

WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



December 12, 2014
MEETING

Michael Waupoose
Chairperson

SCOTT WALKER
Governor

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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 2014-15

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!

Meeting Coordinator – Please make sure the meeting participants are aware American Family is a Tobacco-Free Environment.

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SCAODA 2014 Meeting Dates

**American Family Insurance Conference Center
6000 American Parkway
Madison, WI 53783**

**The March meeting will be from 9:30am to 3:30pm
and will be in Room A3151.**

**The June, September and December meetings
will be held in room CL3300A&B.**

The meeting dates are:

March 7, 2014

June 6, 2014

September 12, 2014

December 12, 2014



SCAODA 2015 Meeting Dates

**American Family Insurance Conference Center
6000 American Parkway
Madison, WI 53783**

All meetings will be from 9:30am to 3:30pm and will be in Building C, Room CL3300 A&B

The meeting dates are:

March 6, 2015

June 5, 2015

September 11, 2015

December 11, 2015



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

December 12, 2014
MEETING AGENDA
9:30 a.m.

American Family Insurance Conference Center
6000 American Parkway, Madison, WI 53783

Building C, Room CL3300 A&B

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. I. Introductions / Welcome / Pledge of Allegiance / Announcement Noise Level / Agenda – Michael Waupoose
- 9:35 a.m. II. Review/Approval of September 12, 2014 minutes – Michael Waupoose....pp. 11 – 16
- 9:40 a.m. III. Public input (maximum five minutes per person) – Michael Waupoose
- 9:45 a.m. IV. Committee reports

SCAODA goals				
Provide Leadership	Change the Culture	Educate Citizens	Sustain Infrastructure	Address Disparities

- Executive Committee – Michael Waupoose....pp. 24
 - Introduction of new Wisconsin Technical College System representative
 - Substance use disorder workforce professionals letter....pp. 25
 - Legislator education
- Diversity Committee – Tina Virgil....pp. 26 – 28
- Intervention and Treatment Committee – Norm Briggs and Roger Frings....pp. 29 – 38
 - Substance abuse workforce ad hoc committee
- Planning and Funding Committee – Joyce O’Donnell pp. 39 – 47
 - Mental Health and Substance Abuse Conference public forum....pp. 46 – 47
 - AODA funding update

- Prevention Committee – Scott Stokes....pp. 48 – 52
 - Marijuana ad hoc committee
 - Public forums

- 10:30 a.m. V. • Wisconsin Council on Mental Health Criminal Justice Committee update – Norm Briggs

- 10:45 a.m. VI. • Bylaws amendments – Mary Rasmussen....pp. 53 – 68

- 11:00 a.m. VII. • Epidemiological Report presentation – Christy Niemuth....pp. 69 – 96

- 11:30 a.m. VIII. • Synar report – Nancy Michaud....pp. 97 – 135

- 12:00 p.m. IX. • State agency reports
 - Department of Revenue – Matthew Sweeney
 - Department of Health Services – Kevin Moore
 - UW Systems – Anne Hoffmann
 - Department of Public Instruction – Steven Fernan
 - Wisconsin Technical College System – Katie Roberts

- 12:45 p.m. X. • Agenda items for next meeting

- 12:50 p.m. XI. • Announcements – Joyce Allen and Lou Oppor
 - SABG annual report
 - Budget/legislative update

- 1:00 p.m. XII. Adjourn – Michael Waupoose

<p>2014 Meeting Dates March 7, 2014 June 6, 2014 September 12, 2014 December 12, 2014</p>

<p>2015 Meeting Dates March 6, 2015 June 5, 2015 September 11, 2015 December 11, 2015</p>
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Presentations from the State Council on Alcohol and Other Drug Abuse meetings are recorded and can be found online at: <http://scaoda.state.wi.us/presentations.htm> .



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 12, 2014

9:30 a.m.

American Family Insurance Conference Center
6000 American Parkway, Madison, WI

Members present: Douglas Englebert, Cheryl Eplett, Tondra Davis (for Colette Brown), Steve Fernan, Roger Frings, Katie Morrow (for Craig Harper), Sandy Hardie, Kevin Moore, Charlotte Rasmussen, Mary Rasmussen, Sue Shemanski, Duncan Shrout, Scott Stokes, Michael Waupoose

Members excused: Norman Briggs, Joyce O'Donnell, Tina Virgil

Members absent: Garey Bies, Tim Carpenter, Sandy Pasch

Ex-officio members present: Randall Glysch, Anne Hoffman, Katie Paff, Matthew Sweeney

Ex-officio members excused: Kathy Marschman

Ex-officio members absent: Thomas Heffron, Kerstin Hughes, Linda Preysz

Staff: Joyce Allen, Ashleah Bennett, Faith Boersma, Lee Ann Cooper, Pat Cork, Jason Fischer, Tanya Hiser, Paul Krupski, Cody Michels, Kris Moelter, Lucas Moore, Christy Niemuth, Lou Oppor, Raina Zwadzich, Mai Zong Vue

Guests: Anthony Alvarado, Richard Bryant, Todd Campbell, Liz Casper, Sara Cerer, Douglas Darby, Amy Edwards, Tina Ettinger, Michael Kemp, Autumn Lacy, Keith Lang, Dave MacMaster, Jamie McCarville, Bill McCulley, Lisa Reible, Daniel Scott, Julia Sherman

Duncan Shrout called the meeting to order at 9:30 a.m. as Chairperson Michael Waupoose was unable to attend the meeting until the afternoon.

I. Introductions – The members, Department of Health Services, and guests introduced themselves.

II. Election of officers – Lou Oppor presented the slate of candidates: Chair – Michael Waupoose, Vice Chair – Duncan Shrout, Secretary – Mary Rasmussen. The slate of candidates was elected unanimously. Mr. Shrout thanked Scott Stokes for his service as SCAODA secretary.

III. Approval of June 6, 2014 minutes – Mary Rasmussen moved (Steven Fernan second) to approve the June 6, 2014 meeting minutes. The motion passed unanimously.

IV. Public input – None.

V. Committee reports

- **Executive Committee** – Mr. Shrout reported on the status of the motions from the June meeting.
 - Status of motions from June meeting
 - Letter requesting a joint study committee to improve outcomes for families with substance use disorders who are involved in the child welfare system: letters were sent to the Department of Health Services and the Department of Children and Families. No replies have been received.
 - Letters regarding new laws that increased access to alcohol: letters were sent to the legislative leadership and the Governor’s Office. No replies have been received.
 - Letter regarding Zohydro: a letter was sent to the attorney general requesting Wisconsin join other states in requesting more regulation of Zohydro. A response was received.
 - Letters regarding the substance abuse portions of department budgets: these letters will be sent after September 15, the date the proposed budgets are due to the Department of Administration
 - Legislative initiatives/meeting with DHS and the Governor’s Office – Mr. Shrout reported that the Executive Committee met with DHS Deputy Secretary Kevin Moore to discuss SCAODA’s budget initiatives for the 2015-17 biennium on September 9. The items include: supporting a pilot for a Hmong navigator, funding for culturally-intelligent training, funding for two women’s treatment centers, expanding treatment courts and other alternatives to incarceration for people with substance use disorders, increasing the Medicaid reimbursement rates for substance abuse treatment and screening by 2.5 percent, increasing community aids to counties, funding for underage drinking compliance checks and saturation patrols, funding for local AODA coalitions, and funding for training for prevention specialists.
- **Diversity Committee** – Sandy Hardie reported the Diversity Committee has increased its membership to enable it to better fulfill its mission. There will be several breakout sessions at the 10th Annual Mental Health and Substance Abuse Conference on cultural competency.
- **Intervention and Treatment Committee** – Roger Frings reported the ITC hosted a public forum at the Rural Institute held in June. Two people attended and the discussion focused on the utilization of telehealth services and transportation issues in rural Wisconsin.
- **Planning and Funding Committee** – Mr. Shrout reviewed the committee’s accomplishments report that is included in the meeting materials.
- **Prevention Committee** – Scott Stokes reported that the Heroin ad hoc committee has completed its work and the report has been published. The Prevention Committee is in the process of forming an ad hoc committee to study marijuana prohibition issues and possibly make policy recommendations in the event medical or recreational marijuana become legal or decriminalized in Wisconsin. Chris Wardlow will chair the committee, which will have about 25 members. This summer the committee hosted two public forums at the Northwoods Coalition annual meeting and training. One of the key issues discussed was access to treatment in rural areas.

VI. Approval of work plans – The committees presented their 2014-15 work plans.

- Mr. Stokes reported on the Prevention Committee’s work plan for the upcoming year. The committee will work on becoming more trauma informed and try to incorporate trauma principles into prevention. It also will work on prevention specialist certification and will do more prevention specialist training. It may form a study group to integrate public health and prevention policies in the work place. It is in the process of forming an ad hoc committee to study the marijuana issue.
- Mr. Frings reported on the ITC work plan. The committee will focus on identifying parents in the child welfare system who have substance use disorders and increase the number of those parents receiving treatment. The committee also will work on adolescent treatment, focusing on determining the number of providers that provide adolescent treatment and if those providers use the Adolescent Treatment Framework. The committee also will create a work group to review certification guidelines for opioid treatment providers and encourage the use of evidence-based practices in opioid treatment and case management.
- Ms. Hardie reported on the Diversity Committee work plan. The committee will work with agencies to identify the needs of underserved communities. It also will review the Culturally and Linguistically Appropriate Services (CLAS) standards because those have been revised. Other tasks for the upcoming year include developing a logo and addressing the needs of minority substance use disorder counselors.
- Mr. Shrouf reported on the Planning and Funding Committee work plan. The committee will create an ad hoc committee to look at various funding structures for AODA prevention, treatment, and recovery, including looking at Medicaid reimbursement rates, tax increases, and other ways to increase revenue. The committee also will work on developing a clear and consistent SCAODA message that the public will support and develop educational materials for legislators and other key stakeholders so SCAODA can become a better advocate for AODA issues.

Mary Rasmussen moved (Ms. Hardie second) to approve the committee work plans. The motion passed unanimously.

VII. Rise Together presentation – Anthony Alvarado and Douglas Darby presented about their movement “Rise Together”. The movement is about bringing a face and voice to recovery by sharing stories, building advocacy, and mobilizing the recovery community. One of the main objectives is to break the stigma of addiction. They give presentations to schools focusing on prevention. They have surveyed almost 1,500 youth and found that 70 percent knew someone involved in substance abuse, over half thought they might have a substance use disorder, and almost one-fourth admitted using drugs and/or alcohol. They will continue to provide education, youth outreach (peer to peer support), and community engagement.

VIII. Department of Corrections presentation – Cheryl Eplett, Lisa Reible, Tina Ettinger, Autumn Lacy, Liz Casper, and Michael Kemp talked about the variety of substance use disorder services the Department of Corrections provides. DOC is currently reviewing its programming to ensure the services it provides are evidence-based. It has implemented a risk/needs assessment tool that helps it determine a person’s risk to reoffend level and identifies the person’s criminogenic needs. That information is used to develop an individualized plan and determine what services are appropriate for the person. Some of the

DOC substance use disorder-related programs include a six-month program for people with a dual diagnosis that includes anger management, cognitive behavioral programming, and coping skills; an AODA residential program for violent offenders; incorporating trauma-informed care into the AODA programs; and providing community supports for people leaving prison. DOC also has a drug abuse correctional center that worked with the University of Cincinnati to determine how in line its programs and practices were with evidence-based practices and then revamped its programs and practices based on what it learned. The programming is now cognitive behavior-based and requires facilitators to receive training on the curriculum and implement it according to the program protocols.

IX. State agency reports

- **Department of Revenue** – Matthew Sweeney provided a handout detailing historical excise tax collections. Tax collections on tobacco products are up about \$4 million over the same time last year. Collections for distilled spirits are up slightly, while wine and beer tax collections remained flat. The total excise taxes increased about \$10 million over the same time last year. An initial review of the data showed a disparity in the utilization of specific products and the taxes generated by those products. The Planning and Funding Committee will be studying funding sources for AODA services and excise taxes will be part of that review.
- **Department of Health Services** – Kevin Moore reported on the Affordable Care Act. Through August over 125,000 childless adults had enrolled in Medicaid. DHS had expected 90,000 enrollees. DHS now expects up to 140,000 people to enroll. Medicaid currently has a \$93 million deficit, which takes into account the higher enrollment numbers. He also reported that the federal government approved a special enrollment period for people who were no longer eligible for Medicaid. The department is contacting the people who it cannot confirm have insurance coverage. The department's budget is due to the Department of Administration on September 15. It will not include any new initiatives but continue to provide existing services.
- **UW Systems** – Anne Hoffmann reported the UW System has implemented alcohol and cannabis screening for students. About 65-80 percent use alcohol and about 13-18 percent use marijuana, making marijuana the second most used drug. Tobacco use is falling but remains the third most used drug. The system has convened a group to work on marijuana prevention and it is looking at the Colorado and Washington institutes of higher learning. There are federal laws that apply to institutions of higher learning that require campuses to be drug free, and that may include a ban on medical marijuana.
- **Department of Public Instruction** – Mr. Fernan reported that DPI is applying for four federal discretionary grants. One is to improve access to and collaboration with children's mental health so schools are more active partners. Another is a school climate transformation grant to expand training and implementation of Positive Behavioral Interventions and Supports. Another is a grant to enhance school emergency management plans. The final one is a school safety research grant that would review different school safety interventions and measure impacts. They are still waiting to hear if they will receive any grants, but were asked on three if they would accept a smaller amount, so that could indicate they will receive the grants. He also talked about the use of SBIRT in schools. Four regional experts have been trained to do SBIRT in schools. He also reported that DPI is facilitating a work group on trauma-sensitive schools that focuses on how to intervene in a manner that does not re-traumatize kids.

X. Tobacco survey results – Bruce Christiansen reported on a survey that was conducted to determine how integrated Wisconsin's behavioral health treatment programs are. WiNTiP will use the information to guide future activities. The survey looked at providers' tobacco policies, whether they were providing evidence-based tobacco dependence treatment, and helping staff quit. The powerpoint is on the SCAODA website. The results were that some programs have done a lot, some have not. For example, 78 percent

have a tobacco use policy, 33 percent have a policy of consequences to patients who violate the provider's tobacco use policy, 89 percent record the status of smoking, 58 percent assess the patient's interest in quitting, 70 percent provide support for those who want to quit, 28 percent have a relapse prevention plan at time of discharge, 84 percent do not provide training to staff on treating tobacco, and 90 percent of those who evaluate clinicians do not evaluate their skills in treating tobacco dependence. The survey revealed the providers need training and educational materials to help them integrate tobacco policies. They also need more money and staff support. In addition, some need assistance learning how to treat tobacco dependence.

XI. Agenda items for the December 12, 2014 meeting

- Bylaws amendments
- Epidemiological report

XII. Announcements – Joyce Allen introduced Lucas Moore as the new adolescent treatment specialist at DHS. He will work with ITC's Children, Youth, and Families subcommittee. Scott Webb is the new trauma-informed care coordinator. Part of his job will be to focus on how substance use disorders and trauma-informed care can be integrated. Andrea Jacobson will be the new substance abuse treatment coordinator, focusing on adults. She will staff ITC. DHS and DPI are partnering on a project to promote safe schools and healthy students. Monica Wightman will coordinate that effort.

Ms. Allen also announced a new SAMHSA grant DHS and the Department of Veteran's Affairs received for an outreach project for homeless veterans. The project will focus on homeless veterans with mental health and substance use disorder issues and provide outreach to help them find housing and receive referrals to treatment.

DHS is partnering with the Great Lakes Addiction Technology Transfer Center (GLATTC) to offer a series of trainings for providers. Trainings have been provided on medication-assisted treatment and clinical supervision. A training for leadership development for leaders in the minority communities is being developed.

Mr. Oppor reported that DHS is finalizing the bi-annual Epidemiological Report. Based on the data, DHS identified the following priority areas: reducing adult binge drinking, reducing underage drinking, addressing drinking of pregnant women, addressing OWIs, and reducing opioid use for non-medical purposes.

DHS will soon issue a Request for Proposal to open opiate treatment centers in rural areas that are underserved and have high need. The centers can provide medication-assisted treatment, but not methadone, and will provide medically-monitored residential detoxification services.

Mr. Waupoose announced that Joyce O'Donnell was not able to attend the meeting because she is attending her sister's funeral. A card was sent on behalf of SCAODA.

He also reported on the National Governor's Association Healthcare Workforce Task Force on which Shel Gross and he are participating. The task force will have a specific focus on issues facing the mental health and substance use disorder workforce. Mr. Waupoose also serves on a legislative study committee that is studying problem-solving courts. The committee has met three times and has finished the information-gathering phase and now is developing legislation to further support treatment courts and other alternatives to incarceration for people with substance use disorders.

Mary Rasmussen reported that Arbor Place, an organization that provides prevention, treatment, renewal, and recovery opportunities to individuals, families, and communities impacted by substance abuse and dependence and mental health disorders, is bringing William Cope Moyers to speak at a fundraiser on September 24 at 7 p.m. at UW-Stout in Menomonie.

XIII. Adjourn –The meeting adjourned at 2:35 p.m.

2014 SCAODA meeting dates:

~~March 7, 2014~~

~~June 6, 2014~~

~~September 12, 2014~~

December 12, 2014

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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 6, 2014

9:30 a.m.

American Family Insurance Conference Center
6000 American Parkway, Madison, WI

Members present: Norman Briggs, Colette Brown, Douglas Englebert, Steve Fernan, Roger Frings, Katie Gruber (for Craig Harper), Sandy Hardie, Kevin Moore, Joyce O'Donnell, Charlotte Rasmussen, Mary Rasmussen, Sue Shemanski, Duncan Shrout, Tina Virgil, Michael Waupoose

Members excused: Cheryl Eplett, Scott Stokes

Members absent: Garey Bies, Tim Carpenter, Sandy Pasch

Ex-officio members present: Anne Hoffman, Katie Paff

Ex-officio members excused: Kerstin Hughes, Kathy Marschman, Matthew Sweeney

Ex-officio members absent: Randall Glysch, Thomas Heffron, Linda Preysz

Staff: Joyce Allen, Ashleah Bennett, Faith Boersma, Lee Ann Cooper, Pat Cork, Tanya Hiser, Alex Ignatowski, Bernestine Jeffers, Paul Krupski, Kris Moelter, Christy Niemuth, Lou Oppor, Mai Zong Vue, Raina Zwadzich

Guests: Dana Brueck, Richard Bryant, Denise Johnson, Keith Lang, Danielle Luther, Dave MacMaster, Annie Short, Peter Thao, Thai Vue, Peter Yang

Michael Waupoose called the meeting to order at 9:35 a.m.

I. Introductions – Michael Waupoose reminded members that the meeting was being recorded for posting on the SCAODA website. He reported that Kerstin Hughes is the new the Department of Children and Families representative and Kathy Marschman is the new Department of Veteran's Affairs representative. Paul Krupski was introduced as the new prevention coordinator at the Department of Health Services.

II. Approval of March 7, 2014 minutes – Norman Briggs moved (Duncan Shroul second) to approve the March 7, 2014 meeting minutes. **Motion passed unanimously.**

III. Public input – Thai Vue presented a statement from the Wisconsin United Coalition of Mutual Assistance Associations, Inc. President Peter Yang supporting the Diversity Committee’s proposed budget initiatives and calling SCAODA’s attention to the lack of access to healthcare among the Hmong population. The Diversity Committee will work on addressing these concerns.

IV. Committee reports

- **Executive Committee** – Mr. Waupoose reported on the status of the motions from the March meeting and the interim Executive Committee action.
 - Status of motions from March meeting
 - Letter to Rep. Nygren re: support for heroin bills: SCAODA sent a letter thanking Rep. Nygren for his efforts regarding the heroin legislative initiatives.
 - Letter to the legislature re: opioid treatment centers: SCAODA sent letters to the legislative leadership supporting the creation of regional opioid treatment centers. The legislation has been enacted into law and the Department of Health Services is developing a request for proposal and other policies to implement the law.
 - Interim Executive Committee action
 - National Governor’s Association Healthcare Workforce proposal: SCAODA sent a letter supporting Wisconsin’s application to be part of the healthcare workforce initiative. Mr. Waupoose was on the advisory committee, as was Shel Gross from the Wisconsin Council on Mental Health. Wisconsin was one of seven states awarded a grant. Either Mr. Waupoose or Mr. Gross will continue to serve on the advisory committee.
 - Mr. Waupoose has been appointed to the legislative study committee on problem-solving courts, alternatives, and diversions. The committee will examine courts, such as veterans courts, drug and alcohol courts, mental health courts, and drunk driving courts, in Wisconsin and nationally and consider: (a) effectiveness of existing problem-solving courts in Wisconsin in reducing recidivism, the costs to administer these courts, and the savings realized; (b) best practices of existing problem-solving courts, both in Wisconsin and elsewhere, and potential implementation of these practices at the state level; (c) efforts to establish problem-solving courts that serve multiple counties, impediments to these efforts, and potential changes to improve regionalization of such courts; and (d) appropriate role and structure of state-level training and coordination.
 - Nominating committee appointments – Mr. Waupoose appointed Joyce O’Donnell, Tina Virgil, and Sandy Hardie to serve on the nominating committee for the SCAODA officers. DHS will send out email to all SCAODA members to

let Ms. O'Donnell know if they are interested in serving as an officer. Elections will be held at the September meeting.

- **Diversity Committee** – Ms. Virgil reported that Mr. Vue is co-chairing the Diversity Committee. The committee will address the concerns raised in Mr. Yang's letter. The committee is working on issues related to training and retention of minority AODA counselors, developing protocols for cultural intelligence best practices, providing training in cultural intelligence, and identifying unmet needs of underserved populations. The committee has expanded its membership so it is able to effectively address these issues. Denise Johnson reported that the Americans with Disabilities Act subcommittee has completed its work.
- **Intervention and Treatment Committee** – Mr. Briggs reported he is a member of the Wisconsin Council on Mental Health's Criminal Justice Committee. That committee is aware that it needs to look at substance disorder issues in the criminal justice system as well as mental health issues. He also reported that the substance use disorder workforce ad hoc committee continues to meet and is making progress.

Mr. Briggs (Mr. Shroul second) made the following motion: SCAODA requests the secretaries of the Department of Health Services and the Department of Children and Families create a joint study group to develop recommendations to increase inter-departmental collaboration to improve outcomes for families with substance use disorders who are involved in the child welfare system. The motion passed 12 yes, 0 no, 3 abstain (DHS, DOT, Controlled Substances Board).

Roger Frings reported that the committee will be hosting a public forum at the National Rural Institute on Drugs on Alcohol on June 9.

- **Planning and Funding Committee** – Ms. O'Donnell reported that the committee is following several issues, including Medicaid reimbursement, electronic cigarettes, the OWI surcharge increase and the change in the formula that decreases the counties' shares, and the Burden of Excessive Alcohol Use in Wisconsin report.

Ms. O'Donnell (Mr. Shroul second) made the following motion: Add the word "funding" before capacity in Goal #4 of the proposed 2014-18 SCAODA plan. The motion passed unanimously.

Ms. O'Donnell (Mr. Shroul second) made the following motion: SCAODA send letters to the legislative leadership and the Governor's Office expressing its outrage that several new laws were enacted during the past legislative session that increased access to alcohol. Members agreed that several bills that became law provided greater access to alcohol. However, concerns were raised that SCAODA had not taken positions on some of those bills and had not conveyed its concerns to the legislature or the Governor's Office. Sometimes the legislation moved so quickly that SCAODA did not have a chance to respond. The letter should state SCAODA's concerns about the increased access to alcohol and remind the legislature and the Governor's Office that

SCAODA is available as a resource to review proposed legislation and even serve in an advisory capacity as legislation is being developed.

Mr. Shroul moved (Mr. Briggs second) to amend the motion to “express deep concern” instead of “outrage” and to include a copy of the ACE Report with the letter. Motion passed 13 yes, 0 no, 2 abstain (DOT and Controlled Substances Board).

The amended motion passed 9 yes, 0 no, 6 abstain (DHS, DOJ, DOT, Controlled Substances Board, Office of the Commissioner of Insurance, Pharmacy Examining Board).

Ms. O’Donnell (Mr. Shroul second) made the following motion: SCAODA send letters to the appropriate departments asking that the departments allow SCAODA to review and comment on the substance abuse portions of their proposed budgets. The motion passed 12 yes, 0 no, 3 abstain (DHS, DOJ, DOT).

- **Prevention Committee** – Mary Rasmussen reported that the heroin ad hoc committee has completed its draft report. Annie Short, Danielle Luther, and Christy Niemuth presented the draft report. The committee used a five pillar approach that looked at prevention, harm reduction, law enforcement, treatment, and business. They distributed the executive summary and recommendations. There are recommendations in each pillar. The report still needs some edits. When it is completed it will be distributed to counties, legislators, Alliance for Wisconsin Youth coalitions, and local heroin task forces. Mr. Waupoose suggested the references to addiction and disease be replaced with terms such as substance use disorder.

Mary Rasmussen made the following motion (Steven Fernan second): SCAODA endorse the *Wisconsin Heroin Epidemic: Strategies and Solutions* report (with appropriate edits) and approve it for dissemination. The motion passed 14 yes, 0 no, 1 abstain (DOT).

Douglas Englebert updated SCAODA on the Zohydro Extended Release (ER) issue. Zohydro is a form of hydrocodone. The FDA approved Zohydro ER in October 2013 for severe pain that requires daily and long-term treatment when other opioid treatment has failed. Zohydro ER is different from other opioids in that it is a pure form of hydrocodone. It is available in a strong dose and can be easily crushed and snorted or injected instead of just swallowed. A panel of experts last fall recommended it not be approved, but the FDA approved it. Twenty-eight attorneys general have written letters to the FDA requesting it reverse its approval of Zohydro ER.

Mary Rasmussen made the following motion (Mr. Shroul second): SCAODA urge the Wisconsin Attorney General to support federal and state efforts to repeal the FDA’s approval of Zohydro Extended Release. The motion passed 11 yes, 0 no, 4 abstain (DHS, DOC, DOT, Controlled Substances Board).

V. Four-year plan update – Mr. Waupoose presented the goals and priorities for the 2014-18 four-year plan, with the edit approved as part of the Planning and Funding Committee motion to add “funding” to Goal #4. Anne Hoffman suggested editing Goals 3, 4, and 5 to read:

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.

Mr. Waupoose informed the group that “substance abuse” is now referred to as “substance use disorder”, so he suggested the priorities reflect that language, to read:

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

Mr. Shrouf moved (Mary Rasmussen second) to amend the goals and priorities as set forth above and adopt them as the four-year strategic plan. The motion passed unanimously.

The next step is for the committees to develop a work plan to address the goals and priorities and present those plans for approval at the September meeting.

Mr. Waupoose presented a chart showing the committee proposals for the 2015-17 budget the committees want SCAODA to pursue. The next step is for DHS staff to provide more information to the Executive Committee on each proposal and then the Executive Committee will decide which proposals to move forward and discuss when it meets with the Governor’s Office. That meeting likely will be in late July or early August.

VI. Affordable Care Act and Department of Health Services update – Kevin Moore reported on the Badger Care enrollment as of April 2014. There are 81,000 new childless adult members and the enrollment is climbing, but still within the budgeted amounts. As of April 62,000 have transitioned off Medicaid. DHS is doing a data match with the federal database to try to determine how many of the transitioning people have enrolled in the marketplace. Because people experience changes that constitute qualifying events under the ACA and/or obtain health insurance through an employer, enrollment data only represents a snapshot as of the date given.

VII. Legislative update and discussion of 2015 legislative initiatives – Alex Ignatowski, the legislative liaison for DHS, provided an overview of the substance use disorder-related legislation that was addressed during the most recent legislative session. There was bipartisan support for many issues related to substance use. Several bills relating to more effectively addressing heroin have become law, such as requiring identification be shown when picking up opiates from a pharmacy; requiring EMTs and others to receive training on administering Narcan and being able to administer it; and providing some immunity from criminal liability in some circumstances. More money was provided for the Treatment Alternatives and Diversion (TAD) program. Funding was provided to create three opioid treatment centers in rural, underserved areas. Tribes can now conduct OWI assessments and health officers for children’s camps can now designate a person to carry the prescriptions for youth.

VIII. Medicaid presentation – Lou Oppor talked about Medicaid reimbursement rates. Reimbursement rates for day treatment services, SBIRT, outpatient treatment, and narcotic treatment are in the book. He said DHS staff could put together reimbursement information for other areas such as mental health and medication. SCAODA members requested information for the next meeting comparing reimbursement rates for mental health and substance use disorder services that are comparable and comparing rates with what providers charge when Medicaid is not paying for the service.

Mr. Briggs asked how the total Medicaid budget is determined. Mr. Moore said the state looks at utilization and the number of people served. The state is required to provide an actuarially-sound increase for HMOs and managed care under the federal law. DHS will determine the amount needed to continue the services that are provided now and then determine how much a 2.5 percent increase would be. This item may be the subject of the discussion SCAODA has with the Governor’s Office about the budget for the next biennium.

IX. State agency reports

- **Department of Public Instruction** – Mr. Fernan reported that DPI is applying for four federal discretionary grants. One is to improve access to and collaboration with children’s mental health so schools are more active partners. Another is a school climate transformation grant to expand training and implementation of Positive Behavioral Interventions and Supports. Another is a grant to enhance school emergency management plans. The final one is a school safety research grant that would review different school safety interventions and measure impacts.
- **Pharmacy Examining Board** – Charlotte Rasmussen reported that the Prescription Drug Monitoring Program (PDMP) has been operating for a year. She thanked the Governor for his leadership in implementing the program.

X. Prescription drug monitoring program – Chad Zadrazil from the Department of Safety and Professional Services reported on the PDMP program. The database became fully operational June 1, 2013. There are currently 15.1 million records in the database and those are submitted by 1,600 dispensers. In the year the PDMP has operated there have been over 665,000 queries, and the number of queries is approaching 70,000 per month. Pharmacists and physicians make up 67% of users. During the first six months of the program pharmacists were most of the

sign-ups, but now physicians now are beginning to sign up more than pharmacists. There has been a 25 percent decrease in the number of patients receiving orders from five or more prescribers and being dispensed by five or more dispensers per month since the program began. Some enhancements that are being made to the PDMP include piloting ways to integrate PDMP records into electronic records; enhancing alerts within system; and increasing the type of data collected by the PDMP. Mr. Zadrazil distributed a powerpoint and brochure, both of which are part of the electronic record of this meeting.

He reported that DSPS has applied for two grants to improve the PDMP. One is to create a public health portal to give health officials and other researchers access to de-identified data collected as part of the PDMP. The other is a National Governor's Association policy academy grant to reduce prescription drug abuse by bringing stakeholders together to identify ways to work together to improve resources and reduce prescription drug abuse.

XI. Agenda items for the September 12, 2014 meeting

- Committee work plans for the four-year plan
- Committee final reports for the 2010-14 four-year plan
- Medicaid
- Results of statewide survey readiness for mental health and addiction treatment providers for integrating tobacco treatment
- Elections
- Rise Together

XII. Announcements – Mr. Oppor reported on the status of the Burden of Excessive Alcohol Use in Wisconsin report update. DHS publishes an epidemiological report every two years. The next report will be published in September 2014. DHS will consider updating the Burden of Excessive Alcohol Use in Wisconsin report as part of the 2016 epidemiological report.

Mary Rasmussen reported that Arbor Place will be breaking ground in July on a new facility that will double number of beds available.

Mr. Waupoose reported that four people resigned from the DOT OWI task force.

XIII. Adjourn –The meeting adjourned at 2:27 p.m.

2014 SCAODA meeting dates:

~~March 7, 2014~~

~~June 6, 2014~~

September 12, 2014

December 12, 2014

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

**SCAODA Executive Committee Meeting
November 19, 2014
1 p.m.**

Members present: Mary Rasmussen, Duncan Shrout, Michael Waupoose

DHS staff present: Bernestine Jeffers, Kris Moelter

Chairperson Waupoose called the meeting to order at 1:06 p.m.

DSPS proposed substance use disorder counselor workforce rule change: Bernestine Jeffers explained that the proposed rule changes would allow people to complete the required 360 hours of academic training online instead of the traditional in person approach. The goal is to enhance the substance use disorder workforce by allowing flexibility to address some of the growing substance use disorder professional workforce issues. Duncan Shrout said that he spoke with some members of the Intervention and Treatment Committee's substance use workforce ad hoc committee and they supported the changes. Ms. Jeffers said that there is no opposition of which she is aware. The committee discussed whether it should send a letter of support or appear in person and testify in support at the December 1 hearing.

Mr. Shrout moved (Mary Rasmussen second) to send a letter supporting the proposed changes. The motion passed unanimously.

The meeting adjourned at 1:40 p.m.

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

November 24, 2014

Ms. Katie Paff
Program and Policy Analyst
Department of Safety and Professional Services
Division of Policy Development
P.O. Box 8366
Madison, WI 53708

RE: Proposed changes to SPS regulations relating to substance abuse professionals

Dear Ms. Paff:

The State Council on Alcohol and Other Drug Abuse (SCAODA) supports the proposed changes to the regulations relating to substance abuse professionals.

SCAODA is a statutory council that provides statewide leadership on substance use disorder issues. Part of that leadership includes supporting efforts to enhance the professional substance use disorder workforce, including offering options to allow nontraditional students to become certified substance use disorder professionals.

SCAODA has reviewed the proposed regulatory changes and finds that they address the growing concerns about workforce shortages and will especially benefit the rural and Native American communities. Allowing for online education is consistent with the growing trend in higher education to support nontraditional students by offering online education.

SCAODA supports the proposed changes and looks forward to working with the Department on future efforts to enhance the professional substance use disorder workforce. Please contact me if you have any questions.

Respectfully,

A handwritten signature in cursive script that reads "Michael Waupoose".

Michael Waupoose, Chairperson



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 8, 2014

9:30 a.m. – 2:30 p.m.

NAACP Milwaukee Branch – *basement of the HMO Harris Bank*

2745 N. Dr. Martin Luther King Dr., Suite 202

Milwaukee, WI – 414-562-1000

MINUTES

Present: Anthony Harris, Gail Kinney, Tish Minor, Sandy Hardie, Cathy Scheier, Jesse Heffernan, & Mai Zong (staff)

Excuse: Tina Virgil, Denise Johnson & Thai Vue

Absent: Rebecca Weise, Sterlon White & Dr. Steve Dakai

Guests: Faith, Kenya Bright and Bernestine Jeffers

Welcome, Introductions and Review of Minutes –Jesse volunteered to chair the meeting as Tina had an emergency and could not make it.

Jesse called the meeting to order at 9:45 a.m. Anthony Harris, a new member, attended his first meeting.

The July meeting minutes were reviewed and approved as submitted. A motion to approve was made by Sandy Hardie and Cathy Scheier seconded it.

Public Comment – None

Review and Approval of the Diversity Guidelines-- The Diversity Guidelines was reviewed. Minor changes were made. Please see attachment for the revised document.

CCS Presentation -- Kenya Bright came and did a power point presentation on the current implementation of the CCS expansion program in Wisconsin. If needed, we can make the power point available upon request.

LOGO – Jesse shared that he took all feedbacks received and incorporated them in the revised logo. Everyone got a chance to reviewed and asked questions.

Diversity 2010-14 Accomplishment Report – there was not enough time to work on the Accomplishment Report. Mai Zong will add new accomplishments and send to everyone for comments and approval for September SCAODA meeting.

GLATTC Presentation – Bernestine Jeffers

Bernestine shared the background information (how, what and why) on GLATTC. Some highlights included:

Conduct mental health and AODA webinars while Sola and Jamie staff the webinars.
GLATTC has a Local Advisory Board (LAB). Thai, Tina, Gail, and Mai Zong are LAB members.
GLATTC finished a treatment training in Eau Claire, which LAB met prior to this training.
GLATTC’s five-year contract with federal will expire in 2017.
Brochure info was shared. Encourage to attend the core Attcnetwork.org

A community leadership training is underway for minority communities this year. In 2013, Mark Sander and Tiffany asked if there was interest in Wisconsin for such training. We met and discussed it. It was decided that the next leadership training will be focused on Native Americans, African, Latino, and Hmong. There will be leaders and participants. It is a hybrid model for these four communities and will be developed by the community.

A lengthy discussion was held on the role of the Diversity Committee in regard to how Diversity members can be part of the work of LAB, for example, the upcoming leadership training for the four minority communities. Comments and suggestions shared included:

1. Define the scope of the work of the Diversity Committee?
2. If a member of Diversity Committee--Tina, Thai or Gail--sits on LAB, do they represent Diversity Committee?
3. Is the Diversity Committee a sounding board for others?
4. RFPs—should Diversity asked to review culturally competent piece in all new RFPs to ensure there are culturally sensitive and competent components in the RFPs?
5. In programs like CCS, is Diversity’s role to ensure underserved populations are served?

Future Agenda Items:

1. Peer specialist presentation in October
2. Review of objectives and mission (send out all materials to everyone again)
3. Narrow down to future presenters (who we want to invite) and how can we work with DHS.
4. Review needs assessment
5. Mike Quirke to discuss data

Adjourn: Cathy made motion to adjourn the meeting; seconded by Sandy with unanimous approval. Meeting was adjourned at 2:45 p.m.



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

November 14, 2014; 9:30 a.m. – 2:30 p.m.

WI Coalition of Independent Living Center

3810 Milwaukee Avenue; Madison, WI – 608-444-3842

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 August 8 meeting minutes |
| 9:40 a.m. | Updates: Mental Health & Substance Abuse Conference
Review and Approve Diversity LOGO & Guidelines
Review and Approve Diversity 2010-14 Accomplishment Report
Identify topics to present at SCAODA meetings - 2015 |
| 10:30 a.m. | CLAS Presentation – Evelyn Cruz, Minority Health Office |
| 12:00 p.m. | Lunch (decide on lunch options) |
| 1:00 p.m. | Diversity Action Plan Items |
| | 1. DHS Data presentation – Mike Quirke |
| | 2. Develop protocol & process for identifying unmet needs |
| | 3. Diversity definition |
| 2:15 p.m. | Others |
| | Agenda items for next meeting |
| 2:30 p.m. | Adjourn |

NOTE: Next SCAODA meeting is December 12, 2014; American Family Insurance, Madison

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.

www.scaoda.state.wi.us

Scott Walker
Governor



Michael Waupoose
Chairperson

Duncan Shrout
Vice-Chairperson

Scott Stokes
Secretary

State of Wisconsin

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

INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING

Tuesday, August 12, 2014

10:00am – 2:30pm

Department of Corrections

3099 E. Washington Ave.

Room 1M-M

Madison, WI

MINUTES

Present: Norm Briggs, Roger Frings, Dan Nowak, Alan Frank, and Tanya Hiser (staff)

Absent: Sheila Weix, Sheri Graber, Jill Gamez, Shel Gross, Steve Dakai, Dave Macmaster

Guests: Lori Cross Schotten, Wisconsin State Director of United We C.A.N. Change Addiction Now

Welcome, Introductions and Review of Minutes -Norm Briggs called the meeting to order at 10:18 a.m. Roger welcomed Lori to the August ITC meeting and introductions were made. Lori is the co-founder of a national non-profit called United We C.A.N. Change Addiction Now. Her background includes adult education and project management but due to personal experiences with her son, has focused on addiction issues. Lori has worked with SCAODA members and saw the recent Heroin report and was impressed. She is excited to be part of this council and participate in the activities to drive change.

Quorum was not reached, so no official action will be taken today, however, any motions made will be sent out in email by Tanya to all committee members for vote. Roger Frings made a motion to approve the May meeting minutes; Dan Nowak seconded. Roger Frings made a motion to approve the July meeting minutes; Norm Briggs seconded.

Public Comment – Lori is excited to be part of today's call and offered her support in future meetings.

Review Wisconsin's Heroin Epidemic: Strategies and Solutions Report – Tanya provided background information on the report and how it is divided into the 5 pillars. ITC will focus on the Treatment Pillar which has had some action already taken; specifically Representative Nygren's legislation to create two new residential stabilization units connected to an Opioid

Treatment Program (OTP). Tanya explained that an RFP will be forthcoming regarding these new OTP Stabilization Centers and it will be open to any non-profit, tribal government or county agency in rural, underserved and high need areas.

Regarding medication assisted treatment for individuals while incarcerated, Al stated that he will check with his group to determine if this is something that would be supported. Lori stated that Sauk County jail has started a pilot program utilizing Vivitrol to treat opioid addiction. She went on to state that the manufacturers of Vivitrol provide free medication for pilot programs.

Norm made a motion that ITC create a workgroup to include relevant stakeholders to review certification guidelines for OTPs and identify areas to be strengthened to make sure that evidenced based treatment and case management are provided. Dan Nowak seconded. The vote for this will be sent out in an email by Tanya.

Accomplishments Report – The drafted report was reviewed and completed.



Accomplishments
report.docx

Four Year Work Plan –Norm suggested that our priorities focus on Substance Abuse Block Grant (SABG) priorities.

- a. Women’s Treatment - Currently 20% of parents with children in child welfare system have diagnoses of substance use disorders. National statistics indicate that about 70% of parents with children in the child welfare system have diagnoses of substance use disorders. The goal is to increase the number of parents identified with substance use disorder and their referral to treatment by Dec 31, 2015. First objective: Identify the accurate number of parents in the child welfare system that are diagnosed with substance use disorders by December 31, 2015. Second Objective: Increase by 15% the number of identified parents receiving treatment services by December 31, 2015. Strategy 1: Secretaries of DHS and DCF meet to endorse this objective and form a workgroup. Strategy 2: Identify a tool and consistent protocol to be used by agencies to assess parents for SUDS whose children in the child welfare system.
- b. Adolescent Treatment – The goal is to increase specified adolescent treatment services. Objective 1: Determine the number of service providers that provide adolescent specific services. Objective 2: Determine if the Adolescent Treatment Framework is being utilized. Strategy 1: Create a survey to determine the number of services providing adolescent treatment and the number using the Adolescent Treatment Framework.

- c. Heroin/Opioid Treatment Objective: ITC will create a workgroup to include relevant stakeholders to review certification guidelines for OTPs and identify areas to be strengthened to make sure that evidenced based treatment and case management are provided.

Section Updates

Ad Hoc Committee on Workforce Development– Dan Nowak shared that the next meeting is Friday, August 22. Past meetings have been spent clarifying roles of the members and identifying specific issues. The next meeting will allow the group to move forward with their original charge of looking at core competencies and possible incentives for under-educated clinicians to go back to school. Deanne Boss from NIATX reached out to Norm asking how to help; Dan will contact her directly.

Treatment for Women and Children – Norm stated that there were no updates.

Affordable Care Act Implementation Update – Roger stated that a few weeks ago a court decision overturned a provision in the law that allowed state and federal facilitated exchanges were eligible for subsidies. The court determined that states that chose federally facilitated exchanges will not be eligible for a subsidy. This has not gone into effect yet but will have a huge impact on Wisconsin.

Mental Health Council Criminal Justice Committee – Norm stated that the group has not met since the previous ITC meeting but will be meeting on August 14, 2014.

Future Agenda Items

- Cheryl Wittke from Safer Communities will be presenting on opioid overdoses and how this is being addressed by Safer Communities at the October meeting.
- Kenya Bright will be added to the November agenda to discuss CCS
- Al will check on setting up the meeting room for the 2015 ITC meetings.
- Norm and Roger will check with current committee members regarding their continued membership.

Next meetings and dates:

ITC - October 14 , 2014; 10:00 am – 2:30 pm. Department of Corrections, Madison

SCAODA - September 12, 2014; 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>



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING

Tuesday, October 14, 2014

10:00am – 2:30pm

Department of Corrections

3099 E. Washington Ave.

Room 1M-M

Madison, WI

MINUTES

Present: Norm Briggs, Roger Frings, Alan Frank, Dave Macmaster, Steve Dakai, Staci McNatt, Lucas Moore (staff), Kris Moelter (staff) and Andrea Jacobson (staff)

Absent: Sheri Graber, Jill Gamez, Shel Gross, Tanya Hiser, and Dan Nowak

Guests: Cheryl Wittke – Dane County Safe Communities

Welcome, Introductions and Review of Minutes - Norm Briggs called the meeting to order at 10:20 a.m. Roger welcomed Cheryl as the presenter to the ITC meeting, as well as Andrea Jacobson and Lucas Moore as new staff from DHS and introductions were made.

Dave Macmaster made a motion to approve the July meeting minutes; Steve Dakai seconded. No oppositions or abstentions. Motion approved.

Staci McNatt made a motion to approve the August meeting minutes; Roger Frings seconded. No oppositions or abstentions. Motion approved.

Public Comment – None

Presentation by Cheryl Wittke of Safe Communities

Norm reviewed the rationale for Cheryl's visit: to continue the work from the prevention committee by looking at interventions to address the Heroin epidemic in WI.

Cheryl provided background about Safe Communities; they began 15 years ago, after being awarded a DOT grants (total of 20 communities in WI received this grant). Dane County's Safe Communities has successfully obtained support from the County Executive and the Mayor (\$80,000 combined) and several corporate sponsors (American Family Insurance, MG&E, Epic,

UW Health, St. Mary's, Meriter, WI Southern Railroad, etc...) and has been the only program able to continue after the DOT grant discontinued. They currently have a total budget between 250,000 and 300,000.

Cheryl explained that the original mission was to use a world health model to look at the top reason for injuries in the Dane County community and they were astonished to see the incredible rise in heroin deaths (using death and hospitalization data obtained by Public Health department). In order to address the Opiate/Heroin fatalities, they built a coalition with 350 community agencies (prescribers, paramedics, dentists, treatment providers, criminal justice, etc...), mapping out the strategy areas and then provided annual Summits, trainings, and steering committees in order to organize efforts.

Cheryl shared a flowchart outlining the six strategy areas: Reduce Access to Drugs, Reduce Inappropriate Prescription Use, Improve Overdose Intervention, Early Intervention Drug Treatment and Recovery, Integrate Mental Health Care, and Substance Abuse Prevention (see flowchart).

Cheryl shared some of the Safe Communities/ Dane County collaboration accomplishments:

- Reducing inappropriate Prescriptions: increase in prescribing has skyrocketed in past 10 years and the increase in overdose deaths mimics this exact same trend. Safe Communities is bringing in Dr. Teater with the National Safety Council – who will provide grand rounds at each of the hospitals re: evidence that opioids are not proven to be better pain reducers than a combo of Ibuprofen and Tylenol (may help with emotional discomfort – but not pain). In fact in some studies – the OTC medications were shown to provide better pain relief. UW health is now piloting a chronic pain initiative – which includes prescribing smaller amounts and waiver of co-pays for additional medication if needed.
- Health Care task force: UW sharing their guidelines, smart set, etc...with other hospitals/ HMO's.
- Safe, use, storage and disposal (safe Med drops). Last year disposed of 4.4 tons of medications (both prescriptions and OTC – about 8% are controlled substances).
- Grants: 1) Pharmacy students have been helpful in writing several grants: \$11,000 from Cardinal Health (going towards advertisements for med drops – and Utah's "Use Only as Directed" campaign). Also a grant funding training in senior centers re: med disposal and using locked bags for temporary holding. 2) Madison Police Dept. received a grant allowing Narcotics task force officers to go pick up meds after a hospice patient passes away. Since not being used very much, they may open this up to the larger community.
- Parent Addiction Network: a website offering information about addiction and how to navigate the treatment resources in the Dane County area as well as other internet resources. http://www.safercommunity.net/parent_addiction_network.php.

Future Plans for Safe Communities/Dane County collaboration:

- Fund raising for Drug Treatment Court incentives.

- Presentations and trainings occurring for the larger community.
- Creating a Recovery friendly business directory – for finding housing, jobs, etc...
- DOJ grant for prevention/education led to the development of the Educator Prevention Network
@ http://www.safercommunity.net/educator_prevention_network.php. They offer trainings about principles of effective prevention messages, developmental approaches to these messages, and modeling the use of these modules with high school staff and parents. Next training is 12/18/14.
- The “Call 911” campaign based on New Jersey’s successful campaign. On November 17 at the state capital from 3:30 pm – 5:30 pm., Dr. Teater will be speaking and they will be honoring Representative John Nygren (Marinette) with a media kickoff. They are preparing a video (modeled after Seattle) to discuss the law and to make sure that the involved law enforcement agencies are aware of the changes. Dr. Teater will also be sharing the disease model of addiction with MPD in the training center.

A discussion ensued regarding gaps or areas of need that Cheryl would see from an intervention perspective. Cheryl explained that the Parent Addiction Network is a web based and they don’t have the ability to offer a phone line to triage individuals calling for assistance – this would be a great direction to move towards if funding was available. She pointed out that most Dane County deaths are related to prescription drugs, not heroin. The committee members discussed that “warm handoff’s” for individuals in the ER rooms at the time of an overdose would be beneficial. Per Cheryl, Dr. Putney has touted the positive work of the Massachusetts model of community collaboration for triaging addiction needs – which is not dependent on insurance. Another thing to consider, is that in other states, law enforcement officers carry Naloxone/Narcan and this, combined with the Good Samaritan laws has led to increased interventions at the time of overdoses. She also wondered about substance abuse treatment providers prescribing Naloxone as a harm reduction modality or even doctor’s prescribing Naloxone when they prescribe narcotics for pain relief, in case of a bad reaction. When asked about data re: the use of Naloxone in WI, Cheryl reported that she does not currently know of any systems tracking the administration of Naloxone in WI.

Review of September SCAODA Meeting

A full review will be added to next ITC agenda however, a brief discussion of the discrepancy with alcohol and tobacco taxation occurred. Planning and Funding has this topic on their agenda for this week’s meeting. They will potentially be exploring other ways to increase funding for substance use disorder treatment. Per Dave the discrepancy as outlined below does not provide funding to cover the costs associated with alcohol:

- Burden of Tobacco in Wisconsin 2010 - \$4.5 billion annually
- Burden of Wisconsin Excessive Drinking 2014 - \$6.8 billion annually

- Wisconsin Tobacco tax revenue (Department of Revenue-2014)
\$640,700,000*
- Wisconsin Alcohol tax revenue (Department of Revenue-2014)
\$57,900,000)*

*Revised numbers sent after the meeting per Dave

Section and Committee Updates

Ad Hoc Committee on Workforce Development– Dan Nowak was unexpectedly unable to attend today’s meeting so an update was not available. Norm reported that they are wrapping up with work and a draft of recommendations is in process.

Children, Youth and Family – Jill was unable to be present today and plans to meet with Lucas (new DHS staff person) in order to renew the efforts of this subcommittee.

WINTIP – Dave shared an update (see attached Wisconsin Nicotine Treatment Integration Project update forms).

Mental Health Council Criminal Justice Committee – Norm stated that the committee has been learning about MH Peer Specialist program in the Pennsylvania prison institution’s that appears to be successful.

Women and Children - submitted to SCAODA the motion to request DHS and DCF start a joint workgroup to focus on interventions with parents of children in the DCF system for increased screening and intervention for substance abuse needs. No response from DHS or DCF as of September, Norm contacted Kevin Moore at DHS and Kevin reported that this recommendation is being considered. Norm will check back with Kevin.

Impaired Driver Program – Trainings are occurring this week for the tribal staff interested in providing IDP assessments. There is representation from 6 of the 11 tribes at the training. Also Best Practices is working on a tool kit for IDP assessors.

Future Agenda Items

- Kenya Bright will be added to the November agenda to discuss CCS
- Norm will check on changing the meeting location to ARC for the 2015 ITC meetings (*November meeting will continue to be at DOC: due to greater enforcement of regular security measures please follow the following procedure: drive to the front short term visitor parking and run in to register as a visitor and get your visitor pass. Then park in the back visitor parking and enter at the door nearest to the visitor parking (as you face the back of the building – the door furthest on the right). Alan will be at this door to grant entrance and then walk to the meeting room.

- Norm and Roger will check with current committee members regarding their continued membership.
- Dave brought up the DHS mental health webinars and wondering about webinars for Substance use. Andrea will contact DHS staff and explore further.

Next meetings and dates:

ITC – November 11, 2014; 10:00 am – 2:30 pm. Department of Corrections, Madison

SCAODA - December 12, 2014; 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>

2015 Meeting Dates

January 13th

February 10th

April 14th

May 12th

July 14th

August 11th

October 13th

November 10th

Full SCAODA meetings will occur on March 6th, June 5th, September 11th, and December 11th.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

INTERVENTION AND TREATMENT COMMITTEE (ITC) MEETING

Tuesday, November 11, 2014

10 a.m.

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

AGENDA

- I. Welcome, introductions, review of October minutes, and public comment 10 a.m.
- II. Section updates 10:15 a.m.
 - o Children, Youth, and Families (Lucas Moore)
 - o Treatment for Women and Their Children (Norman Briggs)
 - o Ad Hoc Committee on Workforce (Dan Nowak)
 - o Heroin/Opiate Treatment (Tanya Hiser)
- III. Lunch (on your own) 11:45 p.m.
- IV. Committee Updates 12:30 p.m.
 - o Intoxicated Drivers (Steve Dakai)
 - o Affordable Care Act Implementation Update (Shel Gross/Roger Frings)
 - o Mental Health Council Criminal Justice Committee (Norman Briggs)
 - o WiNTiP (Dave Macmaster)
- V. Kenya Bright Section Chief with DHS – presentation on CCS in WI 1:00 p.m.
- VI. Future agenda items
- VII. Adjourn

Call-in Information:

Phone Number: 1-877-820-7831
Passcode: 793544

Upcoming meetings:

SCAODA

December 12, 2014, 9:30 a.m. – 3:30 p.m. American Family Insurance Conference Center, Madison.

ITC

January 13, 2015, 10 a.m. – 2:30 p.m. ARC in Madison.

ITC

February 10, 2015, 10 a.m. – 2:30 p.m. ARC in Madison.

SCAODA

March 6, 2015, 9:30 a.m. – 3:30 p.m. American Family Insurance Conference Center, Madison.

ITC

April 14, 2015, 10:00 a.m. – 2:30 pm, ARC in Madison.

ITC

May 12, 2015, 10:00 a.m. – 2:30 pm, ARC in Madison.

SCAODA

June 5, 2015, 9:30 a.m. – 3:30 p.m. American Family Insurance Conference Center, Madison.

ITC

July 12, 2015, 10:00 a.m. – 2:30 pm, ARC in Madison.

ITC

August 11, 2015, 10:00 a.m. – 2:30 pm, ARC in Madison.

SCAODA

September 11, 2015, 9:30 a.m. – 3:30 p.m. American Family Insurance Conference Center, Madison.

ITC

October 13, 2015, 10:00 a.m. – 2:30 pm, ARC in Madison.

ITC

November 10, 2015, 10:00 a.m. – 2:30 pm, ARC in Madison.

SCAODA

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



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PLANNING AND FUNDING COMMITTEE MEETING MINUTES

August 15, 2014

Members present: Todd Campbell, Steve Fernan, Bill McCulley, Emanuel Scarbrough, Irene Secora, Duncan ShROUT, Sally Tess

Members excused: Pam Bean, Tom Fuchs, Karen Kinsey, Joyce O'Donnell

Staff: Kris Moelter

Call to Order – Duncan ShROUT called the meeting to order at 9:35 a.m.

New member – Bill McCulley moved (Emanuel Scarbrough second) to approve Irene Secora as a committee member. The motion passed unanimously. Ms. Secora is with the Waukesha County Drug-Free Communities Coalition.

Review of July 18, 2014 meeting minutes – There were no objections so the minutes stood approved as drafted.

Public comment – None.

Marijuana ad hoc committee – The Prevention Committee has formed a marijuana ad hoc committee. Mr. Scarbrough is a member of that committee. He explained that the committee's scope has yet to be determined so he wanted input from the Planning and Funding Committee on issues the ad hoc committee might address. The ad hoc committee likely will review research and make recommendations to the governor and legislature about what approach to take with marijuana. Currently, local units of government address marijuana differently, and a uniform, statewide approach is needed, especially as it impact racial disparities in the justice system. There are many collateral consequences to having a drug conviction, even for possession of a small amount of marijuana, such as not being able to find a job and/or housing. There are also public health and societal considerations, such as the impact on individual health and how to tell if a driver is impaired by marijuana. Like any substance, marijuana is not safe but there is a question as to whether it is helpful in medical situations. The committee discussed that there are both justice and public health implications, and it did not reach a consensus on any position Mr. Scarbrough or the ad hoc committee should take. Instead, it raised issues noted above that the ad hoc committee could address if it chose. Mr. ShROUT suggested that the final report would be better received by SCAODA if the recommendations and solutions were heavily focused on prevention at the community level.

2010-14 accomplishments report – The committee reviewed the draft accomplishments report. Mr. Fernan moved (Mr. Campbell second) to approve the accomplishments report. The motion passed unanimously.

2014-18 work plan – The committee discussed the 2014-18 work plan. The committee agreed it would address the three priorities set forth in the draft work plan that was developed at the July meeting.

1. Create steady revenue streams to fund AODA prevention and treatment efforts. The committee agreed the best way to address the funding issue is to create an ad hoc committee that will look at possible funding sources. Todd Campbell agreed to co-chair the committee. The committee agreed that SCAODA should continue to advocate for an increase in the Medicaid reimbursement rates. Another strategy is for DHS to enforce the state/county contract provision that requires counties to spend at least 20 percent of the Substance Abuse Block Grant funds on primary prevention. The committee also will support broad implementation of SBIRT, not just in the health care system but also in schools. SBIRT has the potential to maximize limited resources by having schools assess youth and provide brief intervention or referral to treatment early, when the chance of success is greatest. Counties can use primary prevention funds to support SBIRT.

2. Increase the capacity of SCAODA to effectively advocate on AODA matters. Mr. Shrout explained that SCAODA's current role is to advise the governor and legislature, not to advocate, so this is a different approach. The committee agreed that SCAODA should do more advocating, much like the Wisconsin Council on Mental Health. The Executive Committee and the Four Chairs are the SCAODA members in the best position to develop relationships with legislators because most of them are citizen representatives and are not restricted by law or other matters from pursuing legislative matters. The purpose is to have legislators who can introduce legislation on SCAODA's behalf and take SCAODA's message to the legislature. SCAODA will need new representation from both parties in the Assembly and from the Republican Party in the Senate. SCAODA also needs to develop relationships with legislators who will not serve on SCAODA but are interested in AODA issues.

3. Develop a marketing plan to create an AODA message that the public and legislators will support. The committee agreed that SCAODA needs a clear and consistent message, but not a marketing plan and brand. SCAODA is not the type of organization that lends itself to marketing and branding. Instead, the Executive Committee needs to work with the other committees and stakeholders to develop a message that is clear, concise, and easily understood by everyone. The message needs to be nonpartisan and have support of all SCAODA members, even the department members.

The committee agreed that it will develop educational material to use when talking to and recruiting legislators.

The action planning worksheets for each of the three priorities are attached as part of the meeting minutes.

Mr. McCulley moved (Mr. Fernan second) to approve the work plan. The motion passed unanimously. (Mr. Scarbrough had left the meeting and did not vote on this matter).

Electronic cigarettes – Kris Moelter reported that the public comment period on the FDA proposed regulations closed on August 8.

Women's services report – No report.

OWI surcharge – Ms. Moelter reported that SCAODA has not received the WCHSA letter on this issue. Mr. ShROUT said that this issue likely will be addressed as part of the funding ad hoc committee. While decreasing drunk driving is important, there may be a better use of the surcharge funds than how they are currently spent.

Update on legislative initiatives - Mr. ShROUT reported that the Executive Committee will meet with the DHS Secretary's Office and the Governor's Office on September 9. Ms. Moelter reviewed the initiatives that the Executive Committee will put forward. Those include creating five Hmong navigators to assist the Hmong community in obtaining needed mental health and AODA services; funding to provide culturally-intelligent training to service providers; funding for two specialized women's treatment centers; funding for TAD and treatment courts; increasing Medicaid reimbursement rates; increasing funding for treatment and prevention, including increasing community aids; funding for local AODA coalitions; funding for saturation patrols; funding for underage alcohol compliance checks; and funding for training for prevention specialists. Although not fiscal items, the Executive Committee also will advocate for changing the SCAODA statute to increase the membership to 27 and changing the law to allow for sobriety checkpoints. The conversation will not include a request for an increase in the beer tax. Instead, the Executive Committee will focus on increased Medicaid reimbursement and community aids.

Committee reports – Mr. Fernan reported that the Department of Public Instruction is moving the SBIRT model into schools. Scott Caldwell from DHS conducted training of the trainers and five people have been trained in SBIRT and will be able to train school personnel throughout the state. DPI recently applied for four federal grants to address children's mental health and substance use, school climate transformation, emergency management, and bullying. It expects to hear by September 30 if it has been awarded any of the grants.

Agenda items for next meeting – 1. Mental health and substance abuse conference public forum 2. Develop the legislative educational packet

The meeting adjourned at 11:42 a.m.

Next meeting: October 17, 2014 at 9:30 a.m.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851

Madison, Wisconsin 53707-7851

PLANNING AND FUNDING COMMITTEE MEETING

November 21, 2014

9:30 a.m.

ARC CENTER FOR WOMEN & CHILDREN

1409 EMIL STREET, MADISON

608/283-6426

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 – Joyce O’Donnell |
| 9:35 a.m. | Review of October 17, 2014, meeting minutes – Joyce O’Donnell |
| 9:40 a.m. | Public comment – Joyce O’Donnell |
| 9:45 a.m. | Mental Health and Substance Abuse Conference public forum – Committee members |
| 10 a.m. | Wisconsin election results/legislation – DHS staff |
| 10:30 a.m. | Legislative educational packet – Committee members |
| 11 a.m. | SCAODA membership legislation – DHS staff |
| 11:30 a.m. | Lunch |
| 12 p.m. | AODA funding ad hoc committee – Todd Campbell |
| 12:30 p.m. | Women’s services report – Karen Kinsey |
| 12:45 p.m. | Committee and agency reports – Committee members |
| 1:15 p.m. | Agenda items for next meeting |
| 1:30 p.m. | Adjourn |

Next meeting:

- February 6, 2015



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

1 West Wilson Street, P.O. Box 7851

Madison, Wisconsin 53707-7851

**PLANNING AND FUNDING COMMITTEE MEETING MINUTES
October 17, 2014**

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

Members excused: Pam Bean, Tom Fuchs, Bill McCulley

Staff: Kris Moelter

Call to Order – Joyce O'Donnell the meeting to order at 9:45 a.m.

Review of August 15, 2014 meeting minutes – Duncan Shrout moved (Emanuel Scarbrough second) to approve the meeting minutes. Motion passed unanimously.

Public comment – None.

SCAODA meeting update – Mr. Shrout reported on the September 12, 2014, SCAODA meeting. New officers were elected. Michael Waupoose was re-elected chairperson and Mr. Shrout was re-elected vice chairperson. Mary Rasmussen was elected secretary. Each committee presented the work plans for the next year and those plans were approved. The Department of Corrections presented on the different treatment programs available at the institutions and there was a presentation from a recovery group, Rise Together, which has a program of recovery they are promoting throughout the state.

2015-17 budget update – Kris Moelter reported that the state agency budgets have been submitted. The major items that may be of interest to SCAODA likely will not be made public until the Governor submits his/her budget in 2015. By statute, SCAODA is supposed to comment on the budget after it is introduced. From the budgets that have been submitted, Ms. Moelter reported that both the Department of Justice and the Office of the Public Defender are asking for more money for the Treatment Alternatives and Diversion program. Mr. Shrout reported that the SCAODA Executive Committee met with Kevin Moore in September to talk about SCAODA's budget priorities. The Department of Health Services is considering increasing Medicaid reimbursements, but no decision will be made until after the election. Another item was an increase in community aids to enable counties to have more money for prevention, treatment, and recovery, and that was received favorably. They also talked about an increase in the alcohol tax. They also talked about increasing the size of SCAODA. Mr. Moore's position is that there are too many state agencies represented and the right departments may not be represented. He thinks the current size is a good size. He suggested one way to gain legislative representation is to have the legislative health committees' chair people automatically be on SCAODA. Steve Fernan reported that the Department of Public Instruction budget includes a new, ongoing appropriation to develop a school safety center that would address school safety

issues across the state, to include policies, training, and assessment. It also includes an initiative to create grants for school safety, such as bullying prevention, conflict resolution, equipment, and supporting the costs of some staff. DPI may link with DHS on a children's mental health grant or categorical aid program to provide additional pupil services staff later in the budget process.

Mental Health and Substance Abuse Conference public forum – The committee discussed topics for the public forum it will host at the conference. The public forum is October 28 at 4:45 p.m. Todd Campbell, Mr. Fernan, Ms. O'Donnell, and Mr. Scarbrough will attend. Ms. Moelter will develop a handout explaining the role of SCAODA and the Planning and Funding Committee. The issues that will be addressed include the substance abuse workforce and the contact information and feedback on the Planning and Funding Committee's ad hoc committee on funding. Ms. Moelter will also develop a handout with list of SCAODA reports that are on the website.

Legislator education – The committee discussed what materials should be given to legislators after the November election and how those materials should be distributed. They reviewed the SCAODA brochure and a sample of the Wisconsin Council on Mental Health new member orientation materials. Irene Secora asked if this information could be used by coalitions for new candidates meetings. The committee agreed that would be a good use of the materials. The committee suggested the brochure include information on the statutory members and number of citizen/provider members and make clear that people can ask to serve on committees. The committee also suggested the brochure state that the SCAODA meetings have a public comment section so the public can participate. Committee members will edit the documents that were distributed and will discuss more at the next meeting.

AODA ad hoc funding committee – The committee discussed the function of the ad hoc committee. Committee members agreed that the Planning and Funding Committee needs to refocus on funding issues and this ad hoc committee would help do that. Mr. Campbell, Mr. Fernan, and Mr. Shrouf agreed to serve on the committee, with Mr. Campbell serving as a co-chair. The committee will take a comprehensive approach to look at all funding sources. Ms. Moelter shared an email that David MacMaster sent to the Intervention and Treatment Committee and some members of the Planning and Funding Committee regarding the discrepancy between alcohol and tobacco taxes. Mr. Campbell, Mr. Fernan, Ms. O'Donnell, Mr. Shrouf, and Ms. Moelter will meet via telephone to discuss other possible committee members, including the chairs of the other SCAODA committees.

SCAODA bylaws discussion – The committee reviewed the bylaws for suggested changes. Ms. Moelter will include the suggestions in the proposed changes. Committee members will send any other proposed changes to Ms. Moelter before November 5.

Women's services report – No report.

Committee reports – Ms. Secora reported on the Prevention Committee meeting. They discussed the marijuana ad hoc committee and the new DEA regulations. Under the new regulations pharmacies can have a drug drop box. However, the DEA has suspended its take back days so disposal is now an issue. There will be a prevention regional training on November 10 and 11. The committee is developing a report card from all of the SCAODA reports to help measure progress on implementing the recommendations. Mr. Scarbrough reported on the marijuana ad hoc committee. It met for the first time in October. They discussed how to approach the topic. There are about 20 people on the committee, from providers to law

enforcement to researchers. The next meeting will be an information-gathering meeting from the medical and research communities. The committee will then look at others areas in which marijuana impacts communities. Mr. Fernan reported that DPI received all four federal grants for which it had applied. One is a school transformation grant to implement PBIS across the state for \$578,000 per year for five years. The second was Project Aware to pilot a framework to make schools safer and identify mental health problems in children for \$9.8 million for five years. Most of the funds will go to the Milwaukee, Ashland, and Adams-Friendship schools. The third grant was for a bullying prevention research project that will focus on a bullying prevention model with a quasi-experimental design for \$850,000 for three years. DPI will work with 50 middle schools. The last one is a school emergency management grant for \$472,000 over 18 months to help schools develop comprehensive school safety plans. The DPI annual conference will be December 11-12. DPI has a report on the impact in schools on alcohol and other drug abuse grants that is in draft form. Mr. Shrout reported on the progress of the workforce development ad hoc committee. The committee is finishing its work and will have four or five recommendations that will affect the Department of Safety and Professional Services and the Department of Health Services in areas of expanding the workforce and workforce educational requirements and reimbursement rates for Medicaid. The final report is expected to be presented to SCAODA in March 2015.

2015 meeting dates/member attendance – The committee decided to keep meeting on Fridays. The schedule for 2015 is:

January – No meeting
February 6
April 10
May 1
July 10
August 7
October 2
November 6

The committee discussed possible new members and will send Ms. Moelter the names and contact information for potential new members.

Agenda items for next meeting – 1. Change in SCAODA membership legislation 2. Legislative educational packet 3. Funding ad hoc committee 4. Public forum

The meeting adjourned at 1:50 p.m.

Next meeting: November 21, 2014 at 9:30 a.m.

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE
Planning and Funding Committee Public Forum
Mental Health and Substance Abuse Training Conference
Kalahari Resort, Wisconsin Dells
October 28, 2014

SCAODA members present: Norman Briggs, Todd Campbell, Steven Fernan, Joyce O'Donnell, Emanuel Scarbrough, Sue Shemanski

DHS staff present: Ashleah Bennett, Scott Caldwell, Lee Ann Cooper, Andrea Jacobson, Bernestine Jeffers, Kris Moelter, Lou Oppor

Forum attendees: 16 people attended, representing tribes, counties, private nonprofit organizations, and educational institutions.

Joyce O'Donnell called the forum to order at 4:45 p.m.

Ms. O'Donnell explained SCAODA's current goals and priorities as well as the Planning and Funding Committee's priorities for the upcoming year. Forum attendees then talked about issues facing the substance use disorder field. Those issues are summarized below.

Workforce issues

- SCAODA need to be a leader on substance use disorder workforce issues. The workforce is aging, the compensation is too low, and some of the educational and certification requirements are too stringent.
- One way to attract new people into the field is to recruit people who would be valuable to the field, such as formerly incarcerated people. Funding for education is an issue for people re-entering society, so SCAODA needs to help pave the way for them to enter the field, such as encouraging the creation of student loan forgiveness programs. Another avenue to increase the number of substance use disorder counselors is to allow people with experience to receive credit toward certification.
- The current rules make it hard for licensed mental health counselors to also specialize in substance use disorder counseling. There needs to be an integrated approach to care and help for counselors to get dual certification.
- The end of the minority training project ended a pathway for entry into the field.
- The lack of professional AODA-related organizations makes it difficult to encourage young people to enter the profession and harder to develop new talent.

Advocacy

- The AODA industry does not do a good job of exercising influence with legislators and policy makers. The AODA field will continue to be underfunded until the legislature realizes how many people are dealing with substance use disorders.
- Most of the AODA advocacy groups no longer exist, and SCAODA is not an advocacy group, so there is no advocacy for AODA issues as there is in other professions. Therefore, there is no process for addressing AODA-related issues. Leadership in this area needs to come from the AODA field.

- There needs to be the same type of advocacy around alcohol that there was around tobacco. It took 50 years of grass roots advocacy to change the policies and funding around tobacco. Legislators need to be educated on funding issues—most of the funding for AODA issues comes from the federal government. Very little comes from GPR or fees. There is some from excise taxes, but the amount collected is far below the costs to society from alcohol abuse.
- As long as Wisconsin has a drinking culture, nothing will change. We need to change the attitudes so we can change the culture.

Resources

- Substance use disorder worker caseloads are becoming increasingly complex, and supporting recovery is labor intensive. This, combined with the multiple regulatory requirements from many different agencies, makes it difficult to effectively serve clients with substance use disorders. The state should streamline its regulations and reporting requirements across agencies and programs.
- There needs to be an analysis of how the Affordable Care Act is serving people with substance use disorders and how the state can best utilize the ACA to provide more services to people with substance use disorders.
- The SCAODA reports are valuable, but counties need more help implementing the recommendations. For example, counties are now collecting old prescription medications for disposal, but the federal government ended funding so now the counties do not know how to dispose of the medications. Another example is medication-assisted therapy for opioid treatment. Some counties have a shortage of doctors willing to meet the requirements to prescribe and monitor medications for treatment. The process needs to be made easier so more doctors will get involved.

The forum ended at 5:57 p.m.

Scott Walker
Governor



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

Prevention Committee Meeting

Thursday, July 17, 2014

9:30 a.m. – 1:30 p.m.

State Bar of Wisconsin

5302 Eastpark Blvd.

Madison, WI 53718

PRESENT: Judith Hermann, Chris Wardlow, Irene Secora, Daniel Scott, Julia Sherman, Kathy Marty, Annie Short, Kari Lerch, Mary Rasmussen

EXCUSED: Dorothy Chaney, Ronda Kopelke, Jane Larson, Francie McGuire Winkler, Rick Peterson, Emanuel Scarbrough, Jackie Schoening

CONSULTING STAFF: Sarah Linnan

STAFF: Paul Krupski, Kris Moelter, Christy Niemuth and Raina Zwadzich

Welcome and Introductions

Scott Stokes, Chairman of the Prevention Committee welcomed and thanked everyone for their attendance. Members and Guests introduced themselves. Scott welcomed new Members, Daniel Scott, an Alcohol and Drug Control Officer at the National Guard Office in Madison, Irene Secora from Waukesha County and Kari Lerch from Community Advocates in Milwaukee.

Approve Minutes from April 30, 2014 Meeting and May 12, 2014 Teleconference

Stokes asked the Committee to review the meeting minutes from April 30th. A minor edit was requested to change "DFC" to "DCF". **Sherman made a motion to approve the meeting minutes with edits, seconded by Wardlow. Minutes were approved.**

Marijuana Ad-Hoc Committee

The Prevention Committee has prior approval from SCAODA to form the next Ad-hoc Committee on marijuana. The Chair for the Marijuana Ad-hoc Committee will be Chris Wardlow and Paul Krupski will be the Staff Lead. A draft version of the Ad-hoc Committee's charge was provided for review. The charge will be developed and finalized so Ad-hoc Committee Members will have a clear understanding of their roles and tasks. Since this can be a controversial topic with many different possible directions, Wardlow would like Ad-hoc Members to help shape and take the lead on drafting the charge. Staff will be recruiting Members for the Ad-hoc Committee. Names and contact information can be emailed to Paul Krupski at paul.krupski@wisconsin.gov. Emmanuel Scarbrough, Kathy Marty, Kari Lerch, Daniel Scott all volunteered to participate on the Ad-hoc Committee. Secora nominated Joseph Muchka, Executive Director of the Addiction Resource Council, Inc. for membership.

Discussion of key points identified by Prevention Committee Members that should be included in the Marijuana Ad-hoc Committee's work include:

- Produce a report with a strong foundation in prevention with a public health framework
- Include a description of the role that marijuana plays throughout all past SCAODA reports, i.e. the progression of use from alcohol and marijuana to "harder drugs" like heroin and cocaine
- Provide information to state and local policy makers with a focus on educating with accurate, factual information
- Focus on policy development vs. policy reform
- Understand all sides of the debate, including Drug Policy Alliance, NORML, etc.
- Contact colleagues from Colorado and Washington from the National Prevention Network (NPN) and request a presentation on what is happening in their states and lessons learned
- Understand the belief that marijuana use isn't a threat or that it doesn't pose a danger to self/communities
- Call State Senators (J. Erpenbach) who may be interested in this report to let them know about the Ad-hoc Committee and the work it will be doing throughout 2014-15
- Include the business sector in membership and recommendations

Kari Lerch, provided an update on the Smart Approaches to Marijuana (SAM) Initiative. The SAM Initiative is an international network of communities and states that have come together around the prevention of marijuana. They are a bi-partisan group that is working on finding a middle road between incarceration and legalization and takes a "health-first approach to marijuana policy". The Milwaukee Coalition on Substance Abuse Prevention (MCSAP) on behalf of Wisconsin became a SAM Affiliate in May 2014. SAM is helping Wisconsin create a marijuana prevention message that addresses prevention concerns. MCSAP will be working on gathering interest across the state and will be pulling people together to move the prevention message forward, especially in this election year. SAM has four priorities:

1. Preventing another 'big tobacco' industry
2. Legal reform
3. Cannabis-based medicines
4. Marijuana and Public Health

Niemuth shared that the Heroin Report from the Heroin Ad-hoc Committee should be printed by the end of the month. Staff are planning an organized release of the report and will provide Prevention Committee Members more information.

Review Committee Accomplishments Related to SCAODA Four-Year Plan for 2010-2014

Stokes asked Niemuth shared and explain the format of the Prevention Committee's Annual Report. A draft of the Four-Year Accomplishment report was provided. It includes information from previous annual reports as well as the new information from 2013-2014. The Committee was asked to review the document. The Committee decided to update Goal #1, "Explore and enhance membership and participation of the Committee," to an ONGOING activity and make reference to the new Committee Members added in 2014. **Sherman made a motion to approve the document with edits; seconded by Rasmussen. The Annual Report was approved.**

Discuss SCAODA 2014-18 Strategic Plan

Stokes explained SCAODA's Goals and Priorities for 2014-18 and how the Executive Committee developed the next four year strategic plan. The SCAODA Strategic Plan for 2014-18 was similar to the previous plan, with minor changes to the language. The Prevention Committee is tasked with developing a Committee Action Plan for the next year. A handout was provided titled, "Prevention Committee 2014-15 Work Plan". Kris Moelter, staff to SCAODA said the Prevention Committee could carryover past

activities to achieve the 2014-18 goals or create new ones if appropriate. Although not all SCOADA goals and priorities need to be addressed by the Committee, each identified activity in the action plan should clearly relate to a SCAODA goal/priority. Moelter stressed the need to be clear in how the Committee plans to accomplish the goal/priority and how it will be measured.

Discussion Committee Action Plan:

- Hermann suggested including reference to Adverse Childhood Experience (ACE) scores, trauma informed care, and the need to identify high-risk children. Create a guidance document or information on identifying early risk factors. This would address priorities # 2 and #5.
- Promote trauma informed care in substance use disorders systems, policies and practice, regarding goal #5.
- Convene the Marijuana Ad-hoc Committee. Addresses priorities, #2, #4, #5, #6.
- Explore convening a workplace/employer workgroup to address alcohol and drugs in the workplace and how to integrate behavioral health.
- Inform credentialing of prevention rules and requirements. Addresses goal #4/priority #1.
- Collaborate with schools and educational organizations to identify and develop school-based prevention program, policies and funding streams.
- Reconvene Ad-hoc Committees about six months after report dissemination to evaluate the impact of the publication, if there needs to be 'push' or a plan for improving action based on the report. How can SCAODA assist in taking ownership and disseminating reports? This could be an expectation of all future Ad-hoc Committees.

Budget Initiative Dollar Amount Allocations

The Prevention Committee completed their proposal of budget items at the April meeting. However, SCAODA has requested estimated funding amounts for each item. The Committee discussed the monetary considerations for each of the four budget initiatives:

- 1) Fund underage drinking compliance checks
 - a. EUDL funds (which are no longer available) were previously used to fund alcohol age compliance checks. Sherman will look up the previous funding amounts and send out by Monday.
- 2) Improve prevention infrastructure by providing grants to local AODA coalitions
 - a. \$1.0 million per biennium for AWY community coalitions to support and enhance services (possibly passed through the AWY Regional Prevention Centers to coalitions).
- 3) Fund training for Prevention Specialist = \$175,000.00
 - a. Statewide Prevention Conference –every other year \$65,000.00
 - b. SAPST - \$15,000 twice a year (4 per biennium)
 - c. Regional trainings - \$50,000.00 every other year
- 4) OWI saturation patrols
 - a. Sherman provide information on current estimates for funding.

Public Forum Comments

Two public forums were held at Northwoods Coalition Annual Meeting and Training in Eau Claire, Wisconsin. The forums were the second half of two break-out sessions presented by DHS related to the Block Grant. Both were well attended and Staff felt the new format for hosting a public forum worked well. Another public forum will be held in November in Brookfield/Milwaukee at the training for the Northeastern, Southeastern and Southern AWY regions. Stokes asked the Committee Members to review the comments. Discussion included:

- Prevention efforts should start at an early age
- Prevention programming at the county level and new ways to fund counties
- The use of the term 'primary' prevention

- Harm reduction efforts as prevention and how this is defined

Prevention Training and Certification - Update

A training is being planned in November by the AWY Northeastern, Southeastern and Southern Regional Prevention Centers and Milwaukee county. The training will be held at the Brookfield Sheraton on November 10-11, 2014.

A statewide prevention conference is being considered for 2015. A group is working together and is in the planning process with UW – Stevens Point. Recently, an online survey was sent to AWY coalitions and other target populations requesting their training needs and wishes. The online survey has received a good response and a reminder email will be sent out again next week. More information will be provided to the Committee in the future.

Agency/Member Updates

Sherman shared information about the upcoming Alcohol Policy Summit that will take place on October 9, 2014 at the Tundra Lodge in Green Bay, Wisconsin. The registration for the Alcohol Policy Summit is \$100.00. Judie Hermann requested to be put on the mailing list to receive training updates.

Hermann stated that she is part of the planning committee for the 2015 Child Abuse Prevention Conference. This conference mainly brings together social workers, home visitors, the juvenile justice system, etc. They are looking for speakers to discuss heroin and related consequences for families and communities. Hermann asked Members for speaker recommendations. Suggestions were:

- Brad Dunlap – DCI enforcement
- Master Sargent Michael Hemberger, Senior Criminal Analyst, National Guard Drug Control Program
- Kathy Marty has convened ‘heroin prevention panels’ of people who were in recovery and family members affected by heroin use; she will provide names and contact information
- A group called, *Your Choice* is a family who has a son who is in recovery and present on how addiction affects the family and their dynamics
- ARCW could present on responding to overdoses

Mary Rasmussen - Arbor Place’s ground-breaking ceremony took place in July. They will be having a fundraising event on September 24th which will have William Moyers, Vice President of Public Affairs and Community Relations of Hazelden as a speaker.

Agenda Items for Next Meeting

At the April meeting there was a request to have Dr. Miller speak about marijuana at the next Prevention Committee meeting. He will be asked to join the Marijuana Ad-hoc Committee and speak at a future meeting.

NEXT PREVENTION COMMITTEE MEETING:

October 16, 2014

Location: TBD

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

**Prevention Committee Meeting
Thursday, October 16, 2014
9:30 a.m. – 1:30 p.m.**

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

Agenda

- Welcome and Introductions
- Approve Minutes from July 17, 2014 Meeting
- Marijuana Ad-hoc Committee
 - Lobbying vs. Education – SAMHSA
 - Update on SAM WI
- Report Recommendation Review
- New DEA Regulations
- Extended Producer Responsibility (EPR) ordinances
- Prevention Conference 2015
- Agency/Member Updates
- Future Meeting Dates/Agenda Items

**Thursday, January 15, 2015
Thursday April 16, 2015
Thursday, July 16, 2015
Thursday, October 15, 2015**

**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**

<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. Issue reports to educate people about the dangers of alcohol, tobacco and other drug abuse.~~
- ~~k. The council also recommends legislation, and provides input on state alcohol, tobacco and other drug abuse budget initiatives.~~
- l. 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. ~~Ex-officio members will serve four-year terms.~~
- d. 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.
- e. d. An ex-officio member may not be elected as an officer of the council.
- f. 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 Past Chairperson

~~The immediate past chairperson shall serve as a member of the council until expiration of their appointed term, and may serve as an ex-officio member during the term of her or his successor if the term of office as member of the council has expired.~~

3.5 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 to the council and forwarded to the appointing authority, 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.

6.4 At any time the secretary of the council, after consultation with the appointed member, believes that a member will not be able to fulfill the duties of membership, he or she should bring the matter to the chairperson. When the chairperson confirms that recommendation, he or she shall place the matter on the next council agenda. The chairperson shall ensure that the member at issue is given notice that the council will consider a recommendation to the appointing authority regarding the membership. When the council, after the member at issue is given the opportunity to be heard, agrees with the recommendation, it shall recommend to the appointing authority that the member be removed from the council and a replacement appointed to fulfill the member's term.

6.5 If a statutory member or their designee are absent from two meetings within a year, they will be contacted by the secretary of the council to discuss the reasons for absence and whether the member will be able to continue serving. In the event that a statutory member believes they are unable to continue, the secretary of the council shall inform the council chairperson and upon confirmation the chairperson will provide written notice to the governor of the need for an alternate or replacement.

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 the Americans with Disabilities Act (ADA) for deaf, deafblind and hard of hearing and is a subcommittee of the cultural diversity 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. ~~The immediate past chairperson of the council may also be invited by the council chairperson to be a member of the executive committee.~~
- 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.

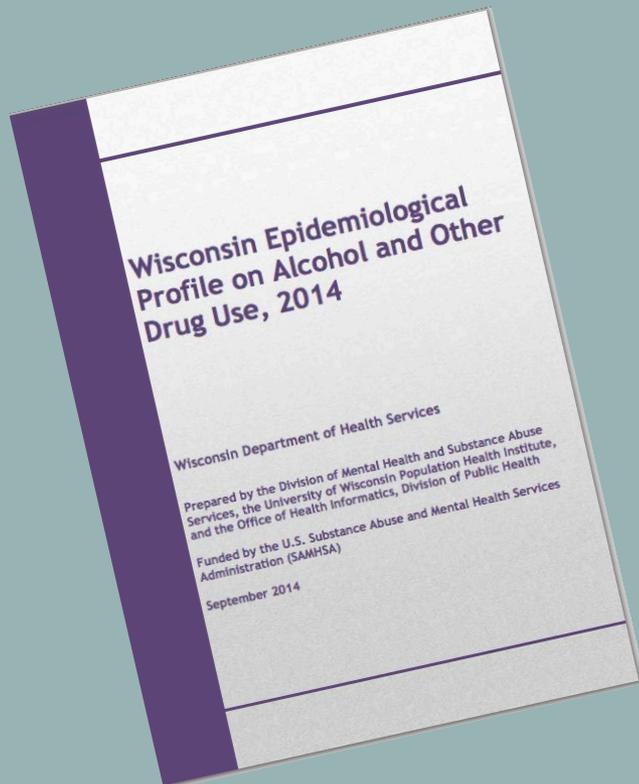
ARTICLE V

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.



2014 Wisconsin Epidemiological Profile on Alcohol and Other Drugs



State Council on Alcohol
and Other Drug Abuse

December 12, 2014

Overview

- What is in the profile?
- How is the data used to prioritize issues?
- What is next?



Takeaways

The Epidemiological Profile is:

- A great reference for national, state, and some county Alcohol and Other Drug (AOD) data.
- A basis for focusing local community assessments.
- A living document, intended to be used.



Takeaways

The Epidemiological Profile is **not**:

- A reflection of all data considered in the AOD Surveillance System.
- A local community assessment.
- A doorstop or wobbly table balancer.



Wisconsin
Profile
Drug Use

Wisconsin
Profile
Drug Use

Wisconsin
Profile
Drug Use

Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2014

Wisconsin Department of Health Services

Prepared by the Division of Mental Health and Substance Abuse
Services, the University of Wisconsin Population Health Institute,
and the Office of Health Informatics, Division of Public Health

Funded by the U.S. Substance Abuse and Mental Health Services
Administration (SAMHSA)

September 2014

Wisconsin

Wisconsin

Wisconsin

Prepared by the
Public Health
Substance Abuse
Health Institute

Prepared by the
Public Health
Substance Abuse
Health Institute

Prepared by the
in consultation
Services and the

Funded by the
Administration

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Administration

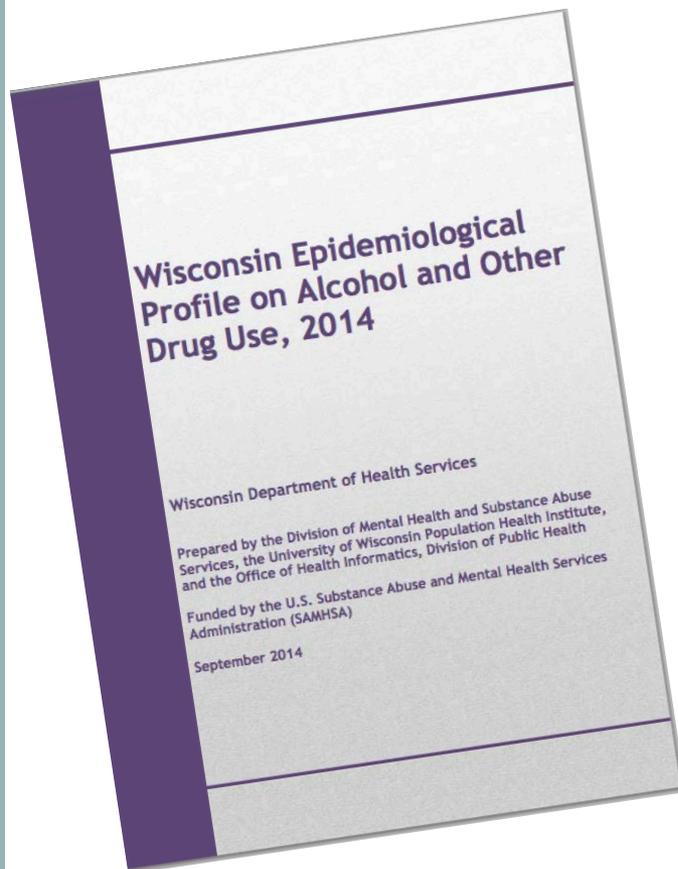
Funded by the
Administration

July 2008

November 20

September 20

2014 Epidemiological Report



- Updated indicators
- New indicators
- A map
- A pie chart

Types of Data



Consequence Data



Consequence Data

- Death from acute and chronic conditions
- Motor vehicle injuries
- Abuse or dependence
- Hospitalizations
- Treatment
- Neonatal Abstinence Syndrome
- Hepatitis C
- Crime and arrests
- Suspensions and expulsions

NEW!

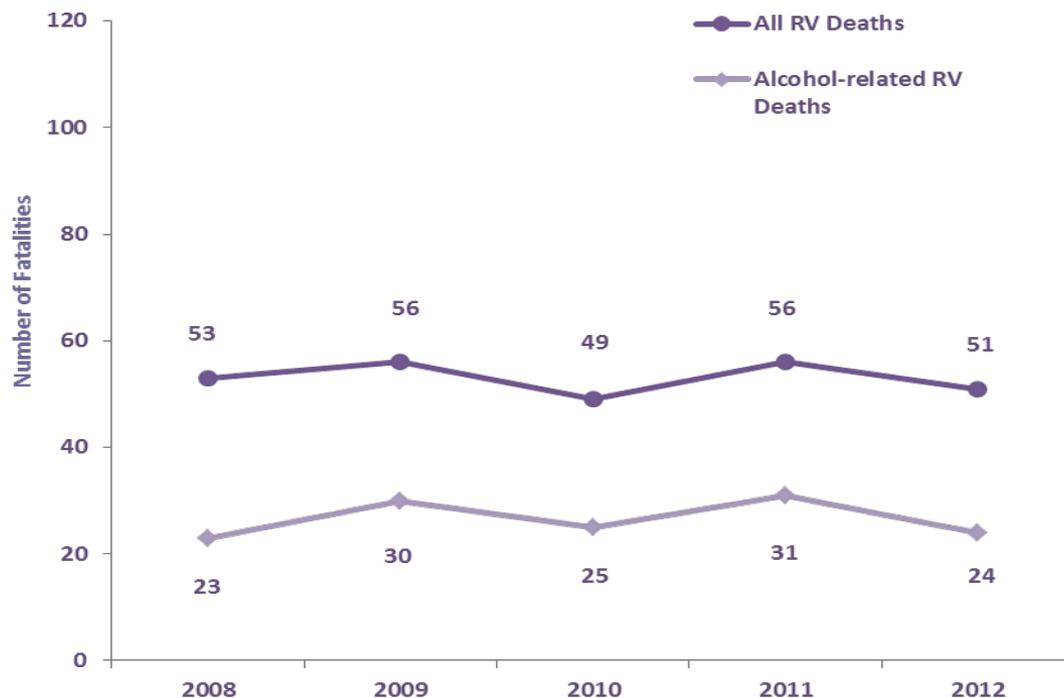
NEW!

NEW!

Consequence Data: Alcohol-Related Recreational Vehicle Deaths

Fifty percent of recreational vehicle deaths in Wisconsin are alcohol related. Recreational vehicles include boats, snowmobiles, and all-terrain vehicles (ATVs). Snowmobile accidents have the highest percentage of alcohol-related fatalities. In the 2012 – 2013 season, 70 percent of snowmobile deaths were alcohol-related.

Recreational vehicle deaths, alcohol related and total number, Wisconsin, 2008 – 2012

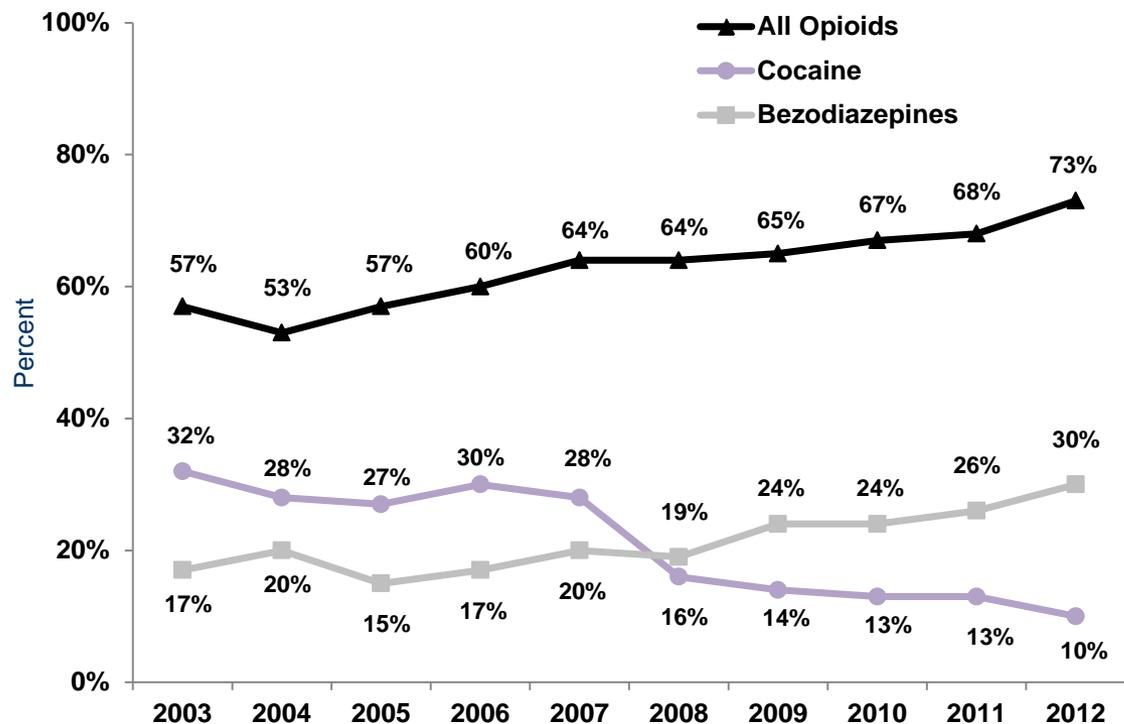


Source: Snowmobile Safety and Enhancement Reports, All-Terrain Vehicle Enforcement and Safety Reports, and Wisconsin Boating Program Reports, WI DNR.

Consequence Data: Other Drug-Related Deaths

Between 2004 and 2012, the proportion of drug deaths where heroin is mentioned increased five-fold, from 5 to 27 percent.

Drug-related deaths involving opioids, cocaine, and/or benzodiazepines, Wisconsin, 2003 – 2012



Source: Wisconsin resident death certificates, Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services.

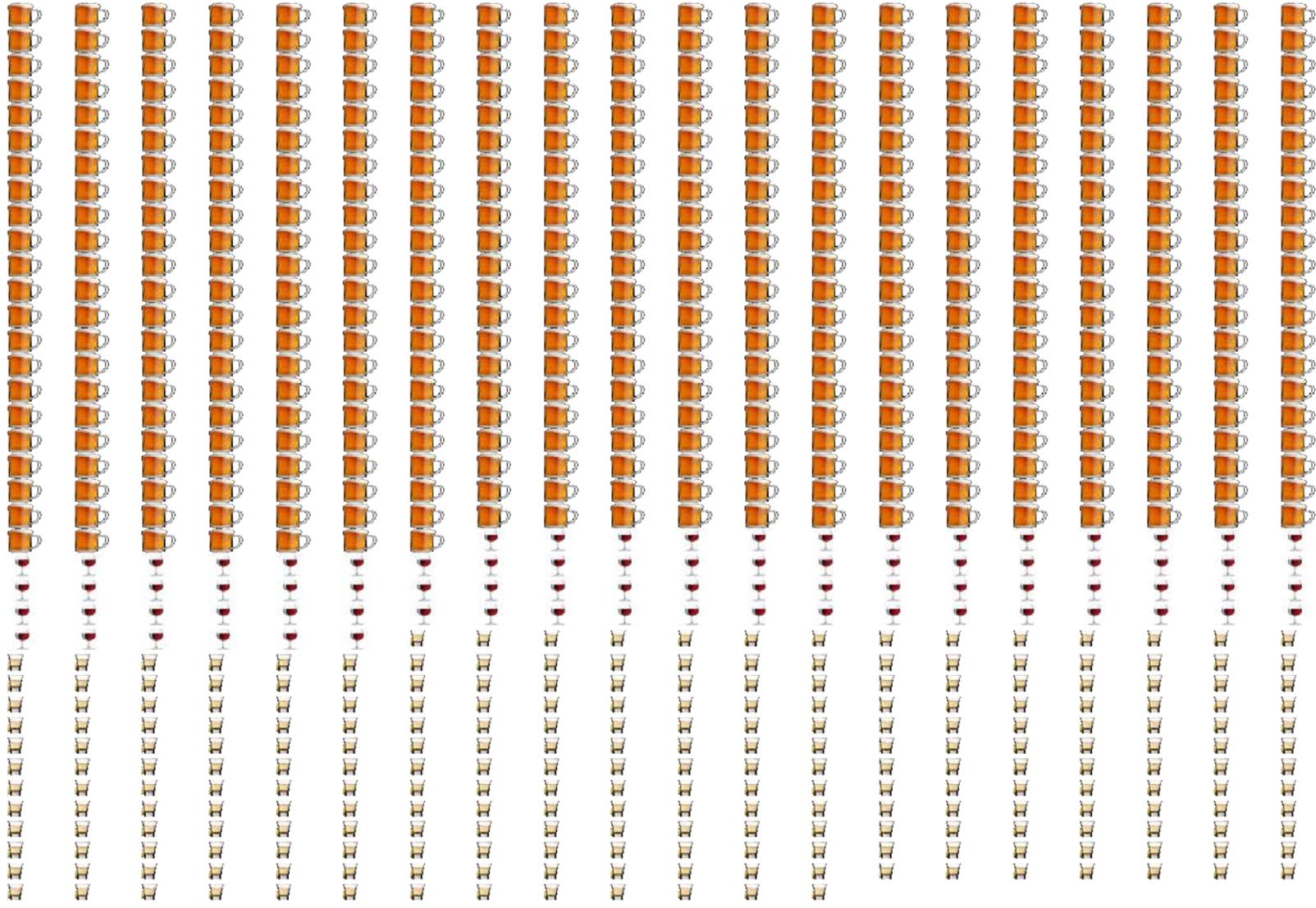
Consumption Data



Consumption Data

- Current use
 - Alcohol, illicit drugs, and non-medical use of prescription drugs
- Binge drinking
- Heavy use
- Per capita consumption 
- Underage drinking
- Age of initiation
- Use by women of childbearing age
- Drinking before and during pregnancy 

2011 Per Capita Consumption Standards for WI Population over 14



**307
Beers
(12 oz)**

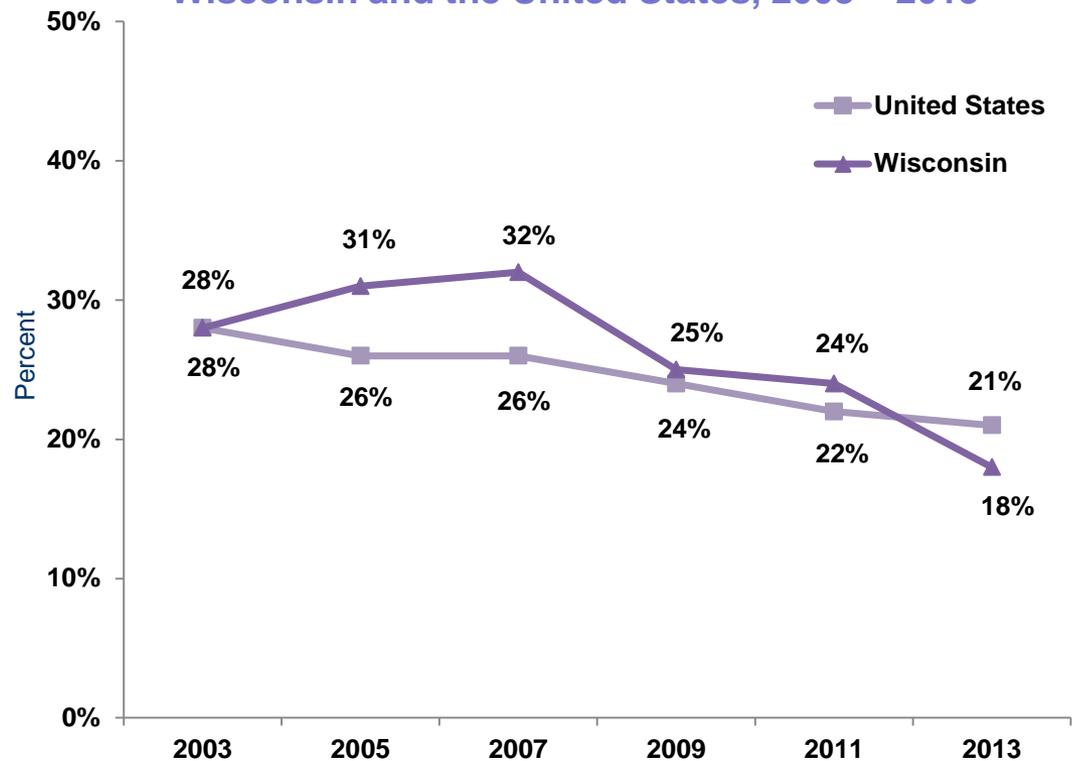
**79
Glasses
of Wine
(5 oz)**

**247
Shots
(1.5 oz)**

Consumption Data: Binge Drinking (Youth)

In 2013, 18 percent of Wisconsin high school students engaged in binge drinking, a decline from 24 percent in 2011. This continues a trend across several years of reduced binge drinking among high school youth, with Wisconsin's rate now lower than the rate for the U.S. as a whole. Binge drinking among high school students in the U.S. is also trending downward, although the drop is less steep than in Wisconsin.

Binge drinking among high school students, Wisconsin and the United States, 2003 – 2013



Source: Youth Risk Behavior Surveillance System, Wisconsin Department of Public Instruction and U.S. Centers for Disease Control and Prevention.



Consumption Data: Binge Drinking (Adults)

Binge drinking among adults (age 18 and older) in Wisconsin, by age and sex, 2003 – 2012

Year	U.S.	Wisconsin	18-24	25-44	45-64	65+	Males	Females	Females 18-44
2003	17%	25%	41%	33%	19%	5%	36%	14%	22%
2004	15%	22%	37%	29%	17%	5%	31%	14%	21%
2005	14%	22%	33%	28%	21%	4%	32%	12%	18%
2006	15%	24%	38%	32%	20%	6%	33%	16%	24%
2007	16%	23%	36%	29%	20%	8%	27%	17%	25%
2008	16%	23%	31%	31%	20%	8%	28%	17%	24%
2009	16%	24%	37%	33%	19%	8%	32%	16%	24%
2010	15%	22%	31%	29%	20%	5%	28%	16%	23%
2011	18%	24%	41%	32%	19%	7%	31%	17%	27%
2012	17%	25%	43%	32%	22%	7%	30%	20%	29%



Consumption Data: Age of Initiation

Alcohol use initiation before age 13 among high school students, Wisconsin, by sex, 2005 – 2013

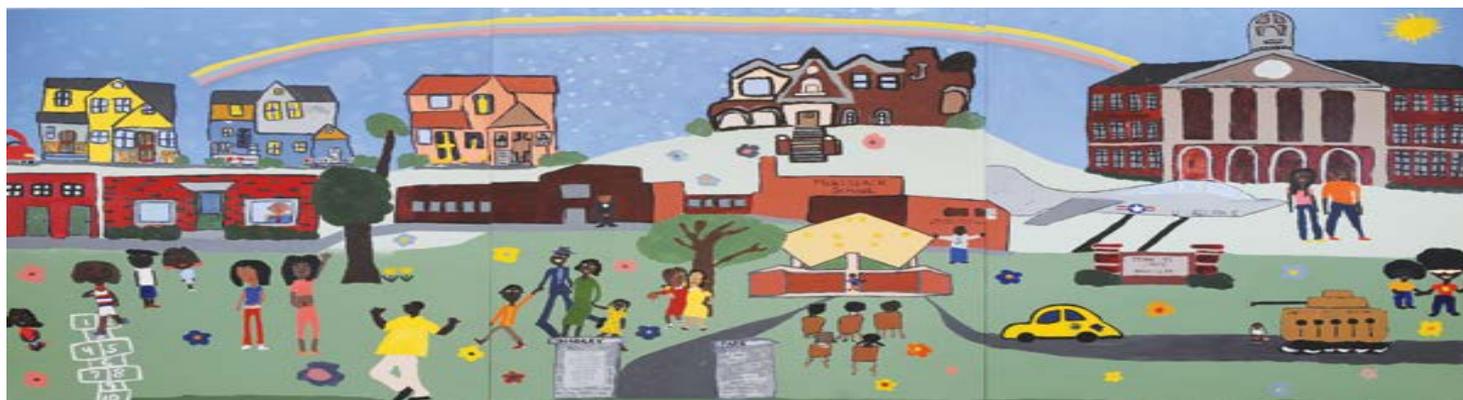
Sex	2005	2007	2009	2011	2013
Female	19%	20%	17%	16%	14%
Male	28%	27%	22%	21%	15%

Source: Youth Risk Behavior Survey, Wisconsin Department of Public Instruction; U.S. Centers for Disease Control and Prevention.

The percent of Wisconsin high school students who had initiated alcohol use before age 13 declined between 2005 and 2013, from 24 to 15 percent.

Prevalence of before-age-13 initiation among boys exceeded that among girls in each of those years. However, the gap between males and females has virtually closed on this measure.

Risk Factor Data



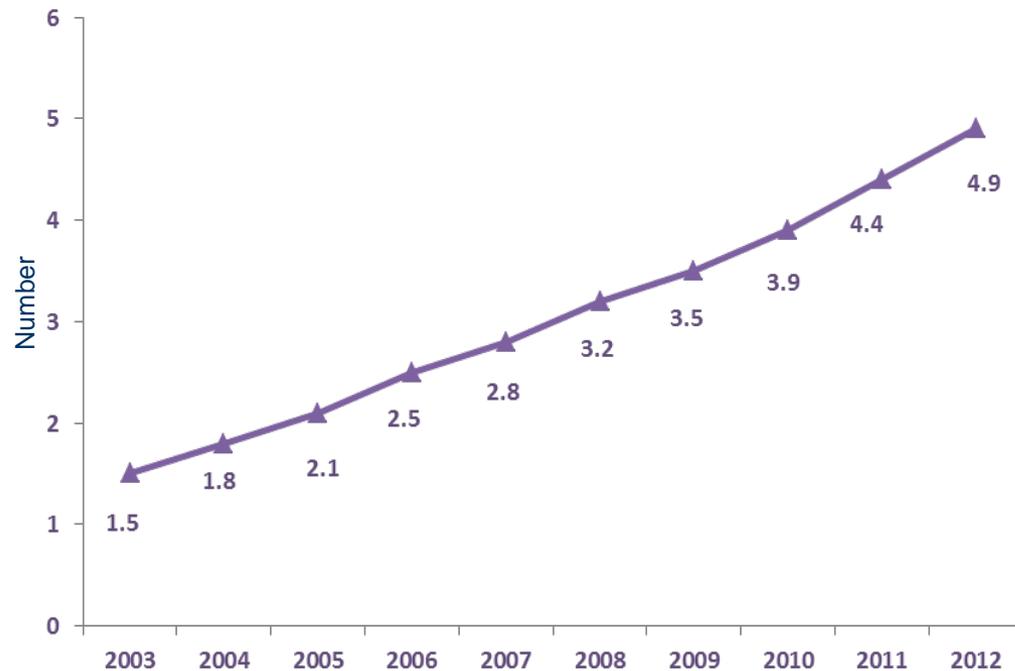
Risk Factor Data

- Availability
 - Alcohol
 - Other drugs
- Perceived harm 
- Early life experiences
- Depression and suicide

Risk Factor Data: Anxiety and Depression

Substance abuse and mental health problems frequently co-occur, and treatment for mental health problems such as anxiety and depression can include the prescribing of controlled pharmaceuticals. For example, benzodiazepines are frequently prescribed for anxiety disorders, and depression and anxiety frequently co-occur with multiple drugs prescribed to individual patients. This creates conditions for potential abuse and diversion of prescription medications.

Publicly funded treatment for anxiety and depression: ages 12 – 25, number treated per 1,000 population, Wisconsin, 2003 – 2012



Source: Human Services Reporting System, Division of Mental Health and Substance Abuse Services, Wisconsin Department of Health Services

Analysis Paralysis



Prioritization

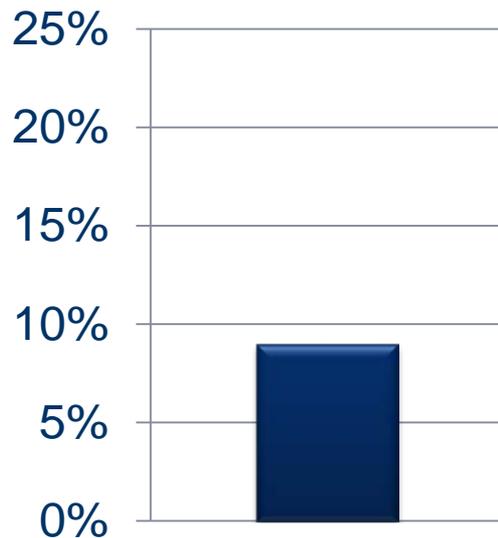


Prioritization



Alcohol Dependence or Abuse

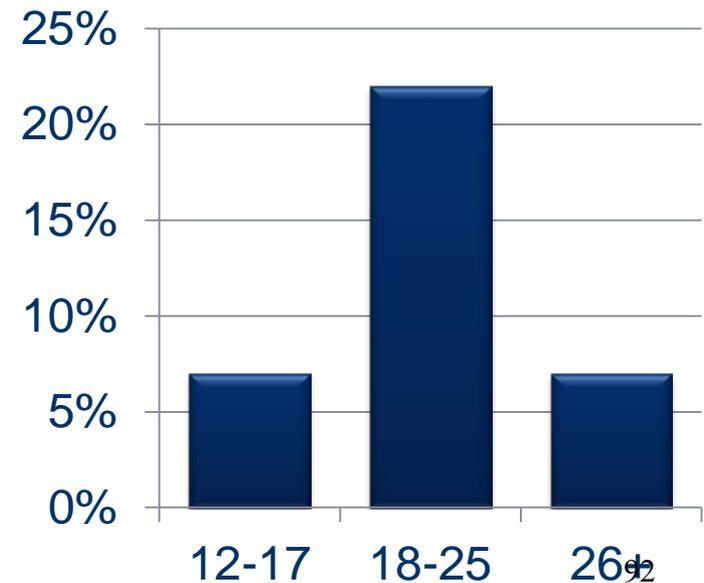
Age 12 and older: 9%



Age 12-17: 7%

Age 18-25: **22%**

Age 26+: 7%





Example Indicator Matrix

Indicator	Magnitude	Trend	Severity	vs. U.S.

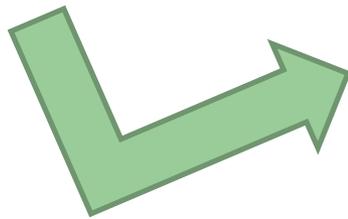


2014 State Prevention Priorities

- Underage drinking (ages 12 – 20)
- Adult binge drinking (ages 18 – 34)
- Drinking among pregnant women
- Drinking and driving (especially among people ages 16 – 34)
- Opioid use for non-medical purposes (focused on adults ages 20 – 54)

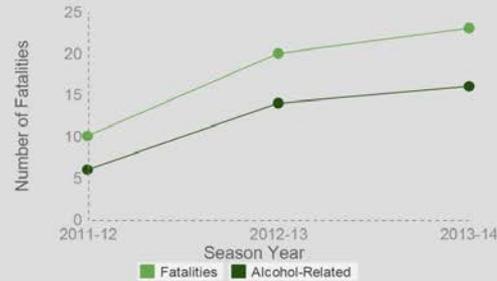
What's Next?

Really Useful
Fact Sheets!



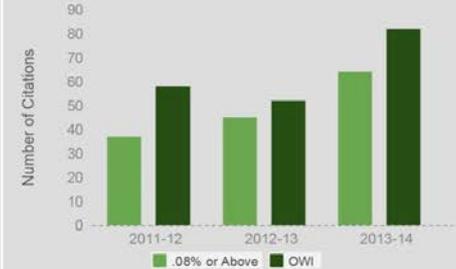
Risks of Snowmobiling with Alcohol and Other Drug Use

Snowmobile Fatalities



The number of fatal snowmobile accidents increased to 23 in the 2013-2014 season. This is up from 10 in 2011-2012 and 20 in 2012-2013. Alcohol-related fatalities have also increased to 16 in the last three seasons.

Alcohol and Drug Citations are Rising



During the 2013-2014 season:

- 64 "operating snowmobile with alcohol concentration at or above .08%" citations were issued.
- 82 "operating snowmobile while under the influence of an intoxicant or controlled substance" citations were issued.

In Summary

The drinking culture within Wisconsin has helped contribute to these snowmobiling fatalities. Many accidents happen at night, supporting the unsafe risk of combining alcohol and snowmobiling. Neither experience nor helmets protect riders from these risks. Please stay safe and exercise caution this season out on the trail.

Fast Facts

- 70% of fatalities involved alcohol and 17% of fatal incidents alcohol information was not available.
- Most operators (78%) in fatal accidents had over 100 hours of driving experience
- 87% of victims were wearing a helmet at the time of their accident.
- Most fatalities occur on Saturday (10) and Sunday (4), compared to weekdays (9)
- Most fatalities (18) happened between 4:00 PM and 4:00 AM

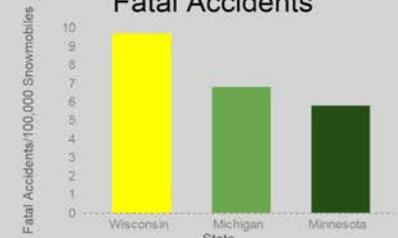
Sources:

2013-2014 Fatal Snowmobile Accidents. Minnesota Department of Natural Resources. Available at http://files.dnr.state.mn.us/enforcement/incident_reports/snowmobileaccidents14.pdf

2014 United States Snowmobile Registrations. International Snowmobile Manufacturers Association. Available at http://www.snowmobile.org/stats_registrations_us.asp

Michigan Snowmobile Fatality Summary, 2013-2014. Michigan Department of Natural Resources – Law Enforcement Division. Available at https://www.michigan.gov/documents/dnr/2013-2014_Michigan_Snowmobile_Fatality_Summary_443733_7.pdf

Wisconsin Has High Rates of Fatal Accidents



- During the 2013-2014 season, Wisconsin had 23 fatal snowmobile accidents and 237,803 registered snowmobiles.
- Minnesota had more registered snowmobiles (258,000) and fewer fatalities (15).
- While Michigan had 205,351 registered snowmobiles and 14 fatal accidents.



Questions?

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To access the 2014 Epidemiological Profile, visit
<http://www.dhs.wisconsin.gov/stats/aoda.htm>.

ANNUAL SYNAR REPORT

42 U.S.C. 300x-26

OMB № 0930-0222

FFY 2015

State: **Wisconsin**

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Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0222. Public reporting burden for this collection of information is estimated to average 18 hours per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 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 2014 Compliance Progress) and future plans to ensure compliance with the Synar requirements to reduce youth tobacco access rates (FFY 2015 Intended Use Plan). These data are required by 42 U.S.C. 300x-26 and will be used by the Secretary to evaluate state compliance with the statute. Part of the mission of the Center for Substance Abuse Prevention (CSAP) is to assist states¹ by supporting Synar activities and providing technical assistance helpful in determining the type of enforcement measures and control strategies that are most effective. This information is helpful to CSAP in improving technical assistance resources and expertise on enforcement efforts and tobacco control program support activities, including state Synar program support services, through an enhanced technical assistance program involving conferences and workshops, development of training materials and guidance documents, and onsite technical assistance consultation.

How the Synar report can help states

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

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

Getting assistance in completing the Synar report

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

Where and when to submit the Synar report

The ASR must be received by SAMHSA no later than December 31, 2014 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 2015 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.

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 2015: 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 2015 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 2015 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 2014 (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 2015 ASR was posted to this Web address.)*

<http://www.dhs.wisconsin.gov/substabuse/docs/Synar2015.pdf>

and <http://uat.scaoda.state.wi.us/index.htm> on October 1, 2014.

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 12, 2014.

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 2014 (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 <u>citations issued</u>	29	260	289
Number of <u>finest assessed</u>	29	260	289
Number of <u>permits/licenses suspended</u>	UNK		UNK
Number of <u>permits/licenses revoked</u>	UNK		UNK
Other (<i>Please describe.</i>)			

- 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 2014 (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 right limit of the right-sided 95% confidence interval.

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

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: 2010

b. Percent coverage from the latest frame coverage study: 90.7

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: 2015

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 06/16/14 to 07/09/14
MM/DD/YY MM/DD/YY

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

27

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 2015 (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 2015. 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 2015, 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.*) Enforce retail 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) 2014, 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 2015 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 2015, 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 2015 Synar report, the State sent three letters and followed up with phone calls to clerks who did not respond. The State will follow the same protocol for the FFY 2016 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 2015). Provide the remaining information by stratum if stratification was used. Make copies of the form if additional rows are needed to list all the strata.

Column 1: *If stratification was used:*

1(a) Sequentially number each row.

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

If no stratification was used:

1(a) Leave blank.

1(b) Write “state” in the first row (indicates that the whole state is a single stratum).

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

Column 2: 2(a) Report the number of over-the-counter (OTC) outlets in the sampling frame in each stratum.

2(b) Report the number of vending machine (VM) outlets in the sampling frame in each stratum.

2(c) Report the combined total of OTC and VM outlets in the sampling frame in each stratum.

Column 3: 3(a) Report the estimated number of eligible OTC outlets in the OTC outlet population in each stratum.

3(b) Report the estimated number of eligible VM outlets in the VM outlet population in each stratum.

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

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

Column 4: 4(a) Report the number of eligible OTC outlets for which an inspection was completed, for each stratum.

4(b) Report the numbers of eligible VM outlets for which an inspection was completed, for each stratum.

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

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

5(b) Report the number of VM outlets found in violation of the law as a result of completed inspections, for each stratum.

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

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

FORM 2 (Optional)

Appropriate for stratified simple or systematic random sampling designs.

Complete Form 2 to calculate the weighted RVR. This table (in Excel form) is designed to calculate the weighted RVR for stratified simple or systematic random sampling designs, accounting for ineligible outlets and noncomplete inspections encountered during the annual Synar survey.

Instructions for Completing Form 2: In the top right-hand corner of the form, provide the state name and reporting federal fiscal year (FFY 2015).

- 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: 2015
(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 2015).

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: 2015 _____				
(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 2015).

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: 2015	
(1) INELIGIBLE		(2) ELIGIBLE	
Reason for Ineligibility	(a) Counts	Reason for Noncompletion	(a) Counts
Out of business		In operation but closed at time of visit	
Does not sell tobacco products		Unsafe to access	
Inaccessible by youth		Presence of police	
Private club or private residence		Youth inspector knows salesperson	
Temporary closure		Moved to new location	
Unlocatable		Drive-thru only/youth inspector has no driver's license	
Wholesale only/Carton sale only		Tobacco out of stock	
Vending machine broken		Ran out of time	
Duplicate		Other noncompletion reason(s) (<i>Describe.</i>)	
Other ineligibility reason(s) (<i>Describe.</i>)			
Total		Total	

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

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

Instructions for Completing Form 5: In the top right-hand corner of the form, provide the state name and reporting federal fiscal year (FFY 2015).

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

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

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

Synar Survey Inspector Characteristics		
		State: _____
		FFY: 2015
	(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: _____
 FFY: 2015 _____

1. What type of sampling frame is used?

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

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

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

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

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

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

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

Yes No

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

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

Yes No

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

- State law bans vending machines.
- State law bans vending machines from locations accessible to youth.
- State has a contract with the FDA and is actively enforcing the vending machine requirements of the Family Smoking Prevention and Tobacco Control Act.
- Other (Please describe.) _____

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 25 counties
 - 5. Counties: Less than 20,000 residents 19 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: 7159

Input for Target Sample Size:

Design Effect: 1

Inputs for Original Sample Size:

Safety Margin: 35%

Accuracy (Eligibility) Rate: 80%

Completion Rate: 90%

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

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

APPENDIX C: SYNAR SURVEY INSPECTION PROTOCOL

State: Wisconsin

FFY: 2015

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 12 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: 2015

1. Calendar year of the coverage study: 2010

2. a. Unweighted percent coverage found: 90.7%
b. Weighted percent coverage found: na%
c. Number of outlets found through canvassing: 204
d. Number of outlets matched on the list frame: 185

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

Census tracts

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

Yes No

If Yes, please explain.

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 2010 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. These percentages were used to determine the number of outlets to be visited within each stratum. This was accomplished by 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 25 counties
5. Counties: Less than 20,000 residents 19 counties

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

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

Yes No

6. Were all sampled areas visited by canvassing teams?

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

a. Was the subset of areas randomly chosen?

Yes No

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

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 project staff at UWSC. Project staff used these forms as compared to the Fall/Winter 2009-2010 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.

SCAODA work plan

SCAODA goals for 2014-18
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.

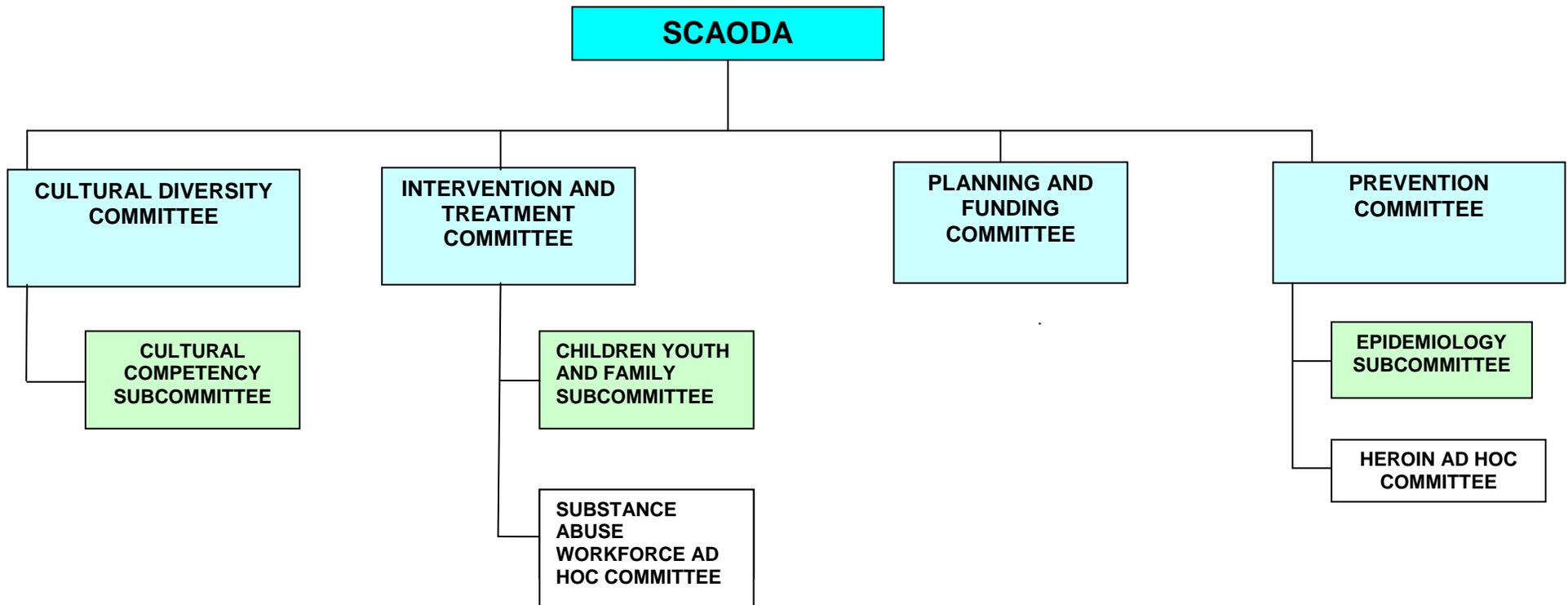
SCAODA priorities for 2014-15
1. Expand substance use disorder workforce capacity
2. Address population-specific needs
3. Reduce harmful alcohol consumption
4. Inform the public about substance use disorder-related consequences
5. Increase the use of evidence-based practices in prevention, treatment, and recovery
6. Address emerging substance use disorder trends

Committee	Plan to address goal/priority	SCAODA Goal	SCAODA Priority
Diversity	Develop a logo	5	2
	Develop a process to identify unmet needs of underserved populations	5	2
	Promote CLAS protocols for identifying culturally-intelligent (CI) best practices and advocate for CI training for AODA counselors	5	2
	Advocate for training and retention of minority AODA counselors	4	2
	Have a presence at the annual mental health and substance abuse conference and make annual presentations to SCAODA	5	2,5
	Maintain the diversity portion of the SCAODA website	4	2
Intervention and Treatment	Increase the number of parents identified with substance use disorders who are referred to treatment and identify a protocol to assess parents with children in the child welfare system for substance use disorders	4	2,5
	Increase adolescent treatment services and identify the extent to which providers use the Adolescent Treatment Framework	4	2,5
	Create a work group to review certification guidelines for opioid treatment providers and ensure the use of evidence-based treatment and case management	4	2,5,6
Planning and Funding	Create steady revenue streams to fund AODA prevention and treatment efforts by creating an ad hoc committee to study possible funding structures and support adequate Medicaid reimbursement for AODA services.	4	1, 3, 5
	Develop a clear and consistent SCAODA message that the public and legislators will support.	1, 2, 3	3, 4
	Increase the capacity of SCAODA to effectively advocate on AODA matters.	1, 4	3, 4
Prevention	Promote trauma-informed care within substance use disorder systems	5	2,5
	Inform credentialing rules related to professional prevention specialist certification	4	1
	Explore convening a study group to research how to integrate AODA prevention and public health policies in the workplace	1,3,5	1,2,3,4,5,6
	Create an ad hoc committee to study policies related to marijuana	1,3,5	2,4,6

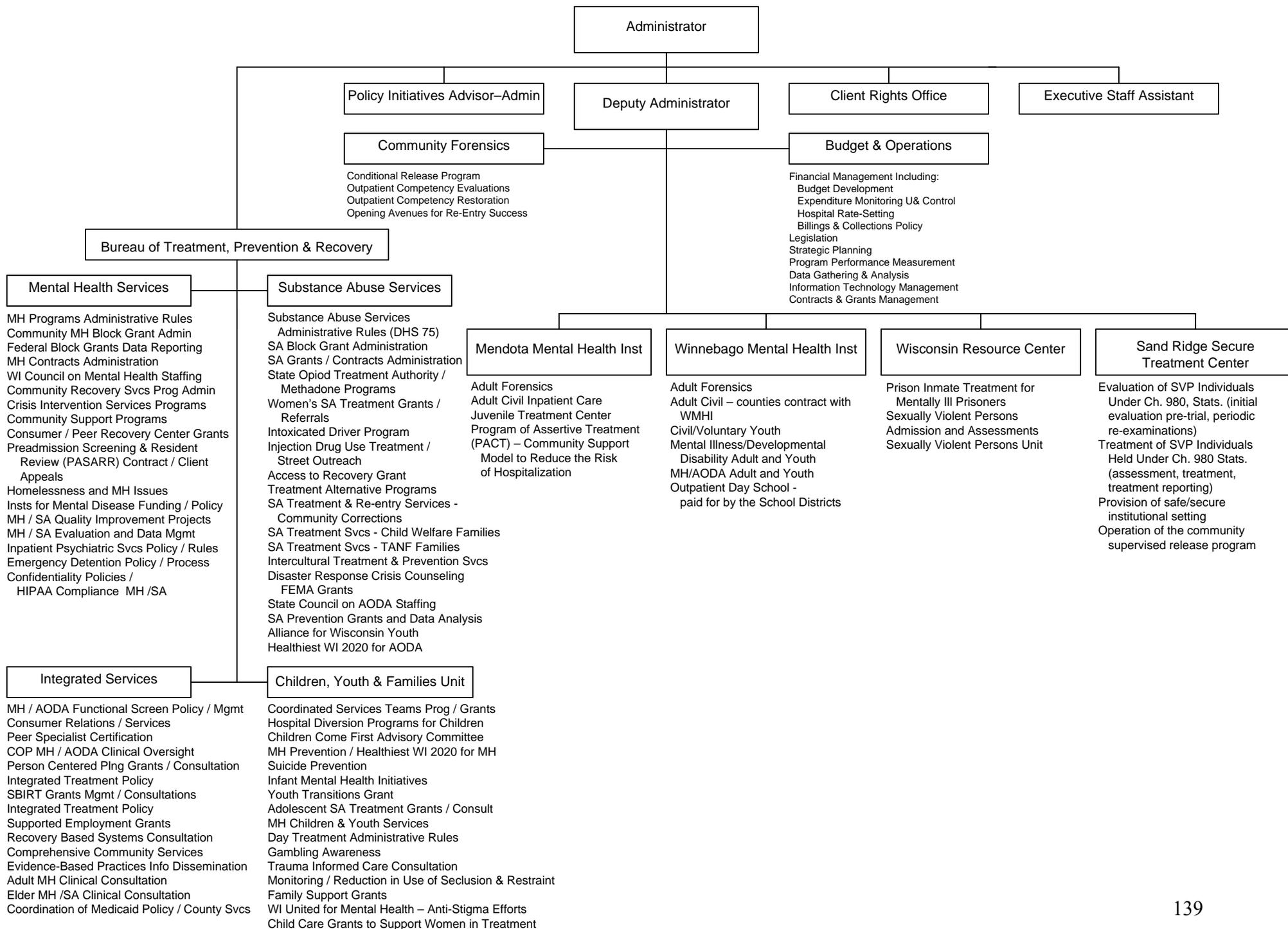
SCAODA Organization Chart

June 2014

1. Cultural Diversity Committee
 - a. Cultural Competency Subcommittee
2. Intervention and Treatment Committee
 - a. Children Youth and Family Subcommittee
3. Planning and Funding Committee
4. Prevention / SPF-SIG Advisory Committee
 - a. Epidemiology Subcommittee



Functions



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