles confirmed that they do. Partner with helplines, county warmlines, drug courts, and community partners to get the word out. Committee members thanked Shatterproof team for the overview.

8. Agenda for February

- SOR Funding Update
- Update from BPTR

9. COVID Impact

No discussion.

10. Opioid Settlement Funding

Paul Krupski, DHS Director of Opioid Initiatives, provided an update on the opioid settlement funding.

- Act 57 allocates 30 percent of settlement proceeds to DHS. The remaining 70 percent of the settlement proceeds will be provided to local governments that were part of the litigation.
- Act 57 requires DHS to submit a plan to JCF for expending opioid settlement funds by April 1st annually.
- DHS submitted an initial plan on April 1st, 2022 and worked with the Legislature, ultimately gaining approval of the plan on September 8th, 2022.
- \$30.6 million was awarded for CY2022. \$6 million received in September, \$7.6 million received in October, and remaining \$17 million received in December. Settlement funding will go through 2038. Moving forward, annual funding will be \$5-\$8 million.
- Have begun awarding funding and multiple funding opportunities currently open (<https://dhs.wisconsin.gov/business/solicitations-list.htm>)
- Next steps:
 - Funding opportunities will be made available for additional strategies and programs from the approved plan.
 - Statewide survey will go to solicit feedback on utilization of settlement funding in 2023. No listening sessions will be held this year because a) opioid landscape has not changed significantly in last year, and b) until more settlements are reached, the annual funding

amount is significantly less. Plan to Legislature this year may only be supporting a few strategies rather than several.

Jill Gamez noted that she was happy to see the grant announcement on capital projects. Building treatment capacity in the state is great. Currently there is a gap in available SOR funding. Could opioid settlement funding be used to bridge gaps in funding to ensure programs can continue? Stacy Stone reported that on the tribal side, unable to develop sustainable programming in a year. It seemed that they might be able to incorporate strategies with specific cultural components, but the included exhibit seems to have specified strategies. Paul Krupski noted that exhibit is what state is held to for settlement funding but that it is very broad. Discussion around sustainability at tribal consultation in December. While opioid settlement funds do not expire, DHS is unable to have contracts with no end date. Doing the best to align with state fiscal year. Try to make clear that there will have to be another contract. Purpose of one year contract is to see that progress is being made. Beth Collier noted that she would share suggestions for opioid settlement funding in 2023 via email. Karen Kinsey suggested that there should be renewable funds included. Paul Krupski and Sarah Johnson suggested that Committee Members reach out with additional questions/suggestions to their team. Committee members thanks Paul Krupski for the updates.

11. Adjournment

Meeting adjourned at 12:35pm with a motion from Beth Collier and second by Jill Gamez.

Prepared by: Sarah Boulton on 1/18/2023.

Planning and Funding Committee reviewed and approved these minutes at its 2/15/23 meeting:



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

Planning and Funding Committee

February 15, 2023

9:30am to 12:30pm

Meeting to be held via Zoom

Meeting URL: <https://dhs.wi.zoomgov.com/j/1617160029>

Meeting ID: 161 716 0029

Conference Call: 669-254-5252

AGENDA

- | | | |
|-----|---|--|
| 1. | Call to Order and Roll Call | Christine Ullstrup, Co-Chair
Beth Collier, Co-Chair |
| 2. | Review January 18, 2023 Meeting Minutes | Christine Ullstrup |
| 3. | Public Comment | Christine Ullstrup |
| 4. | DHS 72 | Committee Members |
| 5. | Opioid Settlement Funding Wrap Up | Committee Members |
| 6. | Strategic Plan Updates | Committee Members |
| 7. | DHS Updates | Sarah Boulton, DHS |
| 8. | SOR Update | Jennifer Beer, DHS
Julie Nalepinski, DHS |
| 9. | COVID Updates/Workforce Challenges | Committee Members |
| 10. | Agenda for April | Committee Members |
| 11. | 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

Instructions: [F-01922A](#)

Name of Governmental Body: Prevention Committee, State Council on Alcohol and Other Drug Abuse			Attending: Members: Chris Wardlow, Sarah Johnson, Emily Holder, Maureen Busalacchi, Meagan Barnett (Pichler), Kari Southern, Faith Price, Annie Short Ex-Officio: Felice Borisy-Rudin, Maggie Northrop Staff: Liz Adams, Vanessa Baumann, Allison Weber,
Date: 7/21/2022	Time Started: 9:30am	Time Ended: 12:00 pm	
Location: Via Zoom			Presiding Officer: Chris Wardlow, Interim Chair

Minutes

1. Welcome and Introductions..... Chris Wardlow

Chris asked participants to introduce themselves.

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

Chris opened the floor for public comment. Patrick E. shared that he opened a peer run crisis respite in Manitowoc. It covers a broad range of services to be a hub of resources, trying to get people what they need.

3. Approve Minutes from November 2021 Meeting..... Chris Wardlow

Annie Short makes a motion to approve the minutes from Nov 2021 meeting minutes. Kari Southern seconds. No discussion. All in favor. Motion passes.

4. Approve Minutes from April 2022 Meeting..... Chris Wardlow

Meaghan Pichler makes a motion to approve the minutes from April 2022 meeting. Kari Southern seconds. No discussion. All in favor. Motion passes.

5. Supporting Peers in SCAODA and Committees..... Chris Wardlow

Discussion about ensuring that the committee is including diverse voices in our work, including those with lived experience.

6. Committee recommendations for Governor’s 2023 – 2025 budget ...Committee Members

Council needs to submit recommendations to SCAODA for the budget. The committee members discussed possible recommendations.

Pichler: 5-10,000 to support HEDI workgroup recommendations

Sarah Johnson motions to submit the following recommendations to SCAODA:

1. Increase all alcohol tax by 50%;
2. \$1.08 million for alcohol age compliance checks (2 years);
3. \$73 million per year to local coalitions for alcohol prevention efforts per year;

Maureen seconded. No discussion. Motion passes.

Sarah Johnson motions to submit the following recommendations to SCAODA:

1. recommendation to support DPI’s request for reinstatement of AODA funding
2. \$1.8 million for making SBIRT referrals available for courts, educators and health care providers.
3. Maureen seconds No discussion. Motion Passes.

Meagan Pichler will look into submitting a request for the HEDI workgroup plan implementation.

- 7. Committee work plan, upcoming progress report, and 2023-2027 strategic planning process Stacy Stone, Chair, and Chris Wardlow**
- 8. THC and Kratom discussion and recommendations Committee Members**
The group recommended beginning discussions about someone joining the Cannabis Regulators Association. It reports it is a national non-partisan, non-profit organization that regulates cannabis.
[Cannabis Regulators Association \(cann-ra.org\)](https://cann-ra.org)
[CANNRA+Comment+on+CAOA+Discussion+Draft_Final.pdf \(squarespace.com\)](https://squarespace.com/CANNRA+Comment+on+CAOA+Discussion+Draft_Final.pdf)
We plan to do some more research and ask the council to request the appropriate state agency to join the group.
- 9. State Health Improvement Plan Update..... Maggie Northrop**
Maggie discussed the draft SHIP update. They had 150 conversations with communities to identify issues and needs.
- SCAODA prevention committee can still serve to be the action committee. This includes having budget conversations, strategies can be linked into the SHIP.
 - Standing agenda item to give updates
- 10. WI Tobacco 21 discussion and recommendations Committee Members**
Next meeting – we should invite Nancy Michaud.
- 11. Equity and Inclusion ad hoc Workgroup and Prevention..... Meagan Pichler, Committee Member**
- 12. Agency Updates..... Committee Members**

Wisconsin Alcohol Policy Project: Currently working on planning the WI alcohol policy seminar. They are planning on doing a virtual and in-person option. The POLD work is continuing. The POLD meeting on April 29th had excellent attendance and good reviews. It got lots of people excited. There has been a high level of interest and developing relationships with law enforcement agencies. Maureen and Felice are attending Alliance for WI Youth meetings as much as possible and doing more trainings.

Department of Public Instruction: YRBS reports are being released to the school districts shortly. State data is expected to be available in the fall. In August, they're releasing a student AODA mini grant. Next AODA competition will start again in January.

Department of Children and Families: Shared a new report about Youth justice system in WI: <https://dcf.wisconsin.gov/files/publications/pdf/5549.pdf>. Also shared the YASI implementation (Youth assessment and screening instrument). One person per county is now trained. This is a tool that is used when youth are referred: <https://dcf.wisconsin.gov/files/cwportal/yj/pdf/yasi-plan.pdf>.

Annie S.: Individuals started a hemp derivatives workgroup. They are discussing the correct strategy to address hemp derivatives in their communities due to the potential risk for young people using these products. Workgroup would like to advocate for best practices to expand the regulation of these products. Looking at what is going in the community around CBD and delta 8 and derivatives. Potentially looking to create a white paper. Would SCAODA be interested in endorsing it? Will need to move this work quickly. Chris/Liz will run this past Roger or Sarah.

Sarah J.: Asked if we could update the language on our agenda regarding our primary objective? Currently it reads, "The Committee's primary objective is to assist SCAODA with coordinating substance abuse prevention initiatives across state agencies." She would like to recommend we change abuse to misuse. Ideally SCAODA updates their name too.

- 13. Future Agenda Items..... Committee Members**
- Invite Nancy Michaud to talk about Tobacco 21
 - Continue conversation about CANNRA membership.

- Prepare for making two motions to SCAODA regarding tobacco 21 and state membership in CANN-RA if it is a good fit.
- Committee work plan, upcoming progress report, and 2023-2027 strategic planning process

Prepared by: Liz Adams on 7/21/2022.

Will be Approved by the Prevention Committee on 10/20/2022

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Prevention Committee, State Council on Alcohol and Other Drug Abuse			Attending: Members: Kathy Asper, Maureen Buslacchi, Danielle Luther, Melissa Moore, Kari Southern, Stacy Stone, Chris Wardlow Ex-Officio: Guest: Nancy Michaud, Staff: Liz Adams, Allison Weber, Vanessa Baumann Other: Mark Wadium, Jenna Flynn, Ashley Claussen, Tia Haslem, Kelly Peterson
Date: 11/4/2022	Time Started: 9:30am	Time Ended: 12:00 pm	
Location: Via Zoom			Presiding Officer: Stacy Stone, Chair and Chris Wardlow

Minutes

- 1. Welcome and Introductions..... Stacy Stone, Chair, and Chris Wardlow**
 Chris called the meeting to order and thanked everyone for being here. It was noted that there was not a quorum for today’s meeting. Chris asked members to introduce themselves.
- 2. Public Comment: The committee will accept comments from the public relating to any committee business..... Stacy Stone, Chair, and Chris Wardlow**
 Chris opened the floor for any public comments. No public comments.
- 3. Introducing new members: Kathy Asper and Mellissa Moore..... Stacy Stone, Chair and Chris Wardlow**
 Chris welcomed our two new prevention committee members and asked them to introduce themselves. Kathy Asper (Arbor Place) and Melissa Moore (Taylor County Health Dept) introduced themselves.
- 4. WI Tobacco 21 discussion and recommendations Nancy Michaud, Youth Access Program Coordinator, Wisconsin Tobacco Prevention and Control Program**
 Nancy Michaud provided a brief overview of the history of tobacco 21 and where WI currently stands.

 - Federal law – minimum age to buy tobacco products is 21; and WI Law - minimum age to buy tobacco products is 18.
 - Federal law passed in Dec 2019 and was effective immediately. It required states to show that retailers follow federal law- gave states three years to transition, to make sure that states were complying. In compliance means states maintain a retailer violation rate below 20%. If states go above that threshold, states are at risk to lose up to 10% of SABG money. FDA does age checks.
 - In WI- WI WINS program does compliance checks with law enforcement – they enforce state law (min. 18 years old); complete outreach with retailers and community, campaigns.
 - In 2019 – (min age 18)- retailer violation rate was 5.6%. During pandemic, were not doing any compliance checks, didn’t do SYNAR survey. Education was done virtually or through mail. In 2021 (min age 21) – retailer violation rate was 14.1%
 - Having the state law align with the federal law would be ideal. In the last two state legislative sessions, the bill was introduced, and passed in the assembly. Senate has not voted on it. Unsure what the next legislative session will look like. Since we need to follow new law at the end of this year, if our retailer violation rate ever goes above 20%, we may lose 10% of block grant.
 - SCAODA Prevention committee has had discussions about motioning to recommend that SCAODA write a letter to advocate that the state to pass a tobacco 21 law.

**5. Committee work plan, upcoming progress report, and 2023-2027 strategic planning process
Stacy Stone, Chair, and Chris Wardlow**

Each committee will be sharing out on the last year's process. The committee discussed accomplishments in last year which will be shared at the Dec SCAODA meeting.

As a reminder, in 2023, SCAODA will be doing strategic planning – you can join if you are interested.

6. Advocating for state regulation of hemp-derived cannabinoids Committee Members

This has been an ongoing conversation with the committee. Committee will consider a motion at a future meeting. The motion will be for SCAODA to write a letter to advocate that state regulates hemp derived cannabinoids-related to where they are being sold/advertisements, age restrictions, etc.

Documents/resources shared:

<https://ldftribe.com/uploads/files/Court-Ordinances/CHAP95-Industrial-Hemp-Control-Ordinance.pdf>

<https://www.leafly.com/news/strains-products/your-guide-to-the-hottest-hemp-cannabinoids>

7. State Health Improvement Plan Update..... Maggie Northrop

Maggie was unable to attend but provided a written update: We expect the publication of the new State Health Improvement Plan priorities (2023-2027) some time in November. The full implementation plan will be published early next year. Substance Use strategies will be listed under the Mental Health priority, and we will try to carry a lot of the current SHIP strategies into that space.

8. Agency Updates..... Committee Members

DPI written updates:

- The Building the Heart of Successful Schools Conference draft brochure and registration can be found here <https://www.wishschools.org/resources/BHSS.cfm> it will be held on December 8th with 4 preconference options available on the 7th.
- The 2021 Wisconsin YRBS Results from CDC are available here <https://dpi.wi.gov/sspw/yrbs>.
- Registration for the 2023 YRBS is underway and can be found here <https://dpi.wi.gov/sspw/yrbs/online>. This survey will be administered Spring 2023.
- The development of the 2023-25 State AODA Program competition is underway and will be released for competition in early January.
- Brian Dean has announced his retirement. His last day with DPI will be November 17th.

WI Alcohol policy project:

- Going to APHA
- Alcohol Policy Seminar – 133 participants in person and virtual
- Sat on a panel with WI Health news
- Goal is to continue work in new year to implement as much of SCAODA report as possible

Community Advocates:

- Community advocates hired Tia as new Alliance for WI Youth Prevention Coordinator.

9. Future Agenda Items..... Committee Members

DHS 75

NPN updates

Hemp derivatives regulation

Tobacco 21 follow up
SHIP and Alcohol action team?

Prepared by: Liz Adams on 11/4/2022.

Will be Approved by the Prevention Committee on 1/19/2023



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
Zoom link**

<https://dhswi.zoomgov.com/j/1618373026>

Thursday, January 19th, 2023
9:30 a.m. to Noon

MEETING AGENDA

1. Welcome and Introductions..... Stacy Stone, Chair, and Chris Wardlow
2. Public Comment: The committee will accept comments from the public relating to any committee business..... Stacy Stone, Chair, and Chris Wardlow
3. Approve Minutes from July 2022 Meeting..... Stacy Stone, Chair, and Chris Wardlow
4. Approve Minutes from November 2022 Meeting..... Stacy Stone, Chair, and Chris Wardlow
5. WisAPP updates.....Maureen Busalacchi and Felice Borisy-Rudin
6. State Health Improvement Plan and serving as Alcohol Action Team..... Maggie Northrop
7. Advocating for state regulation of hemp-derived cannabinoids Committee Members
8. Equity and Inclusion ad hoc Workgroup and Prevention..... Meagan Pichler
9. Agency Updates..... Committee Members
10. CADCA/Opioid Academies overview....General Barrye L. Price, Ph.D., President and CEO, CADCA
11. Future Agenda Items..... Committee Members

Next meeting is Thursday, January 19, 2023.

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.

<https://scaoda.wisconsin.gov>

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 Allison Weber at allison.weber@dhs.wisconsin.gov.

OPEN MEETING NOTICE

ANNUAL SYNAR REPORT

42 U.S.C. 300x-26

OMB № 0930-0222

FFY 2023

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 and young adult tobacco access laws (FFY 2022 Compliance Progress) and future plans to ensure compliance with the Synar requirements to reduce youth and young adult tobacco access rates (FFY 2023 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 and young adult tobacco access laws when aggregated statistical data from state Synar reports can demonstrate to the Secretary the national progress in reducing youth and young adult 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

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).

with youth and young adult tobacco access laws.

Getting assistance in completing the Synar report

If you have questions about programmatic issues, you may call CSAP's Division of Primary Prevention 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 your Grants Management Specialist in the 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, 2022 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 2023 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 2023 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 2023: 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 2023 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 2023 is up-to-date and approved by the Center for Substance Abuse Prevention.	
State: Wisconsin	
Name of Chief Executive Officer or Designee: Debra K. Standridge	
Signature of CEO or Designee: 	
Title: Deputy Secretary, Wisconsin Department of Health Services	Date Signed: 12/06/2022
If signed by a designee, a copy of the designation must be attached.	

SECTION I: FFY 2022 (Compliance Progress)

YOUTH AND YOUNG ADULT 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 21.

1. Please indicate any changes or additions to the state tobacco statute(s) relating to youth and young adult 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 and young adults 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 and young adult 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 2023 ASR was posted to this Web address.)*

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

Date published: 12/05/2022

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 and young adult 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 and young adult 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 and young adult 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

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 and young adult 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 and young adult access to tobacco law(s) in FFY 2022 (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 and young adult 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 and young adult access to tobacco laws by LOCAL AND/OR STATE LAW ENFORCEMENT AGENCIES (this does not include enforcement of local laws or federal youth and young adult 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.)			

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 and young adult 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 and young adult 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 and young adult 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 by local contractors. Merchant resources, to include no sales to minors signage and ID reference cards (how to verify age), are distributed. Merchant resources translated into 5 languages (Spanish, Hmong, Somali, Hindi and Arabic) are also available. A majority of the local Wisconsin Wins contracts were focused on merchant education activities as compliance checks were slowly starting up again.

- 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 and young adult 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 a water bottle. 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 and young adult 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 conduct local media activities throughout the year such as press releases, letters to the editor, social media or newsletter articles.

Community mobilization to increase support for retailer compliance with youth and young adult 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

The statewide media campaign to create awareness of the federal law prohibiting tobacco sales to individuals under the age of 21 continued. 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 2022 (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

b. Provide the inspection period: From 6/07/22 to 7/12/22
MM/DD/YY MM/DD/YY

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

22

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 2023 (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 and young adult 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 2023. Include a brief description of plans for law enforcement efforts to enforce youth and young adult tobacco access laws, activities that support law enforcement efforts to enforce youth and young adult tobacco access laws, and any anticipated changes in youth and young adult tobacco access legislation or regulation in the state.

The Tobacco Prevention and Control Program will continue to issue contracts to local agencies for community-based activities. These activities will include compliance investigations, utilizing a positive reinforcement protocol, law enforcement involvement, promotion of WITobaccoCheck.org, media and community outreach activities. The statewide media/education 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. The bill to increase the minimum legal sales age from 18 to 21 that was proposed in the last Wisconsin legislative session did not pass. At this time, no new legislation has been proposed.

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 and young adult 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. Also, local law enforcement do not have authority to enforce federal law.

- Limited resources for activities to support enforcement and compliance with youth and young adult tobacco access laws

- Limitations in the state youth and young adult 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 and young adult 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 and young adult 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 and young adult inspectors

- Geographic, demographic, and logistical considerations in conducting inspections

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

- Issues regarding sources of tobacco under tribal jurisdiction

- Other challenges (*Please list.*) Pandemic and the MLSA

The pandemic continued to impact our state compliance inspections. Many counties were slow to resume inspections. Those who have resumed have found there is still confusion and underage sales due to the state's minimum legal sales age not aligning with the federal law.

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 2023). 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 2023).

- Column 1: Write in the name of each stratum into which the sample was divided. These should match the strata reported in Column 1(b) of Form 1.
- Column 2: Report the number of outlets in the sampling frame in each stratum. These numbers should match the numbers reported for the respective strata in Column 2(c) of Form 1.
- Column 3: Report the original sample size (the number of outlets originally selected, *including* substitutes or replacements) for each stratum.
- Column 4: Report the number of sample outlets in each stratum that were found to be eligible during the inspections. Note that this number must be less than or equal to the number reported in Column 3 for the respective strata.
- Column 5: Report the number of eligible outlets in each stratum for which an inspection was completed. Note that this number must be less than or equal to the number reported in Column 4. These numbers should match the numbers reported in Column 4(c) of Form 1 for the respective strata.
- Column 6: Report the number of eligible outlets inspected in each stratum that were found in violation. These numbers should match the numbers reported in Column 5(c) of Form 1 for the stratum.
- Column 7: Form 2 (in Excel form) will automatically calculate the stratum RVR for each stratum in this column. This is calculated by dividing the number of inspected eligible outlets found in violation (Column 6) by the number of inspected eligible outlets (Column 5). The state unweighted RVR will be shown in the Total row of Column 7.
- Column 8: Form 2 (in Excel form) will automatically calculate the estimated number of eligible outlets in the population for each stratum. This calculation is made by multiplying the number of outlets in the sampling frame (Column 2) times the number of eligible outlets (Column 4) divided by the original sample size (Column 3). Note that these numbers will be less than or equal to the numbers in Column 2.
- Column 9: Form 2 (in Excel form) will automatically calculate the relative stratum weight by dividing the estimated number of eligible outlets in the population for each stratum in Column 8 by the Total of the values in Column 8.
- Column 10: Form 2 (in Excel form) will automatically calculate each stratum's contribution to the state weighted RVR by multiplying the stratum RVR (Column 7) by the relative stratum weight (Column 9). The weighted RVR for the state will be shown in the Total row of Column 10.
- Column 11: Form 2 (in Excel form) automatically calculates the standard error of each stratum's RVR (Column 7). The standard error for the state weighted RVR will be shown in the Total row of Column 11.
- TOTAL: For Columns 2–6, Form 2 (in Excel form) provides totals for the state as a whole in the last row of the table. For Columns 7–11, it calculates the respective statistic for the state as a whole.

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

Calculation of Weighted Retailer Violation Rate										
										State: _____
										FFY: <u>2023</u>
(1) Stratum Name	(2) N Number of Outlets in Sampling Frame	(3) n Original Sample Size	(4) n1 Number of Sample Outlets Found Eligible	(5) n2 Number of Outlets Inspected	(6) x Number of Outlets Found in Violation	(7) p=x/n2 Stratum Retailer Violation Rate	(8) N'=N(n1/n) Estimated Number of Eligible Outlets in Population	(9) w=N'/Total Column 8 Relative Stratum Weight	(10) pw Stratum Contribution to State Weighted RVR	(11) s.e. Standard Error of Stratum RVR
Total										

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

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

Complete Form 3 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 2023).

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: 2023				
(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 2023).

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: 2023	
(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 or young adult		Presence of police	
Private club or private residence		Youth or young adult inspector knows salesperson	
Temporary closure		Moved to new location	
Unlocatable		Drive-thru only/youth or young adult 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 and young adult 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 2023).

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

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

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

Synar Survey Inspector Characteristics		
		State: _____
		FFY: 2023
	(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 2022.

APPENDIX B: SYNAR SURVEY SAMPLING METHODOLOGY

State: Wisconsin
 FFY: 2023

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 and young adults.
- State has a contract with the FDA and is actively enforcing the vending machine requirements of the Family Smoking Prevention and Tobacco Control Act.
- Other (Please describe.) _____

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

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

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

Census (STOP HERE: Appendix B is complete.)

Unstratified statewide sample:

- Simple random sample (Go to Question 9.)
- Systematic random sample (Go to Question 6.)
- Single-stage cluster sample (Go to Question 8.)
- Multistage cluster sample (Go to Question 8.)

Stratified sample:

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

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

7. Provide the following information about stratification.

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

- A. County codes are assigned to all outlets.
- B. Counties are stratified into 5 strata; the same 5 used in Wisconsin's coverage study that are determined by population of county.
- 1. Counties: 500,000 or more residents 2 Counties
 - 2. Counties: 499,999 - 150,000 residents 7 counties
 - 3. Counties: 149,999 - 50,000 residents 20 counties
 - 4. Counties: 49,999 - 20,000 residents 23 counties
 - 5. Counties: Less than 20,000 residents 20 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 2022.

- 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: 14.1% (Weighted RVR)

Frame Size: 6652

Input for Target Sample Size:

Design Effect: 1

Inputs for Original Sample Size:

Safety Margin: 35%

Accuracy (Eligibility) Rate: 80%

Completion Rate: 90%

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

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

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. 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: 2023

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 and young adult 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 and young adult 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. Underage purchasers 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:

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 and young adult 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 and young adult 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 and young adult 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.
 - 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 and young adult 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: 2023

1. Calendar year of the coverage study: _____

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

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

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

Yes No

If Yes, please explain.

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

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

Census (Go to Question 6.)

Unstratified statewide sample:

Simple random sample (Respond to Part b.)

Systematic random sample (Respond to Part b.)

Single-stage cluster sample (Respond to Parts b and d.)

Multistage cluster sample (Respond to Parts b and d.)

Stratified sample:

Simple random sample (Respond to Parts b and c.)

Systematic random sample (Respond to Parts b and c.)

Single-stage cluster sample (Respond to Parts b, c, and d.)

Multistage cluster sample (Respond to Parts b, c, and d.)

Other (Please describe and respond to Part b.) _____

b. Describe the sampling methods.

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

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

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

Yes No

6. Were all sampled areas visited by canvassing teams?

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

a. Was the subset of areas randomly chosen?

Yes No

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

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

Yes No

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

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

Yes No

If No, respond to Question 9.

If Yes, describe any instructions given to the field observers to ensure the entire area was canvassed, then go to Question 10.

9. If a full canvassing was not conducted:

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

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

c. Were these starting points randomly chosen?

Yes No

d. Describe the selection of the starting points.

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

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

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

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

SSES Table 1 (Synar Survey Estimates and Sample Sizes)

CSAP-SYNAR REPORT

State	WI
Federal Fiscal Year (FFY)	2023
Date	9/27/2022 16:36
Data	p1626_SynarComplianceChecks_2022.09.21_SSES_Final.xlsx
Program Version	Version 7.0
Analysis Option	Stratified SRS with FPC

Estimates

Unweighted Retailer Violation Rate	11.9%
Weighted Retailer Violation Rate	11.9%
Standard Error	1.0%
Is SAMHSA Precision Requirement met?	YES
Right-sided 95% Confidence Interval	[0.0%, 13.6%]
Two-sided 95% Confidence Interval	[10.0%, 13.9%]
Design Effect	1.0
Accuracy Rate (unweighted)	88.5%
Accuracy Rate (weighted)	89.0%
Completion Rate (unweighted)	99.2%

Sample Size for Current Year

Effective Sample Size	346
Target (Minimum) Sample Size	346
Original Sample Size	1,100
Eligible Sample Size	973
Final Sample Size	965
Overall Sampling Rate	16.4%

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

STATE: WI

FFY: 2023

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	1,502	1,266	N/A	N/A	280	236	234	40	17.1%	
2	2	1,353	1,196	N/A	N/A	293	259	256	28	10.9%	
3	3	1,896	1,689	N/A	N/A	329	293	292	26	8.9%	
4	4	1,297	1,226	N/A	N/A	146	138	136	13	9.6%	
5	5	604	546	N/A	N/A	52	47	47	8	17.0%	
Total		6,652	5,923			1,100	973	965	115	11.9%	1.0%
Over the Counter Outlets											
1	1	1,502	1,266	N/A	N/A	234	234	234	40	17.1%	
2	2	1,353	1,196	N/A	N/A	256	256	256	28	10.9%	
3	3	1,896	1,689	N/A	N/A	292	292	292	26	8.9%	
4	4	1,297	1,217	N/A	N/A	135	135	135	12	8.9%	
5	5	604	546	N/A	N/A	47	47	47	8	17.0%	
Total		6,652	5,914			964	964	964	114	11.8%	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	9	N/A	N/A	1	1	1	1	100.0%	
5	5	0	0	N/A	N/A	0	0	0	0	0.0%	
Total		0	9			1	1	1	1	100.0%	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: 2023

Disposition Code	Description	Count	Subtotal
EC	Eligible and inspection complete outlet	965	
Total (Eligible Completes)			965
N1	In operation but closed at time of visit	4	
N2	Unsafe to access	0	
N3	Presence of police	0	
N4	Youth inspector knows salesperson	1	
N5	Moved to new location but not inspected	0	
N6	Drive thru only/youth inspector has no drivers license	0	
N7	Tobacco out of stock	3	
N8	Run out of time	0	
N9	Other noncompletion	0	
Total (Eligible Noncompletes)			8
I1	Out of Business	30	
I2	Does not sell tobacco products	73	
I3	Inaccessible by youth	5	
I4	Private club or private residence	4	
I5	Temporary closure	12	
I6	Can't be located	2	
I7	Wholesale only/Carton sale only	0	
I8	Vending machine broken	0	
I9	Duplicate	1	
I10	Other ineligibility	0	
Total (Ineligibles)			127
Grand Total			1100

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

STATE: WI
FFY: 2023

Frequency Distribution

Gender	Age	Number of Inspectors	Attempted Buys	Successful Buys
Male	14	0	0	0
	15	0	0	0
	16	1	71	6
	17	4	205	26
	18	3	149	23
	19	0	0	0
	20	1	51	7
	Subtotal		9	476
Female	14	0	0	0
	15	0	0	0
	16	0	0	0
	17	7	302	32
	18	1	38	3
	19	1	17	1
	20	2	97	15
	Subtotal		11	454
Other (Explain below)		2	35	2
Grand Total		22	965	115

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	8.5%	0.0%	8.5%
17	12.7%	10.6%	11.4%
18	15.4%	7.9%	13.9%
19	0.0%	5.9%	5.9%
20	13.7%	15.5%	14.9%
Other			5.7%
*Explain values in Other	13.0%	11.2%	12.2%

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

STATE: WI
FFY: 2023

Frequency Distribution and Buy Rate

Product Type	Attempted Buys	Successful Buys	Violation Rate (%)
Cigarettes	441	52	11.8%
Small cigars/Cigarillos	172	26	15.1%
Smokeless tobacco	180	21	11.7%
ENDS	172	16	9.3%
Other	0	0	0.0%
Missing	0	0	0.0%
Invalid	0	0	0.0%
Grand Total	965	115	11.9%

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: 2023

Product, Age, and Gender

Male							
Age							Total
14	15	16	17	18	19	20	
0.0%	0.0%	5.7%	11.9%	15.4%	0.0%	9.1%	11.7%
0.0%	0.0%	5.6%	25.7%	6.9%	0.0%	18.2%	15.1%
0.0%	0.0%	20.0%	7.3%	25.7%	0.0%	8.3%	14.0%
0.0%	0.0%	15.4%	9.7%	10.0%	0.0%	33.3%	12.9%
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%	8.5%	12.7%	15.4%	0.0%	13.7%	13.0%

Female							
Age							Total
14	15	16	17	18	19	20	
0.0%	0.0%	0.0%	11.5%	8.7%	8.3%	17.6%	12.4%
0.0%	0.0%	0.0%	17.3%	16.7%	0.0%	13.3%	16.0%
0.0%	0.0%	0.0%	7.7%	0.0%	0.0%	14.3%	8.5%
0.0%	0.0%	0.0%	6.0%	0.0%	0.0%	11.8%	6.6%
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%	10.6%	7.9%	5.9%	15.5%	11.2%

All							
Age							Total
14	15	16	17	18	19	20	
0.0%	0.0%	5.7%	11.6%	13.6%	8.3%	15.1%	12.1%
0.0%	0.0%	5.6%	20.7%	8.6%	0.0%	15.4%	15.5%
0.0%	0.0%	20.0%	7.5%	23.7%	0.0%	11.5%	11.8%
0.0%	0.0%	15.4%	7.1%	7.7%	0.0%	17.4%	9.3%
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%	8.5%	11.4%	13.9%	5.9%	14.9%	12.2%

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

STATE: WI

FFY: 2023

Frequency Distribution and Buy Rate

Retail Outlet	Attempted Buys	Successful Buys	Violation Rate (%)
Gas Station	440	52	11.8%
Tobacco Store	38	10	26.3%
Restaurant	20	2	10.0%
Hotel	7	2	28.6%
Grocery Store	75	7	9.3%
Drug Store	43	0	0.0%
Other	342	42	12.3%
Missing	0	0	0.0%
Invalid	0	0	0.0%
Grand Total	965	115	11.9%

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

STATE: WI
FFY: 2023

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%	13.3%	10.3%	10.2%	0.0%	22.7%	12.0%
Tobacco Store	0.0%	0.0%	0.0%	0.0%	37.5%	0.0%	0.0%	20.0%
Restaurant	0.0%	0.0%	0.0%	0.0%	40.0%	0.0%	0.0%	18.2%
Hotel	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	40.0%
Grocery Store	0.0%	0.0%	0.0%	11.1%	23.1%	0.0%	0.0%	13.5%
Drug Store	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	0.0%	0.0%	6.9%	17.5%	12.3%	0.0%	11.1%	13.6%
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%	8.5%	12.7%	15.4%	0.0%	13.7%	13.0%

Female								
Retail Outlet	Age							Total
	14	15	16	17	18	19	20	
Gas Station	0.0%	0.0%	0.0%	12.9%	0.0%	0.0%	16.7%	12.3%
Tobacco Store	0.0%	0.0%	0.0%	31.2%	0.0%	0.0%	33.3%	28.6%
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%	0.0%	0.0%	0.0%	40.0%	6.1%
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%	9.3%	25.0%	12.5%	12.1%	11.3%
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%	10.6%	7.9%	5.9%	15.5%	11.2%

All								
Retail Outlet	Age							Total
	14	15	16	17	18	19	20	
Gas Station	0.0%	0.0%	13.3%	11.8%	7.9%	0.0%	18.6%	12.1%
Tobacco Store	0.0%	0.0%	0.0%	25.0%	30.0%	0.0%	25.0%	25.0%
Restaurant	0.0%	0.0%	0.0%	0.0%	22.2%	0.0%	0.0%	10.0%
Hotel	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	28.6%
Grocery Store	0.0%	0.0%	0.0%	4.7%	20.0%	0.0%	22.2%	10.0%
Drug Store	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Other	0.0%	0.0%	6.9%	13.0%	14.5%	12.5%	11.8%	12.6%
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%	8.5%	11.4%	13.9%	5.9%	14.9%	12.2%

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

STATE: WI
FFY: 2023

Frequency Distribution and Buy Rate

Clerk Asked for ID	Attempted Buys	Successful Buys	Violation Rate (%)
Yes	783	8	1.0%
No	182	107	58.8%
Missing	0	0	0.0%
Invalid	0	0	0.0%
Grand Total	965	115	11.9%

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

STATE: WI
FFY: 2023

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%	0.6%	0.8%	0.0%	2.6%	0.8%
No	0.0%	0.0%	33.3%	58.1%	91.7%	0.0%	50.0%	60.8%
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%	8.5%	12.7%	15.4%	0.0%	13.7%	13.0%

Female								
Clerk Asked for ID	Age							Total
	14	15	16	17	18	19	20	
Yes	0.0%	0.0%	0.0%	0.8%	2.9%	0.0%	2.6%	1.3%
No	0.0%	0.0%	0.0%	53.6%	50.0%	100.0%	61.9%	56.1%
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%	10.6%	7.9%	5.9%	15.5%	11.2%

All								
Clerk Asked for ID	Age							Total
	14	15	16	17	18	19	20	
Yes	0.0%	0.0%	0.0%	0.7%	1.3%	0.0%	2.6%	1.1%
No	0.0%	0.0%	33.3%	55.6%	85.7%	100.0%	57.6%	58.7%
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%	8.5%	11.4%	13.9%	5.9%	14.9%	12.2%

Substance Use Disorders Prevention and Treatment Trainings and Conferences

Wisconsin Council on Problem Gambling

March 16-18, 2023 (pre-conference March 15th)

The Osthoff Resort: Elkhart Lake, Wisconsin

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

Opioids, Stimulants, and Trauma Summit

May 16-18, 2023 (pre-conference May 15th)

Kalahari Resort: Wisconsin Dells, Wisconsin (with virtual option)

To highlight prevention, harm reduction, treatment, and recovery strategies related to opioids, stimulants, and trauma. Those who attend get continuing education credit. For more information, visit the [conference website](#)

Wisconsin Harm Reduction Conference

June 28- 29, 2023

Green Bay (with virtual option)

To highlight prevention, harm reduction, treatment, and recovery strategies related to opioids, stimulants, and trauma. Those who attend get continuing education credit. For more information, visit the [conference website](#).

Wisconsin Substance Use Prevention Conference

September 12-14, 2023

Kalahari Resort: Wisconsin Dells, Wisconsin (with virtual option)

To highlight strategies to prevent all types of substance use. Those who attend get continuing education credit. For more information, visit the [conference website](#).

19th Annual Mental Health & Substance Use Recovery Conference

October 19-20, 2023

Kalahari Resort: Wisconsin Dells, Wisconsin

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 2023 Meeting Dates

March 3, 2023 (Meeting Mode TBD)

June 2, 2023 (Meeting Mode TBD)

September 8, 2023 (Meeting Mode TBD)

December 1, 2023 (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.

