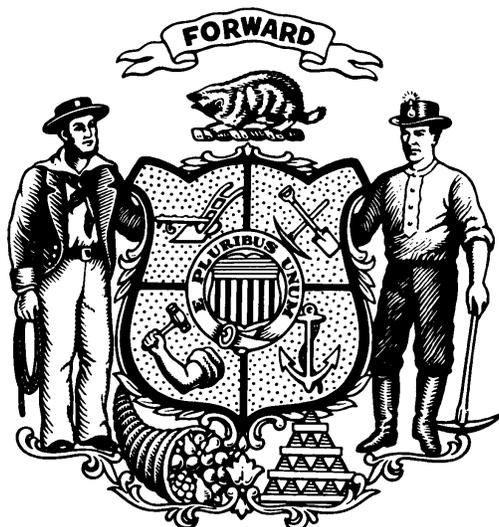


WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



March 5, 2021
VIRTUAL MEETING
(via Zoom)

Roger Frings
Chairperson

TONY EVERS
Governor



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

March 5, 2021, 9:30 AM to 1:00 PM

Join Zoom Meeting

Meeting ID: 885 3711 5475

Meeting URL: <https://dhswi.zoom.us/j/88537115475>

Phone one-tap US: 13126266799

MEETING AGENDA

1. Welcome and introductions.....Roger Frings, SCAODA Chairperson
2. Approval of December 4, 2020 meeting minutes.....Council Members.....p."5-32
3. Public inputSCAODA Chairperson
4. Latest Provider Updates on Services during COVID-19.....Council Members & Guests
5. Committee Updates:
 - Executive CommitteeRoger Frings....p033/34
 - ✓ Motion opposing Legislation expanding Alcohol availability – p. 37-38
 - Diversity CommitteeThai Vue & Harold Gates...p035/38
 - ✓ Equity & Inclusion ad hoc Workgroup – Feb. 19th meeting
 - Intervention & Treatment CommitteeRoger Frings...p039/48
 - Planning & Funding CommitteeChristine Ullstrup...p."49/55
 - ✓ Governor’s Budget Proposals
 - ✓ Workshop proposal for Oct. ’21 MH & SU Recovery Conference
 - Prevention CommitteeChris Wardlow...p056/72

6. FY 2021 Synar Report; Update on Tobacco Prevention.....Nancy Michaud...p."73/; 2
DPH, WI Tobacco Prevention & Control Program

7. Update on Overdose Fatality Review Project.....Derek Veitenheimer...p."; 3/ ; 6
DOJ, Director, Bureau of Justice Information and Analysis

8. Agency Reports:
 - Governor’s OfficeJessica Geschke
 - Department of Health Services.....Julie Willems Van Dijk
 - Other Agencies.....Agency Designees

9. Bureau of Prevention Treatment and Recovery Update.....Teresa Steinmetz, DHS...p."; 7/; 9

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

11. Agenda Items for June 4, 2021 MeetingCouncil Members

12. Meeting Adjournment.....Council Members

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Council’s primary function is providing leadership in Wisconsin on substance use disorder (SUD) issues, advising Wisconsin state agencies on SUD prevention, treatment and recovery activities, and coordinating SUD planning and funding initiatives across state agencies. The Bureau of Prevention Treatment and Recovery within DHS staffs the Council. DHS is an equal opportunity employer and service provider.

If you need accommodations because of a disability, need an interpreter or translator, or need this material in another language or format, you may request assistance to participate by contacting Mike Derr at 608-852-6403 or Michael.Derr@wisconsin.gov. See also <https://www.dhs.wisconsin.gov/scaoda/index.htm> for instructions on joining by phone or Zoom.

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

Draft Meeting Minutes

December 4, 2020 via Zoom Conference Call

Members Present: Dr. Subhadeep Barman, Sen. Janet Bewley, Rep. Jill Billings, Brian Dean, Kevin Florek, Roger Frings, Mary Ann Gerrard, Jan Grebel, Sandy Hardie, Anthony Peterangelo, Christine Ullstrup, Tina Virgil, Thai Vue, Julie Willems Van Dijk, Sue Shemanski.

Members Excused: Jessica Geschke, Brenda Jennings, Mike Knetzger, Autumn Lacy, Terry Schemenauer, Sen. Patrick Testin, and Dr. Andrew Putney.

Ex Officio Members Present: Ann DeGarmo, Mark Wegner, Fil Clissa, Gina Bartoszewicz (for Colleen Rinken).

Ex Officio Members Excused: Carl Hampton, Kenyon Kies, Delora Newton, Dr. Andrew Putney, Timothy Weir, Jennifer Wickman.

Staff: Mike Derr, Sarah Coyle, Teresa Steinmetz, Andrea Jacobson, Anne Larson, Allison Weber, Ryan Stachoviak, Dennis Radloff, Rebecca Main, Michelle Lund, Beth Collier, Raina Haralampopoulos, Amanda Lake Cismesia, Gary Roth, Ashley Rogers, Dan Bizjak, Holly Audley, Sandra Hendricks, Saima Chauhan, Katie Behl, Paul Krupski, Cindy Matz.

Guests Present: Amy Anderson, Michelle Devine Giese, Pam Lano, Mike Christopherson, Harold Gates, Lynn Harrigan, Raeanna Johnson, Chris Wardlow, Joe Muchka, David Macmaster, Sandra Westerman, Jill Gamez, Chris Thomas, Patricia Faulhaber, Kellie Blechinger, Eugenia Sousa, Valeri Vidal, Nicole Mueller, Neville Duncan, James Ahern, Jamie Schrandt, Freddie Smith, Sara Aranda, Angie Moran, Ron Rubin, Jessica Cwirla, Denise Johnson, Dwain Barry, Antonio DeShazor, Tiffany Sanchez, James Nelson, Nicole Keeler and Tracy Kleppe (ASL interpreters);

Call to Order: Roger Frings called the meeting to order at 9:34 am, and reviewed Zoom protocols. Attendance was taken during this time.

Approval of September 11, 2020 Meeting Minutes: Thai Vue's name was spelled incorrectly. Mark Wegner stated that he attended the Sept. meeting. The final draft of minutes will reflect these corrections. Tina Virgil motioned to approve the minutes. Thai Vue seconded. Minutes were approved unanimously.

Public Input #1: No public comments were offered.

Residential SUD Treatment Coverage Benefit:

Dr. Pam Lano with the Division of Medicaid Services (DMS) explained the purpose of the expanded Medicaid benefit - to cover short term residential SUD treatment services. The benefit was discussed over the course of five different large group meetings from June to October. Treatment provider enrollment is set to open in mid-December. Dr. Lano explained the need for training on system use. Initial training sessions will be held in December. January trainings will cover all aspects of the new Medicaid benefit program. One session will be recorded to use for online training purposes. Once the benefit launches there will be an ongoing need for technical assistance for providers. Field representatives will provide individual help and support. There are resources in place to provide help and support to individuals and treatment providers through the transition.

Dr. Lano disclosed information regarding reimbursement rates for services. It is anticipated that there will be a daily rate that covers a range of included services. The benefit can be used for medical screening if it is completed prior to admission, and lab drug tests that are sent out can also be billed. Psychiatric and medical services for those that need additional support can be billed separately from the SUD provider. Services can be provided as long as they are deemed medically necessary. Medication-assisted treatment can be billed by the provider. If a resident cannot receive Medicaid access through CCS, other arrangements will be made.

Chris Thomas discussed constraints on the new Medicaid benefit, including the requirement that the overall Medicaid coverages remain revenue neutral. Residential treatment room and board costs will not be covered by Medicaid; however, many counties have indicated they will continue to cover room and board. The Department of Health Services has requested that the Governor's 2021-23 budget include a line item for reimbursement of room and board costs for Medicaid residential treatment providers.

Dr. Lano sought feedback from SCAODA workgroup as to what worked well and what improvements are needed. Thai Vue brought up language and hard of hearing services. Dr. Lano responded that those populations are addressed across all forward health providers. Access to those services must be available within contracts. Denise Johnson inquired what was available to those with intellectual disabilities. Dr. Lano responded explaining that there is enhanced reimbursement for therapists to modify approaches to meet needs, however this is only when a disability has been diagnosed. Denise asked for consideration for those who are not undiagnosed. Dr. Lano will take this feedback back to the team for discussion, and stated that a therapist can clarify that there is a further services need, in order to qualify someone for the extended rate. Lastly, Janet Bewley brought up the issue that not all populations are covered, specifically those in rural areas. Dr. Lano mentioned they are aware of this deficit and efforts are in place to correct this.

Public Input #2 (relating to new Medicaid Benefit proposal):

Following Dr. Lano's presentation, several persons from the Milwaukee area community and Matt Talbot Recovery Services agency provided comment and feedback. Dr. Neville Duncan mentioned concerns regarding the small window of opportunity to provide input; however, he added that more time was given and discussion with the state ensued. Dr. Duncan also mentioned residential treatment operational issues

caused by Covid-19 and opioid addiction. He and colleagues are now satisfied they can participate in Medicaid without diverting resources for Covid-19.

Pastor Darwin Barry commended DHS for being accessible and responsive to the needs of the Milwaukee area community and treatment providers. Pastor Berry was pleased that DMS's reimbursement rates were increased over the initial proposed rates. This new benefit will impact the community's fight against the opioid epidemic. The residential treatment community will monitor DHS to make sure follow through is taking place.

Freddie Smith expressed gratitude for the extra funding and additional resources. Antonio DeShazor expressed support for new SUD benefit. Tiffany Sanchez summarized issues that still need to be resolved before the new benefit program commences next February 1st. These included room and board costs, clients who are not eligible for Medicaid, and more specifics about prior authorization and eligibility.

Sara Aranda expressed concerns about the proposed administrative rule DHS 75 revisions, and referenced other issues including contracting with counties to cover room and board costs, and client access to treatment services. Aranda would like to see these issues worked out before February 1st. She also expressed appreciation for extending the modification for high intensity residential treatment services. In addition, James Nelson expressed hopes that DHS will deliver on everything being promised.

In response, Dr. Lano responded that DMS is very aware that when launching a new benefit some things don't unfold as predicted, and that the division is prepared to make policy adjustments to ensure everything is functioning the way it was intended. Dr. Lano encourages everyone to keep talking and providing feedback to better understand the problems and issues so solutions can be found.

Julie Willems Van Dijk expressed her gratitude and that of the DHS Secretary's Office for treatment workers on the front lines as well as DMS staff. Roger Frings expressed appreciation for Dr. Lano and Chris Thomas' presentations and mentioned that the extended RSUD treatment benefit program has come a long way since the initial unveiling.

Latest Provider Updates on Services during COVID-19:

Thai Vue mentioned that COVID-19 was spreading within the Hmong community. There are concerns within that community that the Governor is not involved with leadership of the Hmong community to address COVID concerns. Vue believes it is important for the Governor to work with this community through social and political means. Hmong citizens are still gathering information; if there were more outreach to them, perhaps they would better understand and follow safe practices. Julie Willems Van Dijk responded that a member of her team will reach out to Hmong leadership to share information and ensure materials are available.

Willems Van Dijk gave an update on the state's response to COVID-19. Testing continues to expand across the state; more than half of testing is conducted through health care facilities. DHS is working to ensure all these facilities have received supplies to test staff. She mentioned that nursing home staff are being tested twice per week. The Wisconsin National Guard is working to expand regular community testing to 74 areas across the state. Wisconsin has seen an incredible surge affecting everyone across the state, and has been the second or third highest state in new cases nationally. Preventative measures such as masks, social distancing, and decreasing social interactions must continue to be followed.

Willems Van Dijk also discussed vaccinations, and how hospitals are being affected. Twenty percent of beds are allocated to treat COVID-19, creating a lack of beds for other needs. Pfizer and Moderna have applied for emergency approval by the Food and Drug Administration, and anticipate there will be an available vaccine by the end of the month. The first groups to receive vaccines will be healthcare workers and those living in long-term care facilities. The first batch of vaccines will only cover 10% of the healthcare worker population. As supplies increase, further groups will be added. It is estimated that a minimum of six months is needed to get the entire population vaccinated. Willems Van Dijk also addressed how vaccines will be distributed, as well as vaccine shelf life, dosage and effectiveness.

Committee Updates

Executive Committee:

Roger Frings provided the Committee update and reviewed the schedule of Council meetings for 2021, mentioning that they will continue to be virtual for the time being. Frings mentioned that in previous meetings, proposed medicated residential treatment was discussed, along with the Diversity Committee's proposal of forming an equity and inclusions ad hoc workgroup.

Cultural Diversity Committee:

Thai Vue provided Committee updates, and also summarized the Committee's final 2019-2020 work plan progress report. He suggested that the Council review overall goals of SCAODA, reflecting on goals and objectives under the 2018-22 Strategic Plan. Vue mentioned that Goal No. 1 is to change Wisconsin's cultural norms. He also discussed the Committee priorities for 2020-2021.

Harold Gates presented information on the proposed equity and inclusion ad hoc workgroup. The Committee believes that the Council as a whole should be more aligned with equity and inclusion. He suggested this be viewed from a government and state department level to develop equity and inclusion strategies and recommendations. This workgroup would seek to raise awareness of systemic racism, especially within the State of Wisconsin. COVID-19 has helped expose the disparities that exist. Gates then reviewed the proposed workgroup's fact and mission statement, discussed how group would be formed, and who would participate. Council supported the creation of this workgroup.

Intervention & Treatment Committee:

Roger Frings summarized the Committee's 2019-2020 work plan progress report, and Saima Chauhan then shared the strategic plan and priorities from that progress report. The Committee will continue emphasizing elimination of public stigma for seeking services, along with increasing focus on resources for youth and adolescent preventions. Frings discussed increasing membership due to the lack of voice in regard to youth within this community. He also addressing rising needs of substance abuse among the senior population.

Saima discussed continued Committee communication and collaboration with DSPPS through Carl Hampton, keeping that department updated as to what is going on. DSPPS has been very open to feedback. The current goal is to work with them regarding licensures and certifications for substance use counselors. The Committee continues to look at workforce issues, especially policies and reporting to legislators. Lastly, the Committee discussed tobacco and nicotine use and its large impact on public health, along with

effects of COVID-19. The Committee is exploring how treatment of tobacco use disorders can be incorporated into treatment of alcohol and other substance abuses.

Planning and Funding Committee:

Christine Ullstrup updated the Council on what the Committee has been working on. Several Committee members and Mike Derr presented at the fall MH and SU Recovery Conference. Its breakout session featured an introduction of SCAODA and its current members, and encouraged others to join meetings and committees. Representatives from each committee were in attendance. Ullstrup also summarized discussion on the continued impact of COVID-19 on treatment providers.

Ullstrup proposed a motion calling for the full Council to urge the Governor and Legislature to include room and board funding for residential treatment providers covered under Medicaid, since Medicaid cannot reimburse for room and board costs. Council members discussed the highlights of the motion and background information. The motion was put forward made by Christine Ullstrup, and seconded by Rep. Jill Billings. All Council voting members voted in favor of the motion, except for Roger Frings and Tina Virgil, who abstained.

Prevention Committee:

Chris Wardlow provided Committee updates, including highlights from the University of Wisconsin's recently-completed Behavioral Health Gaps Analysis Report. He provided updates on grants focusing on opioid overdose surveillance and prevention strategies, which have provided several million dollars in funding over three years. Wardlow also discussed future meeting agenda items including a presentation on CLAS standards, and a revision of the substance use prevention skills training and curriculum. The Committee's January meeting will focus on the new and charges for the Committee and internal workgroups, along with the review of the original SCAODA Alcohol Report released in 2010, and compare those findings with the current alcohol landscape in Wisconsin.

DHS Agency Report:

Julie Willem Van Dijk gave a brief COVID-19 update. She also provided a hub and spoke project update, noting that awards were made last October. She also highlight the department's proposals to be included in the Governor's 2021-2023 biennium budget, including a line item providing room and board cost reimbursement for Medicaid funded residential treatment providers. Willems Van Dijk discussed the effects on people making specific levels of income who cannot work more hours without losing their health care benefits. This will also be addressed in budget proposal.

Paul Krupski gave an update on the progress being made in the opioid treatment Hub and Spoke model project. The Department is working to increase level of access to needed care and services. The project will be providing services once DHS receives approval from SAMSHA and CMS. The timeline for implementation is early 2021.

Gina Bartoszewicz gave a brief update on activities within the Department of Veteran Affairs. The Veteran's Outreach and Recovery Program (VORP) is now conducting face to face intakes while taking all COVID-19 precautions, and has been given permission to do meetings once per month as need. Grants for the Veterans Housing and Recovery program (VHRP) grant cycle started in October. Bed capacity has been increased back up to 48 in Chippewa Falls, 17 at Green Bay, and 40 at Union Grove (including three female beds). All sites are now at full service levels.

Bureau of Prevention Treatment and Recovery Updates:

Andrea Jacobson announced several staff changes. Sandra Hendrix is now the Women's Treatment Coordinator in place of Bernistein Jeffers. Saima Chauhan has replaced Ken Ginlack as the Substance Use Disorder Treatment Coordinator. Katie Behl is now the Impaired Driver Coordinator, replacing Leann Mueller, who retired last winter. Two staff were hired to serve as the coordinators for the State Opioid Response grant program: Michelle Lund, and Dan Bizjak, who specializes in medication assisted treatment.

Amanda Lake Cismesia gave updates on the proposed new chapter DHS 75 administrative rule, which has been worked on for many years and is now nearing the final phases. Bureau staff continue to work with stakeholders and the Office of Legal Counsel to receive feedback. The proposed new chapter is now in the final approval process and will soon the go to Governor's Office and the Legislator for final review.

Andrea Jacobson provided updates on grant funding opportunities recently posted for injection drug use prevention and treatment grants. Funding will support staff development, and naloxone training and distribution, along with treatment. Within the Urban and Rural Women's Treatment program, proposals were received focusing on SUD services geared toward providing comprehensive array of services for pregnant and post-partum women. The Bureau received 16 applications from urban and rural counties and Native American tribes that are currently in review.

Mike Derr gave an update on the new SCAODA website. The content remains much the same, however the URL address has changed. Council website are now housed in within the DHS online environment, and the new link has been sent out to SCAODA members. Also, the FFY 2021 SABG Annual Report was completed and submitted to SAMHSA on December 1st. Mike also mentioned noncompliance rate from tobacco sales decreased to 5.5% during 2020, according to the FFY 2021 Synar Report submitted to SAMHSA. He mentioned that the Tobacco Prevention and Control Program within Division of Public Health continues taking steps to promote retailer compliance with the new 21 year old federal tobacco law. Nancy Michaud will appear at next March's Council meeting to summarize the Synar Report.

Report from Wisconsin Council on Mental Health:

Lynn Harrigan reported on persons and groups brought in to discuss access and equity for underserved populations. The goal of this fall 2020 "speaker tour" initiative was to create an education forum to discover what is taking place within communities of color. Persons and groups from different backgrounds were invited to talk about the way they are handling systemic racism. The Mental Health Council will keep the conversation going to also discuss action steps. Discussion and feedback will culminate in a summary report on themes from access and equity presentations and potential opportunities.

Agenda Items for March 5, 2021 Meeting:

Items and suggestions should be emailed to Mike Derr or Roger Frings.

Meeting Adjournment:

Motion to adjourn made by Thai Vue. Seconded by Tina Virgil. No discussion or objections, all in favor. Meeting adjourned at 12:57 pm.

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Executive Committee, State Council on Alcohol and Other Drug Abuse (SCAODA)			Attending: Roger Frings, Sandy Hardie and Kevin Florek -- committee members; Mike Derr -- DHS Staff.
Date: 11/19/2020	Time Started: 8:33 am	Time Ended: 9:06 am	
Location: via Zoom conference call			Presiding Officer: Roger Frings, Committee Chair
Minutes			

Roger Frings called the meeting to order at 8:33 am. Sandy Hardie moved for approval of the Committee's October 9, 2020 draft minutes. Kevin Florek seconded the motion. No discussion or changes mentioned. Motion carried – minutes were approved.

Kevin gave a summary of the proposed Medicaid rates for residential treatment services from the Division of Medicaid Services (DMS), and noted several providers are struggling with those rates, limitations on covered services, and the fact room and board is not a covered expense. Sandy passed along comments from Sue Shemanski and WCHSA that some counties have expressed a willingness to cover room and board costs when treatment is covered by Medicaid. The committee discussed a possible motion before Council on Dec. 5th that would encourage the Governor and Legislature to include funds for residential treatment room and board costs within the 2021-23 biennium budget.

The Committee members reviewed the draft agenda for the Dec. 5th Council meeting, and what steps to potentially take to keep the meeting moving should a large number of persons offer public comments on the DMS proposed Medicaid coverage policies. Mike Derr will work with Gary Roth to determine how to prevent any inappropriate access to Zoom during the public comment portion of the meeting.

No public comments were offered during the meeting. Sandy moved to adjourn meeting, Kevin seconded motion. Motion carries. Meeting adjourned at 9:06 am.

Prepared by: Michael Derr on 2/9/2021.

Executive Committee approved these minutes at its 02/10/2021 meeting.



Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Kevin Florek
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

Executive Committee

February 10, 2021

3:00 – 4:00 pm
Via Zoom

Join Zoom Meeting

Meeting ID: 655.139.5128

Meeting URL

<https://dhs.wi.zoom.us/j/6551395128?pwd=TEw0bE1rTnRZN1VMbHdpTS9ha3l6Zz09>

Phone number: 1-312-626-6799, 6551395128#

MEETING AGENDA

1. Call to OrderRoger Frings
2. Review of November 19, 2020 Meeting Minutes.....Roger Frings
3. Prevention Committee Motion: Oppose “Cocktails to Go” Legislation.....Exec. Committee
4. Agenda for March 5, 2021 Council MeetingExecutive Committee
5. Public Comment: Substance Use Disorder (SUD) Planning Topics.....Roger Frings
6. Adjournment.....Roger Frings

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Executive Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA), and consists of the Council’s three officers. The Committee’s primary objective is to provide leadership and direction to the Council in the setting of Council meeting agendas and prioritizing of Council activities.

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<https://scaoda.wisconsin.gov>

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: SCAODA Cultural Diversity Committee			Attending: Thai Vue, Anthony Harris, Denise Johnson, Harold Gates, Kimberly Whitewater, and Sandy Hardie. Excused: Judy Bertoni; Staff: Mai Zong; Guests: interpreters and closed captioning staff
Date: 11/13/2020	Time Started: 9:20 AM	Time Ended: 12:00 PM	
Location: Zoom Meeting			Presiding Officer: Thai Vue and Harold Gates
Minutes			

Call Meeting to Order: Harold called meeting to order.

Welcome & Introduction

Introduction: All members present introduced themselves

Approval of July 24, 2020 Meeting Minutes:

Thai made the motion to accept the July 24 meeting minutes with minor changes and seconded by Anthony.

Thai shared with the group that he is going to write to the Governor to share his concerns on COVID-19 to the governor.

DCTS Updates:

Mental Health Conference

The annual Mental Health and Substance Use Disorder Conference was held virtually in October. Sandy shared that her staff who normally could not attend the annual Mental Health Conference were able to attend due to having it virtually.

Diversity, Equity and Inclusion Efforts

There are ongoing activities at the DHS Secretary's office and DCTS regarding diversity, equity and inclusion efforts after the George Floyd incident. DCTS is hosting monthly open dialogues in addition to the hiring of a consultant to assist in the development of more cultural and diversity activities. This will include identifying and developing a pool of diverse speakers.

New Staff

Andrea Jacobson, previously the section chief for the substance abuse section, is now the new deputy bureau director at DCTS.

Emerging Leaders Project

The Emerging Leaders project is going to be held virtually in 2021. Currently, we are looking for trainers and mentors from African, Asian, Latino and Native American communities. Please help spread the word!

Diversity Workshop Report:

Denise gave a report on the workshop she presented at the annual Mental Health Conference in October. There were some issue again. Despite the technology issue that frustrated many participants who could not enter Denise and

Harold's workshop, Denise shared that she really appreciate Sheila, a staff of UW, for Sheila was very helpful in training Denise and Harold on the technical issue prior to actual presentation day.

Due to the technology challenge, of the 98 participants who signed up, 60+ were able to attend the workshop. The facilitator could not get in to facilitate so the workshop was 15-20 minutes late in starting. During this frustration, Denise shared that she was trying to have a positive outlook and have faith in the system. Of course, prior to the workshop, Denise shared that the 98 registered participant blew her mind and caused some nervousness. How will we present to such a large number in a zoom format?

In preparation for next year's Conference, Denise would like to do more and have more strategies for this workshop. In addressing the technology challenge and ongoing frustrations, Denise shared that we (Denise and Harold) are drafting a letter to UW staff because we feel like our group is always the low priority, especially after the responses to Mai Zong's email sent to help expressed our concerns and frustrations. We are writing on behalf of the Cultural Diversity Committee. Harold added that the letter should include recommendations for having a CLAS Standards track for the conference. Sandy commented that having a solution to the issue is great, not just stating what is wrong.

SCAODA Listening Presentation – Sandy and Thai spoke about their experiences at the SCAODA Listening Presentation at the annual Mental Health and Substance Use Disorder Conference. Overall, Sandy shared that it went really well. There were good comments in the chat and 30+ people attended. Participants were happy with the presentation of SCAODA, especially learning about its history and role. Thai added that the component of asking Council members to share why they join the Council was very good. For him, this is an opportunity to share his interest—learn about the cause of SUD and abuse and represent the people of WI regarding SUD--and voice the concerns of cultural diversity, especially bringing the high Hmong OWI rate (30%) to policy makers, staff and providers' attention. In addition, Roger, Thai and Harold talked about making a difference and build a legacy of cultural competency.

Cultural Diversity Committee Annual Progress Report: The Committee walked through the draft progresses, added and discussed the priorities for next year. Sandy made the motion to approve the Cultural Diversity Committee's Annual Progress Report and Goals and seconded by Thai. Motion approved. See the Report for more information.

Future Agenda Items: Review the approved Annual Goal Plan, especially the proposed plans for next year.

Motion to adjourn: Denise **Second:** Thai **Motion Carries**

Adjourn at 12:20 p.m.

Prepared by: Mai Zong Vue on 11/17/2020.

These minutes were approved by the Diversity Committee on: 2/19/2021



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

Cultural Diversity Committee
February 19, 2021 -- 10:00 AM to 12:00 PM

<https://dhs.wi.zoom.us/j/84100063773>

Meeting ID: 841 0006 3773
Dial by your location: 1-301-715-8592 (Chicago)

MEETING AGENDA

1. Call to OrderThai Vue, Co-Chair
2. Introduction and Welcome.....Thai Vue, Co-Chair
 - Introduction
 - Welcome New Member, Jamelia Hand
3. Approval of November 13, 2020 Meeting Minutes.....Thai Vue, Chair
4. DCTS Updates.....Mai Zong Vue
5. SABG Plan & Assessment.....Mike Derr
6. Equity and Inclusion Workgroup Update.....Thai Vue & Harold Gates, Co-Chairs
7. Review of Annual Goals and Accomplishments.....All
 - Goals
 - Accomplishments
 - Additions to the Whole Strategic Plan
8. Next Meeting – Topics for Discussion.....All

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Cultural Diversity Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA). The Committee’s primary objective is to assist SCAODA with identifying unmet needs in underserved communities across state agencies and in Wisconsin. 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 Mai Zong Vue at 608-266-9812 or at MaiZong2.Vue@dhs.wisconsin.gov.

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



Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Kevin Florek
Secretary

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OPEN MEETING NOTICE

Equity & Inclusion Ad Hoc Workgroup
Feb. 19, 2021 -- 1:00 PM to 2:30 PM

<https://dhs.wi.zoom.us/j/6551395128?pwd=TEw0bE1rTnRZN1VMbHdpTS9ha3l6Zz09>

Meeting ID: 655 139 5128

Dial by your location: 1-312-626-6799 (Chicago)

MEETING AGENDA

1. Call to OrderRoger Frings, SCAODA Chair
 - SCAODA Chairperson’s Perspective
 - Introductions

2. Overview of Workgroup Mission & Background.....Thai Vue & Harold Gates, Workgroup Co-Chairs
 - Review Workgroup Statement -- Mission, Goals & Objectives
 - Relationship to SCAODA 2018-22 Strategic Plan, Goal #4
 - Stakeholders: Invite Others to Meetings?
 - a) MH Council members
 - b) E&I specialists from DHS and other agencies

3. Timeline for Workgroup Activities, Final ‘Work Product’Workgroup Co-Chairs
 - Schedule Workgroup meetings through May 2021

4. Existing Resources for Defining E&I Problems, Needs and Solutions.....Workgroup Co-Chairs
 - CLAS Standards and ATTC Road Map
 - UW Behavioral Health Gaps Analysis Report
 - SCAODA Workforce Reports from ITC and Prevention committees
 - 2019 MHBG/SABG Needs Assessment
 - Hmong Reports (i.e., OWI, Mental Health and AODA reports)
 - Others

5. Next Meeting – Topics for Discussion.....Workgroup Co-Chairs

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Planning & Funding Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA). The Committee’s primary objective is to assist SCAODA with coordinating substance use disorder planning and funding initiatives across state agencies. DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, if you need an interpreter or translator, or if you need this material in another language or in alternative format, you may request assistance to participate by contacting Mike Derr at 608-852-6403 or at Michael.Derr@dhs.wisconsin.gov.

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

OPEN MEETING MINUTES

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Roger Frings, Jessica Geschke, Holly Stanelle, David Macmaster, Joe Muchka, Sandra Adams, Amy Anderson, Sheila Weix, Elizabeth Collier, Saima Chauhan, Michael Kemp, Jill Gamez, Carl Hampton, Anne Larson, Rosa Van Valkenberg
Date: 11/10/2020	Time Started: 10:01am	Time Ended: 1:00pm	
Location: virtual meeting occurred via Zoom platform			Presiding Officer: Roger Frings, Chairperson

Minutes

- Roger Frings called the meeting to order at 10:01am.
Comments or Announcements: Sheila noted she would like to have ZOOM Meeting format continue post-COVID-19; Saima Chauhan was introduced as the new DHS the discussion on Act 262. Saima said she would check with Amanda Lake regarding inclusion of that topic.
- The minutes were approved unanimously with no opposition nor abstentions.
- Discussion of COVID-19 Impacts: Sheila Weix shared that, due to a significant increase in COVID cases in her region, her agency has reduced in-person services with the volume of work is staying steady. She noted the community impact is getting worse- and substance use is way up. There has also been an increase in suicides in the communities they serve. Ms. Weix reported that the Northern region, tribal areas, and multigenerational families living in one household are being hit particularly hard with recent COVID rates.
Sandra Adams reported service numbers up with a noted increase substance use including people with newly identified SU Disorders. The increase in SU numbers and suicide in the area has made the primary goal “to keep people alive- sobriety is secondary”. Anthem Medicaid requesting paper billing and records on frequently billed services, creating significant barriers. Large impact due to the large number of providers (160). Roger offered to provide contact information at Anthem.
- Guest speaker Carl Hampton, from the Department of Safety and Professional Services, stated he is working to provide responses to questions posed by the committee related to provider credentialing and 2017 Act 262. The committee proposed to continue discussion of Act 262 impacts and recommendations at future meetings.
The *Controlled Substance Board* meeting is on Friday, 11/13/2020. Carl recommended listening in to learn about how opioids and other substances are being prescribed and distributed. Law enforcement leaders plan to talk about their approach to the opioid crisis.
Elizabeth Collier asked if the Board plans to discuss Gabapentin. Sheila stated, as a provider, she would support action on this substance. Carl said it is likely it would be discussed at some point.
- Discussion on residential treatment Rate- Saima Chauhan gave a brief update noting the draft released 10/29/2020- Asked for feedback. Call on November 5th between Pam Lano (DMS Behavioral Health Policy) and providers. There have been rollout concerns, especially regarding payment for Room and Board. Saima presented the rates for low, high, pregnant, intellectual disabilities and adolescents. Future discussions with counties regarding their role in funding the Room and Board.
Roger noted that the Executive Committee of SCAODA planning and funding committee are providing input regarding concerns from provider committees regarding the low rates.
Jill Gamez, member of Planning Committee that worked on these revisions, noted that the newly announced rates are higher than the rates put out a year ago and there continues to be a range of responses from providers. Responses are more positive for providers with additional funding sources

to cover the Room and Board. Some smaller counties continue to struggle. Federal block grant dollars used for treatment costs cannot be used to pay for Room and Board. Concerns about coordination if the client has an outside therapist.

As the benefit is written it is specific about what is included in the treatment. Mental health treatment is one of the services to be provided and should not be billed separately. Psychiatry and medical services are able to be billed separately.

Jill believes they will be ready for the February 1, 2021 implementation of the new rates.

Jill also mentioned the pandemic has had a significant impact on capacity due to social distancing requirements (i.e. Double rooms are currently used as singles).

6. ITC strategic plan progress and priorities. The group discussed the ITC 2020-2021 strategic plan progress and priorities. Committee members, as well as additional strategic plan focus areas related to needs identified in the BH Gaps Analysis, policy developments such as residential substance use treatment benefits, Medicaid substance use health homes, and telehealth.

Saima- stated the strategic plan needs to be revised and sent to Mike Derr before the December 4th SCAODA meeting.

Dave (Mac) Macmaster- requested inclusion of efforts related to tobacco integration especially timely because DHS 75 revision removes the barriers regarding treatment of tobacco/nicotine use in residential settings. Mac referred to the draft document (WINTIP Explores the History of Tobacco Integration in Behavioral Health, 10, 2008) he distributed to committee members. He asked for specific recognition of this tobacco integration initiative in the priority planning. Mac asked for support in the plan and possibly an Adhoc subcommittee to advance the incorporation of tobacco along with the opioid changes. Mac plans to present this information at the DHS 75 hearing. He has also discussed this with Mike Derr and plans to meet with the new BPTR Director, Teresa Steinmetz. Mac will put together a motion for the ITC Committee with suggested language to include in the Strategic Plan.

Sheila Weix noted that she supports the initiative but has no resources to work on the initiative at this time. Sheila wondered if CTRI (UW Center for Tobacco Research and Intervention) has ever reached out to the schools training professionals entering the field to ensure they are prepared to address tobacco/nicotine in the treatment of other substance use disorders. Joe Muchka offered his support. Roger asked to add Priority #4- to include Mac's recommendations in the ITC priorities for 2020-2021- Any objections to the creation of an Ad Hoc workgroup on this issue- Sheila supports the process with delayed implementation due to capacity. Sheila and Roger both stated an interest to participate in the Adhoc group at a later date. There were no objections to adding this as the 4th priority. Mac pledged to provide regular updates on this process.

Roger proposed the following language addition for the plan in Section 3 (e): *Continue efforts to utilize existing and new funding and treatment resources that focuses on substance use disorder's which include tobacco and nicotine use disorder.* No opposition and Mac was satisfied with the inclusion of this language in the plan.

Include language to create and Adhoc Workgroup to address tobacco/nicotine use disorders. No opposition.

Sheila wondered about plan language focusing on youth in the "collegiate" category as it omits other youth in need of support. Anne Larson (DHS Adolescent Treatment Coordinator) requested clarification regarding the origin of this language and no one was able to say why it was limited to "collegiate".

Anne stated that the language should be changed to be more inclusive of the diversity of all transition aged youth (aged 13-25). No opposition to this change.

RE Plan 3a: Edit Priority #1. language to: *Continue work to increase focus and resources for adolescent youth and transition aged youth prevention and treatment programs, to include: (1) collegiate recovery and support resources; and (2) continue revitalizing the Children, Youth and Family Treatment Sub-Committee.* Collaboration with community organizations and other agencies Prevention and treatment of substance use disorders in adolescents and transition aged youth.

RE 3 (b): include language RE prioritizing Seniors-Joe: continue to encourage the implementation of the recommendations in the *Addendum to At-Risk Substance Use in Older Adults Sounding the Alarm: Implications for SUD Treatment in Wisconsin.*

RE Plan 3(e) Activity 2: Note continue to include DSPS in ITC deliberations.

Workforce development- partners work with DSPS and other appropriate stakeholders to develop recommendations related to substance use disorder workforce.

Saima edited the Priority list and Strategic Plan to align with revised priorities. Please refer to the draft *ITC Strategic Plan Progress Report* document for complete recommendations and edits.

Motion by Sheila Weix to approve the *ITC Strategic Plan Progress Report* (including Priority List and Strategic Plan changes) and to forward this draft to the State Council.; 2nd by Mike Kemp with no opposition.

7. DHS 75 revision. Several committee members plan to listen/attend the hearing on Friday. Michael already submitted feedback regarding the lack of person-first language. Sheila was on the workgroup and noted the inclusion of NPs to act as the Medical Director but it was not adopted. It will need to be an ASAM Certified MD or DO. Many sites can't get a medical Director resulting in a reduction of services- unintended consequence of elimination of IOP services (which require MD oversight). DHS 75 Hearing via Zoom on Friday, November 13th. Saima provided a link to the Zoom meeting.
8. There were no public comments.
9. 2021 ITC and SCAODA schedule of Meetings provided by Saima. Agenda topics: Continue discussion of COVID; DSPS update by Carl; residential rates; DHS 75; update from MAC re tobacco/nicotine initiative. Additional agenda items should be forwarded to Saima Chauhan.
10. Roger added an item to the current meeting agenda to propose creation of **SCAODA Executive Committee Special Ad Hoc Workgroup on Equity and Inclusion in the provision of substance abuse services**. The mission of the group would be to provide leadership, guidance, and advocacy to ensure that appropriate substance abuse services are culturally appropriate, evidence-based, and made available to all who need them anywhere in the state of Wisconsin. The Work Group would meet monthly with the goal to have recommendations by June 2021. Membership in the group would include participants representing all 4-standing committees of the full State Council as well as other individuals with expertise in diversity, equity, and inclusion. Timeline-Roger would like to announce this proposal at 12/4 SCAODA meeting. The group supported the presentation of this proposal with no opposition.

The meeting was adjourned at 1:00pm, following a motion by Holly Stanelle and a second by Sheila Weix.

Prepared by: Anne Larson on 12/29/2020.

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)

January 12, 2021-10:00am to 1:00 p.m.

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

Join Zoom Meeting

<https://dhs.wi.zoom.us/j/87807129741>.

Meeting ID: 878 0712 9741
1 (312) 626-6799 US

AGENDA

1. Call to order and roll call
2. Review and approval of 11/10/2020 meeting minutes
3. Update on Tobacco Integration- David Macmaster
4. Discussion of COVID-19 and considerations for substance use services
5. DSPS Updates
6. RSUD survey results & discussion on residential treatment rate
7. Update to the At-Risk SUD in Older Adults Report
8. ITC strategic plan progress and priorities
9. DHS 75 revision
10. Public comments
11. Future meeting dates, agenda topics, and other announcements

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

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

Next scheduled ITC Meeting: February 9, 2021

<https://scaoda.wisconsin.gov>

OPEN MEETING MINUTES

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Roger Frings, Jessica Geschke, Holly Stanelle, David Macmaster, Joe Muchka, Sandra Adams, Amy Anderson, Sheila Weix, Elizabeth Collier, Saima Chauhan, Michael Kemp, Jill Gamez, Carl Hampton, Anne Larson, Amanda Lake, Tamara Feest
Date: 1/12/2021	Time Started: 10:03am	Time Ended: 12:00pm	
Location: virtual meeting occurred via Zoom platform			Presiding Officer: Roger Frings, Chairperson

Minutes

1. Roger Frings called the meeting to order at 10:03am.
Comments or Announcements: Quorum confirmed by Saima Chauhan.
2. **Review and approval of 11/10/2020 meeting minutes.** The minutes were approved unanimously with no opposition nor abstentions. Move to approve by Michael Kemp; Second by Holly Stanelle. No comments. No opposition. Approved unanimously.
3. **Update on Tobacco Integration by David Macmaster (“Mac”).** Mac provided an update on the Tobacco integration proposal. Mac talked to Bruce Christiansen (WINTIP) re the need to determine reasonable assumptions for calculating the cost of this addition to the fee schedule of treatments Ask Senator Janet Bewley about how to move forward with an independent review of the costs. Refer to document provided by Mac showing relatively minimal impact of adding tobacco and nicotine to the substances banned in treatment. Mac believes this proposal will not greatly disrupt existing practices and current EBP guidelines as both ASAM and DSM 5 include Tobacco Use Disorders in their criteria. The absence of disruption in current system should facilitate decision making re this proposal. No direct opposition-DCTS has always been supportive. In addition to ITC- SCAODA Planning and Funding Committee is also working on this proposal- Christine Alstrup will lead that effort. Our Work group will be able to review input so it is properly vetted prior to putting the information before decision makers. Mike Sheridan-Wisconsin Voices for Recovery-mentioned to Mac that this proposal may not have priority support given COVID-19 priorities in Legislature. Mac is consulting with New York state re their 856 EBPs which incorporated tobacco treatment into their state addiction treatment services. Mac will organize updates and bring fresh information to each ITC meeting.

Sheila Weix –offered feedback re language on culture in the draft. Be mindful of how the nations view sacred tobacco.

Tamara Feest- revenue section-savings to MA? Health inequities; cost offset to not using tobacco-? Revenue potential. Have funding committee look at these questions.

Roger- have fiscal Bureau (not audit) bureau to review revenue and expenditures. -as relates to DHS 75 and upcoming budget.

Amanda Lake- DHS will offer training, forums to assist providers with the conversion to changes in DHS 75. Perhaps put out a guidance document re components of the rule. 400 providers of substance use services that will need to adapt to changes in the DHS 75 Rule.

4. **Discussion of COVID-19 and considerations for substance use services.**

Sheila Weix shared that there’s been a positive response to the vaccine. Her staff will be fully vaccinated by end of January- 100% of staff opted to take it. Wondering when patients will be able to be vaccinated. Still not sure about when and how to do in person work. May implement onsite groups in February using PPE- due to patient requests.

Saima shared that OP Clinic staff are now eligible to be vaccinated. Changes are noted on the state COVID-19 page- link in chat.

Sandra Adams- staff getting vaccinated this week. Anxiety and uncertainty about ongoing coverage by telehealth. Many want to continue telehealth and unsure it will continue to be covered- 10 clinics 150 providers. Sheila concurs that many clients want to continue telehealth. It has removed barriers regarding access to treatment (e.g. lack of driver's license; lack of transit; job schedules- rural areas, parents with children at home; access to technology).

Beth Collier mentioned that a survey will be coming out for providers re tele-options.

Roger- noted their department is in constant contact with providers wanting telehealth to continue post COVID-19.

Michael Kemp- Question re-experience with interns and work force development. Mike had 18 students but dropped to 11 due to challenges during the pandemic. Usually only 1-2 drop. Difficult to remotely address trauma, recovery issues that come up.

Sheila said they shut down to interns for a while-then had 1 virtual internship that went fine. Sheila-post-Covid positive result- Sheila noted that the telehealth exposure has been a benefit to this group of interns and new staff because they will be better prepared to engage clients via telephone and virtual settings.

Sandy- still taking them but it's a challenge-especially regarding supervision.

Tamera- virtual format but have only 1 intern due to concern over what their experience might be.

Also training new staff in the same environment-challenge all around.

Saima noted that when she was at Journey they had interns paired with a supervisor and client through Zoom.

Roger- would the ITC have an interest in making a motion for a letter supporting the benefits of telehealth? For a vote at February ITC to take to the full SCAODA Meeting in March-then take to DMS, Insurance Commissioner. Committee support to move forward with this.

Sheila, Sandy, Tamera and Roger offered to draft the motion for the February meeting. Sheila-will include data from focus group of people served by telehealth. Joe Muchka noted we could include workforce benefit of telehealth to expand opportunities for homebound providers as well. Sheila gave an -example-employee was able to return to work – covering multiple sites covering needs in multiple counties. Sheila- this is how counties have covered psychiatry for a long time due to shortages. Sandy we should highlight the removal of barriers for providers and program participants.

5. **Department of Safety and Professional Services (DSPS)**, Guest speaker Carl Hampton stated he is working to provide responses to questions posed by the committee re provider credentialing and 2017 Act 262. The committee proposed to continue discussion of Act 262 impacts and recommendations at future meetings. Working with DHS to clarify 262 questions and also the document shared to answer previous questions. Roger expressed appreciation for ongoing work and participation by Carl in the ITC/SCAODA meetings.

Sheila- shared appreciation re an SU counselor in training who needed help with a question on required hours. She received her credential the same day she submitted the corrected information.

Carl stated work being done on credentialing improvements. DSPS is working with DHS and WCHSA to reduce ambiguities on 262. Carl said it is okay to share current FAQ document to the public.

Controlled substance board meeting this Friday-Carl has been acting as the liaisons to this committee but the new Director (Mr. Barr) will take over in the future. Gabapentin on future agenda. Invite to reach out as needed.

6. **RSUD survey results & discussion on residential treatment rate.**

Saima- 30 (55%) residential-providers responded –findings 43% decreased capacity; 24% furloughs; 1 permanently closed and temporarily closed; 13% layoffs; 20% decrease in hours; 55% health related staff leave/absences due to COVID-19 outbreak. Saima plans to organize the information and add data related to the Child and Adolescent Day Treatment for a discussion at the February ITC.

Sheila asked if the new residential rate is in place and ready to be paid in February. Saima- said she believes it starts in February.

7. **Update to the At-Risk SUD in Older Adults Report.** Saima noted additional information came out via SAMHSA Tip 26 in September of 2020 and requested permission to update the report with these new best practice recommendations. Joe noted the original document was adopted by SCAODA and published so this new information would be an addendum to the original report- Sheila- worked on the original report and is very supportive of adding new information to the report.

8. **ITC strategic plan progress and priorities.**

RE: Item 2 continue to Joe recommended noting the older adult report addendum-

RE: Item 3 get Connected toolkit link-

Any edits re what Mac presented on tobacco initiative,-ok;

Saima- add Diversity and Inclusion as 5th priority including collaboration across committees.

Roger, Joe and Amanda all recommended highlighting -efforts to pool resources and collaborate with other committees due to overlap in committee plans. Sheila is there a way to share the plans across committees? In SCAODA meeting booklet? Amanda- surprised about overlap.

Joe- Sheila-Recovery oriented systems pf care- important recognition of impact across committees.

Sheila- Question- should youth be number 1 as it gets the least amount of attention? Are these listed in order of priority? Amanda suggested CYFT Committee may be listed as "1" because it is the only subcommittee identified in the SCAODA Charter.

RE: Item 5 Joe- add in strategic plans from other SCAODA committees

Saima will follow up with Mike Derr to see if committee plans can be shared. Saima will make these recommended updates to the ITC Plan.

9. **DHS 75 Revision.** Amanda- process- approved through the department and submitted to the Governor's office. The legal council wants rapid turnaround. Feb 6 deadline to submit to legislature. Some opposition from stakeholders. Very large rule. The advisory committee provided more opportunities to influence the rule but ability to make changes as the rule gets developed – more admin and legal focus. Learning process.

Sheila- does legislature have a deadline to respond? Roger believes they will take action before it would die in committee.

Site to find the submitted rule: Clearing house rule number 20-047. Wisconsin Legislative website – Bulletin of Proceedings-history section for updates.

10. **Public comments.** There were no public comments.

Sheila noted concerns RE Data waiver- RE allowing use of NPs and PAs in buprenorphine programs- 2016 CARA act expires 10/2021- Roger- Do we want to pursue extension on the Data waiver?

Beth Collier- heard that SAMHSA may be interested in moving it forward but unsure- waiting for new administration.

Michael Kemp- NADAC Advocacy in Action Conference on April 13,14,15- willing to bring this issue forward to Hill Day on 4/15.

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

2021 ITC and SCAODA schedule of Meetings provided by Saima.

Agenda topics: Continue discussion of COVID-19-19; DSPS update by Carl; residential rates; DHS 75 status update; update from MAC re tobacco/nicotine initiative; strategic plan progress; add 2020-21 legislative session-- Roger will provide info on contact lists, committees, etc.

Roger provided an update on the Equity and Inclusion work group-

Member list? Mac and Joe want to be on the committee. Roger talked to the Chair of the Mental Health Council – they are very interested in SCAODA efforts. Roger will attend their January meeting to see how to combine efforts- and will provide an update at the February ITC meeting. Sheila noted the need for representation from Northern and other rural communities- send suggestions to Roger –stakeholder participants. Joe requested he be included in the MH Committee email notification list. Roger will follow up.

Future ITC meetings dates have been shared. Next meeting 2/9; March SCAODA meeting.

Saima- noted there are 2 BPTR position vacancies: Harm Reduction Treatment Coordinator and the Women’s Treatment Coordinator. Posted soon. Forward health trainings on the new Residential Treatment changes- Jan 12 and 27th; Multiple ASAM trainings- 3 dates filled but more to come. 2/19

Additional agenda items should be forwarded to Saima Chauhan.

The meeting was adjourned at 12:00pm, following a motion by Joe Muchka and a second by Sheila Weix.

Prepared by: Anne Larson on 1/27/2021.

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: Feb 9, 2021 10:00 AM Central Time (US and Canada)

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

Join Zoom Meeting

Topic: SCAODA-ITC-2/9/21
Join Zoom Meeting
<https://dhs.wi.zoom.us/j/87978198342>
Meeting ID: 879 7819 8342
1-312-626-6799

AGENDA

1. Call to order and roll call
2. Review and approval of 1/12/2021 meeting minutes
3. Discussion of COVID-19 and considerations for substance use services (*ITC Members*)
4. DSPS Updates (*Carl Hampton*)
5. Cares Act-Date Waver Update (*Beth Collier*)
6. 2020-2021 Legislative Session Update (*Roger Frings*)
7. Update on support for Telehealth & Telephonic & discussion on residential SUD treatment rates
8. RSUD survey results (*Saima Chauhan*)
9. ITC strategic plan progress: Priority #5 & update (*Roger & Saima*)
10. DHS 75 revision-(*Amanda Lake Cismesia*)
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: April 13, 2021 & SCAODA: March 5, 2021

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Planning and Funding Committee, State Council on Alcohol and other Drug Abuse (SCAODA)		Attending: Members: Christine Ullstrup; Raeanna Johnson; Michelle Devine Giese; Brian Dean; Jill Gamez; Kevin Florek.
Date: 11/18/2020	Time Started: 9:34 am	Time Ended: 11:50 am
Location: Via Zoom		Not Present: Karen Kinsey; Kellie Blechinger Guests: Roger Frings; Sandra Westerman. DHS Staff: Mike Derr
		Presiding Officer: Christine Ullstrup

Minutes

Call to Order: Meeting called to order at 9:34 am.

Review of Oct. 21, 2020 draft meeting minutes:

Michelle Devine Giese moved to approve minutes, and Kevin Florek seconded. No discussion of changes. Motion carried unanimously.

Public Comment/Guest updates:

No comments were offered from outside callers or persons joining the meeting. Roger Frings gave a summary of the Equity and Inclusion Ad Hoc Workgroup concept he’s developing with Harold Gates and Thai Vue, pursuant to Goal 4 under the 2018-22 SCAODA Strategic Plan. He walked through the draft statement with Committee members and invited comments. Each standing committee should be represented on the Ad Hoc Workgroup, so that the Workgroup’s final recommendations (by the June 2021 Council meeting) reflect the perspectives of all committees.

Christine Ullstrup noted that David Macmaster of the Intervention & Treatment Committee (ITC) has asked the P&F Committee to collaborate with ITC to explore how tobacco use disorder can be incorporated into overall SUD treatment programming and activities, Christine expressed her desire to participate on behalf of this Committee. Roger Frings, Michelle Devine Giese and Kevin Florek expressed their support for this concept, but cautioned that this planning initiative needs to consider the amount of capacity treatment providers have to add tobacco use disorder assessments and services to their current services. Christine referenced the WiNTiP initiative as an excellent resource for training and TA on this topic.

Covid-19 Impacts on SUD Services:

Several committee members gave further updates on the impacts of the pandemic on service provider activities, including their staff and consumers. Per Kevin, Dane Co. enacted an ordinance yesterday sharply limiting group sizes, including extended family gatherings, for Thanksgiving. However, residential treatment and group programs are exempted. Raeanna Johnson reported that there have been a lower number of crisis referrals to Tellurian. Michelle mentioned that Apricity’s residential treatment programs are 50% full. Apricity is terminating one of its outpatient programs with 12 slots. She’s found that counties are now funding placements for only a shorter duration than before. Brian Dean noted that DPI is supporting mental health outreach efforts. The agency is issuing fifty \$1,000 grant awards to schools to support peer-to-peer suicide prevention efforts.

Discussion on Medicaid Benefit for SUD Residential Treatment:

Christine informed the Committee that Karl Rajani, on behalf of a group of Milwaukee Co. residential treatment providers, recently submitted a letter to the Division of Medicaid Services (DMS) critical of proposed policies relating to prior authorization and Medicaid enrollment. However, Dr. Pam Lano informed the Committee last

month and DHS staff that the Milwaukee County group has been much more supportive of DMS' efforts this past year and that the group feels that their voices have been considered during the policy development process.

Jill Gamez mentioned that she, Kevin and Michelle had exchanged emails regarding the draft Committee letter of comments and suggestions for the Medicaid Benefit policies, but hadn't met to finalize or update the draft. After further discussion, the group decided sending a letter was no longer necessary, as DMS will shortly be releasing its draft policies for feedback anyway. Several committee members then discussed several factors and considerations for providers to set room and board reimbursement rates and calculating actual costs. Jill observed that providers often are left short moneywise because they will provide the necessary services even though reimbursements don't cover such services.

From that discussion, Christine suggested that the Committee draft a motion for the full Council advocating for the Governor and Legislature to establish General Purpose Revenue funds that reimburse Medicaid residential treatment providers for their actual room and board costs (since Medicaid does not cover that cost). Other committee members agreed. Kevin suggested that the motion also advocate for Medicaid rates to be based on actual covered treatment service costs instead of a set rate, but several other committee members felt the motion would be stronger if that point was left out. Roger suggested that motion could also encourage DHS to advocate for room and board funding from the federal government and grants to help cover those costs. Mike will send Christine the motion template form; she will draft the motion and supporting language, then share it with Committee members for comment and approval prior to the Dec. 4th Council meeting.

In addition, Christine noted that DHS still needs to establish and schedule trainings and TA sessions on ASAM assessment, ForwardHealth enrollment and certification, and prior authorization steps. Mike will keep the Committee informed of upcoming training and TA sessions and dates. (Note: By the end of the meeting, Jill had emailed all Committee members the Motion Template form that included some language pertaining to the room and board motion.)

For a long-term project, Christine and Jill also suggested that the Committee develop a workgroup to survey residential treatment providers on how their room and board costs are covered. Other topics to be explored could include: provider experiences in implementing the new Medicaid benefit; any recent changes or reductions in treatment and other services; and how their revenues have been affected. Raeanna and Jill offered to take the lead in forming this workgroup.

DHS and Other Updates:

Mike Derr shared several agency updates. First, the Bureau of Prevention Treatment and Recovery has hired two new SOR grant coordinators, and Dennis Radloff is now serving as the Opioid Overdose Prevention Grant Coordinator. Sadly, Kate Rifken is leaving DHS in early December. The Committee can continue to work with Lori Wiebold of the evaluation team on mapping and data projects. Second, Mike mentioned the current DHS 75 rulemaking activities, including the Nov. 13th final public hearing, and upcoming timeline for processing the proposed rule. Third, he provided an overview of current GFO announcements and competitions. Fourth, he noted the upcoming ASAM/Matrix training session scheduled for Dec. 3-4th. Regarding DHS 75, Jill asked whether the new language includes requirements for adolescent residential treatment services. The current language for those services references persons 18 and over.

Jill shared that the Mayo Clinic in Eau Claire is not renewing its DHS 75 license.

Regarding the Planning & Funding Committee Work Plan Tasks, Christine and Raeanna mentioned they hadn't had time to meet or work on their tasks. Christine assumed that all other members were facing the same situation. Therefore, an update on Tasks will be addressed at an upcoming Committee meeting. Also, Mike and

Christine will review how the Committee's discussion and planned projects involving the Medicaid SUD Residential Treatment Benefit will fit into the 2018-22 Strategic Plan.

Topics for 1/20/21 Committee meeting:

- Update on the Medicaid Benefit program and implementation issues.
- Development of a survey for residential treatment providers on the impact of the new Medicaid benefit.
- Update on the Equity and Inclusion Workgroup and CLAS Standards.
- Joint effort by ITC and PF Committee to integrate tobacco disorder treatment into SUD treatment.
- PF Committee Action Plan task updates.

Adjournment: Kevin moved to adjourn, Michelle seconded the motion. Motion was approved, the meeting was adjourned at 11:50 a.m.

Prepared by: Michael Derr on 1/19/2021.

Minutes approved by the P&F Committee at its 1/20/21 meeting.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

Planning and Funding Committee

January 20, 2021

9:30 AM to 10:30 AM

<https://dhs.wi.zoom.us/j/8708217918>

Meeting ID: 870 821 7918

Dial by your location: 1-312-626-6799 (Chicago)

MEETING AGENDA

1. Call to Order and Roll Call.....Christine Ullstrup, Chair
2. Review November 18, 2020 meeting minutes.....Christine Ullstrup
3. Public Comment: Substance Use Disorder Planning Topics.....Christine Ullstrup
4. COVID-19 Impacts and Updates.....Committee Members
5. Discussion: Implementing RUSD Medicaid Coverage.....Committee Members
6. Agenda Items for Feb. 17, 2021 Committee meeting.....Committee Members
7. Adjournment.....All

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Planning & Funding Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA). The Committee’s primary objective is to assist SCAODA with coordinating substance use disorder planning and funding initiatives across state agencies. DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, if you need an interpreter or translator, or if you need this material in another language or in alternative format, you may request assistance to participate by contacting Mike Derr at 608-852-6403 or at Michael.Derr@dhs.wisconsin.gov.

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Planning and Funding Committee, State Council on Alcohol and other Drug Abuse (SCAODA)			Attending: Members: Christine Ullstrup; Raeanna Johnson; Michelle Devine Giese; Jill Gamez; Kevin Florek. Not Present: Karen Kinsey; Kellie Blechinger; Brian Dean Guests: Roger Frings; Norm Briggs. DHS Staff: Mike Derr
Date: 1/20/2021	Time Started: 9:33 am	Time Ended: 10:36 am	
Location: Via Zoom			Presiding Officer: Christine Ullstrup
Minutes			

Call to Order: Christine Ullstrup called meeting to order at 9:33 am.

Review of November 18, 2020 draft meeting minutes:

Jill Gamez moved to approve minutes, and Kevin Florek seconded. No discussion of changes. Motion carried unanimously.

Public Comment/Guest updates:

No comments were offered from outside callers or persons joining the meeting. Guest Norm Briggs mentioned that ARC Community Services has been using Medicaid-enrolled treatment providers for women's residential treatment. He asked whether room and board costs (which Medicaid doesn't cover) can be covered with SABG funds – answer is No. Or with State Opioid Response (SOR) funds – answer is unclear. Several attendees noted hearing at a recent meeting that SOR funds could not be used for room and board. Mike Derr shared his past understanding of that question, and that he would follow up with the current SOR coordinators, Michelle Lund and Daniel Bizjak. Both ARC Community Services and Tellurian received SOR II grant awards.

Discussion on Medicaid Benefit for SUD Residential Treatment, and Staff Training:

Jill Gamez stated that she felt “pretty comfortable” working with the new Medicaid benefit coverage, as Arbor Place has experience billing commercial insurance. She added that Dunn County will cover room and board costs, and that clients covering their own room and board must pay the first 21 days up front. When asked, Gamez explained how Arbor Place set its per diem rate for room and board.

Christine Ullstrup shared that Meta House provides child and family services, in addition to the Medicaid-covered women's treatment services. Because of these child and family services, Meta House has been using SABG funds to cover room and board, under its Urban/Rural Women's Treatment grant awards.

Michelle Devine Giese shared hearing that another treatment provider was not planning to charge independently for room and board, as they were receiving \$450/day from insurance policies and self-pay clients.

Giese also mentioned that three clinical supervisors from Apricity attended ASAM training designed for residential treatment staff, and thought the quality of the trainer and information was poor. Ullstrup shared similar reports from Meta House staff attending the training session. Mike Derr said he would share those concerns with colleagues involved in organizing the training. Devine Giese asked whether other ASAM trainers would be available for her staff. (Derr later shared that persons should contact Saima Chauhan to request training from other sources.) Norm Briggs shared that there should be some ASAM trainers available from past ‘train the trainer’ events.

DHS and Other Updates:

Mike Derr briefly shared several agency updates. First, several Bureau staff have recently departed, including Kate Rifken (evaluation) and Sandra Hendricks (women's treatment coordinator). Second, he confirmed ASAM training dates scheduled for January and February. He also noted that the bureau issued Peer Recovery Center and Respite Center GFOAs, with proposals due Feb. 23rd. Finally, Christine Ullstrup would like the Committee to actively track other federal and state grant fund opportunities, and encourage the Bureau to apply for those grant funds. This action step should be included in the Committee's annual workplan of activities.

Jill shared that the Mayo Clinic in Eau Claire is not renewing its DHS 75 license.

Regarding the Planning & Funding Committee Work Plan Tasks, Christine and Raeanna mentioned they hadn't had time to meet or work on their tasks. Christine assumed that all other members were facing the same situation. Therefore, an update on Tasks will be addressed at an upcoming Committee meeting. Also, Mike and Christine will review how the Committee's discussion and planned projects involving the Medicaid SUD Residential Treatment Benefit will fit into the 2018-22 Strategic Plan.

Topics for 2/17/2021 Committee meeting:

- Update on the Medicaid Benefit program and implementation issues.
- Development of a survey for residential treatment providers on the impact of the new Medicaid benefit.
- Joint effort by ITC and PF Committee to integrate tobacco disorder treatment into SUD treatment.
- PF Committee Action Plan task updates.
- Discuss fall 2021 Conference workshop proposal.

Adjournment: By consensus, the Committee decided to adjourn the meeting at 10:36 a.m.

Prepared by: Michael Derr on 2/16/2021.

Minutes approved by the P&F Committee at its 2/17/2021 meeting.



Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Kevin Florek
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

Planning and Funding Committee

Feb. 17, 2021

9:30 AM to 12:30 PM

<https://dhs.wi.zoom.us/j/6551395128?pwd=TEw0bE1rTnRZN1VMbHdpTS9ha3l6Zz09>

Meeting ID: 655 139 5128

Dial by your location: 1-312-626-6799 (Chicago)

MEETING AGENDA

1. Call to Order and Roll Call.....Christine Ullstrup, Chair
2. Review Jan. 20, 2021 meeting minutes.....Christine Ullstrup
3. Public Comment: Substance Use Disorder Planning Topics.....Christine Ullstrup
4. Recent COVID-19 Updates.....Committee Members
5. Progress on 2020-21 Committee Action Plan Activities.....Committee Members
 - Proposal for Fall 2021 MH/SUD Recovery Conference
 - Advocating for Room & Board line in State budget
 - Surveying Residential Treatment Providers re: Medicaid Benefit
 - Monitoring Federal & Other Grants to encourage DHS to pursue
 - Tracking 2021 Legislative Proposals
6. Discussion: Implementing RUSD Medicaid Coverage.....Committee Members
7. DHS and Agency Updates.....Mike Derr & Committee Members
8. Agenda Items for April 21, 2021 Committee meeting.....Committee Members
9. Adjournment.....All

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Planning & Funding Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA). The Committee’s primary objective is to assist SCAODA with coordinating substance use disorder planning and funding initiatives across state agencies. DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, if you need an interpreter or translator, or if you need this material in another language or in alternative format, you may request assistance to participate by contacting Mike Derr at 608-852-6403 or at Michael.Derr@dhs.wisconsin.gov.

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

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: SCAODA Prevention Committee - Alcohol Priority Action Team			Attending: Julia Sherman, Danielle Luther, Sarah Linnan, Chris Wardlow, Faith Price, Emily Holder, Jenny Hallett, Annie Short, Meagan Pichler, Nicole Butt, Frank Buress, Sarah Johnson, Kari Southern DHS Staff: Raina Haralampopoulos, Cecie Culp, Kimberly Wild, Maggie Northrop, Christy Niemuth
Date: 10/15/2020	Time Started: 9:30 a.m.	Time Ended: 12:00 p.m.	
Location: Meeting held remotely via Zoom and conference call due to the covid-19 pandemic			Presiding Officer: Chris Wardlow, Interim Chair

Minutes

1. **Introductions** – Chris Wardlow, Interim Chair, welcomed members and guests. Members and guests introduced themselves.
2. **Public Comment** – There was no public comment.
3. **July Meeting Minutes** – Sarah Johnson made a motion to approve minutes; Julia Sherman seconded the motion; no discussion and motion passed.
4. **Update from the SCAODA Meeting** - Chris shared that SCAODA will have a listening session at the upcoming Mental Health and Substance Use Recovery Conference, and members of the committees will share information about each committee. At the last SCAODA meeting, several substance use treatment providers shared that they have faced challenges in continuing to offer services during the covid-19 pandemic. There was a presentation and discussion about the Gaps Analysis Report.
5. **Alcohol Priority Action Team** - Maggie Northrop, from the Department of Health Services (DHS) Division of Public Health (DPH), shared that she is now transitioning back from covid-19 pandemic response efforts into her public health role and will be engaged in efforts on alcohol policy.
6. **Discussion About the Next Alcohol Prevention Ad Hoc Workgroup** – Julia Sherman shared an update on membership of the ad hoc workgroup that will be reviewing and updating the previous Alcohol Culture and Environment Report since a lot has changed and they have a new Charge. The group will have involvement from a variety of stakeholders including some that are new to these efforts.
7. **OD2A Presentation**- Christy Niemuth, Harm Reduction Coordinator in the Division of Public Health shared a PowerPoint presentation on the Opioid Overdose Data to Action (OD2A) grant, focused on opioid overdose surveillance and prevention strategies. This is funding from the CDC.
8. **Updates on Prevention Grants** –
The Great Lakes Inter-Tribal Council (GLITC) received a no cost extension for the Tribal Partnerships for Success 2015 grant and are working to continue strategies in a virtual format.

DHS also received a no cost extension for the Partnerships for Success 2015 grant and will be continuing sustainability strategies and planning grantee meetings. DHS is looking into continuing State Epidemiological Outcome Workgroup (SEOW) Meetings during the no cost extension funding period. DHS Division of Care and Treatment Services prevention staff will continue to work on the 2020 Epi Report.

State Opioid Response Grant – DHS will have the opportunity to support stimulant prevention efforts with this new round of funding.

Strategic Prevention Framework for Prescription Drugs (SPF Rx)- In the grantee counties, Sauk and Dodge, a prescriber education session was offered, prescription lock boxes and disposal units have been distributed creatively, and a mail-based community survey on prescription opioids was sent in September to residents of Sauk and Dodge Counties and responses are still being collected.

Prescription Drug Overdose Prevention (PDO) - In the grantee counties of Waukesha, Sauk, and Kenosha, grantees are creatively connecting with stakeholders to continue to distribute naloxone within their communities.

9. Review and Revise/Update the Prevention Committee's Priorities, Goals, Objectives and Progress- Chris Wardlow reviewed the current Prevention Committee Work Plan progress.

10. Agency Member Updates

- **Julia Sherman (Wisconsin Alcohol Policy Project)** - The Alcohol Policy Seminar was held virtually on October 8, 2020 with 152 registrants. There was significant participation from law enforcement because the virtual format allowed more ability to attend. Tracy Toomey who is the Director of the Alcohol Epidemiology Program at the University of Minnesota presented, as well as Alcohol Policy Specialist, Michael Sparks.

11. Future agenda items –

The next meeting will be January 21, 2021 and will be held virtually.

12. Meeting Adjourned

Sarah Johnson made a motion to adjourn, seconded by Julia Sherman, no discussion and meeting adjourned at 12:00 p.m.

Prepared by: Kimberly Wild on 10/15/2020.

These minutes are in draft form. They will be presented for approval by the governmental body on: 1/21/2021



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

**OPEN MEETING NOTICE
Prevention Committee**

January 21, 2021
9:30 AM to Noon

[Join Zoom Meeting](https://dhs.wi.zoom.us/j/87495818653) - <https://dhs.wi.zoom.us/j/87495818653>

MEETING AGENDA

1. Welcome and Introductions.....Chris Wardlow, Interim Chair
2. Public Comment: The committee will accept comments from the public relating to any committee business.....Chris Wardlow
3. Approve Minutes from October 15, 2020 Meeting..... Chris Wardlow
4. Update from the December SCAODA Meeting.....Roger Frings, SCAODA Chair
5. CLAS Standards and Implementation within Prevention Work.....Mai Zong Vue, DCTS/DHS
6. Alcohol Priority Action Team (APAT) Update.....Maggie Northrop, OPPA/DPH/DHS
7. Alcohol Prevention ad hoc Workgroup Update.....Raina Haralampopoulos, DCTS/DHS
8. Updates on Prevention Grants (PFS15, Tribal PFS, PDO, SPF Rx, and SOR 2) – DCTS Staff and Christina Denslinger, GLITC
9. Agency Member Updates.....Committee Members
10. Future Agenda Items.....Committee Members

Next meeting is Thursday, April 15, 2021.

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.

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SCAODA Motion Introduction

Committee Introducing: Prevention Committee
Motion for the Executive Committee of SCAODA to send a letter to the Governor and Legislature sharing their grave concern and go on record in opposition of LRB 6241/P2 also known as the “cocktails to go” bill and when the bill receives a bill number it will be added to the letters. (Note: The bill was given a number, Senate Bill 22.)
Related SCAODA Goal: 2) Inform Wisconsin citizens on the negative fiscal, individual, and societal impacts of substance use disorders.
Background: Excessive alcohol use remains a significant threat to the health, safety and prosperity of Wisconsin’s residents. Despite decreases in underage drinking, Wisconsin’s rate of underage drinking remains above the national average. Early alcohol use creates a vulnerability to later opiate misuse and dependence among our children, a risk that should trouble all residents. Unhealthy and dangerous drinking among Wisconsin’s adult population remains disturbingly high. Recent research suggests that even moderate alcohol use among the elderly carries more health and safety consequences than previously known. Given the broad scope of alcohol-related concerns in Wisconsin, this is a public health and safety concern that must be addressed at the population level.
Rational for Supporting: There is a need for effective individual and population level interventions that can be implemented throughout Wisconsin. Since the 2010 release of State Council on Alcohol and Other Drug Abuse’s (SCAODA) report on <i>Alcohol, Culture and Environment</i> , municipal interest and experience implementing evidence-informed policies and practices that reduce alcohol misuse has increased dramatically. In the intervening decade, research into effective policies & practices has refined earlier options and suggested new interventions and policies. In addition, the increasing range of retailing options and alcohol products creates issues unanticipated by current statutes. The Prevention Committee received approval to convene an alcohol prevention ad hoc workgroup that has been meeting monthly to update the <i>Alcohol, Culture and Environment</i> report and with these legislative bills that would increase the availability and access to alcohol coming out they too have also raised concerns.
Across Wisconsin, communities are working to meet the three alcohol-related objectives in <i>Healthy Wisconsin</i> : 1) reducing underage drinking, 2) reducing heavy and binge drinking among adults and, 3) reducing alcohol-related deaths. These three goals will improve the quality of life in Wisconsin and can reduce the financial burden excessive alcohol consumption places on municipalities responsible for emergency services and law enforcement.
This bill often called “cocktail to go” or “mixed drinks to go” authorizes the sale of beer, wine, and distilled spirits from an on-premises (Class B) licensee to be consumed elsewhere. This bill represents a dramatic expansion of the availability of alcohol and a serious reduction in local alcohol control. Every licensee is permanently given this additional mode of retail sales.
Currently, alcohol beverages can be sold by a restaurant or bar for on-premises consumption if they are in manufacturer sealed containers. For example, the “kits” sold by some locations that had all the necessary ingredients including the distilled spirits in

single serving (airline) bottles. This bill allows every on-premises licensee to sell a mixed-drinks, seal it in a container, and then sell it for off-premises consumption. What is striking about this bill is the absence of basic regulatory safeguards the current draft:

- The bill does not have a sunset or expiration date. It permanently allows mixed drinks-to-go.
- It does not have a food or meal purchase requirement, often included to assure that the meal and two cocktails scenario presented by proponents.
- The bill does not limit the size of the container. If it can be sealed as required, it is allowable.
- The bill does not limit the number of beverages that can be purchased by one-person or during one purchase event.
- It is unknown if the language defining the “seal” meets the requirements of the federal government or puts Wisconsin’s Federal Highway Safety aid in jeopardy.

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: SCAODA - Alcohol Prevention ad hoc workgroup			Attending: Members: Julia Sherman, Father Dave Reith, Hee Soo Jung, Ann DeGarmo, Dan Nordstrom, Jenny Hallett, Sarah Johnson, Cecie Culp, Sara Kohlbeck, David Houghton, Dawn Berney, and Lynne Cotter Ex-Officio: Father Brian Mason, Maggie Northrop Guests: none Excused: Montee Ball, Vaughn Bowles, and Chief Aaron Chapin DHS Staff: Raina Haralampopoulos, Allison Weber
Date: 10/23/2020	Time Started: 10:00 a.m.	Time Ended: 12:00 p.m.	
Location: Meeting held remotely via Zoom due to COVID-19 pandemic			Presiding Officer: Maureen Busalacchi, Chair

Minutes

1. Welcome and Introductions – Maureen Busalacchi, Chair

Maureen welcomed and introduced herself to the present members and guests of the Alcohol Prevention ad hoc Workgroup. Maureen and Raina Haralampopoulos, DHS staff provided members with information about Zoom, conducting an open meeting, and requested to record the meeting for the sole purpose of drafting meeting minutes. Maureen asked members to introduce themselves by providing their name, place of employment, and in three words describe your topic of interest as it regards to alcohol.

2. Public Comment – There was no public comment.

3. Expectations of the Workgroup – Maureen Busalacchi, Chair

Maureen discussed and shared information about membership of the Workgroup. She requested the first homework assignment to complete is to email Raina (mary.haralampopoulos@dhs.wisconsin.gov) your contact information and how you would like to be identified. This information is for the Workgroup and how your name will be presented in the recommendation report.

Maureen demonstrated Box which will hold the Workgroup’s bylaws, contact information, reports and research. The organization of the files will be labeled so Members can understand what is “shareable” and what is still in “draft” form and should stay internal until approved by Council. If anyone has any issues accessing Box, please contact Maureen.

Maureen asked members about scheduling Workgroup meetings moving forward and Raina will be emailing everyone a Doodle Poll to collect this information. Majority of the attendees agreed that the 3rd Friday of the month would be a good way to start and the Doodle Poll will have different time options. Moving forward meetings will have a break built in so the meeting will be 2.5 hours.

Raina shared a timeline document and this too will be uploaded to Box. This document has meeting dates of both the full Council and the Prevention Committee so members can understand when the recommendation report will need to be drafted, reviewed, and then with a motion from the Prevention Committee to be presented to the full Council.

4. Background and Review of Charge – Julia Sherman, Wisconsin Alcohol Policy Project

Julia Sherman shared a PowerPoint titled, “Overview: Alcohol policy in Wisconsin” and this presentation is in Box. She shared if anyone has any questions about Wisconsin’s alcohol policy and history to please reach out to her and she will be happy to answer any questions (Julia.Sherman@wisc.edu). Julia described previous alcohol policy work, and specifically the Alcohol Culture and Environment (ACE report) recommendation report from 2010 and referenced what has changed since the report and how the Charge of this Workgroup incorporates these “lessons learned” and continues the work.

5. Focus on Public Health and Data – Dr. Mark Wegner, Chronic Disease Medical Advisor

Dr. Mark Wegner provided a presentation with a recording on an overview on alcohol data and how alcohol is a public health concerns. He provided information from the World Health Organization (WHO) and Wisconsin-specific data and impacts that alcohol has on community. The PowerPoint presentation will be uploaded to Box where members can access it. Maureen thanked Dr. Mark for the presentation and asked Lynne Cotter, Office of Health Informatics (OHI) within the Department of Health Services (DHS) to assist with questions regarding the data. Lynne commented while we have some individual, outcome data (for example hospitalizations, deaths) that is still lagging, she is interested in collecting alcohol-related policy data, like outlet density and to start thinking about the community as a whole and how the policies effect the community.

6. Identify Information, Expertise, and Industry to Move Forward – Workgroup Members

The discussion continued about impaired driving and the place of last drink (POLD) data and how we gather this data. Julia shared that we might not have this data collected, analyzed, and reported in Wisconsin and what we do have is research that we can pull from to identify and create recommendations. If there is data and national reports that members would like to review please ask Julia.

Other items discussed was:

- Dane County Outlet Density Study and some of the missed data, and where POLD data could be collected to provide a more inclusive picture of the alcohol environment.
- Familial influence and how it influences the youth who go on to have substance use disorders.
 - Adverse childhood experiences (ACES) and one of the cultural items where some data is collected is in the Youth Risk Behavior Survey (YRBS) where they ask youth how risky do they perceive binge drinking and it is far lower in Wisconsin compared to other states.
- Religion, spirituality, and alcohol use – weren't aware of any current surveys collecting this data. Older research stated that religiously in young people, were much less likely to drink alcohol if they identified with a faith.
- Alcohol industry, manufacturers have been selling more directly to consumers and wondering if this is unique to Wisconsin and how do other states handle this. This is done under state permits vs. a bar that is municipally licensed. This phenomena is beginning to occur now so it is new. No one was aware of who is looking into this and California does a lot of research on these issues. Ann DeGarmo and Julia agreed to look for this information together.
- Understand how data is collected because it is collected at all different levels as it regards to alcohol use and consequences. The data can be scattered and at the state, county, and local levels on different topics. Think carefully on what we need and its usefulness versus what would be interesting because of the time intensity and the funding that could support it. Going for a state mandate on data collecting and reporting would be an “uphill battle” and we can work with communities, tribes, and counties to figure out what would be most helpful and guide policies that would be best in their communities.
- Local policy makers like local data, they always think “we are different”. Maureen shared that as the Workgroup identifies data and drafts recommendations so we can prioritize what data should be collected support its need and usefulness with research.
- Data will be a large part of the recommendation report.
- Wide range of prevention efforts - Alcohol awareness campaigns to communities that are handing out fridge locks. Start talking about what we can do and sharing these issues, practical suggestions versus all the things we do “wrong” and not comprehensively. Every time we reduce childhood drinking we reduce the caseload in the treatment and faith communities and that is a cultural change that we can do a lot more with in this recommendation report.
- Pediatricians and providing education about alcohol use in younger children.
 - Unaware of what the state is doing in this area and the American Academy of Pediatrics does have information on it and it could be a part of the recommendation report. Looking at systems change, take it a step further and look at healthcare systems and electronic medical records to include this question in their screen - this would be sustainable.

Email Maureen or Raina with questions, or experts that you would like to recommend to present to the Workgroup. We will need to hear from the industry and if you have suggestions please share. The requests from the Workgroup included:

- Medical examiner presentation
- Apply a health equity lens and how does this disproportionately affect populations and solutions, and identify speakers
- Behavioral Risk Factors Surveillance Survey (BRFSS) – Every ethnic sub-group in Wisconsin consumed alcohol at higher rates than the national levels and attention will need to be given to these ethnicities.
- Innovative state and community alcohol policies – bring them in to level-set with the members of the Workgroup to learn what is working, and what taking place both locally and outside of Wisconsin.

7. Future Agenda Items

8. Meeting Adjourned

Maureen shared that a Doodle Poll will be sent out for future Workgroup meeting dates and times along with an invitation to Box. She thanked everyone for this participation and is excited about the expertise on this Workgroup.

Prepared by: Mary Raina Haralampopoulos on 12/7/2020.

These minutes are in draft form. They will be presented for approval by the governmental body on: 12/18/2020

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
Alcohol Prevention ad hoc Workgroup**

December 18, 2020
9:30 a.m. to Noon

[Join Zoom Meeting](#) -

<https://dhs.wi.zoom.us/j/82900830753?pwd=ZEJ1SEZiRzV1U1MreVZMM0tOU3g0UT09>

MEETING AGENDA

1. Welcome and Introductions.....Maureen Busalacchi, Chair
2. Public Comment: The workgroup will accept comments from the public relating to any workgroup business..... Maureen Busalacchi, Chair
3. Burden Reports: Overview and Data Discussion.....Sarah Linnan, MA, and Jason Paltzer, PhD, MPH
4. Framework of Systems Change..... Maureen Busalacchi, Chair
5. Structure of Work and Workgroups..... Maureen Busalacchi, Chair
6. Identify Information, Expertise, and Industry to Move Forward.....Workgroup Members
7. Future Agenda Items.....Workgroup Members

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Alcohol Prevention ad hoc Workgroup serves under the Prevention Committee of the State Council on Alcohol and Other Drug Abuse (SCAODA). The Workgroup’s primary objective is to assist SCAODA with coordinating substance abuse prevention initiatives across state agencies.

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<https://scaoda.wisconsin.gov>

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: SCAODA - Alcohol Prevention ad hoc workgroup		Attending: Members: Julia Sherman, Father Dave Reith, Dr. Hee Soo Jung, Ann DeGarmo, Dan Nordstrom, Jenny Hallett, Sarah Johnson, Cecie Culp, Sara Kohlbeck, David Houghton, Dawn Berney, Chief Aaron Chapin, Lashawnda Maulson Ex-Officio: Father Brian Mason, Maggie Northrop Guests: Sarah Linnan, Jason Paltzer Excused: Montee Ball, Vaughn Bowles, Lynne Cotter DHS Staff: Raina Haralampopoulos
Date: 12/18/2020	Time Started: 9:30 a.m. Time Ended: 12:00 p.m.	
Location: Meeting held remotely via Zoom due to COVID-19 pandemic		Presiding Officer: Maureen Busalacchi, Chair

Minutes

1. Welcome and Introductions.....Maureen Busalacchi, Chair

Maureen Busalacchi welcomed everyone to the second meeting of the ad hoc workgroup. She requested all members and guests to introduce themselves and share their favorite holiday cookie, dessert, or food that they enjoy during this time of year. Maureen reviewed the meeting agenda and shared there would be a break during the two and half hour meeting.

2. Public Comment: The workgroup will accept comments from the public relating to any workgroup business..... Maureen Busalacchi, Chair

There was no public comment.

3. Review and approve the meeting minutes from the last meeting..... Maureen Busalacchi, Chair

Maureen asked voting members to review the meeting minutes from October 23 and for a motion to approve them. David Houghton made the motion to approve the October 23 meeting minutes, seconded by Julia Sherman, no discussion, and motion passed unanimously.

4. Burden Reports: Overview and Data Discussion.....Sarah Linnan, MA, and Jason Paltzer, PhD, MPH

Maureen introduced the guests, Sarah Linnan with the University of Wisconsin, Population Health Institute and Jason Paltzer with Baylor University. Both individuals are authors of the most recent “burden report” titled, *The Burden of Binge Drinking in Wisconsin* (2019), and Jason authored the previous burden report titled, *The Burden of Excessive Drinking in Wisconsin* (2013). They presented a PowerPoint presentation that discussed the two burden reports, their differences, provided their ideal datasets, and recommendations to the workgroup. The three recommendations they provided were to:

- increase sample size of Behavioral Risk Factors Surveillance System (BRFSS)
- accurate/consistent reporting of alcohol as a contributing factor in both health and death data (International Classification of Diseases [ICD] codes),
- alcohol tax revenue (excise tax) data by county

The last report’s goal was to provide county-level data, which could provide a figure (dollar amount) that represented the social costs of binge drinking. A question was asked about tribal data and if it was available. Jason reported that this was a challenge as there are data sharing agreements that would be need to be in place to obtain that data. Another question was about underage drinking and if this information was included in both of the burden reports. Underage drinking data was included in the first burden report (2013) and not in the most current burden report (2019). When asked about how Wisconsin compares to other states that collect alcohol related data, Jason shared that Wisconsin has room for improvement. He said that Nevada and New Mexico were two states that are ahead of the curve and do a

good job in collecting and reporting this data. Jason will provide a list of the states that Sarah and he looked at while creating the most recent burden report and send it to Raina Haralampopoulos to distribute to the workgroup. Their PowerPoint presentation will be in Box after the meeting.

5. Framework of Systems Change..... Maureen Busalacchi, Chair

Maureen presented a framework on how the workgroup could conceptualize and make sustainable systems changes with the workgroup's recommendations. In the past a lot of focus has been on education on alcohol use and its consequences of misuse however without having other changes to the environment these haven't been proven to be effective. Creating the environment that reinforces the behavior you want to see in systems change include:

- Be clear about the issue
- Map the players
- Identify the barriers – who can do what?
- Propose strategies

Shifts in systems conditions are more likely to be sustained when working at all three levels of change with six conditions. The six conditions are: policies, practices, and resource flows [explicit level], relationship and connections, and power dynamics [semi explicit], and mental models [implicit change]. The PowerPoint presentation will be in Box after the meeting for future reference.

6. Structure of Work and Workgroups..... Maureen Busalacchi, Chair

Maureen discussed the structure of the work and workgroup. She reminded members that this workgroup was requested and created with the approval of the Governor's State Council on Alcohol and Other Drug Abuse (SCAODA) and its Prevention Committee. The Prevention Committee will be reviewing the recommendations and put forth a motion for the full Council to approve and adopt the recommendations report. The workgroup has started the information gathering process that will continue into next year and a document has been created to tackle this work that will ultimately address the items identified in the Charge of the workgroup.

7. Identify Information, Expertise, and Industry to Move Forward.....Workgroup Members

After a 10 minute break, Maureen reconvened the workgroup to discuss a document titled, Workgroups and Testimony Suggestions. This document was created to outline possible testimony and topics (aka panels) for the smaller workgroups. The purpose of this document is to stimulate discussion on these topics, not discourage it. In addition to the expertise within the ad hoc workgroup, the group can invite testimony from a variety of stakeholders. Multiple panels could testify in a series of half-day meetings would focus on specific topics. At the conclusion of the testimony the small groups could begin their work. Many topics will cross professional disciplines, a concentrated period of testimony allows all the members to have a complete understanding of the entire issue prior to discussion.

The members reviewed the document and its structure. The following items were discussed and were added to the document:

- Sheriff needs to be included as they also oversee the county jails and towns' associations – first panel
- Not a member National Association of Alcohol Beverage agencies – professional group serving all the control states, state government is the retailer and wholesaler they reach out to other states during national policy. What would we want relevant from them? Dept. of Revenue has a very specific a very specific regulatory responsibility and it is unsure if they could provide relevant information and testimony. Special Agents could participate and hear what the locals are hearing along with the industry. Wisconsin currently has 10 alcohol and tobacco special agents in the state, and this number has declined from previous years. Ann DeGarmo believes that there is no interest in Wisconsin becoming the wholesaler.

- Industry – not monolithic, big beer and distilled spirits, micro-brewers are very different. They have different issues and will be on different sides of the fence. Craft brewers guild is combined industry and represent their interests and different than the larger breweries. Craft distillers and workforce. Wholesalers involved and have the biggest stake in holding the three tiered system in Wisconsin and they are the ones that collect alcohol excise tax. Their role and willing to provide testimony, Panel 7. Regulators on one panel, and a panel with wholesalers and industry.
- Panel 6 – University Administrators – Community relations staff or leadership each University will have a health department.
- Panel 3 - WI Corners and Medical Examiners Association not sure where they fit in
- Human Services – WICHSA
- Panel 4 – Medical Health Care Systems
 1. SBIRT – systems change and sustainability who is engaged
 2. Wisconsin Comprehensive Cancer Collective
 3. ASC Oncologist
 4. Acute injuries
 5. State Trauma advisory council – regional trauma councils, trauma registry data and the burden of alcohol
 6. Injury Prevention Specialist
 7. Addiction – WISAM
 8. Link between domestic violence and alcohol consumption, interpersonal violence, gun violence
 9. Screen on alcohol use – trauma centers need to include this to be credentialed, anonymous data is collected during the screen.
 10. WHA
 11. Panel 5 – Suicide prevention measures and how much work is going on supporting folks with addiction
 12. Combine panel 5 and 6, occupational health – really important things they need to look at. La Crosse might be helpful – Kolkmeier
 13. SUD recovery friendly employers? Is there a list?
- Parish festival – beer tent, huge fundraiser – is there a larger synod or diocese group that is doing it right. Gambling – is looked at with law enforcement. How enforceable are they? Julia and Father Brian Mason can work together on this issue – who makes the policy and what is out there for the archdiocese. In the Jewish tradition is alcohol is involved, however alcohol is not involved in fundraisers, and the Rabbi and the Board of the Synagogue make the decisions (each Synagogue is a stand-alone entity). There are also sober powwows.

Maureen thanked everyone for this thoughtful discussion and staff will update the document as it will be evolving as we learn more and gather testimony and research. Please email Raina with the panel workgroups you would like to participate in.

8. Future Agenda Items.....Workgroup Members

Prepared by: Mary Raina Haralampopoulos on 1.11.2021.

These minutes are in draft form. They will be presented for approval by the governmental body on: 1/15/2021



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

Alcohol Prevention ad hoc Workgroup

Join Zoom Meeting: <https://dhs.wi.zoom.us/j/88162542759>

January 15, 2021
9:30 a.m. to Noon

MEETING AGENDA

1. Welcome and Introductions.....Maureen Busalacchi, Chair
2. Public Comment: The workgroup will accept comments from the public relating to any workgroup business..... Maureen Busalacchi, Chair
3. Review and Approve Meeting Minutes from December 18, 2020.....Maureen Busalacchi, Chair
4. Past Alcohol Recommendation Report Presentation.....Julia Sherman, Wisconsin Alcohol Policy Project
5. Structure of Work Gathering Testimony and Discussion Groups..... Maureen Busalacchi, Chair
6. Future Agenda Items.....Workgroup Members

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Alcohol Prevention ad hoc Workgroup serves under the Prevention Committee of the State Council on Alcohol and Other Drug Abuse (SCAODA). The Workgroup’s primary objective is to assist SCAODA with coordinating substance abuse prevention initiatives across state agencies.

DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, if you need an interpreter or translator, or if you need this material in another language or in alternative format, you may request assistance to participate by contacting Raina Haralampopoulos at 608-772-8865 or at Mary.Haralampopoulos@dhs.wisconsin.gov.

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: SCAODA - Alcohol Prevention ad hoc workgroup		Time Ended: 12:00pm	Attending: Members: Maureen Busalacchi, David Houghton, Sara Kohlbeck, Julia Sherman, Dan Nordstrom, Sarah Johnson, Lashawnda Maulson, Chief Aaron Chapin, Dawn Berney, Ann DeGarmo, Jenny Hallett, Dr. Hee Soo Jung, Lynne Cotter, Father David Reith, Ex-Officio Members: Father Brian Mason Excused: Montee Ball, Vaughn Bowles, Cecie Culp, Maggie Northrup Guests: Morgan Blotch, Staff: Raina Haralampopoulos
Date: 1/15/2021	Time Started: 9:30am		
Location: Meeting held remotely via Zoom		Presiding Officer: Maureen Busalacchi, Chair	

Minutes

1. Welcome and Introductions.....Maureen Busalacchi, Chair

Chair Maureen Busalacchi welcomed everyone to the third Alcohol Prevention ad hoc Workgroup meeting. She requested everyone introduce themselves and the agency they work for or are representing since we have some new people joining the meeting.

2. Public Comment.....Maureen Busalacchi, Chair

The workgroup will accept comments from the public relating to any workgroup business. Maureen opened the public comment section of the agenda and stated that she would accept any public comment at this time. No public comment.

3. Review and Approve Meeting Minutes from December 18, 2020.....Maureen Busalacchi, Chair

Maureen asked members to review and approve the meeting minutes from the December 18, 2020 meeting. Sarah Johnson made a motion to approve the materials as presented, motion was seconded by David Houghton, no discussion, and the motion passed unanimously.

4. Past Alcohol Recommendation Report Presentation.....Julia Sherman, Wisconsin Alcohol Policy Project

This agenda item is postponed to dedicate more time and discussion on structure and process of gathering information, testimony, and the discussion groups.

5. Structure of Work Gathering Testimony and Discussion Groups..... Maureen Busalacchi, Chair

Maureen shared that since alcohol crosses into many different sectors and systems it is best to collect all of the invited, expert testimony sooner than later. This will help the discussion groups/panels research, understanding of the issues and will ultimately assist in drafting recommendations for the final report. Since there is a lot of crossover it is important to have invited, expert testimony now so we have time to be thoughtful, intentional, and inclusive in drafting recommendations.

The process of gathering invited, expert testimony will take place during the month of February. It is important for members of the workgroup to respond to the Doodle Poll so we can schedule these testimonies to accommodate the schedules of the members and the invited experts. Also we want to provide time for the working groups to come together to prep questions during the invited testimony. This prep time can be used to think about what you need to know to make recommendations, learn about what has progressed or not in the last 10 years from the

previous alcohol culture and environment report and to research and learn about this discussion groups' topic areas.

These will be held virtually throughout February, recorded, and placed in Box. Box has a folder for the 7 discussion groups/panels. Maureen envisioned that these testimonies will be about two hours long with each expert presenting about 12 to 15 minutes long with about 5 minutes for questions from members of the ad hoc workgroup. Maureen is requesting that each discussion group selects a lead (workgroup member) who will assist with opening the meeting, thanking the people for attending, providing ground rules, and then welcoming each invited expert to present. Another request is for members to volunteer be a time keep and note keeper. Morgan Blotch (UW-Madison, Law School) and Raina Haralampopoulos (WI Department of Health Services) will be offering staff support with scheduling, inviting the experts, providing the experts with some background information, collecting written testimony since we will be requesting the written script of their presented testimony for recording purposes. Also, invited experts will be able to record testimony if they cannot attend the live, virtual meeting. Recorded testimony will be placed in Box. Maureen requested that all suggestions for invited, expert testimony (name, email address, and what discussion group they would be providing testimony) be sent to Raina by Friday, January 22.

Also, Maureen shared that they would like a broad, general public testimony time. Together she and Raina are looking into how we could gather public testimony virtually, either by a survey written application or upload a video testimony. Maureen is looking at setting up setting some parameters and guidance document to inform the public of the workgroup's Charge and want to gather as much information as possible.

Maureen stressed the importance that at some point we will need to draft and write a report and we want to focus on usable recommendation for people who want evidence-based and evidence-informed alcohol policies that support the objectives of reducing underage drinking, reducing binge drinking and alcohol-related deaths that can be effectively implemented under Wisconsin alcohol policy framework.

The workgroup then went through the panels and identified the following items:

Panel 2

Will rely heavily on the Department of Revenue's (DOR) perspective, would like to have panel 1 and panel 2 on two different days. A question is what statistics does DOR collect and what falls outside the regulatory group. Ann believes that a different state perspective and testimony would be welcomed and helpful to gain better understanding of the taxing portion of Chapter 125 – it is often missed. Discussion about the excise tax and their nuances. Ann said when scheduling panels 1 and 2 that Legislature is back in session so do not schedule any panels that will need DOR testimony on Tuesdays and Thursdays – better days would Monday, Fridays, and Wednesdays. Wednesdays are Committee days too.

Panel 3

Would like to hear more about health disparities with this panel and make sure they are aware when being invited to testify. A question was about could we involve the CDC to discuss the link with public health and safety and alcohol outlet density. WI Child Death Review Team and provide testimony if alcohol shows up with accidents and kids themselves using alcohol – another perspective, Children's Health Alliance coordinates this.

Panel 5

Given the demographics for heavy drinking – important to pull a couple people in post-secondary education. We could ask coalitions if they have connections with civic groups that could testify. Employer – integrating policies for individuals in recovery, we know it's a problem and there is already some great Employers doing their best to prevent substance use and misuse and keeping people in recovery. Sara Kohlbeck has been working on this with a mental health and suicide prevention group in the Fox Valley partnering with Project Zero. Recovery college programs – housing situations, entire campuses that are in recovery? Do we know of any? Adopt their practices

to create safer environments. Horizon High School is the only recovery high school. Johns Hopkins Bloomberg School of Public Health Center of Alcohol Marketing and Youth (CAMY) – advertising and where youth research lives. Community Anti-Drug Coalitions of American – CADCA. Sara Kohlbeck is working with focus groups in Manitowoc county to learn more about how they youth’s access to alcohol, cultural norms and perceptions on alcohol, and where young people are using alcohol.

Panel 6

Ann is curious about the last report and if there was engagement from them these groups? In the 2010 report, it was just the MillerCoors agency that came and did a presentation. A lot has changed, and the industry appears to be more fractured now. This panel is will be very interesting and have certain perspectives on Chapter 125 and would like to have balance on the panel. Julia has contact with the Craft Beer Industry. Ann has contacts with the Wholesalers – she will be able to suggest some contacts. Ann checked the previous Legislative Council Study to see who was invited to speak on behalf of their industry and if they would be appropriate to speak. Some of the folks would be good – lawyer American Beverage Association I don’t think he is a lobbyist. Vintners – Sara Botham we haven’t had any recent contact with her. Association – Lawyer and Board Chair – Bill Glass – Brewers Guild, Include Distributors, Home brewers and distillers – they put one of the largest festivals in the country (not selling) – maybe not relevant

Panel 7

3rd party delivery and COVID issues, Grocers Association switching from Class A to Class B licenses because they have bars at the stores. Conversations about removing the limit of spirits, a fine line between A and B licensees are unclear how to navigate. Some other grocery store chains have their own lobbyists – Kroeger, Hyvee. Wedding Barns – they have their own trade association called WI Agriculture Tourism Association and to have the Sheriffs provide testimony.

Maureen asked members to read and review the past ACE report to understand it and that at the same time don’t let it constrain them. Testimony is to learn more about topics and to gain a perspective. After the invited expert testimony, Maureen is encouraging the discussion groups to do additional research. Some key items when learning more about these panel discussion groups are: Wisconsin is unique with its local law – Wisconsin is one of five states that works this way. Think about the policy and how it would be enforced. Look for interventions that occur pre-sale of alcohol. Ask yourself, does it take place before or after the alcohol takes place, like Safe Ride. Is it effective? Look at the 4 A’s – affordable, attractive, acceptable, accessible – if it talks to one of the 4 A’s it will help the community. Alcohol statistics – Do we ask the questions, do we compile the data, and do we analyze the data.

6. Future Agenda Items.....Workgroup Members

Prepared by: Mary Raina Haralampopoulos on 2/16/2021.

These minutes are in draft form. They will be presented for approval by the governmental body on: 2/19/2021



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

Alcohol Prevention ad hoc Workgroup

Join Zoom Meeting: <https://dhs.wi.zoom.us/j/82996500505>

February 19, 2021

9:30 a.m. to 12:30 p.m.

MEETING AGENDA

1. Welcome and Introductions.....Maureen Busalacchi, Chair
2. Public Comment: The workgroup will accept comments from the public relating to any workgroup business..... Maureen Busalacchi, Chair
3. Review and Approve Meeting Minutes from January 15, 2021Maureen Busalacchi, Chair
4. Invited Panel Fact-Finding Presentations.....Maureen Busalacchi, Chair
5. Structure of Work Gathering Testimony and Discussion Groups..... Maureen Busalacchi, Chair and Julia Sherman
6. Future Agenda Items.....Workgroup Members

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Alcohol Prevention ad hoc Workgroup serves under the Prevention Committee of the State Council on Alcohol and Other Drug Abuse (SCAODA). The Workgroup’s primary objective is to assist SCAODA with coordinating substance abuse prevention initiatives across state agencies.

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ANNUAL SYNAR REPORT

42 U.S.C. 300x-26

OMB № 0930-0222

FFY 2021

State: WI

Table of Contents

Introduction.....	i
FFY 2021: Funding Agreements/Certifications.....	1
Section I: FFY 2020 (Compliance Progress).....	2
Section II: FFY 2021 (Intended Use).....	11
Appendix A: Forms 1–5.....	13
Appendixes B & C: Forms.....	20
Appendix B: Synar Survey Sampling Methodology	19
Appendix C: Synar Survey Inspection Protocol Summary.....	21
Appendix D: List Sampling Frame Coverage Study	25

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

INTRODUCTION

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

How the Synar report helps the Center for Substance Abuse Prevention

In accordance with the tobacco regulations, states are required to provide detailed information on progress made in enforcing youth tobacco access laws (FFY 2020 Compliance Progress) and future plans to ensure compliance with the Synar requirements to reduce youth tobacco access rates (FFY 2021 Intended Use Plan). These data are required by 42 U.S.C. 300x-26 and will be used by the Secretary to evaluate state compliance with the statute. Part of the mission of the Center for Substance Abuse Prevention (CSAP) is to assist states¹ by supporting Synar activities and providing technical assistance helpful in determining the type of enforcement measures and control strategies that are most effective. This information is helpful to CSAP in improving technical assistance resources and expertise on enforcement efforts and tobacco control program support activities, including state Synar program support services, through an enhanced technical assistance program involving conferences and workshops, development of training materials and guidance documents, and onsite technical assistance consultation.

How the Synar report can help states

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

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

Getting assistance in completing the Synar report

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

Where and when to submit the Synar report

The ASR must be received by SAMHSA no later than December 31, 2020 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.

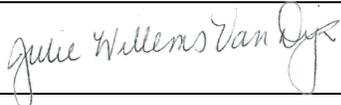
The state must upload one copy of the ASR using the online WebBGAS (Block Grant Application System). In addition, the following items must be uploaded to WebBGAS:

- FFY 2021 Synar Survey Results: States that use the Synar Survey Estimation System (SSES) must upload one copy of *SSES Tables 1–8* (in Excel) to WebBGAS. **Please note that, beginning with the FFY 2021 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 2021: 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 2021 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 2021 is up-to-date and approved by the Center for Substance Abuse Prevention.	
State: Wisconsin	
Name of Chief Executive Officer or Designee: Julie Willems Van Dijk	
Signature of CEO or Designee: 	
Title: Deputy Secretary, Wisconsin Department of Health Services	Date Signed: 11/29/2020
If signed by a designee, a copy of the designation must be attached.	

SECTION I: FFY 2020 (Compliance Progress)

YOUTH ACCESS LAWS, ACTIVITIES, AND ENFORCEMENT

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

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

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

Yes No

If Yes, current minimum age: 19 20 21

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

Yes No

If Yes, indicate change. (Check all that apply.)

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

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

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

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

- Placed on file for public review
- Posted on a state agency Web site *(Please provide exact Web address and the date when the FFY 2021 ASR was posted to this Web address.)*

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

Date published: November 30, 2020

- 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.) Update given at June 5, 2020 Wisconsin State Council on Alcohol and other Drug Abuse meeting.*

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

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

Wisconsin Department of Health Services

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

- Yes No

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

Wisconsin Department of Health Services

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

- Yes No

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

Wisconsin Department of Health Services

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

- Yes No

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

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

Wisconsin Department of Health Services

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

- Yes No

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

Are the same

Have a formal written memorandum of agreement

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

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

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

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

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

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

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

5. Please answer the following questions regarding the state's activities to enforce the state's youth access to tobacco law(s) in FFY 2020 (see 42 U.S.C. 300x-26 and 45 C.F.R. 96.130(e)).

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

- Enforcement is conducted exclusively by local law enforcement agencies.
- Enforcement is conducted exclusively by state agency(ies).
- Enforcement is conducted by both local *and* state agencies.

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

PENALTY	OWNERS	CLERKS	TOTAL
Number of <u>citations issued</u>	UNK	UNK	160
Number of <u>finest assessed</u>	UNK	UNK	160
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 access to tobacco laws carried out in your state? (Check one category only.)

- Enforcement is conducted only at those outlets randomly selected for the Synar survey.
- Enforcement is conducted only at a subset of outlets not randomly selected for the Synar survey.
- Enforcement is conducted at a combination of outlets randomly selected for the Synar survey and outlets not randomly selected for the Synar survey.

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

Yes No

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

Merchant education and/or training

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

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

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

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

- Community education regarding youth access laws

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

- Media use to publicize compliance inspection results

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

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

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

- Other activities (*Please list.*) _____

SYNAR SURVEY METHODS AND RESULTS

The following questions pertain to the survey methodology and results of the Synar survey used by the state to meet the requirements of the Synar Regulation in FFY 2020 (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 N/A _____

Weighted RVR N/A _____

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

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

$$\begin{array}{ccccccc} \text{N/A} & + & (1.645 & \times & \text{N/A}) & = & \text{N/A} \\ \text{RVR Estimate} & \text{plus} & (1.645 & \text{times} & \text{Standard Error) } & \text{equals} & \text{Right Limit} \end{array}$$

Accuracy rate N/A _____

Completion rate N/A _____

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.)

N/A

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)	N/A
Target sample size (the product of the effective sample size and the design effect)	N/A
Original sample size (inflated sample size of the target sample to counter the sample attrition due to ineligibility and noncompletion)	N/A
Eligible sample size (number of outlets found to be eligible in the sample)	N/A
Final sample size (number of eligible outlets in the sample for which an inspection was completed)	N/A

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: 2015

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

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

Yes No

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

d. The calendar year of the next coverage study planned: 2021

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 N/A to N/A
MM/DD/YY MM/DD/YY

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

N/A

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 2021 (Intended Use):

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

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

- Synar sampling methodology Yes No
Synar inspection protocol Yes No

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

2. Please describe the state's plans to maintain and/or reduce the target rate for Synar inspections to be completed in FFY 2021. Include a brief description of plans for law enforcement efforts to enforce youth tobacco access laws, activities that support law enforcement efforts to enforce youth tobacco access laws, and any anticipated changes in youth tobacco access legislation or regulation in the state.

In 2021, the Tobacco Prevention and Control Program will issue contracts to local agencies for community-based activities. These activities will include compliance investigations (if deemed safe with COVID-19), utilizing a positive reinforcement protocol, law enforcement involvement, promotion of WITobaccoCheck.org, media and community outreach activities. A statewide media campaign on the federal tobacco 21 law will be launched in November 2020 – January 2021 to raise awareness of the federal law among retailers and consumers under 21 years old. Training resources have been translated in 5 languages to reach those retailers with English as a second language. Google translate has been deployed on the online tobacco retailer training (WITobaccoCheck.org).

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

- Limited resources for law enforcement of youth access laws

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

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

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

- Limitations in the state youth tobacco access laws

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

products (e-cigarettes). Wisconsin minimum legal sales age is 18. Minor immunity is not granted to 18-20 year olds involved in compliance investigations.

- Limited public support for enforcement of youth tobacco access laws

- Limitations on completeness/accuracy of list of tobacco outlets

Tobacco licenses are issued by local municipality annually. There is no statute requiring local municipalities to submit list of licensed outlets, therefore a collection request must be conducted each year. Vape shops do not require a license to sell electronic smoking devices/e-cigarettes, resulting in no tracking mechanism.

- Limited expertise in survey methodology

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

Wisconsin minimum legal sales age is 18 and the current law does not provide minor immunity for 18-20 year olds involved in inspections checking compliance with federal law.

- Difficulties recruiting youth inspectors

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

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

- Geographic, demographic, and logistical considerations in conducting inspections

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

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

- Issues regarding sources of tobacco under tribal jurisdiction

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

Because of the pandemic, compliance inspections were suspended and the Synar survey was not conducted. A mitigation plan was discussed, but Wisconsin COVID rates have been high and, therefore, deemed unsafe for anyone to be involved in conducting inspections. As a result no sampling was completed and no survey was conducted. The only activity completed was the list frame collection.

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 2021). 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 2021).

- 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>2021</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 2021).

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: 2021 _____				
(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 2021).

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: 2021	
(1) INELIGIBLE		(2) ELIGIBLE	
Reason for Ineligibility	(a) Counts	Reason for Noncompletion	(a) Counts
Out of business		In operation but closed at time of visit	
Does not sell tobacco products		Unsafe to access	
Inaccessible by youth		Presence of police	
Private club or private residence		Youth inspector knows salesperson	
Temporary closure		Moved to new location	
Unlocatable		Drive-thru only/youth inspector has no driver's license	
Wholesale only/Carton sale only		Tobacco out of stock	
Vending machine broken		Ran out of time	
Duplicate		Other noncompletion reason(s) <i>(Describe.)</i>	
Other ineligibility reason(s) <i>(Describe.)</i>			
Total		Total	

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

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

Instructions for Completing Form 5: In the top right-hand corner of the form, provide the state name and reporting federal fiscal year (FFY 2021).

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

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

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

Synar Survey Inspector Characteristics		
		State: _____
		FFY: 2021
	(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 2020.

APPENDIX B: SYNAR SURVEY SAMPLING METHODOLOGY

State: Wisconsin
 FFY: 2021

1. What type of sampling frame is used?

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

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

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

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

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

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

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

Yes No

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

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

Yes No

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

- State law bans vending machines.
- State law bans vending machines from locations accessible to youth.
- State has a contract with the FDA and is actively enforcing the vending machine requirements of the Family Smoking Prevention and Tobacco Control Act.
- Other (Please describe.) Because the Synar survey was not conducted due to COVID, the sample was not compiled and vending machines were not included.

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.) N/A

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

N/A

7. Provide the following information about stratification.

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

N/A

- 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.)**

N/A

- 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.**

N/A

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.**

N/A

10. Provide the following information about sample size calculations for the Synar survey conducted in FFY 2020.

- 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: N/A
Frame Size: 6704

Input for Target Sample Size:
Design Effect: N/A

Inputs for Original Sample Size:
Safety Margin: N/A
Accuracy (Eligibility) Rate: N/A
Completion Rate: N/A

- 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:**

N/A

- 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.**

N/A

APPENDIX C: SYNAR SURVEY INSPECTION PROTOCOL SUMMARY

State: Wisconsin
FFY: 2021

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

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

a. Consummated buy attempts?

- Required
- Permitted under specified circumstances (Describe:)
- Not permitted

b. Youth inspectors to carry ID?

- Required
- Permitted under specified circumstances (Describe:)
- Not permitted

c. Adult inspectors to enter the outlet?

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

d. Youth inspectors to be compensated?

- Required
- Permitted under specified circumstances (Describe:)
- Not permitted

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

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

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

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

Always Usually Sometimes Rarely Never

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

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

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

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

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

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

N/A

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

N/A

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

a. Legal

Yes No

(If Yes, please describe.)

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

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

protocol and reporting requirements. Chapter 254, Subchapter IX, Wis. Stats., was amended with 2001 Wisconsin Act 75.

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

(b) A person under 18 year of age, but not under 15 years of age, may buy, attempt to buy or possess any cigarette, nicotine product, or tobacco product in the course of his or her participation in an investigation under s. 254.916 that is conducted in accordance with s. 254.916 (3).

The statutes do not provide immunity to youth inspectors, ages 18-20, who are participating in inspections checking compliance on federal sales age law of 21.

b. Procedural

Yes No

(If Yes, please describe.)

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

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

a. Legal

Yes No

(If Yes, please describe.)

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

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

b. Procedural

Yes No

(If Yes, please describe.)

General Rules and Guidelines

- The survey team will consist of one adult supervisor and two minors (one purchaser and one observer).
- The inspection will not be conducted if the retail site or area is perceived as unsafe by adult supervisors or minors.
- Survey team members must wear seat belts and obey all traffic laws.

Responsibilities and Protocols for Adult Supervisors

- Adult supervisors will do all of the driving.
- Vehicles must be parked in a location where survey participants can exit and enter the vehicle safely, but not within view of the retail outlet personnel.
- The adult supervisor will obtain a preliminary view of the retail establishment and make a decision regarding safety. If there is any question, the adult will enter the establishment first and determine if an inspection should be made. The adult might go in under the pretense of using the phone, etc., so as not to alert the retail employee. If the outlet or neighborhood appears unsafe to either the youth or the adult supervisor, the youth will not enter.
- The adult supervisor will maintain visual surveillance of the youth survey team members as they enter, and will be prepared to intervene if a problem arises.
- In the event of any problems, the adult supervisor will enter the store immediately, identify him- or herself, explain the work they are conducting, and show the letter from the State authorizing Synar survey activity.
- The adult supervisor will allow time for a debriefing after each attempt and at the end of the day, encouraging the youth to process their feelings about successful and unsuccessful purchases.

Responsibilities and Precautions for Youth Participants

- Youth survey teams will be composed of two participants. Both youth will enter the retail outlet together for each inspection. One will make the purchase attempt, and the other will be an observer.
- Both members will have the “Letter of Authorization” with them at all times.
- Observer Role:
 - The observer will keep other youth (purchaser) in view at all times.
 - If the purchaser appears to be having a problem or an experience that in any way seems unsafe, the observer will notify the adult supervisor immediately so he/she can intervene.
- The observer will leave the store with the purchaser.

- In gang activity areas, team members will avoid behaviors or mannerisms that might be perceived as “gang-related.”
- Both youth survey team members will leave the store immediately if the situation appears unsafe or feels uncomfortable.

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

a. Legal

Yes **No**

(If Yes, please describe.)

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

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

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

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

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

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

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

b. Procedural

Yes **No**

(If Yes, please describe.)

General Rules and Guidelines

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

-Survey teams will inspect only those retail outlets provided. If a retail outlet is closed, or if conditions are unsafe for inspecting, the adult supervisor will note this

information on the data collection tablet, with an explanation as to why the inspection was not completed.

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

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

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

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

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

Responsibilities and Protocols for Adult Supervisors

-Adult supervisors will do all of the driving.

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

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

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

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

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

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

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

Responsibilities and Precautions for Youth Participants

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

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

Observer Role:

- The observer will keep other youth (purchaser) in view at all times.
- If the purchaser appears to be having a problem or an experience that in any way seems unsafe, the observer will notify the adult supervisor immediately so he/she can intervene.
- The observer will make a mental note of whether or not the outlet has a warning sign, and note the type and location of the sign.
- The observer will note the gender and approximate age of the employee.
- The observer will leave the store with the purchaser.

Survey Team Role:

- Survey team members will have enough money to make the purchase, including the appropriate amount of change, in case a purchase must be made from a vending machine.
- Once inside, the youth survey team should quickly locate the tobacco product.
- Survey team members will act naturally.
- Survey team members will dress as usual. The intention is not to fool the retail - employee, but to present themselves in a normal manner.
- In gang activity areas, team members will avoid behaviors or mannerisms that might be perceived as “gang-related.”
- Both youth survey team members will leave the store immediately if the situation appears unsafe or feels uncomfortable.
- If a friend or someone known to either survey team member works or is present in the retail site, the team will exit the store without attempting to make a tobacco purchase.

Purchaser Role:

- If tobacco is available in open, unlocked displays, the purchaser should pick up the item and place it on the counter.
- If tobacco is available only through a clerk-assisted sale (e.g., behind the counter or in a locked case), then the purchaser should request the specific type and brand of product.
- If the tobacco is available both in open, unlocked displays and behind the counter, the purchaser should try to pick up the item from the open, unlocked displays.
- If the location sells tobacco both over the counter and from vending machines, the purchaser should attempt to make the purchase from the vending machine.

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

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

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

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

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

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

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

APPENDIX D: LIST SAMPLING FRAME COVERAGE STUDY

(LIST FRAME ONLY)

State: Wisconsin
FFY: 2021

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.

[Empty text box]

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

[Empty text box]

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

[Empty text box]

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.

[Empty text box]

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.

[Empty text box]

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.

[Empty text box]

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.

[Empty text box]

- 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).

Wisconsin OFR

Overdose Fatality Review



History of OFR in Wisconsin

*Joint project of Wisconsin Department of Health Services and
Wisconsin Department of Justice*

- Centers for Disease Control and Prevention Overdose Data to Action grant (OD2A)
- Bureau of Justice Assistance Comprehensive Opioid, Stimulant and Substance Abuse Program (COSSAP)

Data analysis provided by DOJ

*Training and technical assistance provided by Medical College
of Wisconsin (MCW)*

OFR purpose

OFRs utilize a systematic, multi-disciplinary review process to prevent future overdose fatalities through improvement in organizational policy or practice or refinement of public policies or systems' operations to enhance community health and safety.

3

Goals of OFR

To better understand the nature of overdose fatalities through **comprehensive information sharing**

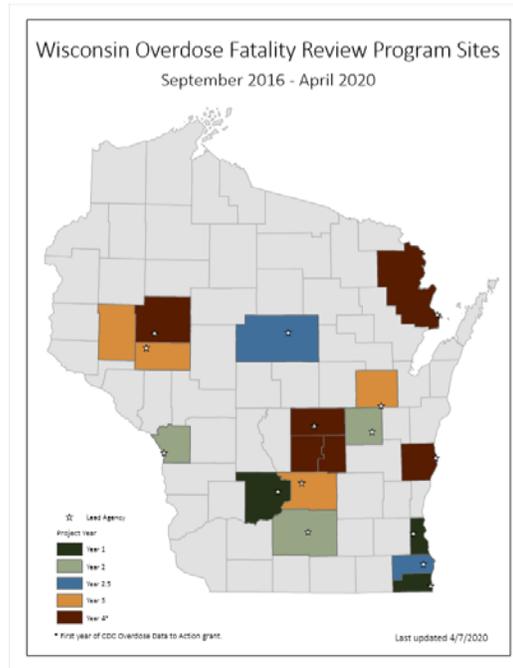
To develop innovative, **proactive** responses

To **strategically** focus limited enforcement and intervention activities on identifiable risks

4

County-based teams

Chippewa	Marinette
Columbia	Outagamie
Dane	Racine
Eau Claire/Dunn	Sheboygan
Kenosha	Tri-county – <i>Waushara, Marquette, and Green Lake</i>
La Crosse	
Marinette	
Milwaukee	Winnebago
Marathon	



OFR Data System

- OFR team members share relevant information regarding the circumstances and risk factors to build a shared understanding of the gaps in service or barriers to care that may have increased the risk of overdose
- Data is collected in a secure data system housed in REDCap at Wisconsin Department of Health Services (DHS)
- Data collection allows comparison of risk factors across deaths and identification of themes that can lead to recommendations for prevention of future overdose deaths
- DHS provides teams two years of Prescription Drug Monitoring Program and hospital discharge data to help the team identify additional opportunities for prevention

OFR Data Analysis

- Goal: identify risk factors and themes in overdose fatality cases and communicate findings to OFR teams.
- Three examples:
 - 1) [OFR Aggregate Data Reports](#)
 - 2) [OFR Comparison Reports to guide case selection](#)
 - 2) [Visualizing drug combinations using toxicology data](#)
 - 3) [Analyzing and visualizing Prescription Drug Monitoring Program \(PDMP\) and Hospital Discharge Data](#)
- Quick plug for [DOJ drug dashboards](#)

Substance Abuse Prevention and Treatment (SAPT) Block Grant

SAPT Block Grant Funding

- FY 2021: \$1.858 billion + \$1.65 billion supplemental COVID-19 relief funding
- FY 2020: \$1.858 billion
- FY 2019: \$1.858 billion
- FY 2018: \$1.858 billion
- FY 2017: \$1.858 billion
- FY 2016: \$1.858 billion
- FY 2015: \$1.820 billion
- FY 2014: \$1.820 billion
- FY 2013: \$1.710 billion (after 5% sequestration cut)
- FY 2012: \$1.779 billion (Congress appropriated \$1.8 billion, but HHS redirected \$21.5 million to other programs)
- FY 2011: \$1.783 billion

Overview

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is distributed by formula to all States, Territories, Jurisdictions, and the Red Lake Band of Chippewa Indians (referred to as "States"). **It is the cornerstone of States' substance use disorder prevention, treatment, and recovery systems.** The SAPT Block Grant is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), within the Department of Health and Human Services (HHS). State alcohol and drug agencies manage the SAPT Block Grant, ensuring the effective and efficient use of funds across the continuum of care.

SAPT Block Grant Outcomes

The **SAPT Block Grant funds annually provide treatment services for 2 million Americans** (SAMHSA FY 2021 Justification). At discharge from Block Grant-funded programs in FY 2019, 77% of clients demonstrated abstinence from alcohol use, and 56% were abstinent from illicit drug use. Additionally, of clients discharged from treatment, 88% had stable housing, and 93% had had no arrests.

Impact of COVID-19 Pandemic on Substance Use Disorders

The coronavirus pandemic has had a marked impact on State substance use disorder delivery systems. Overdoses increased up to 42% per month during the pandemic as compared to the same months in 2019 (Overdose Detection Mapping Allocation Program,

2020). Fentanyl use has increased 32%, methamphetamine use increased by 20%, heroin use increased by 13% and cocaine use increased by 10% (Millennium Health Signals Report, 2020). In April 2020, alcohol sales in retail stores increased by 21% while online purchases of alcohol increased by 234% when compared to the same period in 2019. (Nielsen, 2020).

Congress Takes Action

In December 2020, the final FY 2021 omnibus appropriations package included \$1.65 billion in supplemental funding for the SAPT Block Grant. The bill also afforded SAMHSA the ability to offer States flexibility in certain allowable use of funds, timelines and reporting requirements. Prior to this significant investment, the SAPT Block Grant remained essentially level-funded for years. From 2011 to 2021, the SAPT Block Grant did not keep up with health care inflation, resulting in a 24% decrease in purchasing power.

Moving Forward: Benefits of Multi-Year Investments in the SAPT Block Grant

As Congress considers another COVID-19 package and FY 2022 appropriations, States note the benefit of longer-term, multi-year increased investments in the SAPT Block Grant. Federal resources that are sustainable and predictable would help in some of the following ways:

- **Assist States with planning:** The role of State alcohol and drug agencies includes working to ensure an effective, efficient, and coordinated system of care across substance use disorder prevention, treatment, and recovery. One-time funding, while helpful, can create a fiscal cliff and generate uncertainty regarding future budgets. A multi-year investment helps States plan with consistency.
- **Promote reliable support for providers:** State alcohol and drug agencies are supporting providers of prevention, treatment, and recovery programs and services. It is critical that providers remain assured that resources will be provided beyond a one-time allotment to allow them to hire staff or expand programs with confidence that resources will be maintained.
- **Maximize efficiency by leveraging the current infrastructure:** The SAPT Block Grant represents an effective and efficient portal through which to direct resources for substance use disorder programs and services. States and providers are already well familiar with the protocols connected to this funding mechanism. This includes the application, data reporting requirements, and more.
- **Afford States flexibility to address local needs:** The SAPT Block Grant allows State alcohol and drug agencies to address their own unique needs related to prevention, treatment, and recovery. This flexibility is important given that each State faces different challenges.

Financial Burden of Substance Use Disorders

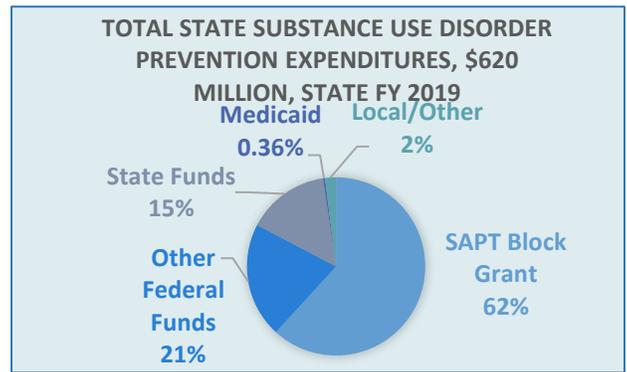
According to NSDUH, in 2019, approximately 20.4 million people aged 12 or older had a substance use disorder (SUD) related to their use of alcohol or illicit drugs in the past year. During the same year, only 4.2 million people received treatment for such a problem. As a result, over 16 million Americans needed but did not receive services for a substance use problem in 2019. The economic impact of SUDs is staggering. The National Institute on Drug Abuse (NIDA) estimates that **illicit drugs, alcohol and tobacco cost society roughly \$740 billion every year:** \$193 billion for illegal drugs, \$249 billion for alcohol, and \$300 billion for tobacco. Additionally, prescription opioid misuse and addiction costs us \$78.5 billion per year.

Substance Use Disorders Represent Tiny Fraction of Overall Health Expenditures

According to SAMHSA's 2019 report, *Behavioral Health Spending & Use Accounts, 2006-2015*, while spending on SUDs increased as a share of all healthcare spending from 2006 to 2015, **expenditures for substance use disorder services represented only 1.8% of all healthcare expenditures in 2015**. That translates to approximately \$56 billion for SUDs vs. \$3.1 trillion for all health expenditures.

Investments in Services for Substance Use Disorders Saves Money

In 2016, NIDA noted that for every dollar spent on substance use disorder treatment programs, there is an estimated \$4 to \$7 reduction in costs associated with drug related crimes. When healthcare costs are included, total savings can exceed costs by 12 to 1. Substance use disorder prevention is also a cost-effective way to reduce the financial burden of substance misuse and SUDs. According to the Surgeon General's 2016 *Report on Alcohol, Drugs, and Health*, every \$1 spent on effective, school-based prevention programs can save an estimated \$18 in costs related to problems later in life.



SAPT Block Grant Produces Results

An independent study of the SAPT Block Grant, released in June 2009, found that the program was effective in:

- 1) Producing positive outcomes as measured by increased abstinence from alcohol and other drugs, increased employment, decreased criminal justice involvement, and other indicators;
- 2) Improving States' infrastructure and capacity;
- 3) Fostering the development and maintenance of State agency collaboration; and
- 4) Promoting effective planning, monitoring, and oversight.

Prevention Matters: SAPT Block Grant Prevention Set-Aside

Federal statute requires States to direct at least 20% of SAPT Block Grant funds toward primary prevention of substance use. This "prevention set-aside" is managed by the Center for Substance Abuse Prevention (CSAP) within SAMHSA, and is a core component of each State's prevention system. On average, **SAPT Block Grant funds make up 62% of primary prevention funding in States** (SAPT Block Grant State Agency Reported Expenditures by Target Activity within Source of Funds, 2019). In 9 States, the prevention set-aside represents 75% or more of the State agency's substance use disorder prevention budget. In 6 of those States, the prevention set-aside represents 100% of the State's primary prevention funding.

SAPT Block Grant and Recovery Support Services

The SAPT Block Grant is a critical funding stream for recovery support services, including peer support services, recovery community organizations (RCOs), recovery housing, and recovery workforce development. Recovery support services are a vital component in the continuum of care and State Directors ensure that evidence-based and innovative practices are supported with resources from the SAPT Block Grant.

SAPT Block Grant Funds Treatment Services: Prescription Drug and Heroin Use on the Rise (TEDS, 2017)

As noted below, over one-third (34%) of individuals admitted to treatment in the publicly-funded system cited heroin or prescription opioids as their primary substance of use in 2017. That year, admissions for heroin addiction exceeded admissions for alcohol alone as primary substance of use. In addition, opioids were involved with 46,802 overdose deaths in 2018 (69.5% of the 67,367 drug overdose deaths). Further, 67% of these opioid involved overdose deaths involved synthetic opioids (NCHS, 2020).

Primary Substance	% (estimate)	Age at Admission	% (estimate)	Race/Ethnicity	% (estimate)
Heroin	26.6% (533,394)	12-17	3.8% (75,950)	White	60.7% (1,194,597)
Alcohol only	16.6% (333,732)	18-24	12.8% (257,025)	Black/Afr American	17.5% (343,517)
Marijuana	12.5% (250,786)	25-29	18.0% (361,500)	Am Ind/AK Native	2.1% (41,752)
Amphetamines	12.0% (239,852)	30-34	16.6% (331,947)	Asian/Pac Islander	1.0% (20,311)
Other Opiates	7.4% (148,680)	35-39	13.2% (265,247)	Hispanic	14.1% (278,040)
Cocaine (smoked)	3.0% (61,113)	40-44	8.8% (177,235)	Other	4.6% (89,536)
Cocaine (other route)	2.1% (41,369)	45-49	8.8% (176,796)		
Benzodiazepines	1.0% (19,683)	50-54	8.2% (163,509)	Gender	% (estimate)
PCP	0.3% (5,341)	55-59	5.8% (116,325)	Male	64.5% (1,290,162)
Hallucinogens	0.1% (2,225)	60 and older	3.9% (77,313)	Female	35.5% (711,619)

Role of State Alcohol and Drug Agencies

NASADAD represents State alcohol and drug agency directors from the fifty States, the District of Columbia, and Territories. States work with counties and local communities to ensure that public dollars are dedicated to effective programs using tools such as: performance data management and reporting, contract monitoring, corrective action planning, onsite reviews, and technical assistance to community coalitions. State alcohol and drug agencies work with providers to use evidence-based prevention practices.

Substance Use Prevention, Treatment, and Recovery Conferences and Trainings

This virtual event will feature keynotes and workshops on strategies to address the harmful use of opioids and stimulants in Wisconsin. Presentations will also focus on the intersection of trauma and harmful substance use. All people interested in building healthy communities are invited to participate. The [2021 Opioids, Stimulants, and Trauma Summit](#) will be presented over three days. Each day will feature a keynote presentation followed by three concurrent workshops.

- April 16, 2021: 8:30 a.m. to 12:00 p.m. (The keynote and presentations will focus on opioids.)
- May 14, 2021: 8:30 a.m. to 12:00 p.m. (The keynote and presentations will focus on stimulants.)
- June 18, 2021: 8:30 a.m. to 12:00 p.m. (The keynote and presentations will focus on trauma.)

All participants will be required to register. The registration fee will be \$50 per day or \$125 for all three days. CEHs/CEUs will be available.

More information will be available soon. [Join our email list to receive information about the 2021 Opioids, Stimulants, and Trauma Summit.](#)

Wisconsin's 25th Annual Crisis Intervention Conference: *Stronger Together: Thriving in the New Normal*
September 16 & 17, 2021, virtual conference via Zoom

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

Wisconsin's Mental Health and Substance Use Recovery Training Conference: *Navigating Change with Courage, Hope, and Strength*

October 27-29, 2021, virtual Conference via Zoom

For more information: <https://www.uwsp.edu/conted/Pages/Mental-Health-and-Substance-Use-Recovery-Conference.aspx>



SCAODA 2021 Meeting Dates

March 5, 2021 (Remotely via Zoom)

June 4, 2021 (Meeting Mode TBD)

September 10, 2021 (Meeting Mode TBD)

December 3, 2021 (Meeting Mode TBD)

Location of In-Person Meetings:

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

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.

