WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE

December 11, 2015
MEETING

Duncan Shrout
Chairperson

SCOTT WALKER
Governor

State Council on Alcohol and Other Drug Abuse (SCAODA)
Strategic Plan July 2014 – June 2018

SCAODA GOALS:

1. Provide leadership and direction on AODA issues in Wisconsin by serving as the voice to whom the Governor, legislators, local coalitions, and media turn for guidance on AODA issues and promote collaboration across multiple sectors to advance progress on SCAODA goals.

2. Change Wisconsin's cultural norms to transform the state's AODA problems into healthy behavioral outcomes.

3. Inform Wisconsin citizens on the negative fiscal, individual, and societal impacts of substance abuse.

4. Advocate for adequate funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need.

5. Remedy historical, racial /ethnic, gender, and other bias in substance use disorder systems, policies, and practices.

SCAODA PRIORITIES for 2015-16

1. Expand substance use disorder workforce capacity
2. Address population-specific needs
3. Reduce harmful alcohol consumption
4. Inform the public about substance use disorder-related consequences
5. Increase the use of evidence-based practices in prevention, treatment, and recovery
6. Address emerging substance use disorder trends

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Tobacco-Free Environment

American Family Insurance is a tobacco-free environment. We prohibit the use of tobacco products everywhere, by anyone, at all times.

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

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

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

SCAODA 2016 Meeting Dates

March 4, 2016

June 3, 2016

September 9, 2016

December 9, 2016

American Family Insurance Conference Center
6000 American Parkway
Madison, WI
Building A, Room 3141

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Scott Walker
Governor

Duncan Shrout
Chairperson

Scott Stokes
Vice Chairperson

Mary Rasmussen
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

December 11, 2015
MEETING AGENDA
9:30 a.m.
American Family Insurance Conference Center
6000 American Parkway, Madison, WI 53783
Building A, Room 3141

American Family General Information: (608) 242-4100 ext. 31555 or ext. 30300

Please call Kris Moelter at (608) 267-7704 or email kristina.moelter@wisconsin.gov if you or your designee will not attend the meeting.

9:30 a.m. Welcome and introductions – Duncan Shrout

9:35 a.m. Approval of September 11, 2015, meeting minutes – Duncan Shrout….pp. 17-21

9:40 a.m. Public input (maximum five minutes per person) – Duncan Shrout

9:45 a.m. Synar Report – Nancy Michaud….pp. 22-59

10 a.m. Committee reports

- Executive Committee – Duncan Shrout ….pp. 61-62
- Diversity Committee – Tina Virgil….pp. 63-67
  - MOTION: DMHSAS add a requirement in all contracts with counties, tribes, and agencies that requires them to begin active implementation of the enhanced National CLAS standards and document their progress toward meeting each of the 15 standards….pp. 63

- Intervention and Treatment Committee – Norm Briggs and Roger Frings…pp. 68-84
  - Substance Use Disorder Workforce ad hoc Committee report
    - MOTION: SCAODA accepts the report of the ad hoc Workforce Development Committee and endorses the committee's recommendations….pp. 68-75

  - MOTION: SCAODA supports a policy that Wisconsin residents seeking treatment for primary tobacco use disorders have access to the same range of treatment services as those offered for the treatment of other substance use disorders by removing language "excluding nicotine dependence" from the Wis. Admin. Code ch. DHS 75 definition that reads, "Substance use disorder means the existence of "substance dependence" or "substance abuse" listed in DSM-IV, excluding nicotine dependence."….pp. 76

  - MOTION: SCAODA shall solicit from the Wisconsin Chapter of the American Society for Addiction Medicine an addictionologist to serve, once appointed by a majority vote of the council, as an ex-officio member of the council in accordance with Section 2.4 of Article II of the council's bylaws….pp. 77

- Planning and Funding Committee – Joyce O'Donnell….pp. 85-91
  - AODA funding report

- Prevention Committee – Scott Stokes….pp. 92-106

10:45 a.m. Marijuana ad hoc Committee report – Scott Stokes….pp. 97-106
  - MOTION: Review comments and adopt the Marijuana Ad-hoc Committee's report *Marijuana in Wisconsin: Research-Based Review and Recommendations for Reducing the Public Health Impact of Marijuana*….pp. 97-106

12:30 p.m. Lunch

1 p.m. SCAODA statute changes – Duncan Shrout
  - MOTION: Change the SCAODA statute to add six individuals or representatives from private for profit or not for profit agencies located in each of the five DHS Area Administration geographic regions to the SCAODA membership. Any new representatives should have lived experience or be a family member of someone with lived experience, and they should reflect Wisconsin's racial and cultural diversity. Members of the Executive Committee should work with the SCAODA legislative representatives to introduce legislation to change the SCAODA statute…pp. 107-108

1:30 p.m. Agency reports

- Department of Revenue – Matthew Sweeney
- Department of Health Services – Tom Engels
- Department of Public Instruction – Steven Fernan
- UW Systems – Anne Hoffmann
- WTC – Katie Roberts
- Mahala's Hope – Sandy Hardie

2 p.m. Wisconsin Council on Mental Health Criminal Justice Committee update – Norm Briggs

2:05 p.m. Secretary's Council and Child Welfare update – Norm Briggs

2:10 p.m. Substance Abuse Block Grant annual report – Kris Moelter

2:20 p.m. Agenda items for next meeting and 2016 meeting dates

2:25 p.m. Announcements – Joyce Allen

2:45 p.m. Adjourn – Duncan Shrout

Next meeting: March 4, 2016

2016 Meeting Dates

March 4, 2016
June 3, 2016
September 9, 2016
December 9, 2016

Scott Walker
Governor

Michael Waupoose
Chairperson

Duncan Shrout
Vice-Chairperson

Mary Rasmussen
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
MEETING MINUTES
June 5, 2015
9:30 a.m.
American Family Insurance Conference Center
6000 American Parkway, Madison, WI

Members present: Janet Bewley, Jill Billings, Norman Briggs, Douglas Englebert, Tom Engels, Steven Fernan, Roger Frings, Sandy Hardie, Craig Harper (Jennifer Fyock), Joyce O'Donnell, Luke Petrovich (Devin LeMahieu) Charlotte Rasmussen, Mary Rasmussen, Sue Shemanski, Duncan Shrout, Scott Stokes, Tina Virgil, Michael Waupoose

Members absent: Bud Coxhead

Ex-officio members present: Jamie Elder, Anne Hoffman, Matthew Sweeney

Ex-officio members absent: Randall Glysch, Kathy Marschman, Michelle O'Shasky, Katie Paff, Linda Preysz, Katie Roberts

Staff: Joyce Allen, Faith Boersma, Lee Ann Cooper, Lorie Goeser, Tanya Hiser, Andrea Jacobson, Rose Kleman, Paul Krupski, Cody Michels, Kris Moelter, Lucas Moore, Christy Niemuth, Lou Oppor, Mike Quirke, Mai Zong Vue, Raina Zwadzich

Guests: Richard Bryant, Todd Campbell, Elizabeth Gilbert, Denise Johnson, Tera Cater Vorpahl, Dave MacMaster, Sue Gudenkauf

Michael Waupoose called the meeting to order at 9:31 a.m.

I. Introductions – Meeting attendees introduced themselves.

II. Approval of March 6, 2015, minutes – Joyce O'Donnell moved (Duncan Shrout second) to approve the March 6, 2015, meeting minutes. The motion passed unanimously.

III. Public input – None.

IV. Committee reports

- **Executive Committee –** Mr. Waupoose reported that long-time SCAODA committee member Bill McCulley died on April 6, 2015. A card was sent on SCAODA's behalf to Mr. McCulley's family.

  Mr. Waupoose reported that the Executive Committee has met two times since the March meeting. The committee voted to support the proposed legislation prohibiting the sale of powdered alcohol in Wisconsin. It also reviewed the SCAODA committees' recommendations on the proposed budget and voted to support the budget proposal expanding Medicaid reimbursement to the treatment portion of residential substance use disorder treatment and to oppose the drug testing provisions in the proposed budget. On May 26 the committee met and voted to support the transfer of the administration of the Pre-trial Intoxicated Driver Intensive Supervision Program from the Department of Transportation to the Department of Health Services (DHS), but also recommended the program's current funding level be maintained through a GPR allocation to DHS.

  SCAODA officer elections will be held at the September meeting. Mr. Waupoose appointed Ms. O'Donnell to serve as the chairperson of the nominating committee and Sandy Hardie and Tina Virgil will serve on the committee.

  Mr. Waupoose reported that Lou Oppor is retiring on June 30, 2105. He thanked Mr. Oppor for all of his work for SCAODA during his career and presented him with a plaque.

- **Diversity Committee –** Ms. Virgil reported the committee is looking at the substance use disorder workforce issue. The committee has sent a letter asking the Department of Safety and Professional Services to form a task force to look at issues that might be keeping students from going into the substance use disorder counseling field. The committee continues to educate itself on the new CLAS standards.

- **Intervention and Treatment Committee –** Norman Briggs reported that the Substance Use Disorder ad hoc Committee is finishing its work and should have a report ready in September. The ITC Committee has been working on medication-assisted treatment and has identified some data points. They know how many people can prescribe suboxone but they do not know where the prescribers are located or if they are prescribing or if they are taking new patients, and it is hard to get that data. The committee is discussing how encourage new prescribers. They also had a presentation from an addictionologist and the committee is considering asking SCAODA to make an addictionologist an ex-officio member of SCAODA. ITC has held a listening session at the Rural Institute in the past, but will not be this year due to lack of participation. There was discussion of how to increase attendance at the listening sessions. The council agreed that the committee chairs and the Executive Committee should meet and discuss how to best get public input.

- **Planning and Funding Committee** – Ms. O'Donnell reported that the committee is continuing to work on the funding question and hopes to have report in September.

At its most recent meeting the committee discussed the drug testing proposals in the governor's proposed budget.

Ms. O'Donnell moved (Mr. Shrout second) as follows:

MOTION: Screening and drug testing for applicants for the public benefit programs listed in the governor's proposed budget should be implemented as a pilot program in a limited number of counties and in such a way that evaluates quality of life outcomes for participants, such as employability and control of the use of substances for individuals in various programs. Individuals who test positive must be further evaluated and have ready access to services to improve employability and control of the use of substances.

The motion passed--13 yes, 0 no, 5 abstentions (Tom Engels, Ms. Virgil, Douglas Englebert, Charlotte Rasmussen, Luke Petrovich)

- **Prevention Committee** – Scott Stokes reported the Marijuana ad hoc Committee continues to work. The report will be presented at the December SCAODA meeting. There is a prevention training June 11-12. About 300 people are expected to attend.

V. Biennial budget discussion/legislative update – Mr. Engels reported on the proposed transfer of the Intensive Supervision Program for OWI offenders from DOT to DHS. The Joint Finance Committee approved the transfer to DHS without moving the DOT funding or providing new funding. DHS is considering options for how to fund the program. Joyce Allen reported that the Joint Finance Committee approved Medicaid funding for the substance use disorder treatment portion of residential treatment.

VI. Substance Abuse Block Grant application/needs assessment – Mike Quirke presented the updated needs assessment. He said they selected certain data items from the original report and updated the data. The updated data relate to a current DHS priority or are an emerging priority. The data have been updated through 2013.

After summarizing some of the data and trends, Mr. Quirke asked for any input on additional data that should be included. Suggestions included added data about the number of tobacco-related deaths, methamphetamine data, number of opioid-related deaths, hepatitis C, and variations in treatment between publicly-funded and private pay treatment.

The council members then discussed what issues DHS should target as priority issues for the upcoming two-year plan. Mr. Quirke distributed a chart that listed the priorities of the SCAODA committees and asked people to rank their top three priorities. He will give that information to DHS to consider when it drafts its 2016 block grant application.

VIII. Trauma-informed care presentation – Scott Webb, the DHS trauma-informed care coordinator, presented on using a trauma-informed care approach to addressing substance use disorders. He handed out a copy of powerpoint slides that are attached to these minutes.

IX. Wisconsin Council on Mental Health Criminal Justice Committee update – Mr. Briggs reported that there has only been one meeting and he was unable to attend. As of January 20, 2015, inmates applying for Badgercare can do so prior to release so they can start receiving benefits the day after their release from incarceration.

X. Secretary's Council on Child Welfare update – Mr. Briggs reported that one meeting has occurred since the last SCAODA meeting. Each meeting has a particular area of focus and sex trafficking of children was the topic of the most recent meeting.

XI. State agency reports

- **Department of Revenue –** Matt Sweeney reported excise tax data for fiscal year: tobacco excise tax collections were up 5.7 percent; cigarette tax collections were down 1.5 percent, liquor taxes were up 1.4 percent, and the beer tax was down .3 percent. The total excise taxes were down .6 percent.
- **Department of Health Services** – Mr. Oppor reported that DHS is having two training events working with treatment providers on medication-assisted treatment. There will also be a meeting with physicians on MAT. He also reported on the three opioid treatment programs that have recently been established. DHS received four proposals to serve three areas. Libertas will serve the Marinette area, the Marshfield Clinic will ser the Minoqua area, and North Lakes Community will serve the northwestern part of state. Mr. Engels reported that the Madison peer run respite center did not open due to neighbor response.
- **UW Systems** – Anne Hoffman reported that a UW System-sponsored marijuana symposium was held on April 30 and 75 people attended, representing all UW schools. Topics discussed included current research, recommendations in prevention and early intervention, and challenges. A health risk behavior survey was administered to about 46,000 UW students this spring. There was a 20 percent response rate. The results showed that 68.9 percent of the UW students used alcohol within in the past 30 days, compared with 66 percent nationwide. 9.5 percent reporting using cigarettes in the last 30 days, compared with 12.7 percent nationwide. 14.3 percent used marijuana in the last 30 days, compared with 19.8 percent nationwide. 9.1 percent used a prescription stimulant without a prescription in the last 12 months, compared with 10.6 nationwide. Six percent reported using any prescription pain killer for which they did not have a prescription in the past 12 months, compared with 7.3 percent nationwide.
- **Department of Justice** – Ms. Virgil reported that DOJ received 39,000 pounds of prescription medications in the drug take back program.
- **Department of Public Instruction -** Steve Fernan reported that an unusually high number of schools requested an exemption from the Youth Risk Behavior Survey but enough data were gathered so the results can be weighted and used.

XII. Agenda items for the September 11, 2015 meeting

- Diversity Committee CLAS standards presentation
- Election of officers

- Committee annual reports
- Workforce ad hoc report
- Funding ad hoc report
- Effects of Affordable Care Act on the availability of health insurance and services; effects of high deductibles
- Update on the National Governor's Association Policy Academy on opiate use
- Put a legislative update under state agency updates

XI. Announcements – Mr. Oppor reported that Lorie Goeser has joined the DHS Substance Abuse Section as the new criminal justice and FEMA coordinator, and that Ashleah Bennett has resigned.

XII. Adjourn –The meeting adjourned at 2:00 p.m.

2015 SCAODA meeting dates:

~~March 6, 2015~~
~~June 5, 2015~~
September 11, 2015
December 11, 2015

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Scott Stokes
Vice Chairperson

Mary Rasmussen
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
MEETING MINUTES
September 11, 2015
9:30 a.m.
American Family Insurance Conference Center
6000 American Parkway, Madison, WI

Members present: Jill Billings, Norman Briggs, Douglas Englebert, Tom Engels, Steve Fernan, Roger Frings, Sandy Hardie, Craig Harper (Jennifer Fyock), Lori Youngman (Janet Bewley), Joyce O'Donnell, Luke Petrovich (Devin LeMahieu), Duncan Shrout, Tina Virgil (Ray Luick), Michael Waupoose

Members absent: Bud Coxhead, Charlotte Rasmussen, Mary Rasmussen, Sue Shemanski, Scott Stokes, Department of Corrections

Ex-officio members present: Jamie Elder, Randall Glysch, Anne Hoffman, Kathy Marschman, Katie Roberts. Matt Sweeney

Ex-officio members absent: Michelle O'Shasky, Katie Paff, Linda Preysz

Staff: Joyce Allen, Lee Ann Cooper, Faith Boersma, Andrea Jacobson, Ellie Jarvie, Bernestine Jeffers, Rose Kleman, Paul Krupski, Cody Michels, Kris Moelter, Dustin Mullett, Mai Zong Vue, Trista Wills, Alex Wright

Guests: Cynthia Green, Sue Gudenkauf, Denise Johnson, Dave MacMaster, Lori Peoch, Catherine Scheier, Sheila Simonsen, Tera Cater Vorpahl, Thai Vue, Mark Wadirm

Michael Waupoose called the meeting to order at 9:30 a.m.

Introductions – Meeting attendees introduced themselves.

Election of officers – Joyce O'Donnell and Sandy Hardie presented the slate of officer candidates: Duncan Shrout, chairperson; Scott Stokes, vice chairperson; Mary Rasmussen, secretary. There were no other nominations. The slate of candidates was elected by unanimous voice vote, with one abstention (Luke Petrovich for Senator LeMahieu). Roger Frings and Steven Fernan are recorded as voting to elect the slate of officers as presented as they were not present for the vote.

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Mr. Shrout thanked Mr. Waupoose for his service as SCAODA chairperson.

Approval of June 5, 2015, minutes – Ms. O'Donnell moved (Ms. Hardie second) to approve the June 5, 2015, meeting minutes. The motion passed unanimously.

Public input – None.

Committee reports

- **Executive Committee –** Mr. Waupoose reported that the Executive Committee met in July. It discussed potential changes to the SCAODA statute and decided to bring the matter to SCAODA for a full discussion. The issue is on the agenda later in the meeting. The committee also discussed the role of SCAODA in having input in the hiring of the Department of Health Services' Substance Abuse Section Chief. The discussion occurred after DHS staff left the meeting. Mr. Waupoose was on the interview panel, unrelated to his SCAODA role.

- **Diversity Committee –** Ms. Hardie presented the annual report. The committee worked with DHS to add the deaf and hard of hearing population to the DHS data system starting in 2016. The committee also received education on the Culturally and Linguistically Appropriate Services standards. It also worked on a leadership community initiative to strengthen the substance use disorder workforce in the Latino, Hmong, and African American communities. The committee will have panel on diversity at the upcoming annual Mental Health and Substance Abuse Conference.

- **Intervention and Treatment Committee –** Norman Briggs presented the annual report. One of the committee efforts is to focus on the AODA needs of parents with children in the child welfare system. The Children, Youth, and Families subcommittee has been revitalized this past year. That subcommittee is providing geographic access by holding meetings around the state. The committee's work on opioid treatment providers is on hold temporarily until the state hires a new State Opioid Treatment Authority person. He also reported that the final report of the Substance Use Disorder Workforce ad hoc Committee will be presented to SCAODA at the December meeting.

- **Planning and Funding Committee** – Ms. O'Donnell presented the annual report. The committee developed and distributed educational materials about SCAODA, made recommendations for the federal Substance Abuse Block Grant application priorities, and hosted a public forum at the annual Mental Health and Substance Abuse Conference. She also reported that the committee is continuing to work on the funding and AODA needs questions and will present its final report to SCAODA at the December meeting.

- **Prevention Committee** – Paul Krupski presented the annual report. He reported that DHS received a federal grant to focus on prescription drug abuse. The state identified a dozen high needs counties around the state to receive support through the grant, but the money will go to the Alliance for Wisconsin Youth regional centers to coordinate the grant activities. The Prevention Committee is the advisory board for the grant. He also

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reported that the Marijuana ad hoc Committee will present its final report to SCAODA at the December meeting.

At the conclusion of the annual report presentations, Mr. Shrout encouraged the committees to provide leadership on AODA issues and if there are areas they want to address that might require changes in legislation to discuss those further with the Executive Committee.

CLAS standards presentation – Evelyn Cruz from the Department of Health Services' Division of Public Health (DPH) presented on the Culturally and Linguistically Appropriate Services standards. DPH will be implementing the standards including developing a language access plan for the Division so it can be more accessible in its services. The powerpoint is on file with DHS.

National Governor's Association Policy Academy update – Tom Engels reported that the state steering committee is working on its final recommendations. A presentation on the final recommendations will be made to SCAODA at the March 2016 meeting.

SCAODA statutory changes – Mr. Shrout led a discussion of whether there should be any changes made to the SCAODA statute regarding SCAODA membership. The current proposal is to add five provider members to SCAODA. The Executive Committee met in July and discussed the proposal and decided to have a broader discussion with SCAODA and discuss other options, including adding citizen members and/or requiring geographic diversity. Some of the input included having representation from people in recovery; including cultural, racial, and disability diversity; having an addictionologist representative; and early childhood representation. Mr. Shrout directed the committees to discuss any changes they may want to make to the statute at their October meetings. The Four Chairs and Executive Committee will have a joint meeting in November to discuss the committee recommendations and will bring a final recommendation to the December SCAODA meeting. SCAODA would then make a decision in December if it wants to pursue statutory changes and what those changes would be.

Wisconsin Council on Mental Health Criminal Justice Committee update – Mr. Briggs reported that the committee had a presentation from Green Lake County on its aftercare program for released inmates. The services are provided in the same facility so the inmates can enroll in services and apply for Badger Care when preparing for release and can move within building to get the services. The Office of Children's Mental Health gave a presentation to the committee and reported it is going to work more with families of juveniles in system. Mr. Briggs reported that Wisconsin is one of four states that received a federal grant to provide trauma-informed support to students. The committee is making changes to its documents to reflect co-occuring disorder language in an effort to not silo mental health and AODA efforts.

Secretary's Council on Child Welfare update – Mr. Briggs reported that the Council on Child Welfare will have a presentation on mental health at its March 2016 meeting. He may be part of that presentation and talk about the number of parents with children in the child welfare system who have substance use disorders.

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Biennial budget discussion/legislative update – Mr. Engels reported on the OWI Intensive Supervision Program that was transferred from the Department of Transportation to DHS as part of the recent budget. The funding did not transfer because such transfer is prohibited by the Wisconsin Constitution. DHS will provide about $700,000 to continue the existing programs for one year. The counties have been notified. He also reported that DHS has received a grant from the Centers for Disease Control to enhance the Prescription Drug Monitoring Program (PDMP), especially to make it easier for providers to access the PDMP data. Mr. Engels then discussed the FoodShare Employment and Training Program drug testing requirements. The governor recently approved the scope statement allowing DHS to start the administrative rulemaking process for the drug testing portions of the programs. Part of the process will include public hearings and SCAODA will have an opportunity to provide input through the administrative rulemaking process.

State agency reports

- **Department of Revenue –** Matt Sweeney handed out a document with the historical excise tax collections from SFY00-15. Excise taxes slightly increased from 2014 to 2015, mainly from tobacco and wine and apple cider. Over the past 15 years tobacco product excise taxes have increased quite a bit and are continuing to increase. The cigarette excise tax collections also have increased but are leveling off. The document is on file with DHS.
- **Department of Health Services** – Mr. Engels reported that he will be attending a meeting at the federal Department of Health and Human Services for a meeting of all states to talk about prescription drug abuse. He distributed information showing that deaths by overdose have exceeded deaths by traffic crashes. That document is on file with DHS.
- **Department of Public Instruction –** Mr. Fernan reported that there is no weighted data from the 2015 Youth Risk Behavior Survey (YRBS) because not enough schools participated so the data will not be able to be used for a trend analysis on youth risk behaviors. The data have been used to plan for statewide initiatives and to apply for federal grants. The survey will be administered again in 2017. Some of the reasons include the decrease in pupil services staff at schools and because the survey is administered during the times for other standardized testing. He also reported that DPI has launched a school mental health project through a federal grant. Fifty-four schools in the next two years will participate. Most of it will involve training adults on student mental health and trauma and how to react, including Positive Behavioral Interventions and Supports (PBIS), Screening, Brief Intervention, and Referral to Treatment (SBIRT), and trauma-sensitive schools training. DPI will also be holding an AODA grant competition for schools.
- **UW Systems** – Anne Hoffman reported on the UW Systems AODA staff and the policies and programs they have in place regarding AODA. They generally operate under the SAMHSA guidelines. This year the UW Systems will be focusing on prevention of marijuana use and conducting a community readiness assessment.
- **Wisconsin Technical College System –** Katie Roberts reported that Tom Heffron is retiring. She said some students hesitate to take counselor programs because they may have criminal records that will preclude them from obtaining a certification or license.

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- **Mahala's Hope –** Ms. Hardie reported that they are trying to find a new site for the women's treatment program.
- **Department of Justice** – Mr. Luick reported that DOJ should be an announcement soon on the heroin/opiate initiative. He also reported on six trainings that are offered statewide for treatment court providers. There are 34 treatment courts and/or treatment alternatives and diversion programs operating. They are in the beginning stages of doing a cost-benefit analysis of Wisconsin's justice programs and focusing on outcomes instead of programs.

Long-term care programs public hearing – Bret Loescher, Curtis Cunningham, Margaret Kristan, Julie Hyland, and Kari Engelke from DHS attended the meeting to receive stakeholder feedback on Family Care/IRIS 2.0. They answered questions from SCAODA members and discussed the potential changes to the programs. The powerpoint is on file with DHS.

Agenda items for the December 11, 2015, meeting

- Ad hoc committee reports
- Synar report
- Bylaws changes
- SCAODA statutory proposal
- Report on final recommendations of the National Policy Academy (for March 2016 meeting)
- Safe and Healthy Schools Center staff presentation (for March 2016 meeting) on training opportunities and prevention efforts in schools

Announcements – Joyce Allen reported that three opioid treatment centers were awarded funding as part of the HOPE legislation. The centers are the Lakes Community Health Center in the northwest part of the state, the North Central Opiate Treatment Consortium serving north central Wisconsin, and a consortium through St. Joseph's Hospital to serve the northeast part of the state. She also reported that DHS received a SAMHSA grant to for medication-assisted treatment to address the treatment needs of individuals with prescription drug abuse issues. This grant will serve Sauk, Richland, and Columbia Counties. Faith Boersma announced that there will be a recovery rally on September 19.

Adjourn –The meeting adjourned at 2:10 p.m.

2015 SCAODA meeting dates:

~~March 6, 2015~~
~~June 5, 2015~~
~~September 11, 2015~~
December 11, 2015

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ANNUAL SYNAR REPORT

42 U.S.C. 300x-26

OMB № 0930-0222

FFY 2016

State: **Wisconsin**

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OMB No. 0930-0222
Expiration Date: 05/31/2016

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, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 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 2015 Compliance Progress) and future plans to ensure compliance with the Synar requirements to reduce youth tobacco access rates (FFY 2016 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 states[1] by supporting Synar activities and providing technical assistance helpful in determining the type of enforcement measures and control strategies that are most effective. This information is helpful to CSAP in improving technical assistance resources and expertise on enforcement efforts and tobacco control program support activities, including state Synar program support services, through an enhanced technical assistance program involving conferences and workshops, development of training materials and guidance documents, and onsite technical assistance consultation.

How the Synar report can help states

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

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

Getting assistance in completing the Synar report

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

Where and when to submit the Synar report

The ASR must be received by SAMHSA no later than December 31, 2015 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 2016 Synar Survey Results: States that use the Synar Survey Estimation System (SSES) must upload one copy of SSES Tables 1–5 (in Excel) to WebBGAS. 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) 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.
- 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.

Additionally, the state must submit one signed original of the report (including the signed Funding Agreements/Certifications), as well as one additional copy of the signed Funding Agreements/Certifications, to the Grants Management Officer at the address below:

Grants Management Officer
Division of Grants Management
Office of Financial Resources
Substance Abuse and Mental Health Services Administration

Regular Mail:

1 Choke Cherry Road, Rm.7-1091
Rockville, Maryland 20857

Overnight Mail:

1 Choke Cherry Road, Rm.7-1091
Rockville, Maryland 20850

FFY 2016: 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 2016 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 2016 is up-to-date and approved by the Center for Substance Abuse Prevention.
State: Wisconsin
Name of Chief Executive Officer or Designee: M.K. Rhoades
Signature of CEO or Designee:
Title: Secretary WI Department of Health Services **Date Signed:**
If signed by a designee, a copy of the designation must be attached.

SECTION I: FFY 2015 (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 attach a photocopy of the law to the hard copy of the ASR and also 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
   ☐ 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**

2. **Describe how the Annual Synar Report** *(see 45 C.F.R. 96.130(e))* **and the state Plan** *(see 42 U.S.C. 300x-51)* **were 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 2016 ASR was posted to this Web address.)* *Department of Health Services' website: https://www.dhs.wisconsin.gov/aoda/index.htm and the State Council on Alcohol and Other Drug Abuse website: https://scaoda.wisconsin.gov on October 14, 2015.*

   ☐ Notice published in a newspaper or newsletter

   ☐ Public hearing

   ☐ Announced in a news release, a press conference, or discussed in a media interview

   ☐ Distributed for review as part of the SABG application process

☐ Distributed through the public library system

☐ Published in an annual register

☒ Other *(Please describe.)* *Presented for feedback at the WI State Council on Alcohol and other Drug Abuse meeting on December 11, 2015.*

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.)* _____

d. 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 _____

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

f. 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.)* _____

g. 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 2015 *(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 federal youth tobacco access laws). Please fill in the number requested. If state law does not allow for an item, please mark "NA" (not applicable). If a response for an item is unknown, please mark "UNK." The chart must be filled in completely.

PENALTY	OWNERS	CLERKS	TOTAL
Number of citations issued	37	273	310
Number of fines assessed	37	273	310
Number of permits/licenses suspended	UNK		UNK
Number of permits/licenses revoked	UNK		UNK
Other *(Please describe.)*			

c. 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.

d. 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**

e. What additional activities are conducted in your state to support enforcement and compliance with state youth tobacco access law(s)? *(Check all that apply.)*

☒ Merchant education and/or training
☒ 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)
☒ Community education regarding youth access laws
☒ Media use to publicize compliance inspection results
☒ Community mobilization to increase support for retailer compliance with youth access laws
☒ Other activities *(Please list.)* *Funding for law enforcement involvement*

Briefly describe all checked activities:

The Department of Health Services (DHS), Division of Public Health (DPH) contracts with local health and human service and non-profit agencies to conduct community-based activities. The program that the State administers is called Wisconsin Wins (WI Wins). These activities include conducting compliance

investigations utilizing a positive reinforcement protocol as recommended by SAMHSA. Local contractors are provided with merchant education brochures and other merchant support materials such as window and register stickers. Each contractor is required to conduct a specified number of compliance investigations in its respective jurisdiction utilizing the positive reinforcement protocol and distribute the merchant education and support materials. The positive reinforcement component varies, but generally involves a small "gift" for the clerk, such as gift certificates and possible public recognition in the local media for the license holder.

In addition to direct merchant engagement through the positive reinforcement protocol, local contractors are required to conduct four media and four community outreach activities annually. Community outreach can include meetings with local policymakers, law enforcement, business organizations and other community organizations that can support youth access restrictions. The DPH provides materials such as presentations, handouts, flyers and media templates to assist contractors in fulfilling their outreach requirements.

The WI Wins campaign also uses a free on-line retailer training at SmokeCheck.org. This resource is promoted to local retailers through direct mail and local outreach.

The final component of the WI Wins campaign is a statewide media outreach effort. The DPH contracts with a media/public relations firm to submit advertising for publication in retail trade association journals, informing them of the law regarding the sale of tobacco products to minors and encouraging them not to sell to underage individuals.

In addition to these efforts, the DPH continues to provide funding for law enforcement involvement in the compliance investigations.

f. 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 5f, 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:

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 2015 (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.

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,** attach SSES summary tables 1, 2, 3, and 4 to the hard copy of the ASR and upload a copy of SSES tables 1–5 (in Excel) to WebBGAS. Then go to Question 8. If **No,** continue to Question 7b.*

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

Unweighted RVR _____

Weighted RVR _____

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

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

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

Accuracy rate _____

Completion rate _____

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

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

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

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

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

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

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

f. Was a cluster sample design used?

☐ **Yes** ☐ **No**

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

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

Were any certainty primary sampling units selected this year?

☐ **Yes** ☐ **No**

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

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

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

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

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

☒ **Yes** ☐ **No**

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

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

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

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

☒ **Yes** ☐ **No**

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

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

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

☐ **Yes** ☒ **No**

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

a. **Provide the inspection period: From** 06/14/15 **to** 07/31/15
MM/DD/YY MM/DD/YY

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

30

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.

b. **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 2016 (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 2016. 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.**

For calendar year 2016, the DPH will issue contracts to local agencies for community-based activities. These activities will include compliance investigations utilizing a positive reinforcement protocol, promotion of smokecheck.org, media and community outreach activities and law enforcement.

The State will again submit advertising for publication in retail trade association journals. There are no planned changes to state legislation regarding youth tobacco access restrictions or penalties in the near future.

3. **Describe any challenges the state faces in complying with the Synar regulation.** *(Check all that apply.)*

- ☒ Limited resources for law enforcement of youth access laws
- ☒ Limited resources for activities to support enforcement and compliance with youth tobacco access laws
- ☒ Limitations in the state youth tobacco access laws
- ☐ Limited public support for enforcement of youth tobacco access laws
- ☒ Limitations on completeness/accuracy of list of tobacco outlets
- ☐ Limited expertise in survey methodology
- ☐ Laws/regulations limiting the use of minors in tobacco inspections
- ☐ Difficulties recruiting youth inspectors
- ☐ Issues regarding the age balance of youth inspectors
- ☐ Issues regarding the gender balance of youth inspectors
- ☐ Geographic, demographic, and logistical considerations in conducting inspections
- ☒ Cultural factors (e.g., language barriers, young people purchasing for their elders)
- ☒ Issues regarding sources of tobacco under tribal jurisdiction
- ☒ Other challenges *(Please list.)* Enforcing retailer training

Briefly describe all checked challenges and propose a plan for each, or indicate the

state's need for technical assistance related to each relevant challenge.

Limited resources for law enforcement of youth access laws -- The level of law enforcement involvement varies in each community. In calendar year (CY) 2015, law enforcement involvement is a requirement in the work plans of agencies contracting for WI Wins activities. This will continue to be a requirement in CY 2016 WI Wins contracts. In addition, the TPCP will continue to provide technical assistance to support communities in educating and increasing law enforcement participation.
Limited resources for activities to support enforcement and compliance with youth tobacco access laws - Law enforcement involvement will again be required in CY 2016, however due to a limited budget, funding supports only voluntary law enforcement involvement and no funding is available for materials tailored directly to law enforcement.
Limitations in the State youth tobacco access laws - Current state statutes are pre-emptive of stronger local laws.
Limitations on completeness/accuracy of list of tobacco outlets - There is no agency responsible for maintaining a statewide database because tobacco retail licenses are issued at the municipal level. For the FFY 2016 Synar report, the State sent three letters and followed up with phone calls to clerks who did not respond. The State will request lists be submitted via an online form for the FFY 2017 Synar report.
Cultural factors - The State has limited non-English materials available for local outreach. The State does not have funding available for these materials and would be interested in CSAP funding opportunities.
Issues regarding sources of tobacco under tribal jurisdiction - Currently there is no WI Wins activity in Menominee County, which is predominantly tribal. The State will continue to work to build our relationship with tribal leaders to educate them on the importance and impact of addressing youth access issues.
Enforcing retailer training - State law requires that all employees handling tobacco products have training regarding tobacco sales, however this law is not enforced statewide. The State will continue to promote SmokeCheck.org to retailers and statewide retail associations as a voluntary compliance to this law.

APPENDIX A: FORMS 1–5

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

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

Instructions for Completing Form 1: In the top right-hand corner of the form, provide the state name and reporting federal fiscal year (FFY 2016). Provide the remaining information by stratum if stratification was used. Make copies of the form if additional rows are needed to list all the strata.

Column 1: *If stratification was used*:

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

If no stratification was used:

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

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

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

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

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

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

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

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

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

Summary of Synar Inspection Results by Stratum

State: _____

FFY: 2016

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

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

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 2016).

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: 2016

(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 2016).

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: 2016

(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 2016).

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: 2016	
(1) INELIGIBLE		**(2) ELIGIBLE**	
Reason for Ineligibility	**(a) Counts**	**Reason for Noncompletion**	**(a) Counts**
Out of business		In operation but closed at time of visit	
Does not sell tobacco products		Unsafe to access	
Inaccessible by youth		Presence of police	
Private club or private residence		Youth inspector knows salesperson	
Temporary closure		Moved to new location	
Unlocatable		Drive-thru only/youth inspector has no driver's license	
Wholesale only/Carton sale only		Tobacco out of stock	
Vending machine broken		Ran out of time	
Duplicate		Other noncompletion reason(s) *(Describe.)*	
Other ineligibility reason(s) *(Describe.)*			
Total		**Total**	

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

Complete Form 5 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 2016).

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

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

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

Synar Survey Inspector Characteristics **State:** _____ **FFY:** 2016		
	(1) Attempted Buys	(2) Successful Buys
Male		
15 years		
16 years		
17 years		
18 years		
Male Subtotal		
Female		
15 years		
16 years		
17 years		
18 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).

APPENDIX B: SYNAR SURVEY SAMPLING METHODOLOGY

State: Wisconsin
FFY: 2016

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

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

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

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

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

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

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

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

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

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

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

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

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

A. County codes are assigned to all outlets.

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

1. Counties: 500,00 or more residents 3 Counties

2. Counties: 499,999 - 150,000 residents 7 counties

3. Counties: 149,999 - 50,000 residents 18 counties

4. Counties: 49,999 - 20,000 residents 26 counties

5. Counties: Less than 20,000 residents 18 counties

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

b. Is clustering used within the stratified sample?

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

8. Provide the following information about clustering.

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

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

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

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

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

b. SSES Sample Size Calculator used?

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

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

10. Provide the following information about sample size calculations for the current FFY Synar survey.

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

Inputs for Effective Sample Size:
RVR: 20%
Frame Size: 7073

Input for Target Sample Size:
Design Effect: 1

Inputs for Original Sample Size:
Safety Margin: 35%
Accuracy (Eligibility) Rate: 85. 6%
Completion Rate: 98. 1%

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

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

APPENDIX C: SYNAR SURVEY INSPECTION PROTOCOL

State: Wisconsin
FFY: 2016

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 escorts 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
   ☐ Other

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

The purchaser must request cigarettes whenever possible. The minors will pick a brand that is something teenagers would buy and stick with it. If the retailer does not sell cigarettes, the purchaser can request a cheap cigar that teenagers might be likely to smoke, such as Swisher Sweets.

5. **Describe the methods used to recruit, select, and train youth inspectors and adult supervisors.**

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

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

Youth inspectors (age 16 to 17) were recruited by the supervisors, with an emphasis placed on attempting to recruit racial minorities for each group and a balance in gender and age.

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

SYNAR COMPLIANCE CHECK TEAM TRAINING AGENDA

1. Employment Paperwork

2. Introductions
- Explanation of Roles
- Description of the Synar Project and Federal Requirements
3. Training
- Introduction to Training Manual
- Statutes
- Training Minors
- Guidelines, Responsibilities & Protocols
- Role Playing & Scripts
- Coversheets & Sale Procedures
- Submitting Data & Paperwork
- Payroll & Reimbursement
4. Questions
5. Review Reporting Requirements & Invoicing Procedures with Adult Supervisors

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

a. Legal

☒ **Yes** ☐ **No**

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

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

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

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

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

b. Procedural

☒ **Yes** ☐ **No**

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

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

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

   a. **Legal**

   ☒ **Yes** ☐ **No**

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

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

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

   b. **Procedural**

   ☒ **Yes** ☐ **No**

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

   General Rules and Guidelines

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

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

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

   Responsibilities and Protocols for Adult Escorts

   • 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 minors (one purchaser and one observer).

• Survey teams will inspect only those retail outlets on the list 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 form, with an explanation as to why the inspection was not completed.

• The data collection form must remain in the vehicle with the adult supervisor and be completed after the purchase attempt is completed. The data collection form 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 Escorts

• 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:

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

o 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.

o 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.

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

o The observer will leave the store with the purchaser.

Survey Team Role:

o 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.

o Once inside, the youth survey team should quickly locate the packs of cigarettes.

o Survey team members will act naturally.

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

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

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

o 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:

o If tobacco is available only in open, unlocked displays, the purchaser should pick up a package of cigarettes and place it on the counter.

o 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 a pack of cigarettes, e.g., "I'd like a pack of Marlboro, regular, hardpack."

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

o 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.

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

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

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

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

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

o 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: 2016

1. **Calendar year of the coverage study:** 2015

2. a. **Unweighted percent coverage found:** 95.6%**%**
   b. **Weighted percent coverage found:** na**%**
   c. **Number of outlets found through canvassing:** 206
   d. **Number of outlets matched on the list frame:** 197

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

   Census block groups

   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.**

Wisconsin used a probability proportional to size sample for the 2015 Synar Coverage Study. All counties in Wisconsin were assigned to one of five stratum based on county population size. The Applied Population Laboratory at the University of Wisconsin-Madison provided the percent of the total state population represented in each stratum. We then sampled using a stratified proportional sampling technique. We used these percentages to determine the number of outlets to be visited within each stratum. This was accomplished by effectively doubling each of the percentage values to find the total number of outlets to be inspected within each stratum, relative to the population size. The total number of outlets to be visited was 200.

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

1. Counties: 500,00 or more residents 3 Counties
2. Counties: 499,999 - 150,000 residents 7 counties
3. Counties: 149,999 - 50,000 residents 18 counties
4. Counties: 49,999 - 20,000 residents 26 counties
5. Counties: Less than 20,000 residents 18 counties

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

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

☒ **Yes** ☐ **No**

6. Were all sampled areas visited by canvassing teams?

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

a. Was the subset of areas randomly chosen?

☐ **Yes** ☐ **No**

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

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

☒ **Yes** ☐ **No**

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

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

☒ **Yes** ☐ **No**

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

9. If a full canvassing was not conducted:

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

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

c. Were these starting points randomly chosen?

☐ **Yes** ☐ **No**

d. Describe the selection of the starting points.

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

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

In order to confirm whether or not the outlet sold tobacco the inspector entered each outlet and asked a clerk or manager if the outlet sold tobacco. If so, she asked to see the license. From the license she recorded the business name, address, corporate name, owner, and phone number. The inspector also recorded whether the outlet sold tobacco over the counter, through a vending machine, or both. The inspector was provided with forms to record these outlets, as well as forms to record visited non-sample outlets (those that did not sell tobacco). If an outlet was closed at the time of inspection, the inspector either visited the outlet again while in the area or recorded the phone number and completed a phone interview as soon as possible.

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

Completed forms were regularly returned to the Project Director at UWSC. The Project Director compared these forms to the Fall/Winter 2014-2015 list to determine matches. Matches were defined as having the business name and address in common between the coverage study form and the list. If only the name or address matched, project staff telephoned the outlet to determine if they had recently moved or had recently changed the name of their business. If project staff were able to determine that, at the time of list creation, the outlet had been name and address represented in the list it qualified as a match.

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

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

EXECUTIVE COMMITTEE/FOUR CHAIRS JOINT MEETING MINUTES
November 5, 2015

Members present: Norman Briggs, Joyce O'Donnell, Mary Rasmussen, Duncan Shrout, Scott Stokes, Tina Virgil

Staff present: Christy Niemuth

Duncan Shrout called the meeting to order at 10:02 a.m.

The committee discussed proposed changes to the SCAODA statute. It reviewed the proposed changes that were presented at the September SCAODA meeting and the recommendations from the standing sub-committees.

One of the intents for expanding SCAODA membership is to ensure there is broader representation than just from state agencies. Membership should include citizen members who have first-hand experience with substance use disorder issues in local communities. The goal is to ensure discussion at SCAODA meetings is rich and well informed by those familiar with the local practice and systems.

Discussion:

- ITC wanted to clarify the intent was to include providers representing each DHS Area Administration region rather than representative staff from Area Administration itself. Mr. Shrout confirmed this was the intent.
- Planning and Funding emphasized the importance of having representation from individuals with lived experience.
- Diversity emphasized the need to have broader representation from underserved populations.
- Prevention voiced its overwhelming support for expanding SCAODA by adding more citizen members.
- Is there a way to quantify the number of individuals currently serving on SCAODA who have lived experience? How many members are in recovery themselves?

Mr. Briggs amended the recommendation from ITC to include "individuals" as well as "agencies". The committee decided it was important to refrain from identifying specific underserved populations, but rather use wording from Planning and Funding focused on cultural diversity in general.

Ms. Rasmussen proposed the following motion for statute change:

Six new individuals or representatives from private for profit or not for profit agencies located in each of the five DHS Area Administration geographic regions should be added to the SCAODA membership. Any new representatives should have lived

experience or be a family member of someone with lived experience, and they should reflect Wisconsin's racial and cultural diversity.

The motion was seconded by Mr. Stokes and passed by committee vote.

Rationale for supporting the motion:
As a large geographically diverse state, issues related to substance use vary greatly across the state. As such there is a need to ensure SCAODA has a diverse citizen representation of individuals with experience in substance use disorder in the different areas of the state. The proposed changes are offered in order to:

- Expand the geographical representation of SCAODA's membership
- Expand representation from both private and non-profit organizations working in communities to address substance abuse
- Expand the diversity of membership to better represent underserved populations
- Expand membership to focus on individuals with lived experience

Also list the regions with their counties for reference.

The meeting adjourned at 10:25 a.m.

SCAODA Motion Introduction

Committee Introducing Motion: Diversity Committee
Motion: DMHSAS add a requirement in all contracts with counties, tribes, and agencies that requires them to begin active implementation of the enhanced National CLAS standards and document their progress toward meeting each of the 15 standards.
Related SCAODA Goal: 5. Remedy historical, racial/ethnic, gender, and other bias in substance use disorder systems, policies, and practices.
Background: The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards) aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities. There are 15 standards. The Principal Standard is to provide effective, equitable, understandabl,e and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs (standard 1). Other standards are grouped as related to Governance, Leadership, and Workforce (standards 2-4), Communication and Language Assistance (standards 5-8), and Engagement, Continuous Improvement, and Accountability (standards 9-15). It is the SCAODA Diversity committee's understanding that DMHSAS' written contracts reference support of these standards. The Diversity Committee wants DHMSAS' efforts to go a step further by including, as a minimum requirement for all contracted recipients, documentation of some level of implementation of CLAS standards for a contract award. • Positive impact: Counties, tribes, and agencies will be intentional in their efforts to serve all constituents equitably and effectively based on their unique needs. The ability of Wisconsin treatment and prevention services to deliver linguistically appropriate and culturally competent health care will be enhanced. Recipients of those services will have increased opportunities for positive outcomes as providers become more invested in serving them adequately. • Potential Opposition: Some may argue that there are costs involved, but moving incrementally can reduce that potential.
Rationale for Supporting Motion: According to the U.S. Department of Health and Human Services Office of Minority Health (OMH), successful implementation of the enhanced National CLAS Standards will depend on continued collaboration from the diverse stakeholders, as well as health care consumers. According to them, the National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services and adoption of these Standards will help advance better health and health care in the United States. DMHSAS manages and supports programs that include inpatient psychiatric services, specialized secure treatment services, community mental health and substance abuse services, community forensic treatment services, and the protection of client rights in mental health and substance abuse treatment settings statewide. It provides the infrastructure that guides stakeholders in Wisconsin. There is no better place to begin requiring implementation of these standards than here. In addition, OMH provides clear guidance via their document, "A Blueprint for Advancing and Sustaining CLAS Policy and Practice", that discusses implementation strategies for each Standard. Plans for incremental implementation of the standards and documentation of progress can easily be based on these guidelines.

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Michael Waupoose
Chairperson

Duncan Shrout
Vice-Chairperson

Scott Stokes
Secretary

State of Wisconsin

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

DIVERSITY COMMITTEE MEETING

August 21, 2015; 9:30 a.m. – 2:30 p.m.
IndependentFirst
540 S. 1st St., Milwaukee, WI

Meeting Minutes

Present: Denise Johnson, Danise Doudna, Richard Bryant, Sandy Hardie and Thai Vue
By phone: Cathy Scheier & Gail Kinney
Staff: Mai Zong Vue
Guests: Interpreters
Excused: Tina Virgil

Thai opened meeting at 9:35 a.m.

Introduction: Everyone introduced themselves.
Public Comments: None

Tour of Independent First: The deputy director of Independence First gave a thorough tour to the Diversity Committee members.

Approval of Minutes: Gail made motion to accept both the May 8 and July 17 meeting minutes as submitted and Cathy seconded. Meeting minutes were unanimously approved.

Website: Gail reported that an instructor showed interest in helping with the website. She will meet with him and let him know what needs to be done. Now that there is someone willing to help, what do we want the website to look like? After some reviews and discussions about the original need for having a website (our own voice and resource sharing for providers and individuals), it was agreed that everyone would send their website comments and ideas to Gail. Denise asked if the federal language of "substance use" vs AODA would be used in the website. It was agreed that this term will take a long time to change so we will continue to use the same language--AODA. The approved Diversity Committee logo will be used and the website link will be available from the SCAODA website.

DMHSAS UPDATES: DMHSAS finished the Leadership and Cultural: a community empowerment institute on August 14 at Lac du Flambeau. Pat Cork gave the closing remarks for emerging leaders, mentors, and staff. The training was a success as the emerging leaders requested for more training and indicated what they would like to do as their next steps.

Mental Health/Substance Abuse Conference: The Committee reviewed the revised workshop presentation timeline. A discussion was held about a final preparation meeting for the members who will be presenting at the Diversity workshop on October 21. The Committee decided to move the October 16 to October 20 at 6 p.m. at Wisconsin Dells.

WI FY2016-2017 Combined Behavioral Health Assessment and Plan (MH & SA Services Block Grant: The Committee reviewed the 15 priorities and had a few questions including: Are the priorities listed in the order of importance? How does DMHSAS align the resources to programs? Who and how does DMHSAS regularly monitor programs? Who are in charge of action steps or state block grant plan? After much discussion of these questions, the Committee would like to learn more about the block grant, its process and monitoring of DHMSAS programs by inviting Joyce Allen to speak to the Diversity Committee future meetings. This will help the Committee gain a better understanding of the block grant plan and implementation steps. Priorities of interest in the block grant plan to the work of the Committee are priority #: 3, 5 and 10.

Data Compilation Discussion: A deadline was set for members to finish reviewing their data and submit their feedback sheet to Mai Zong by November 1. Mai Zong will compile all information for the Diversity meeting on November 20, 2015. The November 20 meeting be held Madison or via conference call if weather is bad.

Others:
The Committee reviewed the Diversity Committee's 2014 Annual Report. Cathy made a motion to approve and seconded by Sandy. The 2014 Diversity 2014 Annual Report was unanimously approved.

Next agenda item:

- WI Minority Health Council or office to present on CLAS and internal program changes? Invite both Evelyn and board chair of the WI Minority Health Council

- Substance Abuse Prevention Specialist (what is the incentive for people to get SAPTS training?) – Christy Niemuth

- Discussion by Gail Kinney regarding her role and how to better serve the underserved populations.

- Youth Program present by Lucas Moore

Adjournment: Sandy made a motion to adjourn the meeting at 2:45 p.m. and seconded by Richard.

Meeting minutes by Mai Zong Vue; 8-21-15; 608-266-9218

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Scott Stokes
Vice Chairperson

Mary Rasmussen
Secretary

State of Wisconsin

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

DIVERSITY COMMITTEE MEETING

October 20, 2015; 6 p.m. – 10 p.m.
Kalahari Resort Convention – meet at Portia & Wisteria Room for the exact location of the meeting
Wisconsin Dells, WI 608-622-1842

Please call Mai Zong Vue at (608) 266-9218 or e-mail maizong2.vue@wisconsin.gov if you cannot attend.

Call in telephone number: 1-720-279-0026 or 1-877-820-7831
Participant Passcode is 408162

6 p.m.	Call to Order & Introduction – Tina Virgil, Chair Public Comments Approval of August 21, 2015 meeting minutes DMHSAS updates
6:30 p.m.	Meet AJ Ernst, new section chief (Lou's replacement) Website updates - Gail MH/SA Conf—Diversity Workshop presentation
8 p.m.	SCAODA CLAS presentation follow-up discussion—next steps! Data review deadline is November 1
9:45 p.m.	Others Agenda items for next meeting
10:00 p.m.	Adjourn

NOTE: Next SCAODA meeting is December 11, 2015; American Family Insurance, Madison
Next Diversity Meeting is November 20, 2015; WI United Coalition of MAAs, La Crosse

Diversity Mission Statement:
To enhance and honor the lives of Diverse Populations of Wisconsin by providing access to culturally intelligent substance use related services.

SCAODA Mission Statement:
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.

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Madison, Wisconsin 53707-7851

DIVERSITY COMMITTEE MEETING

November 20, 2015; 9:30 a.m. – 2:30 p.m.
WI United Coalition of Mutual Assistance Associations (WUCMAA)
419 Sand Lake Road, Suite 82
Onalaska, WI 54650; 608-781-4487

Please call Mai Zong Vue at (608) 266-9218 or e-mail maizong2.vue@wisconsin.gov if you cannot attend.

Call in telephone number: 1-720-279-0026 or 1-877-820-7831
Participant Passcode is 408162

9:30 a.m.	Call to Order & Introduction – Tina Virgil, Chair Public Comments Approval of October 20, 2015 meeting minutes
10:00 a.m.	DMHSAS updates Youth Program presentation – Lucas Moore Website updates – Gail New member application approval
12 noon	Lunch
1:00 p.m.	Data discussion – Mike Data review deadline-November 1 MH/SA Conf—Diversity Workshop feedbacks Review of revised CLAS Standard motion 2016 Meeting Dates
2:15 p.m.	Agenda items for next meeting
2:30 p.m.	Adjourn

NOTE: Next SCAODA meeting is December 11, 2015; American Family Insurance, Madison
Next Diversity Meeting: TBD

Diversity Mission Statement:
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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.

DRAFT

SCAODA Motion Introduction

Committee Introducing Motion: Intervention and Treatment (ITC)
Motion: SCAODA accepts the report of the ad hoc Workforce Development Committee and endorses the committee's recommendations.
Related SCAODA Goal: 4.
Background: Wisconsin, like many other states, has been seeing a steady decline in the workforce trained to provide counseling for substance use disorders. The average age of counselors, clinical supervisors, and clinic directors is rising while younger professionals are choosing other areas of practice. The ad hoc committee was created to consist of a broad spectrum of professionals in education and practice who were charged to identify specific action steps for Wisconsin, based on Wisconsin's experience and needs. • Positive impact: Wisconsin will experience a reversal of the trend of a diminishing workforce. • Potential Opposition: Recommendations come with a cost. Policymakers and the general public may not perceive the long-term benefits to the general welfare of the citizens of Wisconsin and oppose additional public expenditures for this purpose.
Rationale for Supporting Motion: Wisconsin continues to experience the adverse consequences of substance use disorders most visible in the continuing frequency of individuals driving under the influence and the heroin epidemic. Less visible are the consequences to individuals, families, employers, and the economy. People can recover when they can access the appropriate treatment provided by knowledgeable practitioners. Without making some changes, Wisconsin will not have those knowledable practitioners to meet the need.

The Wisconsin Addiction Treatment Profession's Workforce Capacity Report:

Recruitment,

Retention

And

Training

Recommendations

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In 2013, the Intervention Treatment Committee of the Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA) passed a motion resulting in the creation of the Ad Hoc Workforce Development Committee. This committee was convened in 2014 by co-chairs Duncan Shrout and Daniel Nowak.

Ad Hoc Workforce Development committee members
Duncan Shrout- Co-Chair
Daniel Nowak-Co-Chair
Gail Kinney-SCAODA Diversity Committee, Chippewa Valley Technical College
Lisa Berger- Center for Applied Behavioral Health Research/Helen Bader School of Social Welfare at the University of Wisconsin Milwaukee
Mark Flowers-Dry Hootch
Jewel Carter -Families Moving Forward
Rene LaFleur -American Indian Council on Alcoholism
Patricia Aniakudo- United Community Center
Jerrold B Rousseau- Helen Bader School of Social Welfare University of Wisconsin Milwaukee
Amy Kirby- Helen Bader School of Social Welfare University of Wisconsin Milwaukee
Judith Herman-Department of Children and Families
Chris Wardlow -Outagamie County Health and Human Services
Katie Paff - Department of Safety and Professional Services

Staff to the committee
Bernestine Jeffers
Wisconsin Department of Health Services

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Background
While workforce capacity issues have impacted every aspect of the addiction field, this report will focus on the recruitment and retention of staff, accessing relevant and effective training, and the development of leaders including clinical supervisors.

Various national reports, located in the public domain such as "An Action Plan for Behavioral Health Workforce Development" by the Annapolis Coalition on the Behavioral Health Workforce, Strengthening Professional Identity Challenges of the Addictions Treatment Workforce by ABT Associates, Inc., Primary and Behavioral Healthcare Integration Guiding Principles for Workforce Development by SAMHSA-HRSA Center for Integrated Health, Vital Signs: Taking the Pulse of the Addiction Treatment Profession Version 1 2012 align with several of Wisconsin's workforce issues.

As outlined in SAMHSA's Description of a Modern Addictions and Mental Health Service System in 2011, a modern mental health and addiction service system provides a continuum of effective treatment and support services that span healthcare, employment, housing, and educational sectors. Integration of primary care and behavioral health are essential. As a core component of public health service provision, a modern addictions and mental health service system is accountable, organized, controls costs and improves quality, is accessible, equitable, and effective. It is a public health asset that improves the lives of Americans and lengthens their lifespan. To achieve the above, addiction staff will require increased knowledge, skills, and educational facilities will need to update course description and curricula for continuing education credits, certification, and degree programs.

The Marriage & Family Therapy, Professional Counseling & Social Work Examining Board regulates the following professions in conjunction with each of its professional sections.

https://docs.legis.wisconsin.gov/statutes/statutes/457.pdf

The Substance Abuse Counselor Certification Review Committee was appointed by the Secretary of the Department of Safety and Professional Services (DSPS) to advise DSPS on matters relating to certification of substance abuse professionals in 2013.

The AD Hoc Substance Abuse Treatment Workforce committee makes the following recommendations based upon its nine months of research, interviews and analysis of the current and future substance use disorder (SUD) counselor work force needs.

- The Ad Hoc Committee recommends that DSPS create a Substance Abuse Counselor Review Committee comprised of currently certified counselors and educators who will perform these functions:
    - Review all applications for substance use disorder (SUD) Counselor certification at all levels and provide DSPS with a recommendation(s) regarding certification approval

- Assist and advise DSPS in the periodic review of SUD counselor certification standards, required competencies, and levels of education.

- The Ad Hoc Committee recommends the Department of Health Services (DHS) create a 1.0 FTE position to assist all applicants for SUD counseling certification including substance abuse counselors and substance abuse counselors in training with the substance abuse counselor certification process. A process would be established by December 2016 through which any qualified individual would be assisted through the completion of the substance abuse counselor certification process.

- The Ad Hoc Committee recommends to DSPS and DHS that all certified SUD counselors currently certified in Wisconsin who are and remain in good standing be held harmless from any and all additional educational requirements which may be included in future SUD counselor requirements.

- The Ad Hoc Committee recommends to the DHS an increase in Medicaid reimbursement rates for licensed and certified SUD counselors at all levels. Wisconsin should consider aligning the substance used disorder counselor in training credential with the mental health counselor in training to recognize the Medicaid qualified treatment trainee "QTT" modifier.

- The chart shows the comparative Medicaid rates for certified substance abuse counselors in adjoining states (obtained from respective state's Medicaid fee schedules):

	Individual counseling/hour	Group counseling/Medicaid group member/hour
Minnesota	$70	$34
Iowa	$65.95	$22.80
Illinois	$60.32	$22.80
Michigan	Not avail.	Not avail.
Wisconsin	$32.28	$8.53

<u>Wisconsin's Medicaid reimbursement rates must be more in line with those of surrounding states</u> if we are going to be able to retain and attract counselors in the public sector.

- The Ad Hoc Committee recommends that DHS work with education and training institutions to develop a substance abuse counselor recruitment system, by hiring a 1.0 FTE position, like a similar workforce development position DHS had previously. This individual would not only act as a guide through the certification process, but perform those other duties of developing relationships with universities and other options for identification and recruitment of counselors including ensuring diversity in the workforce and liaison with DSPS.

- The Intervention Treatment Committee recommend that DHS, monitor the activities and outcomes of the 1.0 FTE and report to SCAODA bi-annually on the state of the workforce.

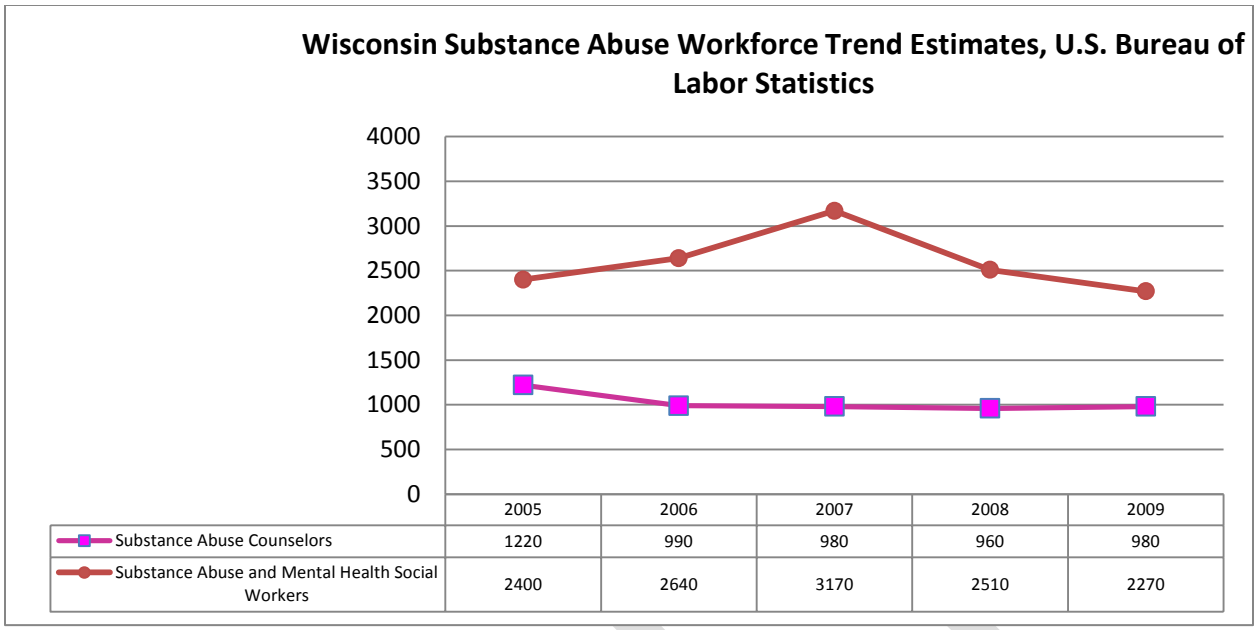
Substance Abuse Treatment Workforce

Does the demand for substance use disorder counselors exceed the supply? Anecdotal complaints from several substance abuse treatment agencies and the 2012 Wisconsin substance use disorder counselor survey have identified issues related to possible workforce shortages. The agency complaints usually go like this, "We advertise widely in Wisconsin and we get no applicants." According to DSPS there are an estimated 1,920 active or inactive, licensed or certified substance abuse treatment professionals in Wisconsin. Nine hundred sixty-seven (967) responded to the 2012 survey. There is a disproportionate rate (55%) of counselors age 51 and older, with 24% of counselors at or near retirement age (age 60+) indicating that a crisis could be looming if the older counselors are not replaced by younger ones. In addition to the worker shortage issues, the survey found reports of inadequate compensation and stigma associated with the occupation of substance abuse counselor. https://www.dhs.wisconsin.gov/publications/p0/p00613.pdf

In 2011, the U.S. Bureau of Labor estimated there were 980 employed substance abuse counselors in Wisconsin and another 2,270 professionals in the single category "mental health and substance abuse social workers". These data are helpful in looking at trends and making comparisons with national averages. The chart below shows annual trends for Wisconsin workers indicating that the overall substance abuse professional workforce in Wisconsin may be shrinking while the U.S. Bureau is projecting a 33% increased need for substance abuse and mental health professionals by the year 2016. https://www.dhs.wisconsin.gov/publications/p0/p00613.pdf

In 2012, less than 15% of the Wisconsin substance use disorder workforce was under 35 years old, with the northern section of the state's counselors between the ages of 36 and 59 years old with only 46% of the counselors holding Master's degree. Historically, Wisconsin has faced an underrepresented numbers of certified substance use disorder counselors from minority populations. The 2012 survey revealed that 51% of the substance use disorder counselors may age out of the workforce by 2022.

Advocates for Human Potential, Inc., a nationally recognized human services organization, estimates the human service worker need by specific population. Accordingly, the need for substance use disorder counselors in Wisconsin is 32.1 counselors for 1,000 people with a treatable alcohol or other drug abuse problem. This means that at any time, Wisconsin would need 2,247 or more certified substance use disorder counselors to meet this need.



	2005	2006	2007	2008	2009
Substance Abuse Counselors	1220	990	980	960	980
Substance Abuse and Mental Health Social Workers	2400	2640	3170	2510	2270

- The Ad Hoc Committee recommends the development of an addictions workforce plan
  - Conduct an environmental scan
    - A comprehensive workforce environmental scan gathers information (data) on factors within the community in which agency operates that will impact the workforce's ability and capacity to meet clients' service needs and improve outcomes as defined. A thorough workforce environmental scan identifies factors that affect the overall recruitment, selection, performance, retention and deployment of staff across the agency. Data should be gathered in as many relevant areas as possible and be analysed and approached from a strength-based perspective.
  - Update the statewide survey of approved programs for substance use counselors
  - Update the 2012 Wisconsin substance use disorder counselor survey
  - Develop a Wisconsin scopes of practice and career ladder for substance use disorder counseling as a response to the SAMHSA "suggestions" for various levels of education and experience. Clearly defining the role of everyone from peer support to medical director.
  - Recommend that ITC submit a motion for SCAODA to submit a letter to DHS requesting the Department of Workforce Development (DWD) to identify substance use disorder counselor as a critical need profession and develop a work plan, in conjunction with DHS, which will address the need
- Outreach to increase the number of new counselors entering the field
- Foster leadership development among all segments of the workforce
- Develop strategies to identified and develop a sustainable workforce
- Develop relationships to address workforce shortage in rural, underserved, and tribal communities

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Resources

The Looming Expansion and Transformation of Public Substance Abuse Treatment Under the Affordable Care Act – Health Affairs, 30, no.8 (2011):1402-1410

An Action Plan for Behavioral Health Workforce Development –Executive Summary Annapolis Coalition on the Behavioral Health Workforce (Cincinnati, OH)

Strengthening Professional Identity - Challenges of the Addictions Treatment Workforce A Framework for Discussion Abt Associates,

Vital Signs: Taking the Pulse of the Addiction Treatment Profession Addiction Technology Transfer Center Network

Wisconsin Substance Abuse Counselor Survey 2012 – Michael Quirke, DHS/DMHSAS

Model Scopes of Practice and Career Ladder for Substance Use Disorder Counseling

Marriage & Family Therapy, Professional Counselors, Social Work Examining Board rule no. 10, 11, 12, 14, 1.09

Department of Safety and Professional Services - Chapter SPS 160 – SPS 168

Department of Health Service – DHS 75, DHS 107.13(3), (3m)

Statewide Survey Wisconsin Department of Regulation and Licensing Approved Programs for Substance Abuse Counselor- Flo Hilliard, Division of Continuing Studies
University of Wisconsin-Madison

Medicaid policies and guidelines for Substance Abuse Services

Workforce Development Potential Solutions – Wisconsin Tribal Collaboration for Positive Change

Committee members – Educators, Clinical Supervisors, Counselors, Peer specialists, Treatment program alumni

HRSA, SAMHSA, NACHP, National Health Service Corp, AHEC

DRAFT

SCAODA Motion Introduction

Committee Introducing Motion: Intervention and Treatment (ITC)

Motion: SCAODA supports a policy that Wisconsin residents seeking treatment for primary Tobacco Use Disorders shall have access to the same range of treatment services as those offered for the treatment of other substance use disorders by removing language "excluding nicotine dependence" from the Wis. Admin. Code ch. DHS 75 definition that reads, "Substance use disorder means the existence of 'substance dependence' or 'substance abuse' listed in DSM-IV, excluding nicotine dependence."

Related SCAODA Goal: #4.

Background: Although nicotine dependence (305.10) is a listed in the Diagnostic Statistical Manual 5 (DSM-5) as a treatable substance use disorder, those individuals with nicotine dependence as their sole substance use disorder are excluded per Wis. Admin. Code ch. DHS 75 and do not have equal access to Wisconsin's full continuum of treatment services.
Previously SCAODA adopted WINTIP'S Tobacco Integration Resolution encouraging policies that lead to integrating evidence-based nicotine treatment into AODA and mental health services. This additional equity resolution is regarded by ITC as being a philosophical policy position that supports access to the state's AODA services for nicotine dependence as a drug of equal concern to alcohol and other drugs.

- Positive impact: This resolution provides those individuals with nicotine dependence, as a sole disorder, access to the full continuum of treatment services similar to those with other substance use disorders. It most likely will lead to substance use providers enhancing their services and training to clinicians in order to more robustly address nicotine disorders in general. It demonstates consistency with the high ethical and clinical standards which Wisconsin wishes to promote. It will save lives and improve the quality of life for individuals and their families who are experiencing nicotine addiction.
- Potential Opposition: Treatment providers will have to require appropriate training and system change support to be prepared to address nicotine disorders as the sole disorder. The population of persons with nicotine use disorder, as their sole substance use disorder, is not expected to be large, however there would be a financial impact associated with the provision of these treatment services. The extent of that impact is unknown. Also unknown is the extent to which current payers will recognize the utilization of the full continuum of care as legitimate, clinically appropriate treatment modalities for a tobacco use disorder and therefore subject to reimbursement.

Rationale for Supporting Motion: Nicotine dependence leads to diseases which take the lives of more than 3,000 Wisconsin tobacco users a year.with AODA and mental health disorders. These deaths affect the lives of approximately 12,000 family members. Tobacco deaths are responsible for more deaths than from alcohol and other drugs combined. Wisconsin already has substance use disorder services and programs in place, along with a workforce which is trained in the skills necessary to support recovery (abstinence and harm reduction). The administrative rule already allows for clinicians to treat nicotine dependence when other substance use disorders are primary. This motion would simply allow the equity of those persons with a sole substance use disorder with nicotine, who are in need of various levels of care, to access this much needed treatment. This motion could also promote further professional development by our workforce to enhance the evidence based treatment practices for nicotine use disorders.

SCAODA Motion Introduction

Committee Introducing Motion: Intervention and Treatment (ITC)
Motion: SCAODA shall solicit from the Wisconsin Chapter of the American Society for Addiction Medicine an addictionologist to serve, once appointed by a majority vote of the council, as an ex-officio member of the council in accordance with Section 2.4 of Article II of the council's by-laws.
Related SCAODA Goal: #1
Background: Methods of treatment for substance use disorders have become increasingly sophisticated since the creation of the council in 1970. Much of the counseling was being provided by individuals who were in recovery themselves and little was known about the brain and biologic consequences of alcohol and other drug use. There were limited medications available to assist individuals in recovery. A physician who specializes in the treatment of addiction can provide important information to council members regarding the current practice and can enhance the image of the council. • Positive impact: The council has ready access to information from an expert physican. • Potential Opposition: None known.
Rationale for Supporting Motion: Addiction and the frequent co-occurring disorders are complex medical conditions. Treatment for those conditions is usually best performed by a knowledgeable team of peer specialists, counselors, psychotherapists, physicans and others. A physician certified as an addictionologist can bring the perspective of all these professionals to the council's deliberations.

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1 West Wilson Street, P.O. Box 7851
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INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING
Tuesday, August 11, 2015
10:00am – 2:30pm
Department of Corrections
3099 E. Washington Ave.
Room 1M-M
Madison, WI

MINUTES

Present: Norman Briggs, Roger Frings, Lucas Moore, Tamara Feest, Alan Frank, Kris Moelter and Andrea Jacobson (staff).

By Phone: Lori Cross Schotten.

Absent: Dave Macmaster and Steve Dakai.

Welcome, Introductions and Review of Minutes – Mr. Briggs called the meeting to order at 10:08 a.m.

Mr. Frings made a motion to approve the May meeting minutes; Ms. Feest seconded. No one opposed and Mr. Briggs abstained. Motion approved conditional upon a few minor edits.

Public Comment – None

Budget/Legislative updates –

Mr. Frings provided a brief update on budget proposals. He noted that the greatest financial increase would have been related to a chiropractic change which was vetoed. The bill addressing reimbursement for treatment portions of residential treatment did pass. It provides the ability to bill for outpatient treatment services but not for room and board. Budget was from 7/1/15 through 6/30/17 and time was built into the legislation to allow for the implementation (developing billing and policy development). Uncertain when official start date will be but

assumed to be in 2016. Per Mr. Briggs SAMHSA recommended providing room and board but would need to apply for a waiver**.**

Per Ms. Moelter there is a pending law suit regarding drug testing requirements for the Food Stamp program.

The Impaired Driver Pre-Trail grant oversight was moved to DHS without the funding attached. DHS is now reviewing this and exploring to what extent the programs can be funded. Also, added a new safe ride Surcharge of roughly $50.00.

Ad-hoc Workforce Development Committee Update

The original committee members are drafting additional report material. Andrea will send email to Duncan and Bernestine that we are eager and excited to see the workforce report.

Brief Discussion of Committee membership and recruitment plans:

Mr. Briggs has been in contact with DSPS in regards to adding a representative from their agency.

Mr. Frings has met with a treatment provider from a methadone clinic but the person is uncertain about the time commitment.

Andrea will share with Roger the name and contact information for a regional director of methadone programs.

Mr. Briggs reached out to the Great Lakes Intertribal website and hasn't received a response. Andrea will provide Mr. Frings with information for Gail N. and Darwin at DHS.

Plan to seek representatives who are at a level of representing multiple agencies vs. a specific treatment agency. Mr. Moore will ask about the WRAP group and who all they represent.

Work Plan Summary and Review

Goal 1- Change the language to "refer to treatment" in first box.

Update per Mr. Briggs on the advisory council for DCF. These meetings vigorously discuss issues but do not offer an open forum for recommendations. Mr. Briggs is seeking to be added to the agenda in early 2016. Mr. Briggs reminded the group of the data showing that WI has a higher population of parents abusing alcohol and questions about why this does not seem to be

identified in the data from CYF. WI doesn't have any current universal screening for substance abuse by parents. Ms. Feest wonders about other avenues for piloting an AODA tool, for instance using a DHS program such as CST. Would need to consider a program in which the parents are also identified clients. Mr Briggs will be seeking feedback and discussion at a later date.

Review of Motions

Addictionologist

- Expectation is that Ex-officio member to SCAODA – addictionologist
- Make clear that the appointment is to SCAODA not ITC.
- Mr. Briggs and Mr. Frings will complete the draft of the motion.

Nicotine Resolution

Discussion regarding the proposal;

- Unclear what the demand for treatment of nicotine as a sole disorder would be.
- If certain areas have a demand without appropriate utilization review of level of care it could be quite burdensome financially to a County.
- Per Mr. Frank – interested in philosophically moving this motion forward with the knowledge that a fiscal analysis would need to be completed by DHS when and if SCAODA passes the motion.
- DHS could decide to move this forward or the legislature could request that this occur and both of these require a fiscal report including a comparative analysis with nearby states, financial impact on MA, County Human Services Departments.
- Per Mr. Frank, based on data previously provided by Mr. Macmaster, it appears the need is there for treatment for sole nicotine use disorders, and the lack of it being brought up by individuals to county HSD's may be that it hasn't been a resource due to administrative rule exclusion. The cost to cover this need is unknown and there would be a cost associated with the analysis of the proposal.

Based on the review of the draft Ms. Feest asked to re-open the motion for a re-vote due to a preference to have the financial information in advance. She has not seen a demand for this service, and there is a significant staff undertaking to make the financial determination. She would like to determine the true need prior to passing this vote. Ms. Cross Schotten seconded a motion to reconsider the passing of the motion, based on a concern of limited funding and where funding should be prioritized. Per a vote: Mr.

Frings, Mr. Briggs, Ms. Cross Schotten and Ms. Feest approved the delay in moving the motion forward and bringing back for reconsideration. Mr. Frank opposed.

The motion is to bring back up for further discussion in the October meeting when the author of the original motion is present. Request to review previous motion that was not passed.

Section and Committee Updates

Children, Youth and Family – Per Mr. Moore – they are planning to review by-laws. He has gathered 10 individuals who are interested and 8 will be attending next week's meeting. They will be providing Skype access to encourage long-distance participation. Per Mr. Briggs per a recent teleconference, he found that there are at least three agencies providing residential services to teens. It will be helpful to learn more about what resources are available for teens throughout the state.

Per Ms. Feest, there may be challenges in gathering data about adolescent services. ITC committee would like to know the volume, usage of evidence-based practices, training levels, adolescent specific groups, social skills, etc… Mr. Moore is aware of a past survey which apparently did not have a large response rate. Plan to bring up the survey to discuss with the committee to determine what will be measured and what data is hoped to be gathered. Years ago, DHS provided a resource book of adolescent services however it didn't really identify the agencies that specialized in adolescent services. SAMHSA has a treatment locator that identifies which agencies offer a track for adolescents.

Women's and Children – Mr. Briggs highlighted the importance of provision of cultural competency training for treatment providers. The Office of Minority Health has offered cultural competency that ARC staff have attended. ARC has also lined up experts from the Latino culture to provide training and Native American training is scheduled.

Heroin/Opiate Update –

DMHSAS obtained a new SAMHSA grant which will be targeting expansion of Medication Assisted Treatment services to Sauk, Columbia and Richland counties.

In addition, a new methadone program was opened in Fond Du Lac (Premier Care).

WINTIP – Not present – so no update.

Future agenda items:
Review motions: Nicotine motion, addictionologist,

Update on residential treatment billing. Questions regarding bed restrictions, IMD exclusion and billing.

Per Lori – availability of treatment programs within the county jail. Norm will be attending the criminal justice coordinating meeting this week and may invite a representative to come to a future meeting to discuss treatment services in the jail setting.

Mr. frank made a motion to adjourn, seconded from Alan, no oppositions or abstentions and the meeting was concluded early at 12:26 pm.

Next meetings and dates:

- **SCAODA –September 11th; 9:30 am – 3:30 pm; American Family Insurance Conference Center, Madison. For more information, visit the SCAODA web site at: http://www.scaoda.state.wi.us/meetings/index.htm**

- **ITC – October 13th, 2015; 10:00 am – 2:30 pm. Department of Corrections, Madison**

Future 2015 Meeting Dates:

ITC will meet on November 10th
Full SCAODA meetings will occur on September 11th and December 11th.

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INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING

Tuesday
November 10th, 2015
10 a.m. – 2:30 pm

Department of Corrections
3099 E. Washington Ave.
Room 1M-M
Madison, WI

AGENDA

I.	Welcome, introductions, and public comment	10:00 a.m.
II.	Workforce Report	10:10 a.m.
III.	Review of October minutes	11:00 a.m.
IV.	Review MH/SA conference SCAODA public forum feedback	11:20 a.m.
V.	ITC Recruitment updates	11:30 a.m.
VI.	Lunch	11:45 a.m.
VII.	Section updates	12:30 p.m.

- Children, Youth, and Families (Lucas Moore; 12:45 call-in)
- Treatment for Women and their Children (Norman Briggs)
- Heroin/Opiate Update (Andrea Jacobson interim SOTA)
  - New SOTA Hire
  - McLellan article

VIII.	Motions – review drafts	1:00 p.m.

- Recommendation to add an Addictionologist and discussion of other SCAODA members (consider 2008 motion re: including of additional members)
- Status update of the nicotine exclusion from DHS 75 motion

IX.	Budget/Legislative updates	2:00 p.m.

X.	Announcements and/or additional information	2:10 p.m.
XI.	Future agenda items	2:15 p.m.
XII.	Adjourn	2:30 p.m.

Call-in Information:
Phone Number: 1-877-820-7831
Passcode: 793544

Upcoming 2015 meetings:

SCAODA
December 11, 2015, 9:30 a.m. – 3:30 p.m. American Family Insurance Conf. Center, Madison.

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PLANNING AND FUNDING COMMITTEE MEETING MINUTES
August 7, 2015

Members present: Norman Briggs (for Karen Kinsey), Todd Campbell, Steve Fernan, Joyce O'Donnell, Duncan Shrout, Sally Tess

Members excused: Emanuel Scarbrough, Irene Secora

Staff: Kris Moelter

Call to Order – Joyce O'Donnell the meeting to order at 9:35 a.m.

Review of July 16, 2015, meeting minutes – Duncan Shrout moved (Sally Tess second) to approve the meeting minutes. Motion passed with one abstention (Norman Briggs).

Public comment – None.

Funding ad hoc committee – Todd Campbell updated the committee on the progress of the committee. The final report will be presented to the Planning and Funding Committee and then presented to SCAODA at the December meeting. The committee discussed possible changes/additions to the report, including prefacing the unmet needs section with information on how the information was obtained and stating that the counties voluntarily provide the information and not all counties provide it. Another item to add is to talk about how much money has been lost for prevention. DPI has lost over $10 million in the last five years for AODA prevention in schools. Steve Fernan will send information on why the money has decreased.

One of the goals of the report is to motivate SCAODA's citizen representatives to take the information and discuss it with their legislators. SCAODA's committees can take the information and decide how to develop to it to help them meet their goals and objectives.

Annual report – Committee members reviewed the 2014-15 workplan and discussed progress on the strategies. The report will be amended to add a line that SBIRT is being implemented and trainings are happening in schools through the Wisconsin Safe and Healthy School Centers (WISH). Mr. Shrout moved (Sally Tess second) to approve the report with the change. The motion passed unanimously.

Budget/legislation update - Wisconsin has filed a lawsuit to allow it to implement the drug testing programs for recipients of certain public benefits. There is no new information on this other than the lawsuit being filed.

Committee and agency reports – Ms. O'Donnell reported that the Executive Committee met to talk about changing the SCAODA statute to add more citizen members. It will be on the September SCAODA meeting agenda.

Mr. Fernan reported that the 2015 Youth Risk Behavior Survey will not result in weighted data, so the most recent data will be from 2013. They will try to get weighted data in 2017. Schools opted out of the survey because they are feeling over burdened with survey and data requests. This is the first time since 1995 there has not been weighted data. The same thing happened with the 2014 Youth Tobacco Survey. The WISH Center is conducting trainings for SBIRT, school-based mental health services, PREPARE training for safety response plans, and drug trends. In June DPI completed a grant competition and awarded 43 projects for 64 school districts over the next two years—some are regional projects. Most of the funds are for professional development so staff can participate in initiatives around drug trends and mental health.

Report on women's services – Mr. Briggs reported there is a major initiative that started a month ago from a meeting of all women's services treatment providers. The six grantees were charged with making improvements in cultural competence in programs. ARC is beginning to do this and is providing training for staff and they have a year-long plan to improve what they are doing.

Agenda items for next meeting – 1. Review Funding ad hoc Committee report; 2. Annual Mental Health and Substance Abuse Conference; 3. Legislation (if anything new); 4. SCAODA meeting update

The meeting adjourned at 12:07 p.m.

Next meeting: October 8, 2015, at 141 NW Barstow St., in Waukesha.

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PLANNING AND FUNDING COMMITTEE MEETING MINUTES
October 8, 2015

Members present: Todd Campbell, Steve Fernan, Joyce O'Donnell, Emanuel Scarbrough, Irene Secora, Duncan Shrout, Sally Tess

Members excused: Karen Kinsey

Staff: Kris Moelter

Call to Order – Joyce O'Donnell the meeting to order at 9:57 a.m.

Review of August 7, 2015, meeting minutes – Todd Campbell moved (Sally Tess second) to approve the meeting minutes. Motion passed unanimously.

Public comment – None.

Funding ad hoc committee – Mr. Campbell updated the committee on the progress of the committee. Most of the members attended at least part of the ad hoc committee meeting so they participated in the discussion of next steps. A phase one report will be discussed at the November meeting.

September SCAODA meeting – Ms. O'Donnell reported on the SCAODA meeting. New officers were elected. Duncan Shrout is the new chairperson and Scott Stokes is the vice chairperson. Mary Rasmussen is the secretary. The committees gave their annual reports. The Intervention and Treatment Committee will present its workforce development report at the December meeting. The Prevention Committee will present the marijuana report in December if the committee approves the draft at its October meeting. There was a presentation on the Culturally and Linguistically Appropriate Services in Health Care standards.

Budget/legislation update – Kris Moelter reported that there is no new information on the state's lawsuit against the federal government to allow Wisconsin to proceed with its drug testing programs for recipients of certain public benefits. She also reported that Rep. Nygren introduced four bills related to opioids. Those bills address more comprehensive use of the Prescription Drug Monitoring Program (PDMP) database, collecting information from methadone clinics, requiring pain clinics to be DHS-certified, and requiring law enforcement to report certain opioid-related law violations for the PDMP.

SCAODA statutory changes – Ms. O'Donnell led a discussion on proposed changes to the SCAODA statute regarding SCAODA membership. Mr. Shrout said SCAODA passed a motion to increase the membership from 22 to 27. At the September SCAODA meeting Mr. Shrout directed the committees to discuss the matter and then the Executive Committee would meet in

November to decide if it should make recommendations at the December meeting. The committee supported suggestions that any new representatives come from the five DHS regions, the new representatives have lived experience or be a family member of someone with lived experience, and should reflect Wisconsin's racial and cultural diversity. Ms. Moelter will consolidate the recommendations from this committee and the other committees and present it to the joint Executive/Four Chairs Committee meeting in November.

Mental Health and Substance Abuse Conference – The committee discussed the public forum it will host at the conference on October 21. Ms. O'Donnell, Mr. Shrout, Mr. Fernan, and Mr. Scarbrough will attend. The group will let the public know the marijuana report will be available after the first of the year and invite them to December SCAODA meeting. The committee will have handouts of the SCAODA strategic plan and the DHS fact sheets available. One topic will be the adequacy/inadequacy of funding for AODA. Another topic is to receive input on any changes to the SCAODA statute. The group will also talk about the SCAODA committees and encourage people to contact the staff people for each committee if they are interested in serving.

Committee and agency reports – Mr. Fernan reported that the Youth Risk Behavior Survey did not get weighted data for the 2015 survey. The Department of Public Instruction is negotiating with the Centers for Disease Control to move the survey cycle so it does not coincide with the school testing cycle to do the next survey in the fall of 2016. Many of the refusals were due to the timing of the survey. One problem with moving the survey is that the data are not comparable to data collected in the spring, which is when the data were collected during the past 20 years.

Mr. Fernan also reported that the YRBS has a question on suicide attempts and depression. Wisconsin has one of the highest suicide completion rates in the country. DPI has a school mental health initiative. There are 54 schools over two years that will receive training in trauma-sensitive schools. DPI will be providing SBIRT training for staff in those schools. They also will work with a mental health framework so schools will be able to enhance in-house capacity to address mental health issues and/or co-locating clinics in schools and/or a hybrid of the two models. The school climate transformation grant will work with schools on the PBIS framework.

Irene Secora reported that there will be a Department of Justice-sponsored opioid forum on October 13 and 14. The Waukesha coalition unveiled its "Hidden in Plain Sight" campaign with a window display downtown. The Department of Justice recently started its "Dose of Reality" campaign.

Mr. Shrout reported on the activities of the Milwaukee County mental health board. They are assisting with finding a new hospital and having local hospitals provide the mental health and substance use disorder services.

Mr. Campbell reported that the county is in the budget process. One of the focus areas is re-entry by collaboration among various county agencies, including putting a mini-job center in the county jail. The Dane County Board is also considering the recommendations from three county work groups on criminal justice.

Ms. O'Donnell said the Department of Transportation has some safe ride money and she proposed some of the money be set aside for bicycle helmets for students. Mr. Shrout said the money for the Safe Ride Program is a statutory requirement.

Report on women's services – Ms. Moelter reported that SAMHSA visited DHS on September 29 and 30 and that visit included a site visit to ARC Community Services. SAMHSA expects that funding for women's services will remain the same for the foreseeable future.

Agenda items for next meeting

- Funding ad hoc Committee report
- Annual Mental Health and Substance Abuse Conference public forum review
- Legislation (if anything new)
- 2016 meeting dates
- Maureen Busalacchi on Wisconsin League of Municipalities

The meeting adjourned at 12:37 p.m.

Next meeting: November 19, 2015

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State of Wisconsin

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1 West Wilson Street, P.O. Box 7851
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PLANNING AND FUNDING COMMITTEE MEETING

November 19, 2015
9:30 a.m.
1409 Emil St., MADISON

Please call Kris Moelter at (608) 267-7704 or e-mail kristina.moelter@wisconsin.gov if you will not attend.

9:30 a.m.	Call to Order/introduce new Substance Abuse Section chief – Joyce O'Donnell
9:35 a.m.	Review of October 8, 2015, meeting minutes – Joyce O'Donnell
9:40 a.m.	Public comment – Joyce O'Donnell
9:45 a.m.	Mental Health/Substance Abuse Conference public forum – Joyce O'Donnell
10 a.m.	AODA funding ad hoc committee – Todd Campbell
11 a.m.	Legislative update – Kris Moelter
11:15 a.m.	Committee and agency reports – Committee members
11:45 a.m.	Report on women's services – Karen Kinsey
12 p.m.	Agenda items for next meeting, including 2016 meeting dates
12:15 p.m.	Adjourn

SCAODA listening session
October 21, 2015

Committee members present: Joyce O'Donnell and Emanuel Scarbrough

DHS staff present: Joyce Allen, A.J. Ernst, Lorie Goeser, Andrea Jacobson, Kris Moelter, Mai Zong Vue

Joyce O'Donnell opened the listening session at 4:45 p.m. Fifteen people attended, representing county human service agencies, service providers, the Hmong community, and citizens with lived experience.

Ms. O'Donnell talked about some of the current activities of SCAODA and the Planning and Funding Committee, including work on how to better utilize funding for substance use disorder prevention and treatment, a soon-to-be-released report on marijuana, and potential changes to SCAODA's membership.

Mr. Scarbrough discussed the marijuana report and said that one of the recommendations SCAODA would consider at its December 11, 2015, meeting was to decriminalize possession of small amounts of marijuana. Ms. O'Donnell told attendees that they were welcome to attend the December SCAODA meeting and comment on the report during the public comment period.

One attendee asked what SCAODA was doing to address the needs of people in recovery. DHS staff members explained how SCAODA's membership is selected (it is a statutory body whose members are designated by statute and appointed by the Governor). Staff also talked about SCAODA's committees and that the Intervention and Treatment Committee (ITC) is discussing whether to ask SCAODA to form a separate recovery committee or to create a recovery subcommittee within ITC. Ms. O'Donnell encouraged attendees to join SCAODA committees and referred them to a handout listing the DHS staff contact information for each committee.

Another attendee said that SCAODA needs to make itself more visible. More people would attend meetings and/or volunteer to serve on committees if they knew how to contact SCAODA. SCAODA should also consider having its meetings at different locations in the state or having representatives attend other coalition meetings and distribute information about SCAODA.

The session ended at 5:51 p.m.

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Prevention Committee Meeting
Thursday, July 16, 2015
9:30 a.m. – 1:00 p.m.

State Bar of Wisconsin
5302 Eastpark Blvd.
Madison, WI 53718

Members: Kari Lerch, Annie Short, Ronda Kopelke, Scott Stokes, Chris Wardlow, Emanuel Scarbrough, Judie Hermann, Julia Sherman, Katie Morrow (on behalf of Irene Secora), Lori Pesch, Sarah Linnan

Absent Members: Dorothy Chaney, Jane Larson, Kathy Marty, Jacob Melson, Rick Peterson, Mary Rasmussen, Jackie Schoening, Anne Ziege

Staff: Paul Krupski, Christy Niemuth, Raina Zwadzich

Welcome and Introductions: Scott Stokes welcomed everyone and asked for introductions from the Members and Staff.

Public Comment: No public comment.

Approve Minutes from April 16, 2015 Meeting
Scott asked the Members review meeting minutes from April 16, 2015. Motion to approve the meeting minutes was made by Kari Lerch, seconded by Ronda Kopelke, meeting minutes were approved.

Marijuana Ad-hoc Committee
Paul Krupski updated the Committee on the progress of the Marijuana Ad-hoc Committee (MAC). The goal is to have a rough draft presented to the Prevention Committee at the October meeting. At that time, the draft will be shared, discussed and a voted on for approval to present at the SCAODA meeting in December.

Chris Wardlow, Chair of the MAC is excited to have the report completed and has appreciated the engaging dialogue among Members. There has been a great amount of information presented and it has been a learning experience. The report is going to be different from any other report done by SCAODA. Emanuel Scarbrough hopes that the MAC can put their political and social ideas aside and look at what we can do to help the people in the prevention field, laypeople and politicians understand marijuana. The Committee asked if the MAC is addressing synthetic marijuana. Synthetic marijuana is referenced in the report but it isn't a focus of the report. The report is based on research. The Committee had a brief discussion about legalization of marijuana. The MAC report will provide recommendations that call for "more research, in order to gain more understanding of the impacts" for this topic.

PFS II/PFS 2015 Update
The Wisconsin Department of Health Services has received notice of grant award for the Partnership for Success (PFS) 2015 grant which will begin Sept. 30, 2015. This is a five year grant that will be similar to the Partnership for Success II (PFS II) grant. The State has requested a one year, no-cost extension for the PFS II, so there will be some overlap between the two grants in FFY 2016.

The PFS 2015 will have a different funding structure. The Alliance for Wisconsin Youth (AWY) Regional Prevention Centers (RPC) will be responsible for serving the "high need" counties within their regions. The AWY RPC will be providing and sharing resources, campaigns and technical assistance for greatest impact within their regions. The Great Lakes Inter-tribal Council (GLTIC) also applied and was awarded a PFS 2015 grant. They will be serving four Tribes (Lac du Flambeau, Bad River, Menominee and Lac Court Oreilles). Together, the State and GLTIC will be meeting to discuss how to best serve the state and tribes with this funding.

Annual Work Plan
Members reviewed the handout titled "SCAODA work plan". The Committee is to fill in progress towards meeting the identified goals.

- ***Goal 1: Promote trauma-informed care within substance use disorder systems***
    - Prevention training had a session.
    - Presentation at the full SCAODA meeting.
    - ACE Master Trainer list that Judie H. could provide as a resource.
    - One-time surplus from the Wisconsin Department of Children and Families (DFC) to expand the trauma project statewide.
    - Milwaukee United Way is looking at the high risk schools and would like to work with them to be 'trauma informed'. They are thinking of targeting one grade level and evaluate the response to make sure the students, families and whole neighborhood are receiving benefits.
    - The Milwaukee Behavioral Health Division is planning to expand their drug courts and incorporate trauma informed care because they have seen more success when they address trauma during this time.
        - They have also provided trauma informed care training to all of their contract providers.
    - The Northern and Western RPCs of AWY are providing this training as a menu project.
    - The Wisconsin After School Network may also be a good place for the professionals to learn about trauma informed care.

- ***Goal 2: Inform credentialing rules related to professional prevention specialist certification***
    - Presentation at the Prevention Training.
    - Progress has been slow in this area, but attempts have been made;
        - Concerns were shared with the credentialing body by providing documentation of questions and concerns from the field.
        - A Representative from the Wisconsin Department of Safety and Professional Services (DSPS) was asked to present at the Prevention Committee meeting in April, but had to cancel.
    - The Committee will review the list of Board Members who oversee the Prevention Specialist certification in October and decide whether to make a motion to SCAODA about potentially increasing that membership to include more prevention professionals.

- ***Goal 3: Explore convening a study group to research how to integrate AODA prevention and public health policies in the workplace***

- Presentation at the training session.
- Jane Birkholz has been a member on the MAC as a great resource.
- The Wisconsin Association of Local Health Departments and Boards (WAHLDAB) aren't specifically focused on workplace issues but maybe a group to engage with in workforce development issues. Julia Sherman has been working with WAHLDAB on the Community Health Improvement Plans (CHIP) and can provide updates on how WAHLDAB and the Prevention Committee can work together.

- ***Goal 4: Create an ad hoc committee to study policies related to marijuana***
  - The MAC was formed in Oct. 2014, has been meeting regularly and will present a draft report to the Prevention Committee in October, 2016.

Prevention Training 2015 Debrief
The 2015 State Prevention Training, held in June, 2015, received immediate positive feedback. UW Stevens Point provided all logistics for the training and there were 325 people in attendance this year. The planning staff will be taking into consideration comments from the training evaluation for inclusion in the next conference to be held in 2017 as well as sharing them with AWY RPC for regional training topics in 2016.

Christy Niemuth is the State's representative to the National Prevention Network (NPN). The NPN holds an annual conference in a different state each year. Christy would like to explore bringing the conference to Wisconsin in 2017, and requested feedback from the Committee on pro's and con's regarding substituting this national prevention conference for the state conference.

- Conference registration would be more expensive for the NPN than for a State-sponsored conference.
- Host states and surrounding states typically have high attendance rates at the NPN conference.
- Planning- people from Wisconsin would have the opportunity to help plan the conference in conjunction with NPN leadership and the University of Nevada, Reno.
- The NPN would be held in Aug/Sept as opposed to June when the state conference is typically held.
- Opportunity for local coalition members and prevention professionals to hear from national speakers on a scale they may not otherwise be able to hear from.
- The NPN has around 1,000 attendees, so would most likely be held in Milwaukee.
- Members of the Prevention Committee who work in Milwaukee could speak with Fred Risser and his Office in order to get ideas on how to make it happen.
- The Prevention Committee would like to see some fundraising done in order to provide more scholarships for attendance, since the registration cost would be higher than a state conference.
- Perhaps, DFC coalitions could write attendance into their budgets.

Public Forum Discussion
Scott Stokes hosted a Public Forum at the Prevention Training. The notes from the forum were shared with Committee Members. There was not a lot input, but there was a good turnout.

- Prescription take back, feedback to be more permanent

Membership
The Committee by-laws include an attendance requirement; "Committee members are expected to attend all meetings of the committee. Attendance means presence in the room for more than half the meeting. Any committee member who has two unexcused absences within a twelve month period will be contacted to determine whether they will continue to serve." In October, the Committee will review membership in order to identify members who have not been attending and possible replacements to assure the best

representation from across the state. Discussion will also include what constitutes an "unexcused absence," whether teleconferencing is a viable option, and whether the current schedule of meeting on the third Thursday each quarter beginning in January is still the best time for members. This may be a topic that is also brought up at the Executive Meeting. The following changes/additions have been made to membership this year:

- Francie – retired
- Letters of membership invitation sent:
    - Lori Pesch, Focus on Racine
    - Louis Oppor, Citizen member
    - Cheryl Wittke – Safe Communities

Agency/Members Updates
Request for a CCS/CST presentation
DOJ – new campaign message testing and themes for prescription drug abuse prevention. The kick-off will be in September.

Alcohol Policy Seminar – October 27, 2016 at Kalahari please hold the dates, WALHDAB will be meeting the day ahead.

Future agenda Items:
Committee Membership
CCS presentation
Advisory Committee PFS 2015 – keep as a standing agenda item
    - Guidance on what the "Advisory role" is for discretionary grants
Marijuana Report
2016 Agenda Items

Future Meeting Dates/Agenda Items

Thursday, October 15, 2015 – Location TBD

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Prevention Committee Meeting
Thursday, October 15, 2015
9:30 a.m. – 1:30 p.m.

State Bar of Wisconsin
5302 Eastpark Blvd.
Madison, WI 53718

Agenda

- Welcome and Introductions
- Public Comment
- Approve Minutes from July 16, 2015 Meeting
- PFS II/PFS 2015 Update
- Prevention Specialist Certification – Review of Board Members
- Comprehensive Community Services (CCS) Presentation – Kenya Bright, DHS
- Prevention Committee Membership/ 2016 Meeting dates
- Marijuana Ad-hoc Committee Draft Report Review
- Agency/Member Updates
- Future Agenda Items

SCAODA Motion Introduction

Committee Introducing Motion: Prevention
Motion: Review comments and adopt the Marijuana Ad-hoc Committee's report; Marijuana in Wisconsin; Research-Based Review and Recommendations for Reducing the Public Health Impact of Marijuana.
Related SCAODA Goal: Wisconsin cultural norms change to people vehemently rejecting social acceptance of the AODA status quo and demand and support methods to transform the state's AODA problems into healthy behavioral outcomes.
Background: Throughout the research process for both the SCAODA Controlled Substances report and Heroin Epidemic report, the consistent theme heard from individuals with substance use disorders and professionals who treat them, was that they did not start with heroin or prescription drugs. The answer was more times than not marijuana and/or alcohol. Heightening this need is the nationwide marijuana movement, in which some States have decriminalized marijuana possession, legalized marijuana for medicinal use, as well as legalized marijuana for recreational use. The Marijuana Ad-hoc Committee was charged with researching, evaluating and developing recommendations that best serve the public health and safety of all Wisconsin residents • Positive impact: This report provides expert input on research findings related to marijuana's impact on health, safety and economics. The evidence gathered is presented to address myths related to marijuana's benefits as a legal drug for consumption. • Potential Opposition: Recommendation 7, while not recommending broad decriminalization of mariujuana does suggest changes in current statute that would lessen the penatlies for simple marijuana possession. This stance may be viewed as counterintuittive to prevention.
Rationale for Supporting Motion: Marijuana is the most commonly used illicit drug in the United States (SAMHSA, 2014). Its use is widespread among young people, yet marijuana causes short-term and long-term effects on the brain, as well as physical and mental health effects. Marijuana use continues to exceed cigarette use within 8th, 10th and 12th grade levels surveyed. In 2014, 21.2 percent of high school seniors had used marijuana in the past 30 days, whereas only 13.6 percent had smoked cigarettes. With movements around the country aimed at reducing the perception of risk and increasing the acceptability of marijuana use there is a clear need for the substance abuse field to take a stance against commonly held myths by using clear research-based evidence to support a new way of thinking about marijuana.

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As part of the motion made and passed at the SCAODA Prevention Committee meeting on 10/15/15, a document capturing discussion around Recommendation #7 in the Marijuana Ad-hoc Committee Report was to be provided to SCAODA members for review and to take into consideration. This document captures that discussion.
The recommendation in question reads:

'Broad decriminalization of marijuana is not recommended. Instead, Wisconsin statute should be amended as follows: a) possession of marijuana (any resin extracted from the plant cannabis that contains THC) for personal use (up to 10 grams) and/or possession of marijuana paraphernalia in the absence of any other non-drug related charge should be a state civil offense (including first and subsequent offenses); b) marijuana possession (up to 10 grams) and/or possession of marijuana paraphernalia in the presence of another non-drug related charge should be a misdemeanor or an enhancer to the underlining charge (including first and subsequent offenses), without any potential for incarceration in adults 18 and over.'

Several committee members voiced their concerns about this recommendation, stating that decriminalization is criminal justice issue more so than a prevention issue. Some concerns included;

- The title of this report, Marijuana in Wisconsin: Research-Based Review and Recommendation for Reducing the Public Health Impact of Marijuana, establishes the intent to reduce and prevent marijuana use. A recommendation lessening the offense of an illegal drug, discredits this intent. The decriminalization recommendation is implying that some use of marijuana is alright, which is contrary to the overall message of prevention.
- Does medical evidence support that 10 grams of marijuana is clinically appropriate? The recommendation implies that it is ok to have some marijuana, just not a lot. Does this rationale open the door to the same thinking for other drugs, such as cocaine, heroin, etc.?
- Any change in current Wisconsin Statute related to marijuana has the potential to reduce people's perception of risk. Perception of risk has an evidence-based association with increased use of substances.
- There is a need for more research as to reasonable consequences for marijuana use – one that adequately discourages use while not disproportionately affecting lower-income users.
- Racial and Socio/economic disparities are seen throughout the criminal justice system. Focusing on these disparities for one type of crime is outside the scope of a prevention committee report. In addition, decriminalization of marijuana has not been shown to

reduce these disparities. A prevention report is not the place to address racial disparities, the criminal justice system needs to carry that responsibility.

- Vulnerable populations, youth in particular, are most susceptible to price points when making decisions about use, which makes lowering fines counterintuitive to a preventative approach.
- The research in the narrative of this report does not provide sufficient evidence either for or against decriminalization, making it difficult to justify including it in the report.

The MAC members of the Prevention Committee shared the majority thoughts of the Ad-hoc committee regarding how and why this recommendation came about:

- ASAM's public policy statement emphasizes that marijuana dependent persons should be offered treatment rather than punishment of their illness.
- Some of the evidence from states where marijuana was decriminalized and other countries show adolescent use did not increased.
- There are harms associated with criminalization which often affect vulnerable populations the most. Sending non-violent offenders to prison over marijuana possession can break up families, keep the offender from getting scholarships or jobs, cause youth in the family to turn to substance use, and unintentionally perpetuate marijuana usage.
- Currently, municipalities have the ability to set their own fines.

Executive Summary

For 12 months, the Marijuana Ad-hoc Committee examined the scope of marijuana use and problems associated with use that face Wisconsin and its citizens. The Committee developed recommendations to reduce the public health and safety consequences related to marijuana use.

In researching this broad topic, the Committee quickly recognized the need to not only focus on prevention efforts by reducing the initiation of marijuana use, but also how marijuana use affects individuals, families, and larger systems within the general public. It was agreed upon by Committee Members to break into Workgroups to capture all of these issues, including identification of vulnerable members of the population. The Workgroups included:

1) **Cannabinoid Research**
2) **Legalities and Regulations**
3) **Prevention**
4) **Treatment and Recovery**

This report provides recommendations specific to each of the four Workgroup sections. The recommendations include comprehensive approaches for addressing the prevention of marijuana use and other substance use disorders at the individual, family, organizational, community, municipality, county, tribal and state levels.

The Marijuana Ad Hoc Committee would like to thank the following individuals and organizations for their assistance, guidance and expertise in developing these recommendations: Norman Briggs (ARC), Derek Iverson (Marshfield Police Department), Andrea Jacobson (Wisconsin Department of Health Services), Robert Kovar (Marshfield Clinic Center for Community Outreach), Lucas Moore (Wisconsin Department of Health Services), and Nick Oleszak (Constructive Analytics).

Summary of Recommendations

		Related Workgroups			
Recommended in:	Recommendation	C	LR	P	TR
Cannabinoid Research Workgroup	Recommendation 1: Cannabis, cannabinoid pharmaceuticals and cannabis/cannabinoid delivery systems should be subject to the same rigorous standards for approval that are applicable to other prescription medications and medical devices and should not be available for use by patients until such a time as they have been approved by the Food and Drug Administration (FDA).	✓	✓		
	Recommendation 2: The State and Federal government should encourage and promote further research and development focused on the study of specific pharmaceutical grade cannabinoid compounds and preparations (including whole plant preparations) for various clinical applications.	✓			
	Recommendation 3: Smoked cannabis is not a safe delivery system for cannabinoids, and should not be legalized in any form since it appears to have similar clinical efficacy via inhalation (vaporized route), sublingual, and oral routes which are safer, and that may have decreased abuse potential.	✓			
	Recommendation 4: Non-pharmaceutical grade oral formulations (“edibles”) and oral formulations are not approved by the FDA and should not be permitted. There is significant variability in dosing between samples, inconsistent distribution of cannabinoids and there are current FDA approved oral cannabinoids by prescription, in the form of Dronabinol (Marinol®) and Nabilone (Cesament®).	✓			
	Recommendation 5: Cannabis and cannabis extract(s) for use in individuals younger than age 21 should not be legalized in any form unless specifically FDA approved. A growing body of evidence links early cannabis exposure with neurobiological brain abnormalities, an increased risk of addiction, potential to be a gateway drug leading to other drug abuse, permanent neurocognitive decline, lower school performance and compromised lifetime achievement.	✓			
Legalities and Regulations Workgroup	Recommendation 6: Marijuana should not be legalized for personal, recreational use in the State of Wisconsin.		✓		
	Recommendation 7: Broad decriminalization of marijuana is not recommended. Instead, Wisconsin statute should be amended as follows: A) possession of marijuana (any resin extracted from the plant cannabis that contains THC) for personal use (up to 10 grams) and/or possession of marijuana paraphernalia in the absence of any other non-drug related charge will be a state civil offense (including first and subsequent offenses); B) marijuana possession (up to 10 grams) and/or possession of marijuana paraphernalia in presence of another non-drug related charge will be a misdemeanor or an enhancer to the underlining charge (including first and subsequent offenses), without any potential for incarceration in adults 18 and over. This would decrease inequality in the enforcement of the law of minority populations, minimize long term negative consequences due to incarceration for marijuana-possession offenders, and to utilize cost-savings to increase access to prevention programs and treatment for substance use disorders.		✓		
	Recommendation 8: Wisconsin should implement a more detailed and accurate tracking system to properly codify criminal and civil consequences for all marijuana (and other drug) related crimes within the CCAP database. At a minimum, the system should include a comparison of the time sentenced to the actual amount of time served in jail for a marijuana related crime, in order to produce meaningful data and track the associated costs. It also should be used to track ethnic, socioeconomic, or other conditions potentially related to arrests and sentencing, in order to identify and address possible disparities.		✓		
	Recommendation 9: Wisconsin courts should develop a system of support for offenders currently charged and convicted of marijuana possession.		✓		
	Recommendation 10: All employers should follow the United States Department of Labor’s Drug-Free Workplace Act of 1988.		✓		

Prevention Workgroup	Recommendation 11: Community groups, organizations and coalitions should implement evidence based prevention strategies that address known risk and protective factors for marijuana use.		✓	
	Recommendation 12: Support coalitions as the vehicle through which communities will successfully prevent and reduce marijuana use.		✓	
	Recommendation 13: Work to foster an environment locally that empowers young people not to use marijuana.		✓	
	Recommendation 14: Provide information to employers, and especially supervisors, regarding signs, symptoms and consequences of marijuana use, as well as local resources for obtaining help for cannabis use disorders.		✓	
	Recommendation 15: Make drugged driving prevention and enforcement a priority statewide.		✓	
	Recommendation 16: Incorporate SBIRT (Screening, Brief Intervention and Referral to Treatment) as a tool for helping clients who may be experiencing problems resulting from marijuana or other substance use.		✓	✓
Treatment and Recovery Workgroup	Recommendation 17: Expand adolescent substance use disorders treatment and recovery options across the state to allow timely access of appropriate level of care for all youth and young adults.			✓
	Recommendation 18: Expand adult substance use disorders treatment and recovery options across the state to allow timely access of appropriate level of care for all residents.			✓
	Recommendation 19: Substance use disorders treatment and recovery services for pregnant women should promote abstinence from marijuana during and after pregnancy to protect unborn and developing children and prevent drug-affected newborns and nursing infants.			✓
	Recommendation 20: Research, evaluate and implement promising alternative diversion programs including substance use disorders treatment within the legal system.			✓
	Recommendation 21: Provide substance use disorders treatment for persons while incarcerated and develop better linkages to improve the integration of services between criminal justice, primary medical care and treatment and recovery providers to ensure continuing care.	✓	✓	✓
	Recommendation 22: Provide continuing educational opportunities for treatment and recovery providers in an effort to increase understanding of developing science with regard to cannabis use disorders including (but not limited to): • Evidence-based treatment options and promising research, • Research findings regarding pharmacotherapies to assist in treatment, • Clinical innovations to use in the management of withdrawal symptoms, • The effect of marijuana use on the developing brain, • The impact of adverse childhood experiences and treatment approaches that reflect best practice in trauma-informed care. Emerging research of best practices for adolescent and young adult specific recovery and support programs.			✓

Marijuana in Wisconsin

Research-Based Review and Recommendations for Reducing the Public Health Impact of Marijuana

State of Wisconsin
State Council on Alcohol and Other Drug Abuse

Cannabinoid Research Workgroup

- Brief review of the history of cannabinoids and cannabis as medicine.
- Brief description of the Endocannabinoid System.
- Review of evidence for specific clinical indications.
- Review of evidence regarding side effects and potential harm of cannabis and cannabinoid use.
- Workgroup Recommendations.

Cannabinoid Research Workgroup

- CANNABIS, CANNABINOID PHARMACEUTICALS, AND CANNABIS/CANNABINOID DELIVERY SYSTEMS SHOULD BE SUBJECT TO THE SAME RIGOROUS STANDARDS FOR APPROVAL THAT ARE APPLICABLE TO OTHER PRESCRIPTION MEDICATIONS AND MEDICAL DEVICES AND SHOULD NOT BE MADE AVAILABLE FOR USE BY PATIENTS UNTIL SUCH A TIME AS THEY HAVE BEEN APPROVED BY THE FOOD AND DRUG ADMINISTRATION (FDA).
- THE STATE AND FEDERAL GOVERNMENT SHOULD ENCOURAGE AND PROMOTE FURTHER RESEARCH AND DEVELOPMENT FOCUSED ON THE STUDY OF SPECIFIC PHARMACEUTICAL GRADE CANNABINOID COMPOUNDS AND PREPARATIONS (INCLUDING WHOLE PLANT PREPARATIONS) FOR VARIOUS CLINICAL APPLICATIONS.

Cannabinoid Research Workgroup

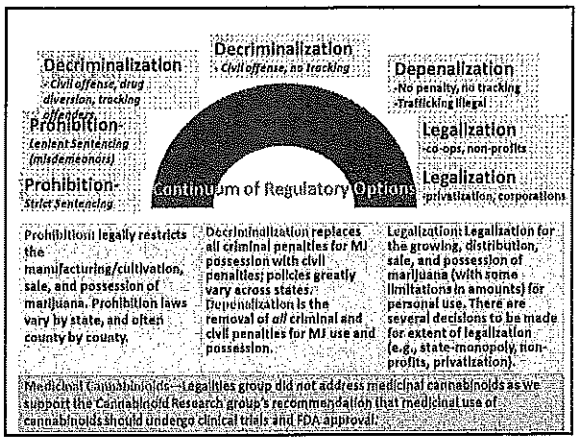
- SMOKED CANNABIS IS NOT A SAFE DELIVERY SYSTEM FOR CANNABINOIDS, AND SHOULD NOT BE LEGALIZED IN ANY FORM SINCE IT APPEARS TO HAVE SIMILAR CLINICAL EFFICACY VIA INHALATION (VAPORIZED ROUTE), SUBLINGUAL, AND ORAL ROUTES WHICH ARE SAFER, AND THAT MAY HAVE DECREASED ABUSE POTENTIAL.
- NON-PHARMACEUTICAL GRADE ORAL FORMULATIONS ("EDIBLES") AND ORAL FORMULATIONS NOT APPROVED BY THE FDA SHOULD NOT BE PERMITTED DUE TO VARIABILITY IN DOSAGE BETWEEN SAMPLES, NON-HOMOGENOUS DISTRIBUTION OF CANNABINOIDS WITHIN NON-STANDARDIZED ORAL FORMULATIONS, AND THE FACT THAT FDA APPROVED ORAL CANNABINOIDS ARE ALREADY AVAILABLE BY PRESCRIPTION IN THE FORM OF DRONABINOL (MARINOL®) AND NABILONE (CESAMET®).

Cannabinoid Research Workgroup

- CANNABIS AND CANNABIS EXTRACT(S) THAT ARE NOT SPECIFICALLY FDA APPROVED FOR USE IN INDIVIDUALS LESS THAN AGE 21 SHOULD NOT BE LEGALIZED IN ANY FORM FOR USE IN INDIVIDUALS YOUNGER THAN AGE 21 DUE TO A GROWING BODY OF EVIDENCE THAT LINKS EARLY CANNABIS EXPOSURE WITH NEUROBIOLOGICAL BRAIN ABNORMALITIES, AN INCREASED RISK OF ADDICTION, A POTENTIAL TO ACT AS A GATEWAY DRUG, PERMANENT NEUROCOGNITIVE DECLINE, AND LOWER SCHOOL PERFORMANCE/ LIFETIME ACHIEVEMENT.

Legalities and Regulations Workgroup

- Consider current laws/regulations in Wisconsin.
- Examine Impact of Different Regulatory Systems- define and examine impact of prohibition, depenalization/decriminalization, and legalization on public health outcomes.
  - Youth and adult MJ use, MJ-related ER visits, drugged driving, mental health, employment, impact on family, criminal justice impact, economic impact.
- Based on public health values, provide recommendations.
- Consider areas for further research/consultation.



Consider Current Laws in WI

- Current Wisconsin state marijuana policy is generally considered **prohibition**.
  - For example, the first offense of possession of marijuana (any amount) is a misdemeanor punishable by a fine up to $1,000 or imprisonment of up to 6 months. Subsequent offenses are considered a felony (see report for more details).
  - Currently, there is broad discretion within the justice system at all levels to enforce possession of marijuana offenses.
    - May create opportunity for racial disparities.
  - Some municipalities have passed alternative ordinances.
    - City of Milwaukee (1997) passed an ordinance that allows first-time offenders that possess 25 grams of marijuana or less to receive the equivalent of a municipal ticket. For second and subsequent offenses involving 25 grams or less, they are charged with a criminal offense under state law (misdemeanor or felony depending on previous record) (Public Policy Forum, 2015).
    - 86% of second and subsequent MJ possession offenses resulted in a felony charge (Public Policy Forum, 2015).

Legalities Recommendations

- Recommendation 6: Marijuana should not be legalized for personal, recreational use in the State of Wisconsin.
- Recommendation 7: Broad decriminalization of marijuana is not recommended. Instead, WI statute should be amended as follows: a) possession of marijuana (any resin extracted from the plant cannabis that contains THC) for personal use (up to 10 grams) and/or possession of marijuana paraphernalia in the absence of any other non-drug related charge should be a state civil offense (including first and subsequent offenses); b) marijuana possession (up to 10 grams) and/or possession of marijuana paraphernalia in the presence of another non-drug related charge should be a misdemeanor or an enhancer to the underlining charge (including first and subsequent offenses), without any potential for incarceration in adults 18+.
  - Intent: decrease inequality in the enforcement of the law for minority populations, minimize long-term negative consequences due to incarceration, save taxpayer funds and obligate cost-savings towards increased access to prevention and treatment for substance use disorders.
  - See document for important details.

Legalities Recommendations

- Recommendation 8: Wisconsin should implement a more detailed and accurate tracking system to properly codify criminal and civil consequences for all marijuana (and other drug) related crimes within the CCAP database. At a minimum, the system should include a comparison of the time sentenced to the actual amount of time served in jail for a marijuana related crime, in order to produce meaningful data and track the associated costs. It also should be used to track ethnic, socioeconomic, or other conditions potentially related to arrests and sentencing, in order to identify and address possible disparities.
- Recommendation 9: Wisconsin courts should develop a system of support for offenders currently charged and convicted of marijuana possession.
- Recommendation 10: All employers should follow the United States Department of Labor's Drug-Free Workplace Act of 1988.

Prevention Workgroup

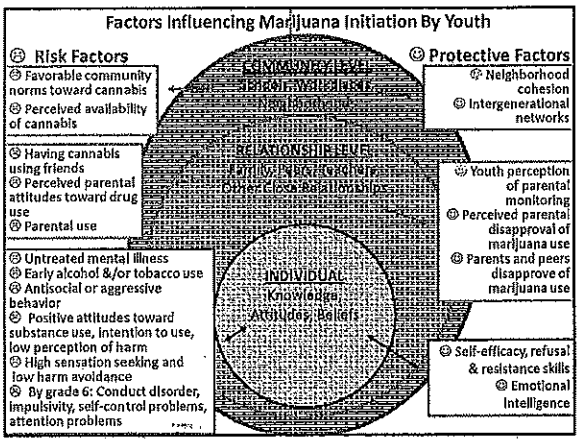
- Floyd Asonwha, M.S., School Counselor-Retired Kenosha Unified School District
- Daniel G. Hinton, B.S., Prevention Service Coordinator, Winnebago County Department
- Sarah Johnson, B.S., PS, Coalition Director, Janesville Mobilizing for Change
- Catherine Kalina, PS , Family Service Madison
- Karl Lerch, BSW, MPNA, Deputy Director, Community Advocates Public Policy Institute
- Danielle Luther, MPH, PS-IT, Manager, Substance Abuse Prevention, Marshfield Clinic Center for Community Outreach
- Emanuel Scarbrough, PS , Genesis Social Services
- Paula Brown, MSW, APSW, DCF Prevention Initiatives Coordinator
- Lilliam Pinero, DFC Coordinator, Burnett County Adolescent AODA Prevention Coalition
- Kathy Marty, MSEd., Project Director, S.A.F.E. Grant County Coalition
- Sarah Turner, PS, DFC Coordinator, Safe & Stable Families Coalition
- Ronna S. Corliss, B.S. , County Prevention Coordinator, Elevate Inc.
- Chris Fitzgerald, Barron County Sheriff's Department
- Chris Wardlow, MAT, PS (Chair) Catalpa Health & Outagamie County

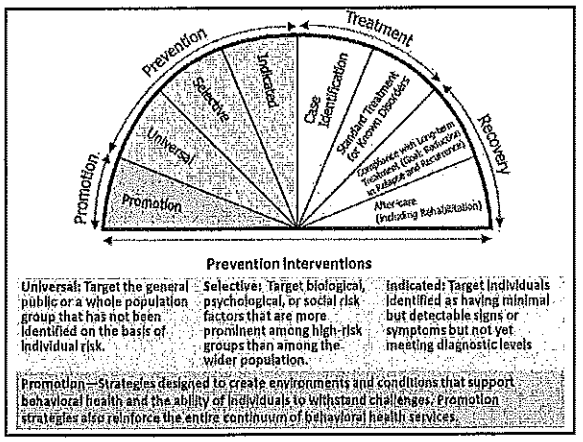
Marijuana Ad-hoc Committee

Focus of Prevention

- **Prevention**—Delivered prior to the onset of a disorder, and intended to prevent or reduce the risk of developing a behavioral health problem.
- **Risk factors** are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood developing a behavioral health problem.
- **Protective factors** are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events.
- **Effective prevention** focuses on reducing those risk factors, and strengthening protective factors, that are most closely related to the problem being addressed.

SAMHSA Center for the Application of Prevention Technologies (CAPT): www.samhsa.gov/capt/





Prevention Recommendations

- **Recommendation 11:** Community groups, organizations and coalitions should implement evidence based prevention strategies that address known risk and protective factors for marijuana use.
- **Recommendation 12:** Support coalitions as the vehicle through which communities will successfully prevent and reduce marijuana use.
- **Recommendation 13:** Work to foster an environment locally that empowers young people not to use marijuana.
- **Recommendation 14:** Provide information to employers, and especially supervisors, regarding signs, symptoms and consequences of marijuana use, as well as local resources for obtaining help for cannabis use disorders.
- **Recommendation 15:** Make drugged driving prevention and enforcement a priority statewide.
- **Recommendation 16:** Incorporate SBIRT (Screening, Brief Intervention and Referral to Treatment) as a tool for helping clients who may be experiencing problems resulting from marijuana or other substance use.

Treatment workgroup

David Galbis-Reig M.D.
Doreen K. Eldred LCSW
Sarah Turner PS
Kathy Marty M.S.Ed
Kathy Asper PS
Sarah C. Johnson BS, PS

ADVISORS:
Norman Briggs (ARC),
Andrea Jacobson (WI Department of Health Services),
Lucas Moore (WI Department of Health Services),
Robert Kovar (Marshfield Clinic Center for Community Outreach)

Addiction is real
Cannabis Use Disorder defined in the Diagnostic and Statistical Manual of Mental Disorders

Treatment works
2011: 1/3rd of WI drug treatment admissions were for marijuana

However, barriers exist in accessing treatment:
- Eligibility
- Financial resources
- Insurance restrictions
- Personal motivation
- Limited treatment services
- Capacity of local service systems

Recommendation 17: Expand adolescent substance use disorders treatment and recovery options across the state to allow timely access of appropriate level care for all youth and young adults.

Recommendation 18: Expand adults substance use disorder treatment and recovery options across the state to allow timely access of appropriate level of care for all residents.

Recommendation 19: Substance use disorders treatment and recovery services for pregnant women should promote abstinence from marijuana during and after pregnancy to protect unborn and developing children and prevent drug-affected newborns and nursing infants.

Recommendation 20: Research, evaluate and implement promising alternative diversion programs including substance use disorders treatment within the legal system.

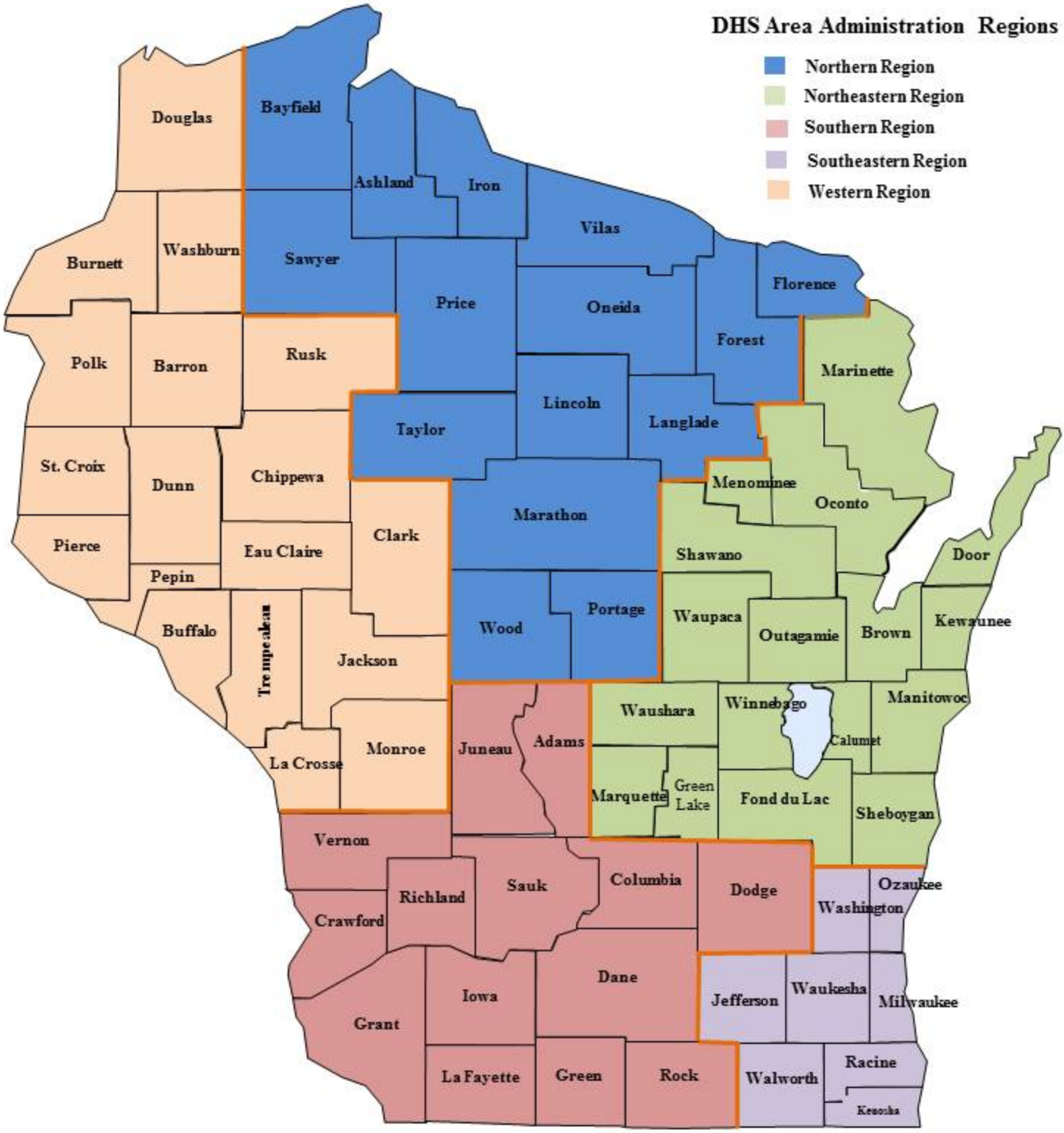
Recommendation 21: Provide substance use disorder treatment for persons while incarcerated and develop better linkages to improve the integration of services between criminal justice, primary medical care and treatment and recovery providers to ensure continuing care.

Recommendation 22: Provide continuing educational opportunities for treatment and recovery providers in an effort to increase understanding of developing science with regard to cannabis use disorder.

SCAODA Motion Introduction

Committee Introducing Motion: Executive Committee
Motion: Change the SCAODA statute to add six individuals or representatives from private for profit or not for profit agencies located in each of the five DHS Area Administration geographic regions to the SCAODA membership. Any new representatives should have lived experience or be a family member of someone with lived experience, and they should reflect Wisconsin's racial and cultural diversity. Members of the Executive Committee should work with the SCAODA legislative representatives to introduce legislation to change the SCAODA statute.
Related SCAODA Goal: #1 and #5
Background: Over the past several years SCAODA has passed motions seeking to change the statutory membership, but no legislation has been introduced to that effect. • Positive impact: See the Rationale for Supporting Motion section. • Potential Opposition: This could open the door for other changes being made to the statute that do not come from SCAODA.
Rationale for Supporting Motion: As a large geographically diverse state, issues related to substance use vary greatly across the state. As such there is a need to ensure SCAODA has a diverse citizen representation of individuals with experience in substance use disorder in the different areas of the state. The proposed changes are offered in order to: • Expand the geographical representation of SCAODA's membership • Expand representation from both private and non-profit organizations working in communities to address substance abuse • Expand the diversity of membership to better represent underserved populations • Expand membership to focus on individuals with lived experience

Wisconsin
Department of Health Services



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 ~~member~~ 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.

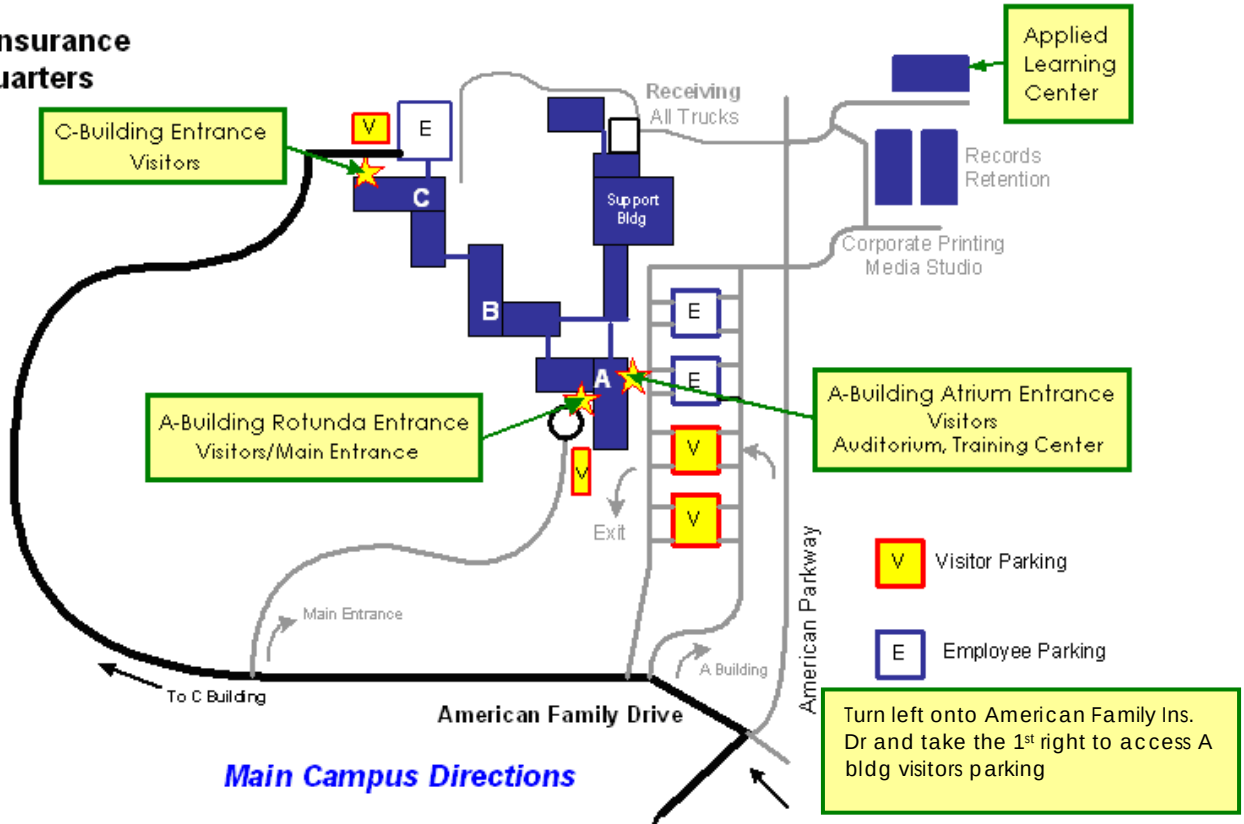
ARTICLE V

Amendments

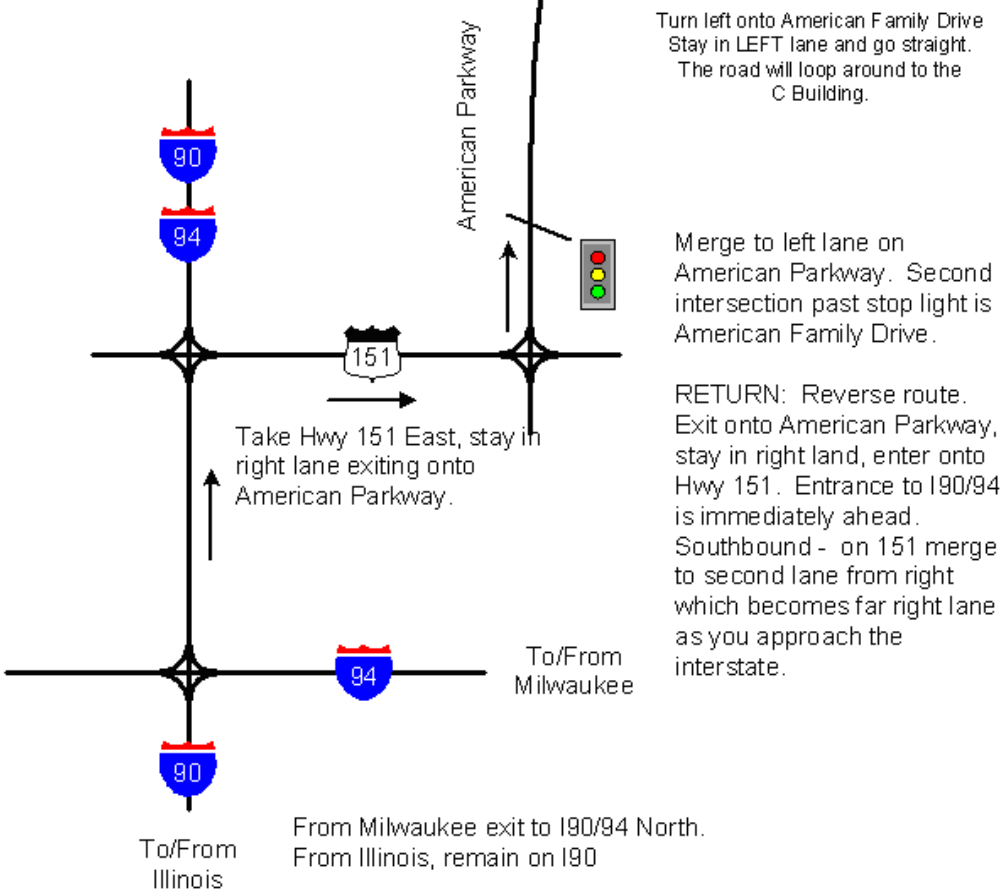
The by-laws may be amended, or new by-laws adopted, after thirty days written notice to council members by a two-thirds vote of the full council membership present at a regularly scheduled meeting.

Directions

American Family Insurance
National Headquarters



Main Campus Directions



Highway Directions to AF-NHQ Campus