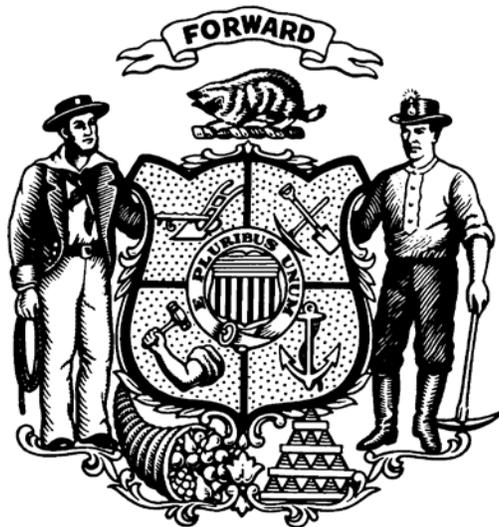


# WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



December 13, 2013  
MEETING

**Michael Waupoose**  
Chairperson

**SCOTT WALKER**  
Governor

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# State Council on Alcohol and Other Drug Abuse (SCAODA) Strategic Plan Goals: July 2010 – June 2014

## PRIMARY OUTCOME GOAL AND MEASURE:

The immediate primary outcome goal is to have Wisconsin no longer ranked in the top ten states for Alcohol and Other Drug Abuse (AODA) and problems related to AODA.

*SCAODA's primary outcome goal is in accord with the Wisconsin Department of Health Services' "Healthiest Wisconsin 2020 Plan" regarding unhealthy drinking and drug use that results in negative consequences. Its goals are also consistent with the HW2020 lifespan and equity objectives and the data-driven priorities established through the current "Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2008.*

## SCAODA GOALS:

1. SCAODA with its committees
  - a. Effectively fulfill the statutory dictate to provide leadership and direction on AODA issues in Wisconsin
  - b. Is a highly recognized and respected body that serves as the voice to whom the Governor, legislators, local coalitions, and media turn for guidance on AODA issues
  - c. Develop and exhibit broad collaborative leadership and aligned action across multiple sectors to advance progress on SCAODA goals.
2. Wisconsin cultural norms change to people vehemently rejecting social acceptance of the AODA status quo and demand and support methods to transform the state's AODA problems into healthy behavioral outcomes.
3. There will be educated Wisconsin citizens regarding the negative fiscal, human and societal impacts of AODA in WI (e.g., risk and addiction, prevention, stigma, treatment and recovery, including the racial and gender disparities and inequities relative to these issues).
4. Wisconsin will have adequate, sustainable infrastructure and fiscal, systems, and human resources and capacity:
  - a. For effective prevention efforts across multiple target groups including the disproportionately affected
  - b. For effective outreach, and effective, accessible treatment and recovery services for all in need<sup>1</sup>.
5. SCAODA with its committees provide leadership to the Governor and Legislature and other public policy leaders to create equity by remedying historical, racial / ethnic and other systems bias in AODA systems, policies and practices that generate disparities and inequities toward any group of people.

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<sup>1</sup> Effective prevention, treatment and recovery services include: using science and research based knowledge, trauma informed, culturally competent, and use of practices that have promise to work.

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## **Tobacco-Free Environment**

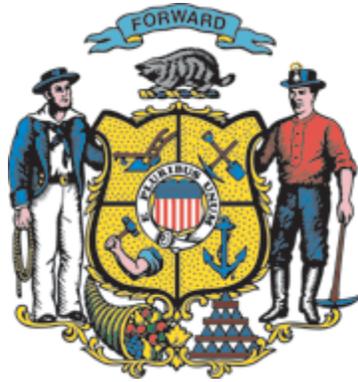
American Family Insurance is a tobacco-free environment. We prohibit the use of tobacco products everywhere, by anyone, at all times.

- 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 2013 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 Room A3151**

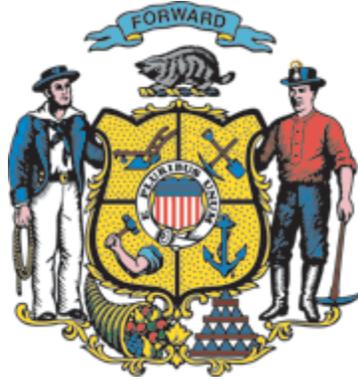
*The meeting dates are:*

*March 1, 2013*

*June 7, 2013*

*September 13, 2013*

*December 13, 2013*



# 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 13, 2014*

*December 13, 2014*



State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

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

December 13, 2013

MEETING AGENDA

9:30 a.m. – 3:30 p.m.

American Family Insurance Conference Center  
6000 American Parkway, Madison, WI 53783  
Building A, Room A3151

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](mailto:Kristina.Moelter@Wisconsin.gov) to advise 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
  - Kirsten Reader, DSPS representative
  - Mai Zong Vue, Diversity Staff Assistant
  - Cheryl Epplet, DOC representative
  - Recording of future meetings

- 9:45 a.m. II. Review / Approval of September 13, 2013 minutes – Michael Waupoose....pp. 10 – 16

- 9:55 a.m. III. Public input (maximum five minutes per person) – Michael Waupoose

- 10:10 a.m. IV. Committee reports

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

- Executive Committee – Michael Waupoose....pp. 25
  - Legislative comment process....pp. 29 – 31
  - Strategic plan process
  - Status of motions from September meeting....pp. 32 – 34
    - Letter to Senator Carpenter supporting a comprehensive study of Wisconsin’s OWI laws, penalties, and substance abuse treatment services....pp. 32
    - Letter to DHS regarding the Minority Training Project..pp. 33
    - Letter to DHS regarding contract provider compensation....pp. 34
    - Letter to DSPS regarding counselor education requirements workgroup....pp. 35

- UW letter of support....pp. 36
- Wisconsin Council on Mental Health/SCAODA relationship....pp. 37

- Diversity Committee – Tina Virgil and Raymond Perez....pp. 38 – 44
- Intervention and Treatment Committee – Norm Briggs and Roger Frings....pp. 45 – 64
  - **Motion:** SCAODA shall create an ad hoc committee on the Substance Use Disorder Treatment Workforce comprised of representatives of the stakeholder groups to make recommendations related to effective treatment availability statewide now and into the future....pp. 56
  - Tobacco policy presentation – Dave MacMaster....pp. 57 – 63
  - **Motion:** The Intervention and Treatment Committee requests that SCAODA endorse the Policies and Procedures for Tobacco-Free Facilities and Services in Wisconsin's Substance Abuse and Mental Health Treatment Programs and recommends all agencies consider adopting this or similar policies and procedures based on their specific program needs....pp. 64
- Planning and Funding Committee – Joyce O’Donnell .... pp. 65 – 81
  - **Motion:** The Planning and Funding Committee requests that SCAODA pass a motion asking conference planners to schedule public forums at a more convenient time to encourage participant attendance and so as not to conflict with other public forums. Conference planners should also provide incentives to encourage attendance, such as providing food and/or CEUs....pp. 77
  - **Motion:** The Planning and Funding Committee requests that SCAODA approve Nina Emerson as a member of the Planning and Funding Committee .... pp. 78
  - **Motion:** SCAODA send letters to Governor Walker and the chairpersons of the Republican and Democratic caucuses expressing its concern that as part of the budget bill (1) the driver improvement surcharge was increased, and (2) the state portion of the surcharge distribution was increased considerably and this appears to have been done with no notice to interested parties nor consideration of the adverse consequences....pp. 79
- Prevention Committee – Scott Stokes....pp. 82 – 86
  - Heroin ad hoc committee

11:00 a.m. V.

- Youth Risk Behavior Survey – Steve Fernan, Department of Public Instruction

11:45 a.m. VI.

- Bylaws modification – Scott Stokes, SCAODA Secretary....pp. 87

- 12:00 p.m. VII. • Lunch
- 12:30 p.m. VIII. • Peer Run Respite Initiative – Sue Shemanski
- 1:00 p.m. IX. • Heroin media campaign – Tina Virgil, Department of Justice
- 1:30 p.m. X. • State agency reports
  - Department of Revenue – Matthew Sweeney
  - Pharmacy Examining Board – Charlotte Rasmussen
  - Department of Health Services – Kevin Moore
- 2:00 p.m. XI. • Affordable Care Act presentation – Shel Gross and Jon Peacock....pp. 88 – 90
- 2:45 p.m. XII. • Synar Report – Nancy Michaud....pp. 91 – 128
- 3:05 p.m. XIV. • SABG annual report – Joyce Allen, Bureau Director, Division of Mental Health and Substance Abuse Services, and Kris Moelter, Substance Abuse Block Grant Planner....pp. 129 – 135
- 3:15 p.m. XV. • Agenda items for next meeting
- 3:20 p.m. XVI. • Announcements – Joyce Allen and Lou Oppor
- 3:30 p.m. XVII. Adjourn – Michael Waupoose

<p><b>2013 Meeting Dates</b>  <del>March 1, 2013</del>  <del>June 7, 2013</del>  <del>September 13, 2013</del>          December 13, 2013</p>
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<p><b>2014 Proposed Meeting Dates</b>          March 7, 2014          June 6, 2014          September 12, 2014          December 12, 2014</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 13, 2013

9:30 a.m. – 3:30 p.m.

American Family Insurance Conference Center  
6000 American Parkway, Madison, WI 53783  
Building A, Room A3151

Members present: Colette Brown, Tim Carpenter, Douglas Englebert, Steve Fernan, Roger Frings, Sandie Hardie, Katie Morrow (for Craig Harper), Pat Cork (for Kevin Moore), Joyce O'Donnell, Mary Rasmussen, Sue Shemanski, Duncun Shrout, Tina Virgil, Michael Waupoose

Members excused: Norman Briggs, Scott Stokes

Members absent: Garey Bies, Ed Wall, Charlotte Rasmussen, Sandy Pasch

Ex-officio members present: Anne Hoffman, Raymond Perez, Matt Sweeney, Ray Luick

Ex-officio members excused: Randall Glysch

Ex-officio members absent: Colleen Baird, Thomas Heffron, Don Pirozzoli, Linda Preysz, Robert Williams

Staff: Joyce Allen, Arlene Baker, Ashleah Bennett, Faith Boersma, LeeAnn Cooper, Tanya Hiser, Bernestine Jeffers, Kris Moelter, Sarah Norberg, Lou Oppor

Guests: Todd Campbell, Nina Emerson, Sue Gudenkauf, Kristine Hayden, Denise Johnson, Paul Krupski, Bill Lauer, David Macmaster, Tera Cater Vorpahl

Michael Waupoose called the meeting to order at 9:33 a.m.

**I. Officer elections** – Joyce O'Donnell presented the slate of candidates—Michael Waupoose (chairperson), Duncan Shrout (vice chairperson), and Scott Stokes (secretary). There were no nominations from the floor. The candidates were elected unanimously.

**II. Recognitions** – SCAODA recognized the following people for their contributions to the substance abuse field:

- Arlene Baker
- Nina Emerson
- Rebecca Wigg-Ninham
- Montana Connell

**III. Approval of June 7, 2013 minutes** – Duncan Shroul (Ms. O’Donnell second) moved to approve the June 7, 2013 meeting minutes. **Motion passed—14 yes, 0 no, 0 abstentions**

**IV. Public input** – David Macmaster reported that the new policies and procedures for tobacco integration guidelines to establish tobacco-free programs will be released next week. He thanked SCAODA for supporting those efforts. He also reported that the Wisconsin Recovery Community Organization opened its first recovery community center in Madison. The center is open two days a week but will eventually expand its hours. This is a project that could be replicated throughout the state.

Bill Lauer from the Oxford House reported that it is listed on the national registry of evidence-based care. They are looking to address needs in the Milwaukee area.

**V. Department of Justice (DOJ) report** – Ray Luick provided an update on the Department of Justice/Office of Justice Assistance merger. As of July 1, 2013 the Office of Justice Assistance is part of DOJ and no longer exists as a separate office. DOJ is now administering the Treatment Alternatives and Diversion (TAD) program. It has funding available for new TAD and drug court programs and will be hosting several grant-writing seminars around Wisconsin next week.

## **VI. Committee reports**

- **Executive Committee** – Mr. Waupoose reported on the August Executive Committee meeting. The committee has asked the Department of Health Services (DHS) staff to come up with ideas on how to improve turnout at the public forums and present a plan to the committee at its October 9 meeting. Two ideas the committee is considering are holding the forums during lunch instead of at the end of the day and providing continuing education credits for attending the forums.

The committee also discussed SCAODA’s involvement with the legislature and proposed legislation. Mr. Shroul, Lou Oppor, and Kris Moelter met on August 28 and drafted a proposal the committee will consider at its October meeting. A plan will be presented to SCAODA at the December meeting. The committee also sent letters to SCAODA’s legislative members asking how SCAODA could encourage their attendance at meetings. Mr. Shroul asked SCAODA members to contact the Executive Committee if they knew any Republican senator who might be interested in serving on SCAODA.

- Governor's Office appointments – Joyce O'Donnell, Mary Rasmussen, and Scott Stokes were reappointed to SCAODA. Their terms expire July 1, 2017.
- Four-year strategic plan – Mr. Waupoose explained that the 2014-2018 plan is due by June 30, 2014. It will cover the fiscal year, so it will begin on July 1, 2014. The Executive Committee members and the chairs of each standing committee are required to be part of the planning process. Other SCAODA members may volunteer to be part of the process. The SCAODA strategic planning group will develop the goals for the next four years and the committees will develop work plans that support SCAODA's goals. Historically the committees have prepared annual reports detailing accomplishments during the previous year. In September 2014 the committees' reports will need to detail the accomplishments covering the entire 2010-2014 plan period.
- Reports – Mr. Waupoose reported that letters were sent to stakeholders regarding the 911 Good Samaritan Report, the SBIRT Report, and the Burden of Excessive Alcohol Use Report.
- **Diversity Committee** - Raymond Perez presented the committee's annual report. He said the committee is focusing on future activities, including diversity training, increasing committee membership, and working with higher education institutions on educational requirements for substance abuse counselors. There is a Warrior Summit in November—a workshop designed to bring together veterans, military, and outside participants that provide services to the veteran's community so they can all collaborate.

The committee has developed a website that includes an internal site for committee members and an external, public site. It demonstrated the site at the SCAODA meeting.

**Tina Virgil (Mr. ShROUT second) made the following motion: SCAODA initiate an executive review of current council membership as established under Wis. Stats. section 14.017(2) and propose appropriate revisions to assure that all state departments with an interest in substance abuse prevention, treatment or recovery services are represented as voting members of the council.** Ms. Virgil explained that new state agencies have been created since the statute creating SCAODA and its members was enacted. She said the new agencies need to be reviewed and given an opportunity to participate in SCAODA as voting members. Mr. ShROUT explained that SCAODA previously passed a motion seeking to expand citizen membership, and that the Planning & Funding Committee was bringing forth a similar motion. These two motions are not competing motions but both need legislative support. **Motion passed—14 yes, 0 no, 0 abstentions.**

**Ms. Virgil (Mr. ShROUT second) made the following motion: SCAODA requests the Department of Health Services consider options to implement the Minority Training Project. Motion passed—13 yes, 0 no, 1 abstention (Pat Cork, DHS)**

- **Intervention and Treatment Committee** – Roger Frings reported that 10-15 stakeholders attended the Rural Institute public forum at UW-Stout. The most significant concern is substance abuse counselor education requirements and the certification process for recovery coaches and if they will need bachelor’s degrees for reimbursement. The committee had a presentation on the education and certification requirements from the Department of Safety and Professional Services (DSPS). DSPS sets the educational standards and currently counselors do not need bachelor’s degrees before certification.

Mr. Frings announced that Dave Macmaster won the 2013 William F. “Bill” Callahan Award. This is a national award for advocacy to help patients with addiction issues to quit smoking.

Mr. Frings also reviewed the committee’s annual report.

**Mr. Frings (Mr. Shroul second) made the following motion: SCAODA send a letter to the Department of Safety and Professional Services (DSPS) requesting a workgroup be convened to explore the implications of changes in the educational levels for substance abuse counselors. This is a pressing issue as DSPS has already reached out to ITC, and it is vital we have a voice in any potential changes. We further recommend there be representation from the following stakeholders included in the work group: credential holders, consumers, representatives from each SCOADA standing committee, and tribal nations.** The discussion centered around the need for administrative rules and how this process has not started, so now is the time to have input. **Motion passed—14 yes, 0 no, 0 abstentions**

- **Planning & Funding Committee** - Ms. O’Donnell reviewed the committee’s annual report.

The committee’s first motion, to recognize Nina Emerson, was not made because she was formally recognized earlier in the meeting for her work on substance abuse issues.

**Ms. O’Donnell (Mr. Shroul second) made the following motion: SCAODA support a legislative study to do a comprehensive review of the OWI laws, penalties and treatment services in Wisconsin.** Ms. O’Donnell explained that several bills have been introduced into the legislature this session and they focus on enforcement and increasing penalties. Mr. Shroul explained that the committee is suggesting that before additional legislation is introduced, SCAODA needs to give the legislature advice on treatment and how to reduce problems initially and that requires an analysis of current laws by the Legislative Council. The request for the study needs to come from a legislator. Senator Carpenter will submit a letter to the Legislative Council requesting a study. Ms. O’Donnell requested SCAODA send a letter as well. **Motion passed—14 yes, 0 no, 0 abstentions**

**Ms. O’Donnell (Mr. Shroul second) made the following motion: SCAODA send a letter to the Secretary of the Department of Health Services recommending that the Department budget for increased costs to continue for the re-applications of**

**provider agencies with contracts with the Department. The amount of the increase should be based on the Consumer Price Index or other standard, recognized measure.** Ms. O'Donnell explained that the DHS contract providers have had no funding increase in many years and the committee wants DHS to consider giving the current contract providers more money when they submit reapplications for funding. Joyce Allen reported that the federal Substance Abuse Block Grant, which provides funding for the contract providers, was cut \$1.4 million in 2013 due to the sequester and DHS expects it to be cut another \$2.5 million in 2014. Ms. O'Donnell said the committee understands there could be consequences for others receiving grants if this motion passes. Mr. Shrout explained that some programs are exceptional and some are not as effective so the committee wants DHS to look more closely at all the contracts. As money becomes tighter, DHS should be more proactive in approaching contracts. He said this is an advisory motion meant to make a suggestion to DHS. **Motion passed—12 yes, 0 no, 2 abstentions (Mr. Cork, DHS and Colette Brown, Department of Transportation (DOT))**

**Ms. O'Donnell (Mr. Shrout second) made the following motion: SCAODA recommend to the Department of Health Services that any organization performing at a high level vis a vis the contract deliverables should be additionally rewarded up to 5% of the current contract.** This motion was withdrawn by Ms. O'Donnell and Mr. Shrout.

**Ms. O'Donnell (Mr. Shrout second) made the following motion: SCAODA's executive committee work with the Governor's Office, legislature, and the Department of Health Services Secretary's Office to pursue implementation of the position SCAODA took in 2008 requesting its legislative members introduce legislation increasing the number of statutory members from 22 to 27.** Mr. Shrout explained that this motion was to increase the number of citizen members. **Motion passed—12 yes, 0 no, 2 abstentions (Mr. Cork, DHS and Ms. Brown, DOT)**

Ms. O'Donnell continued the committee report saying the committee continues to be concerned about the alcohol/beer tax, adequate funding for women's issues, the implementation of SBIRT, and the Affordable Care Act. It is working on how SCAODA and the Wisconsin Council on Mental Health can work together and will report to SCAODA at the December meeting.

Ms. O'Donnell thanked LeeAnn Cooper and the DHS staff for their work with the committee and SCAODA over the past year.

- **Prevention Committee** – Mr. Oppor presented the committee's annual report. He explained that this committee takes an approach to develop ad hoc committees to study certain issues. For example, its alcohol culture environment committee created the ACE report. Another report that came out of the Prevention Committee was the Prescription Drug Abuse Prevention Report. The committee recently released the 911 Good Samaritan report that called for limited immunity for people who call 911 to save the life of another

person. The committee is currently forming an ad hoc committee to study heroin abuse and develop recommendations for local communities and legislation.

**VII. Bylaws review** – Mr. Shroul reminded members that the bylaws need to be reviewed and any proposed changes will be voted on at the December meeting. The bylaws can be found on the SCAODA website or in the meeting materials packet. Mr. Shroul asked that anyone with a proposed change contact Scott Stokes. Any proposed changes need to be given to Mr. Oppor or Ms. Moelter at least 30 days before the December 13 meeting.

#### **VIII. State agency reports**

- **Department of Revenue** – Matt Sweeney reported on excise tax collections. The FY13 total collections were down 2.3 percent. The beer tax collections were down 2.6 percent while liquor collections increased 2.66 percent. Collections on cigarettes were also down.
- **Department of Health Services** – Kevin Moore presented on the Affordable Care Act. The most recent news is on the DHS website. DHS and the Office of the Commissioner of Insurance have been going around state to meet with op-ed boards and hold town hall meetings.

The healthcare marketplace goes live on October 1, 2013. Most information can be found on the healthcare.gov website. Some populations in Wisconsin will transition from Medicaid to the marketplace. DHS will send them letters and has set up a telephone center to help them transition. For the first year people have until March 31, 2014 to enroll in the marketplace.

- **Department of Public Instruction** - Steve Fernan reported that Wisconsin was one of 11 states to receive a Safe and Supportive Schools grant that focused on improving the conditions of learning in high schools. It is in the fourth and final year of the grant. The department worked with 52 high schools in 19 school districts throughout Wisconsin and good outcomes are being reported. One-half of the schools report a lower rate of bullying behavior over the three-year period. Thirty-nine of the 52 schools have a lower 30-day alcohol use; 44 of 52 schools report reduced out-of-school and expulsion rates over 3 years. Most of the schools also have improved school safety scores. Mr. Fernan also reported that DPI is about to launch a dropout early warning system. If students meet a threshold of certain indicators by 6<sup>th</sup> grade, the early warning system can help schools intervene early with students who are at risk for dropping out.

**IX. Wisconsin Voices for Recovery** – Flo Hillard presented on Wisconsin Voices for Recovery. This is a newly formed recovery organization based on a national model, Faces and Voices of Recovery (<http://www.facesandvoicesofrecovery.org/>). It is in its infancy and is in the process of creating an advisory board. The organization's Facebook page is <https://www.facebook.com/WISVFR>.

**X. Beyond the Numbers: One Man's Story presentation** - Nina Emerson showed a video, "Beyond the Numbers: One Man's Story". It details the story of a man who caused a fatal car crash while he was driving while intoxicated and how it affected his life.

**XI. Agenda items for the December 13, 2013 meeting**

- Youth Risk Behavior survey
- Affordable Care Act update
- New tobacco guidelines for mental health/substance abuse providers
- Peer Run Respite advisory committee
- DOJ crime lab end of year controlled substances report and Attorney General's heroin media campaign

**XII. Announcements**

- **Substance Abuse Block Grant (SABG) update** – Mr. Oppor reported that the 2014-15 SABG application was submitted. DHS received the FFY2013 SABG allocation, and it was \$1.4 million less than in 2012. Because there was underspending at the local level there were no cuts in 2013. DHS is projecting an additional \$2.5 million SABG cut in 2014. Some programs will be cut or receive less money in 2014.
- **Planning & Funding Committee public forum** – The Planning & Funding Committee will host a public forum at the Mental Health and Substance Abuse Prevention Conference on October 22, 2013.

**XIV. Adjourn** – Mr. Shroul moved to adjourn the meeting. Sue Shemanski seconded the motion. The motion passed unanimously. The meeting adjourned at 2:23 p.m.

2013 SCAODA meeting dates:

~~March 1, 2013~~  
~~June 7, 2013~~  
September 13, 2013  
December 13, 2013

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

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

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE  
MEETING MINUTES

June 7, 2013

9:30 a.m. – 3:30 p.m.

American Family Insurance Conference Center  
6000 American Parkway Madison, WI 53783  
Room A3141

Members Present: Kevin Moore, Sandie Hardie, Roger Frings, Norman Briggs, Joyce O'Donnell, Tina Virgil, Charlotte Rasmussen, Mary Rasmussen, Sue Shemanski, Duncan Shrout, Scott Stokes, Michael Waupoose, Doug White for Steve Fernan

Members Excused: Rebecca Wigg-Ninham

Members Absent: Randy Romanski, Dennis Baskin, Sandy Pasch, Garey Bies, Tim Carpenter, Douglas Englebert

Ex-Officio Members Present: Ray Luick, Matthew Sweeney, Anne Hoffman, Raymond Perez

Ex- Officio Members Excused:

Ex- Officio Members Absent:

Staff: Joyce Allen, Lou Oppor, Tanya Hiser, Faith Boersma, Pat Cork, Lila Schmidt, Arlene Baker, Christy Niemuth, Sarah Norberg, Ashleah Bennett, Raina Zwadzich, and Donna Riemer

Guests: Denise Johnson, David "Mac" MacMasters, Paul Krupski, Bill McCulley, Lara Skye Tikkanen, Katie Gruber, Christie Ullstrup, Kathy Geijer, Penny Black

**I. Introductions/ Welcome/ Pledge of Allegiance/Announcement Noise Level – Michael Waupoose**

Michael Waupoose welcomed the group. Members, staff and guests introduced themselves. The group recited the Pledge of Allegiance. Mr. Waupoose reminded everyone to avoid talking amongst themselves during the meeting. It makes it difficult to hear and difficult for the interpreters to follow.

## **II. Review/Approval of March 1, 2013 Minutes—Michael Waupoose**

Mr. Waupoose asked for any changes, corrections or additions to the minutes. Hearing none, **Joyce O'Donnell made a motion to approve the minutes of March 1, 2013. The motion was seconded by Norman Briggs. The motion was approved unanimously.**

## **III. Public Input—Michael Waupoose**

Mr. Waupoose asked if anyone wanted to offer public input, hearing none Mr. Waupoose continued with the next agenda item.

## **IV. Committee Reports:**

- **Executive Committee—Michael Waupoose**

Michael Waupoose reported the executive committees of the State Council on Alcohol and Other Drug Abuse (SCAODA) and the Wisconsin Council on Mental Health (WCMH) had recently had a joint meeting. The Committees had a few recommendations including: Explore how the two councils might be integrated into a “behavioral health council” over the long term, identify issues that cut across the scope of both councils and make decisions about how these might best be addressed in a coordinated fashion by the two councils, and explore how to enhance the current level of cross-population of membership on the two Councils and their committees. Mr. Waupoose stated the merging of the two councils would be very complicated and would present legislative challenges. He requested the Planning and Funding Committee look at the recommendations from the joint Council meeting, come up with thoughts on them and bring them to the next meeting. Mr. Waupoose advised the September SCAODA meeting would include election and he was looking for volunteers to staff the Nomination Committee. Joyce O'Donnell volunteered to chair the Committee and Tina Virgil and Sandy Hardie would agree to also sit on the Committee. Mr. Waupoose reported Joyce O'Donnell, Scott Stokes and Mary Rasmussen's appointments are up at the end of the month and they were all interested in being reappointed. The Governor's Office is working on the positions and we have asked for them to be reappointed. Mr. Waupoose informed the Council Rebecca Wigg-Ninham has accepted a position with the Department of Health Service and has chosen to give up her seat on the Council. The Governor's office is working on appointing a new member from the Criminal Justice Coordination Committee. Also with Ms. Wigg-Ninham's departure, there is a vacant chair position open on the Diversity Committee.

- **Prevention Committee—Scott Stokes**

Scott Stokes reported the 911 Good Samaritan Ad-Hoc Committee was formed after the finish of the Prescription Drug Workgroup finish. They had many good people who formed the 911 Good Samaritan Ad-Hoc Committee and worked hard to complete the report.

**Mr. Stokes made the following motion: “Endorse the 911 Good Samaritan Recommendation Report (with appropriate edits) and approve for dissemination” Mr. Shrout seconded the motion.** Michael Waupoose called for a discussion. Hearing none, he called for the vote. **There was one abstention (Pat Cork for Kevin Moore); and the rest were in favor. The motion passed.**

Mr. Stokes updated the council on the following: The partnership grantees that include eight counties and Menominee tribe is up and running. They will be working on strategies for reduce prescription drug availability and proper disposables; The Prevention Committee will be hosting a public forum at the September Prevention Conference; There is a substance abuse specialist training in Wisconsin Dells, WI on June 25-28; and the Prevention Committee has had two Ad-Hoc committees now that have stressed the need for a heroin Ad-Hoc committee.

**Mr. Stokes made the following motion: “To table the creation of a Marijuana Prevention Ad-hoc Committee in order to form a Heroin Prevention and Treatment Ad-hoc Committee that would develop a recommendation report and a public health response to issues related to heroin use” Mr. Shrout seconded the motion.** Michael Waupoose called for a discussion. Joyce O’Donnell voiced concern over the idea of tabling the Marijuana Ad-Hoc Committee. She worried the issue of a Marijuana Ad-hoc Committee to just get lost. A question was asked if they could combine the Marijuana and Heroin in to one Ad-Hoc Committee. The reply was no they would rather focus on one at a time. Mr. Waupoose called for further discussion. Hearing none, he called for the vote. **There were all “ayes” and no one in opposition or abstaining. The motion passed.**

**Mr. Stokes made the following motion: “As a Committee we endorse the Burden of Excessive Alcohol Use Report and recommend that SCAODA write a letter to the Governor and State Legislature supporting legislation that will reduce the burden of excessive alcohol consumption in the state” Ms. O’Donnell seconded the motion.** Michael Waupoose called for a discussion. Hearing none, he called for the vote. **There were all “ayes” and no one in opposition or abstaining. The motion passed**

- **Diversity Committee—Tina Virgil**

Tina Virgil reported there was no updated from the Diversity Committee. Ms. Virgil stated that the Committee was planning to meet soon and that if someone wants to fill the co-chair position, to simply reach out. Raymond Perez volunteered to co-chair the Diversity Committee.

- **Intervention and Treatment Committee (ITC)—Norm Briggs**

Mr. Briggs reported the Comprehensive, Continuous, Integrated Systems of Care (CCISC) will be taking place in Dane County. They are also working on establishing

CCISC in Milwaukee County. Mr. Briggs informed the Council that Francine Feinberg has resigned from the Intervention and Treatment Committee. He stated that they finally have a representative from the Department of Children and Families to seat on the Committee.

**Mr. Briggs made the following motion: “The Intervention and Treatment Committee requests that the State Council on Alcohol and Other Drug Abuse (SCAODA) support the Screening, Brief Intervention, and Referral to Treatment (SBIRT) practice” Ms. O’Donnell seconded the motion.** Michael Waupoose called for a discussion. Hearing none, he called for the vote. **There were all “ayes” and no one in opposition or abstaining. The motion passed.**

- **Planning and Funding—Joyce O’Donnell**

Joyce O’Donnell reported the Planning and Funding will continue to look at biomarkers and their use in identifying alcohol and other drug use. They are planning inviting an expert to provide information on this field of study and report back to the Council in September.

**Duncan Shroul made the following motion: “that SCAODA accept the SBIRT Subcommittee Report dated May 1, 2013.” Ms. O’Donnell seconded the motion.** Michael Waupoose called for a discussion. Hearing none, he called for the vote. **There were all “ayes” and no one in opposition or abstaining. The motion passed.**

**Mr. Shroul then made the following motion: “that SCAODA forward the accepted SBIRT Subcommittee Report to the Wisconsin Council on Mental Health and the Wisconsin Council on Public Health for their information and further action.” Ms. O’Donnell seconded the motion.** Michael Waupoose called for a discussion. Hearing none, he called for the vote. **There were all “ayes” and no one in opposition or abstaining. The motion passed.**

**Mr. Shroul then made the following motion: “that SCAODA forward the accepted SBIRT Subcommittee Report to the Majority and Minority Leadership of the Wisconsin Senate and Assembly for their information and further action.” Ms. O’Donnell seconded the motion.** Michael Waupoose called for a discussion. Hearing none, he called for the vote. **There were all “ayes” and no one in opposition or abstaining. The motion passed.**

**Mr. Shroul then made the following motion: “that SCAODA forward the accepted SBIRT Subcommittee Report to Governor Scott Walker for his information and further action.” Ms. O’Donnell seconded the motion.** Michael Waupoose called for a discussion. Hearing none, he called for the vote. **There were all “ayes” and no one in opposition or abstaining. The motion passed.**

**Ms. O'Donnell made the following motion: "That SCAODA requests the Department consider the priority recommendations from the Ad Hoc Needs Assessment Committee report if budget reductions are necessary due to any future cuts to the substance abuse block grant." Mr. ShROUT seconded the motion.** Michael Waupoose called for a discussion. Hearing none, he called for the vote. **There were two abstentions (Moore and Virgil); and the rest were in favor. The motion passed.**

**Ms. O'Donnell made the following motion: "That SCAODA endorse the full "Burden of Excessive Alcohol Use in Wisconsin" report and the goals of Health First Wisconsin which include limiting the consumption of alcohol in bars and restaurants to persons 21 and older, increasing alcohol taxes and legalizing sobriety check points." Mr. ShROUT seconded the motion.** Michael Waupoose called for a discussion. Hearing none, he called for the vote. **There were all "ayes" and no one in opposition or abstaining. The motion passed.**

- **Michael Waupoose thanked the committee Chairs for all their hard work.**

## **V. State Agency Report**

- **Department of Public Instruction – Doug White**  
Doug White reported the Department of Public Instruction (DPI) just finished Wisconsin Youth Risk Behavior Survey. It is significant because it is the only statewide survey looked at for youth substance abuse and risk behaviors. They would be able to present the information to the Council later this winter, if interested. DPI is also looking at repeating a survey of parent's attitudes regarding teen alcohol abuse.
- **Department of Revenue – Matthew Sweeney**  
Matthew Sweeney gave a report on the excise tax collection.
- **Office of Justice Assistance – Ray Luick**  
Ray Luick reported Office of Justice Assistance will become part of Department of Justice very soon. Mr. Luick also reported there was an additional one million dollar expansion of Treatment Alternatives and Diversion programs and an additional half a million dollars for the expansion of drug courts in the budget.
- **Department of Veteran's Affairs – Michael Waupoose**  
Michael Waupoose reported on the video "Free the Mind" in which Professor Richard Davidson worked with return veterans to lessen PTSD through meditation and yoga.

## **VI. Presentations**

- **Report on Governor Walker's Entitlement Reform & Patient Protection And Affordable Care Act (PPACA) – Kevin Moore, Deputy Secretary, Department of Health Services**

Kevin Moore presented on the following topics related to the Governor Walker's Entitlement Reform & Patient Protection and Affordable Care Act (PPACA):

- Governor's Entitlement Reforms
- PPACA Provision Background
- BadgerCare Plus Reforms
- BadgerCare Plus & Marketplace Estimated Enrollment
- What is ahead

The video of the presentation and a copy of the handouts can be found online at: <http://scaoda.state.wi.us/presentations.htm> .

- **Good Samaritan Ad-Hoc Presentation – Skye Tikkanen, Connections Counseling**

There is growing evidence that drug overdose deaths are increasing nationally and in Wisconsin. The increasing number of deaths caused by heroin and opiates, prescription drugs like OxyContin®, Vicodin® and morphine, is a major concern. Poisoning deaths have surpassed vehicle crashes as the number one cause of accidental death in Dane County, and two-thirds of these poisoning deaths are drug overdoses. In recognition of this growing problem, the Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA) established the 911 Good Samaritan Ad-hoc Committee in January 2012. The Ad-hoc Committee was charged with researching and discussing the incidence of opiate overdoses in Wisconsin and 911 Good Samaritan Laws as a tool to reduce fatal overdoses. The Ad-hoc Committee will report out on their findings and develop recommendations to SCAODA for possible legislation as it relates to overdose prevention.

The video of the presentation and a copy of the handouts can be found online at: <http://scaoda.state.wi.us/presentations.htm> .

- **SBIRT Presentation – Scott Caldwell, Division of Mental Health and Substance Abuse Services, Department of Health Services**

The SBIRT Ad Hoc Committee was created in 2012 to explore the continued implementation and financing of Wisconsin's nascent SBIRT program. Most of the Ad Hoc Committee's deliberations centered on the question: What would need to happen if SBIRT were to achieve large-scale implementation? This report summarizes the Ad Hoc Committee's findings in terms of systems and settings in which SBIRT could be delivered, provider implementation factors, behavioral targets of services, workforce training and development, financing, and drivers of demand. The picture that emerged is that health care is the system best suited for large-scale implementation and that SBIRT should address a broader range of risk behaviors and conditions beyond just alcohol and drug use, and that these services should ideally be delivered by well-trained paraprofessionals hired for the sole purpose of delivering SBIRT. Recommendations by the SBIRT Ad Hoc

Committee include: 1) increasing coordination of implementation activities, 2) creating incentives for providers to take up and deliver services, 3) encouraging purchasers to have SBIRT covered in health plans, 4) adjusting reimbursement policies to maximize effectiveness, and 5) disseminating the findings of this report to other State Councils.

The video of the presentation and a copy of the handouts can be found online at: <http://scaoda.state.wi.us/presentations.htm> .

- **Integrated Care Delivery in Medical Assistance – Joyce Allen, Division of Mental Health and Substance Abuse Services, Sean Gartley, Division of Health Care Access and Accountability, Department of Health Services**

Integrated care is a comprehensive team-based health care, meeting physical, mental health and substance care needs; Care includes prevention and wellness as well as acute and chronic care management; and Care provided is person-centered, recovery-oriented, trauma informed, evidence-based and culturally competent.

The video of the presentation and a copy of the handouts can be found online at: <http://scaoda.state.wi.us/presentations.htm> .

- ***Burden of Excessive Alcohol Use in Wisconsin* report - Maureen Busalacchi, Executive Director, and Paul Krupski, Alcohol Policy & Grassroots Specialist, Health First Wisconsin and Penny Black, Assistant Researcher, UW Population Health Institute**

The purpose of this report is to present estimates of the economic cost of excessive alcohol consumption in Wisconsin and its impact on the state. It is our hope that these estimates will be used to more fully assess the public health impact of excessive drinking and inform discussions of public policy.

Excessive alcohol consumption in Wisconsin is a public health problem that affects every man, woman, and child living in the state. This study estimates the economic costs of excessive alcohol consumption in Wisconsin using a national study of the estimated economic cost of excessive alcohol consumption in the United States and Wisconsin's proportion of binge drinkers. Data from the national study, conducted in 2006 and published in 2011, was adjusted to 2012 dollars. The estimated cost of excessive alcohol consumption in Wisconsin was \$6.8 billion in 2012. This cost is borne by everyone in the state, not just the drinkers themselves. Revenue generated by current alcohol taxes covers less than 1% of the total economic cost.

The video of the presentation and a copy of the handouts can be found online at: <http://scaoda.state.wi.us/presentations.htm> .

- **UW Law School Position Cuts – Major Sandra Huxtable, Director of Transportation Safety, Division of State Patrol, and Zachary Wyatt, Department of Transportation**

Major Sandra Huxtable from the Department of Transportation (DOT) along with Zachary Wyatt presented information on how DOT is going to handle the University of Wisconsin Law School position cuts.

The video of the presentation can be found online at:  
<http://scaoda.state.wi.us/presentations.htm> .

## **VII. Agenda Items from the March 1<sup>st</sup> Meeting**

Michael Waupoose summarized agenda items for the June 7<sup>th</sup> meeting. They were:

- **Thai Vue**
- **Elections**
- **Annual Reports**
- **An Update on Governor Walker’s Entitlement Reform & Patient Protection And Affordable Care Act (PPACA) from Kevin Moore**

## **VIII. Announcements—Joyce Allen, Michael Waupoose**

- The Committees’ annual report will be sent out after the meeting in preparation for the September meeting.
- Tina Virgil reported the Attorney General has identified \$125,000 in a discretionary budget to be used for grant funds to help with the heroin epidemic. They posted the information in May and are looking forward to reviewing and awarding applicants in the upcoming months.

## **IX. Adjournment – Michael Waupoose**

A motion was made to adjourn the meeting. The motion was seconded. The meeting adjourned. The next State Council on Alcohol and Other Drugs (SCAODA) meeting is scheduled for September 13, 2013 from 9:30 am to 3:30 pm in room A3151.

2013 SCAODA Meeting Dates:

~~March 1, 2013~~  
~~June 7, 2013~~  
 September 13, 2013  
 December 13, 2013

2014 SCAODA Meeting Dates:

March 7, 2014  
 June 6, 2014  
 September 12, 2014  
 December 12, 2014



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**

**October 9, 2013**

**3 p.m.**

**Members present:** Duncan Shrout, Scott Stokes, Michael Waupoose

**Guests present:** Sue Shemanski

**DHS staff present:** Kris Moelter, Lou Oppor

Chairperson Waupoose called the meeting to order at 3:05 p.m.

**Peer Run Respite advisory committee**

Sue Shemanski represents SCAODA and the Wisconsin Counties Human Services Association on the Peer Run Respite advisory committee. The committee has met once and will meet three more times before the end of the year, with the next meeting on October 18. About 35 people attended the first meeting. Most committee members are mental health people and peer specialists. Two were from the substance abuse field.

Ms. Shemanski reported that the committee is charged with developing a plan for implementing three or four peer run respite centers in Wisconsin. The state has funding set aside and there is no charge for people to stay at the centers. There are 16 centers in the United States, but only 12 are operating. The centers will be homes that can be used for people in recovery who need help when they are struggling—they may feel like they want to use substances or feel their mental health is being compromised. In other states the homes are temporary places to stay—the average length of stay is five or six days. Most do not have professional staff on site. People who use the homes are in charge of themselves and their own medication. They are given their own room but need to provide their own food and medication. Some of the homes are linked with a drop in center or other support and recreational services. The homes serve people who are in recovery for mental health and/or substance abuse. Most homes do not accept homeless people because the home is intended for short-term stays. They also do background checks on participants.

At this point the advisory committee has received information but has not made any decisions about how a peer run respite home in Wisconsin would operate. The executive committee discussed some concerns that it wants to have the advisory committee consider, including:

- **Background checks:** Most homes do background checks before people can stay at the homes. A full background check can take several weeks, so that would defeat the purpose of providing respite for people who need immediate help.

- Safety concerns: This is the primary concern of the executive committee and all decisions need to be made through the lens of participant safety. Mixing people who may be suicidal with people who are struggling not to use substances could lead to safety concerns. The issues of the mental health participants and the substance abuse participants are different.
- Functional sobriety: Ms. Shemanski said that some states allow functional sobriety in the homes, meaning participants may be allowed to consume alcohol. The committee questioned who would decide what is functional sobriety i.e., how many drinks can a person have a still fit within the category? She did not know if the homes allowed other drug use or just alcohol.
- Sustainability: Wisconsin has budgeted some funds to create the homes, but it is uncertain how they will be sustained. Ms. Shemanski reported that the money will be used to purchase space and for maintenance. Other states have received funding from nonprofits such as the United Way and receive county money as well. The entities that are awarded grants for this project will need to have a strong infrastructure and be able to sustain the program once the state money is gone.
- Regulatory issues: The advisory committee will need to address licensing, zoning, and insurance issues.
- The needs of people with mental health issues are different from the needs of people with substance abuse issues. The advisory committee should research how other states address these differing needs and successfully serve the participants in the same home. The advisory committee should also find out some of the challenges and barriers to serving the diverse participants.

More information on peer run respite centers can be found at [www.power2u.org/peer-run-crisis-services.html](http://www.power2u.org/peer-run-crisis-services.html).

### **2014 SCAODA meeting location**

Concerns have arisen with the current meeting location regarding the size of the meeting room and the lack of internet access. Lou Oppor explained that DHS staff had contacted a number of other facilities and was recommending SCAODA continue to meet at the American Family Center but move to a larger room. SCAODA needs a location that has a free room large enough accommodate members and guests, internet access, and convenient location. American Family has a larger room SCAODA can use starting in June 2014 and it has agreed to provide internet access if it receives a list of people who will need access two weeks before the meeting.

The committee agreed to keep the meetings at American Family but move to the larger room. The email that is sent to the SCAODA distribution list will advise people to contact Kris Moelter at least two weeks before the meeting if they want internet access. Ms. Moelter will confirm the larger meeting room with American Family for the June, September, and November meeting dates.

### **Four-year plan process**

Michael Waupoose proposed a process for developing the 2014-18 four-year plan to which the committee agreed. Mr. Oppor and Ms. Moelter will facilitate the process. The planning committee will include the executive committee members, the committee chairperson(s), and any other member of SCAODA (including ex-officio members) who wants to participate. The DHS staff for each committee will also participate. The executive committee may agree to invite other

people to participate if it determines there is a need. The committee will meet in the middle of January for about two hours and once in February for about two hours. The preliminary plan will be presented to SCAODA at the March meeting. The final plan will be approved by SCAODA at the June meeting. The outcome of the planning process is the creation of broad, overarching goals that will guide the committees in developing work plans. The committees work plans must relate directly to the strategic plan and goals and will be presented to SCAODA at the September 2014 meeting. The expectation is that committees clearly link their work to the strategic plan and goals. Ms. Moelter will send an email to SCAODA members outlining this process and asking for any volunteers to serve on the committee. Once the committee members are set the meetings will be scheduled.

### **Public forum process**

The committee discussed Ms. Moelter's memo regarding attendance at the SCAODA public forums. The committee agreed to continue hosting public forums. However, SCAODA will better promote the forums. This can happen by putting more information about the forums in the conference brochures and by giving people a separate invitation when they register at the conference. The committee discussed what SCAODA did with the information it received through the forums. It decided that the hosting committee will be responsible for summarizing the public forum comments, analyzing them, and making recommendations to SCAODA for action. The public forum minutes and any SCAODA action will be posted on the SCAODA website.

### **SCAODA input on AODA-related legislation**

This item was tabled. Duncan ShROUT will review the proposed process and work with Mr. Oppor and Ms. Moelter to revise it.

### **WCMH/SCAODA relationship**

The committee discussed the minutes from the Wisconsin Council on Mental Health (WCMH) strategic planning meeting and SCAODA. The committee agreed that it would ask for volunteers to serve on the WCMH committees and have the SCAODA committees recruit WCMH members. Ms. Moelter will send an email to SCAODA before the December meeting asking for volunteers and providing a brief description of each WCMH committee and the time commitment involved. The information also will be included in the SCAODA December meeting packet. The issue also will be put on the December SCAODA meeting agenda.

The meeting adjourned at 4:25 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

**SCAODA Executive Committee Meeting**

**November 15, 2013**

**9 a.m.**

**Members present:** Duncan Shrout, Scott Stokes, Michael Waupoose

**DHS staff present:** Kris Moelter, Lou Oppor

Chairperson Waupoose called the meeting to order at 9:07 a.m.

**SCAODA input on AODA-related legislation**

The committee discussed the proposed legislative comment process. The committee agreed to try the following process as a pilot and review after the current legislative session ends:

- DHS staff will review all bills introduced in the Assembly and Senate and make a list of AODA-related bills. The list will include the bill number, bill summary, bill status, and to which, if any, SCAODA goals the bill relates.
- DHS staff will send the list on a schedule to be determined to the Four Chairs Committee and Executive Committee members. DHS staff reviews the introduced bills daily, so it could send out the list weekly, bi-weekly, monthly, or more frequently.
- The committee members will review the bills. If a Four Chairs Committee member thinks a bill requires SCAODA testimony or comment, the member will contact DHS staff and an Executive Committee meeting will be scheduled. Likewise, if an Executive Committee member believes a bill requires SCAODA testimony, an Executive Committee meeting will be scheduled.
- The Executive Committee will meet and discuss either the Four Chairs Committee recommendation or the recommendation of an Executive Committee member and decide if SCAODA will testify or provide comment and who will testify on behalf of SCAODA if the Executive Committee determines in-person testimony is needed.
- An Executive Committee motion will be introduced and voted on to complete this phase of the process.

If testimony is required, the person testifying will work with DHS staff to draft two to three minutes of testimony. The format will be similar to the SCAODA motion format. Duncan Shrout will draft a sample testimony template.

Michael Waupoose will inform SCAODA of this process at the December meeting.  
The meeting adjourned at 9:38 a.m.

## SCAODA Legislative Testimony Request Form

<b>SCAODA Member Making Request:</b>	<b>Date of Request:</b>
<b>Legislative Bill Number:</b>	
<b>Related SCAODA Goal(s):</b>	
<b>Rationale for Supporting Request:</b>	
<b>Key Points of Testimony:</b>	

## Instructions for Completion of SCAODA Testimony Request Form

- 1. SCAODA Member Making Request:** Provide your name and SCAODA position.
- 2. Date of Request:** Provide the date you are making this request to offer testimony.
- 3. Legislative Bill Number:** Provide the bill number such as SB 1 or AB 1 for which you request testimony to be provided.
- 4. Related SCAODA Goal(s):** Any testimony will have a direct relationship to one of more of the five SCAODA Goals which are found on the SCAODA website. Provide the goal(s) which relate to this legislation.
- 5. Key Points of Testimony:** All SCAODA sanctioned testimony will contain key points which are approved in advance of the testimony by the SCAODA Executive Committee. Provide the key points which you wish to make in your testimony.

## **SCAODA PROCESS FOR ACTING UPON PROPOSED LEGISLATION**

- DHS staff will review all bills introduced in the Assembly and Senate and make a list of AODA-related bills. The list will include the bill number, bill summary, bill status, and to which, if any, SCAODA goals the bill relates.
- DHS staff will send the list on a schedule to be determined to the Four Chairs Committee and Executive Committee members. DHS staff reviews the introduced bills daily, so it could send out the list weekly, bi-weekly, monthly, or more frequently.
- The committee members will review the bills. If a Four Chairs Committee member thinks a bill requires SCAODA testimony or comment, the member will contact DHS staff and an Executive Committee meeting will be scheduled. Likewise, if an Executive Committee member believes a bill requires SCAODA testimony, an Executive Committee meeting will be scheduled.
- The Executive Committee will meet and discuss either the Four Chairs Committee recommendation or the recommendation of an Executive Committee member and decide if SCAODA will testify or provide comment and who will testify on behalf of SCAODA if the Executive Committee determines in-person testimony is needed.
- An Executive Committee motion will be introduced and voted on to complete this phase of the process.

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

October 8, 2013

Senator Tim Carpenter  
Room 109 South  
State Capitol  
P.O. Box 7882  
Madison, WI 53707

Dear Senator Carpenter:

The State Council on Alcohol and Other Drug Abuse (SCAODA) unanimously passed a motion at its September 13, 2013 meeting seeking a legislative study of Wisconsin's operating while intoxicated laws.

SCAODA understands that a legislative study request must be made by a legislator. I am writing to ask that you request a comprehensive study of Wisconsin's OWI laws, penalties, and substance abuse treatment services. SCAODA is concerned that the recent proposed changes to the OWI laws focus on penalties and do not address how to reduce the problem of intoxicated driving initially, before it occurs. I understand that Senator Darling has expressed interest in such a study.

Please contact Kris Moelter at the Department of Health Services at 608.267.7704 or me if you have any questions.

Respectfully,

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

Michael Waupoose, chairperson  
SCAODA

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

October 1, 2013

Kitty Rhoades, Secretary  
Department of Health Services  
1 W. Wilson St., Room 650  
Madison WI 53707

Dear Secretary Rhoades:

On behalf of the State Council on Alcohol and Other Drug Abuse (SCAODA), I am writing to ask that the Department of Health Services recognize future shortage of AODA Counselors and the need for a minority training project as outlined in the 2012 AODA Counselor Survey. To that end, SCAODA requests the Department convene a workgroup tasked with developing options for implementation of the Minority Training Project.

Please contact me if you have any questions.

Respectfully,

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

Michael Waupoose, chairperson  
SCAODA

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

October 1, 2013

Kitty Rhoades, Secretary  
Department of Health Services  
1 W. Wilson St., Room 650  
Madison WI 53707

Dear Secretary Rhoades:

On behalf of the State Council on Alcohol and Other Drug Abuse (SCAODA), I am writing to ask that the Department of Health Services recognize the increased costs to the Department's provider agencies. To that end, SCAODA requests the Department's next budget reflect that provider expenses have increased over the years while the amounts of the contracts have remained the same. The Department's budget should provide additional funds to service providers as part of the next round of contracts.

Please contact me if you have any questions.

Respectfully,

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

Michael Waupoose, chairperson  
SCAODA

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

October 8, 2013

Secretary Dave Ross  
Department of Safety and Professional Services  
1400 East Washington Avenue, Room 112  
Madison, WI 53703

Dear Secretary Ross:

On behalf of the State Council on Alcohol and Other Drug Abuse (SCAODA), I am writing to ask that the Department of Safety and Professional Services recognize the full impact which changes to the required educational levels for substance abuse counselors might have. To that end, SCAODA requests the Department convene a workgroup of credential holders, consumers, and representatives from tribal nations as well as each SCAODA committee to be tasked with exploring the potential implications of any possible changes.

Please contact me if you have any questions.

Respectfully,

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

Michael Waupoose, chairperson  
SCAODA

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

November 13, 2013

Mr. Jim Campbell  
Division of Continuing Studies  
University of Wisconsin-Madison  
21 N. Park St. 7th Floor  
Madison, WI 53715

Dear Mr. Campbell:

I am writing in support of the Flexible Option Program for alcohol and other drug abuse counselors.

The 2012 mental health and substance abuse needs assessment prepared by the Wisconsin Department of Health Services' Bureau of Prevention, Treatment and Recovery identified an issue with respect to the substance abuse counselor workforce. There are woefully inadequate numbers of minority counselors, and the current counselor population is disproportionately older—55 percent are over age 51 and 24 percent are over age 60.

The U. S. Bureau of Labor Statistics projects a 33 percent increased need for substance abuse counselors by 2016, yet in 2011 it projected a shrinking substance abuse counselor workforce in Wisconsin.

There are many components to the problems affecting the substance abuse counselor workforce issue. The program you propose is part of the solution.

Sincerely,

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

Michael Waupoose, chairperson  
SCAODA

## MEMORANDUM

TO: SCAODA members  
FROM: Kris Moelter, substance abuse planner  
DATE: October 28, 2013  
RE: Membership on the Wisconsin Council on Mental Health committees

In an effort to increase the collaboration between SCAODA and the Wisconsin Council on Mental Health (WCMH), the executive committee is asking SCAODA members to volunteer to serve on a committee of the WCMH. Committee descriptions and potential time commitments are listed below. There may be work outside of committee meetings, such as developing position papers and contacting legislators. Please contact me if you want to volunteer to serve on one of these committees.

### Adult Quality Mental Health Committee

The committee's mission is to advise the council in order to increase systems collaboration, advance effective mental health services, reduce stigma, promote recovery, and increase understanding of mental illness and mental health. The committee has a broad range of mental health representatives and a strong consumer voice.

This committee usually meets every other month for about four hours.

### Children and Youth Committee

This committee works on issues related to children's mental health. This committee usually meets every other month for about three hours.

### Criminal Justice Committee

This committee facilitates coordination between the Department of Corrections, Department of Health Services, Division of Vocational Rehabilitation and the Social Security Administration. The committee addresses a broad spectrum of issues that are directed at: 1) diversion; 2) improving conditions of individuals with mental illness in jails and prisons; and 3) significant re-entry issues that will assist people in successful re-entry back into our communities.

This committee usually meets every other month for about two hours.

### Legislative and Policy Committee

The Legislative Committee recommends necessary legislation and also reviews and provides information on the impact of new laws, rules, and regulations as they affect persons who have mental illness and their families. This committee is the most active committee and meets every month for about 2 ½ hours.



State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

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

Cultural Diversity

May 1, 2013

1:00-3:30

Department of Justice

**May Meeting Minutes**

**Attendance:** Steve Dakai, Bernestine Jeffers, Tina Virgil, Denise Johnson, Rebecca Wigg-Niham, Gail Kenny, and Thai Vue Arlene Baker; Absent: Sandy Hardie

**Introduction and Minutes:** Minutes from the February 2013 meeting was reviewed and approved. The committee asked for more time to review the April minutes.

**Mission Statement and Goals:** The committee members discussed revising the current mission statement. The group agreed to change the statement from:

**The State Council on Alcohol and Other Drug Abuse, Diversity Subcommittee, desires to better understand treatment access issues for Deaf, Deaf-Blind, and Hard of Hearing communities. Your participation is anonymous and appreciated.**

The new statement is:

**The SCAODA Diversity Committee's purpose is to encourage and support access to intervention, prevention, treatment, and recovery services that are culturally and linguistically competent for diverse populations across Wisconsin.**

**Goals and accomplishment:** The committee reviewed the 2010-2014 Goals and Accomplishment Report. The committee agreed to look at improving the plan and add more specific and short term goals to go along with the broader goals indicated on the plan covering 2014-2017. The committee wants to address the question, "What are we planning to do with the goals and accomplishments from this point?"

One short term goal is the development of a diversity webpage for consumer resources and another that would be similar to Google docs or SharePoint. The second is a SharePoint website the committee would share work product document. Bernestine has set this site up and waiting for the committee to sign in to SharePoint. For those who are having trouble signing in will contact her.

One current goal worked on is a Self-assessment tool. Gail Kenney stated she will finish working on the self-assessment tool and share with the committee. Further discussion of the goals will be tabled until the July Meeting. The committee agreed to work on what goals have been accomplished, define future goals and their appropriateness to the committee outside of the meeting times. These goals will include the short termed steps for the broader goals. Gail, Steve, and Denise will look for the goals and historical documents of past achieved goals to submit to committee staff. There will also be a review of the activities of the Culture Competent and ADA sub-committees.

There was a request to have another meeting before the July 19<sup>th</sup> meeting to work on goals and accomplishments. There will be a doodle sent out for those who want to work on them.

**Website:** we target workforce development for diverse populations in Wisconsin especially for those who are entering in to college and the workplace.

**Motion:** Tina Virgil will present a motion to the committee in the next meeting regarding Minority Workforce development.

**Workforce development:** The committee had a conversation of about the shortage of Substance Abuse workers. There was some debate among members what exactly is causing the shortage. The committee will review a copy of the needs assessment that was presented at SCAODA a year ago.

<http://www.scaoda.state.wi.us/docs/main/CombinedNAdraft013013.pdf>

<http://www.scaoda.state.wi.us/docs/main/WisconsinRankedListofNeeds021313.pdf>

<http://www.scaoda.state.wi.us/docs/Presentations/Mar2013/WisconsinEpidemiologicalProfileonAODA2012.pdf>

The questions that the committee wants to address are: Does AODA programs meet the criteria for educating their student given the new health care act; Are AODA educational programs in line with DPI requirements for Substance Abuse and are these requirements easy to understand for potential counselors; what are the training criteria is highlighted from DPI for Substance abuse?

The committee wants to investigate the cause of new students who receive AODA certification and not being hired and what would the possible actions to take to change the problem. A

suggestion of an Ad-Hoc committee be developed to address this topic and what steps should be taken.

**Membership:** The committee wants to have a committee roster with contact information. A copy of this roster will indicate populations are represented on the committee. Committee Roster and member contact information and what they represent. The committee will search for potential committee members

**Announcement:** June SCAODA meeting will be held at American Families from 9-3 on June 7<sup>th</sup>. The Annual Report due at the next SCAODA meeting has been postponed to the September Meeting. Thai Vue's presentation to SCAODA has been postponed until September due to the full agenda schedule in June. The CLAS standards have been updated and the committee has been sent a link to review them. A reminder to the committee to register for SharePoint put historical Diversity information and submits commentary on what possible goals or motions.

Meeting Adjourned 3:30pm.



State of Wisconsin

**State Council on Alcohol and Other Drug Abuse**

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

**Cultural Diversity Meeting**

**July 15, 2013**

**12:30 to 3:00pm**

**Attendees:** Sandy Hardie, Raymond Perez, Tina Virgil,

**Staff:** Arlene Baker, Bernestine Jeffers

**Guest:** Ashleah Bennett

**Introduction:** Ashleah Bennett was introduced as the Staff assistant to the SCAODA committee.

**Meeting Minutes:** April Meeting Minutes for Cultural Diversity Committee were approved.

**2012-2013 Annual Report:**

**Goals and accomplishments 2012:** The committee took a second looking at the past documents. The committee decided to “table” the topic until the August Meeting. Prior to the August meeting Tina V. and Raymond P. will meet with Michael W. and Sandy H. to discuss the committee’s, vision, purpose and past goals and accomplishments to establish clarity.

**Future goals:** The committee discussed streamlining the goals to make them more attainable for the 2013 and 2014. A focus was placed on the CLAS standard/ Enhanced CLAS standards, follow up on a Survey Denise J was involved with, and follow-up on the cultural diversity self-assessment tool and provider survey, and finalizing the public website.

**Announcements:**

Montana C was able to setup the Google website for the Diversity Committee. She will set up email accounts and passwords for the committee members to access the website. The committee members will have to change their passwords once they log on for security purposes. Once the committee members have changed their passwords they should email Montana with the new password. At this time SharePoint will be tabled.

Reminder, that Tina will meet with Sandy H and Michael W on Thursday July 19<sup>th</sup> to get background on the diversity committee.

Next Meeting:

The next meeting has been scheduled for August 17<sup>th</sup>. To determine the time a meeting notice will be sent out by next Monday.



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**

**Thursday, October 17, 2013**

**9:30am-12 Noon**

**Department of Veteran Affairs**

**201 W. Washington Ave Room 419**

**Madison, WI**

Please call Bernestine Jeffers at (608) 261-0651 or e-mail [Bernestine.Jeffers@wisconsin.gov](mailto:Bernestine.Jeffers@wisconsin.gov) to advise whether you will be attending the meeting. Call-in information: 877-820-7831 Access Code 590254#

**Agenda**

- 9:30AM-9:40AM Welcome, Call to order, Introductions
- 9:40AM-10:15AM Presentation - Bob Curry, Director of Dry Hootch <http://dryhootch.org/>
- 10:30 to 12 Noon
- **SCAODA updates**
  - **AD HOC Committee**  
A training ad-hoc committee tasked with developing recommendations of optional methodologies for required education, training and certifications hours for state providers with a final report presented at the October 2014 meeting
  - **Website updates and demo**
  - **Subcommittees**
    - ADA and Cultural Competency
    - Review of the cultural intelligence self -assessment tools
  - **Other Business**



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**

**Tuesday, November 19, 2013**

**1:00pm 3:00p.m.**

**Department of Health Services**

**Division of Mental Health and Substance Abuse Services**

**1 W. Wilson St. Room 850B**

**Madison, WI**

Please call Bernestine Jeffers at (414) 313-0167 or e-mail [Bernestine.Jeffers@wisconsin.gov](mailto:Bernestine.Jeffers@wisconsin.gov) to advise whether you will be attending the meeting. Call-in information: 877-820-7831 Access Code 590254#

**Agenda**

- |                         |  |
|-------------------------|--|
| 1:00PM-1:10PM           | Welcome, Call to order, Introductions  |
| 1:10PM to 1:20PM        | <b>SCAODA updates</b>  |
| <b>1:20PM to 2:00PM</b> | <b>AD HOC Committee</b> <ul style="list-style-type: none"><li>• A training ad-hoc committee tasked with developing recommendations of optional methodologies for required education, training and certifications hours for state providers with a final report presented at the October 2014 meeting</li></ul> |
| 2:00PM to 2:15PM        | <b>Website updates and demo</b> <ul style="list-style-type: none"><li>• Format for reviewing prior meeting minutes and other documents</li></ul>   |
| 2:15PM to 2:45PM        | <b>Subcommittees</b> <ul style="list-style-type: none"><li>• Discuss committee structure and Expectations</li><li>• ADA</li><li>• Cultural Competency</li><li>• Review of the cultural intelligence self -assessment tools</li></ul>   |
| 2:45PM to 3:00PM        | <b>Other Business</b>  |



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, August 13<sup>th</sup>, 2013**

**10:00am – 2:30pm**

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

**MINUTES**

**Present:** Norm Briggs, Roger Frings, Dave Macmaster, Dan Nowak, Sheri Graeber, Steve Dakai (phone), Jill Gamez (phone), Sarah Norberg (staff)

**Absent:** Kevin Moore, Shel Gross, Sheila Weix, Sinikka Santala

**Guests:** Mike Quirke (Division of Mental Health and Substance Abuse Services), Kris Moelter (Division of Mental Health and Substance Abuse Services)

**Welcome, Introductions, and Review of Minutes** – Norm Briggs/Roger Frings

Roger brought the meeting to order at 10:10am with introductions. The July meeting minutes were reviewed and approved with a last name spelling correction on page three. Motion to approve by Steve and seconded by Dan.

**Substance Abuse Treatment Workforce Follow-up** – Norm Briggs

Norm contacted Scott Stokes to request an ITC representative be a part of the heroin workgroup. He has not responded at this time. Katie from DSPS followed up via email to summarize the substance abuse counselor certification requirements in Wisconsin. A candidate must have a high school diploma or equivalent, pass the IC&RC exam, complete 4,000 hours of supervised work experience within the 5 years preceding the date of application. Code does not require any higher education requirement. Anyone interested in this topic is encouraged to keep in contact with Katie. Although DSPS has not yet decided whether to heighten the education requirements or not, there is some concern that they will do so without getting input from the proper stakeholders. Sheri volunteered to contact DSPS regarding this issue.

A draft survey done by the Division of Mental Health and Substance Abuse Services was discussed. The survey contains data about the education levels of counselors in the field and is broken down by region and other categories. For federal reimbursement, Medicare and Medicaid, a Master's level clinician is required to do the assessment. A non-Master's level, certified clinician can conduct counseling sessions, but the reimbursement rate is lower than for Master's level counselors.

The motion regarding this issue that was discussed at the previous meeting and tabled until this one has been withdrawn. Instead Jill moved that ITC make a formal request to SCAODA to ask DSPS to convene a workgroup to explore the implications of changing the education requirements for Substance Abuse Counselor Certification. The motion was seconded by Dan.

In regards to the payor issues and workgroup that was discussed at the last meeting, the Medicaid office through DHS deals with MA reimbursement issues. Providers need to know what to expect in terms of how the Affordable Care Act is going to affect reimbursement; however, this is a conversation best suited for the MA office. It is unlikely though, that they have the answers at this time. Meeting with Deputy Secretary Kevin Moore and the division administrator might be an adequate solution for getting answers. Roger will reach out to Kevin and request a meeting.

### **Children, Youth, and Families Treatment Subcommittee Update – Jill Gamez**

The CYFT subcommittee met on August 7<sup>th</sup> at Arbor Place in Menomonie.

The press release went out through various listserves, and a few members sent it to their local newspapers. There has been good feedback, and three people have expressed an interest in the group.

There was a consumer who attended the meeting to share some of her experience navigating the treatment system as an adolescent. Some key points she made were:

1. Family involvement is essential
2. Addressing mental health needs is important
3. Recovery support after treatment is very helpful

There was a brief discussion about the possibility of identifying common elements between CYFT and the Mental Health Council's Child and Youth committee to see if there is any potential for collaboration between the two groups.

Jill Gamez and Kimeko Hagen will be conducting a workshop at the national social workers convention in October in Madison. The topic will include screening and identifying adolescents who may be in need of treatment as well as other issues specific to adolescent treatment. They will also be joining with another counselor from Connections Counseling to present at the annual Mental Health and Substance Abuse Conference in Wisconsin Dells toward the end of October.

The results of the survey that the CYF committee initiated have been compiled into a draft report which was shared with members at the meeting. There were 469 emails that were sent out initially, and approximately 25% have responded. Some of the narrative responses need to be looked at more closely to find some common themes. After the final report is complete, recommendations will be made.

At the next meeting, the group will be drafting their 2014 work plan.

### **WiNTiP Updates – Dave Macmaster**

Mac sent out the WiNTiP update.

The five \$750 scholarships to attend the Mayo Clinic's Certified Tobacco Treatment Specialist Training in Rochester, MN have been awarded. There will be six clinics in Dane County that will now be able to offer specialized nicotine dependence treatment.

Technical Assistance continues throughout the state for the recipients of the \$10,000 and \$4,000 grants. All of the grant programs are going well and working on exciting new initiatives. Some are videotaping their programs, and all will be presenting their results in December.

Mac and Kris Hayden will be presenting at the Prevention Conference this year. They will be covering the topic of working with disparate populations. Plans are moving along for Tony Klein's presentation at the Annual Mental Health and Substance Abuse Conference in October. One presentation will be a 90-minute skills presentation on the experience of developing New York's model.

As of July 1<sup>st</sup>, there is no longer any AODA service being provided in the Marshfield hospital, and 40 people are no longer employed.

Mac has been doing some research in regards to the Nicotine Resolution that SCAODA did not pass, and met with the woman who started the integration of tobacco treatment into her 18-day residential program in Canada. The program treats nicotine dependence in clients with other substance dependence, but treats nicotine dependent only clients as well. This is paid for by the provincial health care system. The numbers of the nicotine dependent only clients is not large. There are only a few that seek this kind of treatment, but it is available if people want it.

The WiNTiP steering committee will meet again next week and there will be a new update.

### **PPS Presentation – Mike Quirke**

The state has transitioned from the HSRS system to the Program Participation System (PPS) system. One benefit of switching to this system is that county agencies are now more easily able to report their data. Previously, most counties were keying data in twice, once in their own system and then again into the state system. With this system, they are able to simply upload the data to the state.

Agencies should not have noticed a drastic difference in what data they were reporting when the system switched. The requested information remains the same as it was in the old system including demographics, client problem, service, and outcome; however, the determination regarding what information to gather through this system was federally driven.

The system provides data for many purposes including prevention. The age of the client is captured in the reporting and therefore can be used to identify where prevention efforts might be appropriate. Trends can also be identified using this data. For instance, Services for females are going up while services to kids are going down. Treatment completion rates are also tracked through this system.

In other state, anyone can go online, search for a provider, and pull up data on that provider through the state PPS system. This is not something that Wisconsin will likely allow with the data because of the more stringent HIPAA laws.

Mike passed around a desk card with all the data fields for the substance abuse data. Recently, a service code has been added for Suboxone, and one could potentially be added for nicotine as well, but as it stands currently, there is not a nicotine specific code.

### **ITC Annual Report** – Norm Briggs

The annual report will cover calendar year 2012. Ashleah Bennett from the Division of Mental Health and Substance Abuse Services put together a list of all ITC motions that went to SCAODA in 2012; ITC members did not identify any missing motions from the list, but would like to include the accomplishment of proposing the implementation of new OWI assessors AODA education requirements, which are ready to be submitted for rule change, into the annual report.

### **SCAODA and ITC Strategic Planning**

#### Section Updates:

A. *Affordable Care Act Implementation Update* – Roger Frings/Shel Gross

A list of the 13 insurers who applied to participate in the federally operated exchange in Wisconsin was released. These can be found on the OCI website.

Open enrollment continues to be scheduled for October 1<sup>st</sup>. OCI will be traveling around the state to hold a public awareness forum to answer questions prior to this date. In addition, anyone can go onto the OCI website ([www.oci.wi.gov](http://www.oci.wi.gov)) and be put onto their listserve to receive notifications of press releases, open meeting notices, etc. whenever they are posted.

B. *RAP-WI* – Sheri Graeber

The website is up and running. It is attached to NAADAC, but is for all professionals in the field, not just counselors. Once a person becomes a member of NAADAC, which is national, they are automatically a member of the state organization as well. There are many opportunities for free training and continuing education for individuals who are members of the organization. Content is still currently being added and the next meeting of the group is September 19<sup>th</sup>, 2013.

### **Legislation/Miscellaneous Updates** – Norm Briggs/Roger Frings

#### OWI Discussion:

There are three OWI bills that are having public hearings. Duncan Shrouf, Vice Chair of SCAODA, is having an executive committee meeting to prepare to provide testimony at the public hearing on behalf of the council, either in written form or in person.

### **Future Agenda Items** – Committee Members

Invite Lou Oppor to discuss workforce issues

Brett Davis and Kevin Moore to discuss MA

**Adjourn**

The meeting was adjourned by Norm.

**Next meetings and dates:**

1. *ITC*

October 8th, 2013; 10:00 am – 2:30 pm. Department of Corrections, Madison

2. *Children, Youth and Families Treatment Sub-committee*

November 6<sup>th</sup>, 2013; 10:30pm – 3:00pm. Milwaukee

3. *SCAODA*

September 13<sup>th</sup>, 2013; 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 8<sup>th</sup>, 2013**

**10:00am – 2:30pm**

Department of Corrections

3099 E. Washington Ave.

Room 1M-M

Madison, WI

**MINUTES**

**Present:** Norm Briggs, Roger Frings, Dave Macmaster, Dan Nowak, Jill Gamez, Sheila Weix (phone), Sarah Norberg (staff)

**Absent:** Kevin Moore, Shel Gross, Steve Dakai, Sinikka Santala, Sheri Graeber

**Guests:** Lou Oppor (Division of Mental Health and Substance Abuse Services)

**Welcome, Introductions, and Review of Minutes** – Norm Briggs/Roger Frings

Roger brought the meeting to order at 10:11am with introductions. The August meeting minutes were reviewed and approved. Motion to approve by Mac and seconded by Dan.

**September SCAODA meeting updates** – Roger Frings

The motion requesting SCAODA send a letter to DSPP asking that they convene a workgroup was presented and passed at the SCAODA meeting. There were no questions and very little discussion on the motion. The letter has been drafted and sent to Michael for signature. Two motions from Planning and funding were withdrawn due to limited information and an unclear plan.

The ITC annual strategic plan update was presented as well and accomplishments of the ITC were shared.

Mac announced two items at SCAODA including the new policy and procedure guidelines and the opening of the Madison Recovery Community Center developed by WIRCO. Later in the meeting, Flo Hilliard gave a presentation of the Wisconsin Voices for Recovery which is another community recovery organization that came out of AFRA. Mac met with Flo to work out confusion and overlap.

### **WiNTiP Updates – Dave Macmaster**

WiNTiP and the Tobacco Integration Project have secured Tony Klein to speak at the state Mental Health and Substance Abuse Conference. He will be a presenter at one breakout session as well as holding an evening informal presentation/discussion session.

On December 9<sup>th</sup>, WiNTiP will be having its 2<sup>nd</sup> annual presentation event at the American Family Insurance Training Center; the eight grant recipients will be presenting their projects. The presentations will be video recorded and vignettes will be put together to create a video that demonstrates the variety of possibilities for implementing tobacco integration. WiNTiP has also been gathering information on how these projects have affected staff and management. Hopefully, at some point, the Dane County program and its six ambassadors will be recognized as well. The videos will be available online. There will be a competition component as well for the eight grant recipients. Judges will determine which project is most deserving of a \$500 bonus.

The tobacco integration guidelines have been released nationally online. The guidelines came out of the original WiNTiP resolution that ITC presented to and approved by SCAODA and became part of the ITCs strategic plan. The guidelines were also influenced by the New York State guidelines. Templates for programs who would like to integrate tobacco treatment into their agencies is also available in the guidelines.

Mac made a motion to request that SCAODA endorse the guidelines and policies. The motion was seconded by Dan. The motion was passed with a few suggestions for minor corrections to the guidelines from the ITC.

The \$750 scholarships for the Mayo tobacco treatment program are underway. Five are from the Dane County program, and others are from different programs within the state.

Dave has been selected to receive the William “Bill” Callahan award for meritorious service. He was nominated by the counselor’s board he was a member of for many years.

### **Substance Abuse Treatment Workforce – Lou Oppor**

Lou Oppor attended the ITC meeting to discuss workforce issues and answer questions that came out of the group at the last meeting when this topic was brought up. Questions included:

- 1. What is the Bureau’s plan for increasing the number of certified minority counselors?*  
It should be clear that it is not solely the Bureau’s responsibility to ensure a specific number of counselors. The Bureau does not set the administrative rules that require certain number of counselors to be working in various programs, nor does the Bureau set the standards for certification of counselors. There are also professional associations that represent counselors that might have a say in this as well. Ensuring there is a diverse and educated workforce in this field is a collaborative effort between many organizations.

The Bureau does have concerns about the workforce, though. There is a concern that the workforce is aging out. Current counselors will be retiring and new counselors are not coming into the field very quickly. In addition, there is concern that treatment

isn't client centered and treatment plans are lacking. Because of this, individuals may not be getting the appropriate quality of treatment. Education for incoming counselors needs to be looked at as well as the number of counselors in the field.

Lou suggested that the workforce might be an appropriate topic for an ad hoc committee. The ad hoc committee would meet for one year and develop recommendations on how to improve the workforce.

2. *Does DQA inform the Bureau of problems they find in the field when they complete their site visits?*

DQA only lets the Bureau know if there is a question or if something in the regulation is unclear in addressing an issue. There is a monthly meeting to discuss such issues.

One of the common issues that DQA sees is treatment planning. There are many "cookie cutter" treatment plans and records, and DQA sees a need for TA in that area. The Bureau is working with the Great Lakes Addiction Treatment and Transfer Center (GLATTC) to offer training to counselors in Wisconsin in this area as well as two other areas of significant concern, medication assisted treatment and Recovery Oriented Systems of Care (ROSC).

3. *What are the Bureau's plans to address the shortage of psychiatric services for those with co-occurring disorders? Are there federal grants or initiatives available to enable the expansion of telemedicine?*

This question is more suited for the mental health professionals at the bureau, but there are some places in rural areas that are using telehealth. However, there are very stringent requirements that must be met in order to practice it.

4. *Can there be state statute changes to enable easier access to Methadone and Suboxone treatment services?*

There has been some positive movement in this area. The bureau has been working on two initiatives. One is regarding the distribution of Narcan which would allow law enforcement, EMT, correctional officers, etc to have and deploy the medication if necessary. The other initiative in the works is the development of residential programs for individuals who abuse opiates. The Bureau has created a plan for this and asked for funding to support it. If the funding is approved, there will be a pilot program put in place. The plan is to have a medically monitored, 14-day maximum residential treatment facility where the client has a choice between three plans: abstinence, Suboxone, or Vivitrol.

## **SCAODA and ITC Strategic Planning**

### Section Updates:

#### *A. Older Populations – Sheila Weix*

The baby boomer group continues to be a concerning population that is seen frequently in detox centers and clinics. There will hopefully be an update on this topic at the November 12<sup>th</sup> meeting.

*B. Affordable Care Act Implementation Update* – Roger Frings

The exchange went online on October 1<sup>st</sup>, and there continues to be several issues with the website. OCI has been working with a vendor to provide a four hour navigator training. Roger has been contacting the individuals who are already on the list of navigators to verify their information and updating the OCI database. The list was then sent to DHS to be sent out. There is information available on the OCI website.

*C. CPS System* – Norm Briggs

With the addition of Sinikka from DCF to the ITC committee, Norm made the suggestion to add the issue of CPS and the interface between the Child Protective Services system and the addiction treatment system to the strategic plan. The goal would be to look at how to address the needs of families that are involved in substance abuse treatment and with DCF. Sinikka was not in attendance at this meeting to provide input. The committee members support this idea.

**Legislation/Miscellaneous Updates** – Norm Briggs/Roger Frings

Sheri Graeber volunteered to represent the ITC on the Heroin workgroup that the prevention committee is forming.

**Future Agenda Items** – Committee Members

Brett Davis and Kevin Moore to discuss MA

Tina Virgil-OWI

Ad Hoc Committee on Workforce

11x15 update

ITC membership recruitment

**Adjourn**

The meeting was adjourned by Norm.

**Next meetings and dates:**

1. *ITC*

November 12<sup>th</sup>, 2013; 10:00 am – 2:30 pm. Department of Corrections, Madison

2. *Children, Youth and Families Treatment Sub-committee*

November 6<sup>th</sup>, 2013; 10:30pm – 3:00pm. Milwaukee

3. *SCAODA*

December 13<sup>th</sup>, 2013; 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, November 12th, 2013**

**10:00am – 2:15pm**

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

**AGENDA**

- |      |   |                   |
|------|---|-------------------|
| I.   | Welcome, Introductions and Review of October Minutes–<br>Norm Briggs/Roger Frings   | 10:00am – 10:10am |
| II.  | WiNTiP Updates – Dave Macmaster   | 10:10am-10:25am   |
| III. | Discussion of proposed motion to SCAODA to establish an Ad Hoc<br>Committee to address substance abuse workforce issues in<br>Wisconsin | 10:25am – 11:45am |
|      | o Charge to the Committee   |                   |
|      | o Populations to be addressed   |                   |
|      | o Data to be obtained   |                   |
|      | o Identification of stakeholders  |                   |
| IV.  | Lunch on your own   | 11:45am – 12:15pm |
| V.   | Children, Youth and Families meeting report   | 12:15pm – 1:00pm  |
| V.   | SCAODA and ITC Strategic Planning – Norm Briggs/Roger Frings  | 1:00pm – 1:30pm   |
|      | • Section Updates   |                   |
|      | o Children, Youth and Family Treatment (Jill Gamez)   |                   |
|      | o Older Population (Sheila Weix)  |                   |
|      | o Intoxicated Drivers (Steve Dakai)   |                   |
|      | o Treatment for Women and Their Children (Norman Briggs)  |                   |
|      | o Affordable Care Act Implementation Update (Shel Gross/Roger Frings)   |                   |
|      | o Tobacco Cessation Implementation  |                   |
|      | • Task Assignment   |                   |

- II. Legislation/Miscellaneous Updates – Norm Briggs/Roger Frings 1:30pm – 2:10pm
  - Other
- III. Future Agenda Items 2:10pm – 2:15pm
- IV. Adjourn

**Next meetings:**

1. ITC  
January 21, 2014: **(Date Change!)** 10:00 am. – 2:30 pm. Department of Corrections, Madison
2. Children, Youth and Families Treatment Subcommittee  
Phone conference: January 9, 2014  
Next Meeting: February 6, 2014 in Madison Location TBD
3. SCAODA  
December 13, 2013; 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>

## SCAODA Motion Introduction

Committee Introducing Motion: Intervention and Treatment
Motion: SCAODA shall create an ad hoc committee on the Substance Use Disorder Treatment Workforce comprised of representatives of the stakeholder groups to make recommendations related to effective treatment availability statewide now and into the future.
Related SCAODA Goal: 4. Wisconsin will have adequate, sustainable infrastructure and fiscal systems and human resources and capacity: b. for effective outreach, and effective, accessible treatment and recovery services for all in need.
<p>Background: The Patient Protection and Affordable Care Act will, theoretically, make treatment for substance use disorders more accessible to individuals needing services. However, there are significant concerns about the capacity of the current workforce to meet the anticipated demand now and in the future due to:</p> <ul style="list-style-type: none"><li>- An aging workforce</li><li>- An apparent decrease in the number of certified substance abuse counselors</li><li>- Potential changes to the educational requirements for obtaining a credential as a substance abuse counselor</li><li>- Current requirements by insurance companies for services to be provided by master's degreed counselors and therapists</li><li>- Uncertain level of provider competencies to serve a culturally diverse population</li><li>- Increasing need to effectively address co-occurring disorders</li><li>- Lack of available, affordable educational opportunities for counselors currently in the workforce to pursue bachelor's and master's degrees</li><li>- Salary ranges that make it difficult to recruit younger professionals into the field</li></ul> <p>The Wisconsin Substance Abuse Counselor Survey completed by the Bureau of Prevention, Treatment and Recovery provides much of the data necessary to identify the current problems and implications. The ad hoc committee, using this document as a starting point, should convene the stakeholders to make both recommendations and commitments to address the issues.</p> <ul style="list-style-type: none"><li>• Positive impact: Wisconsin will have the workforce necessary to effectively and efficiently treat substance use and co-occurring disorders.</li><li>• Potential Opposition: None known</li></ul>
Rationale for Supporting Motion: If no action is taken, Wisconsin faces the prospect of large numbers of individuals with substance abuse disorders and co-occurring disorders wanting treatment being treated ineffectively or not being treated at all.

## SCAODA Motion Introduction

Committee Introducing Motion: Intervention and Treatment (ITC)
Motion: The Intervention and Treatment Committee requests that SCAODA endorse the Policies and Procedures for Tobacco-Free Facilities and Services in Wisconsin's Substance Abuse and Mental Health Treatment Programs and recommends all agencies consider adopting this or similar policies and procedures based on their specific program needs.
Related SCAODA Goal: Goal # 2 ...support methods to transform the state's AODA problems into healthy behavioral outcomes.
<p>Background: These proposed guidelines were developed and endorsed by WINTIP and the UW School of Medicine's Center for Tobacco Research &amp; Intervention Center. They are based on researched-based information from New York that successfully implemented and is sustaining compliance with their state regulation in their licensed addiction treatment programs. These guidelines were developed in response to SCAODA's support for evidence-based nicotine dependence treatment in Wisconsin AODA and mental health services as evidenced by unanimous adoption of a support resolution submitted by the ITC.</p> <ul style="list-style-type: none"><li>• Positive impact: Adoption of these guidelines will advance the objectives of reducing substance use mortality and morbidity and encouraging AODA programs to continue the path from tobacco tolerant programs and services to tobacco free programs and services. Adoption will establish more credible support and leadership for providers and motivate them to accept this desirable improvement and expand their scope of practice to include tobacco and nicotine.</li><li>• Potential Opposition: Some AODA providers without the knowledge of successful outcomes from tobacco/nicotine integration may be resistant to expanding their scopes of practice to include nicotine. Others may believe tobacco integration may reduce referrals and income. Reluctance to alter current code and regulatory issues may be a challenge.</li></ul>
Rationale for Supporting Motion: The decade-long tobacco integration success of the Alcohol and Drug Recovery Services at St Joseph's Hospital in Marshfield has been a Wisconsin model. LE Phillips Libertas in Eau Claire is another successful tobacco integrated program with META House and other Wisconsin programs are developing tobacco integration innovation grant projects as pioneers working to make Wisconsin programs 100 percent tobacco free. National research concludes 44 percent of current smokers and other tobacco users are in the disparate population of behavioral health. Death by tobacco is the leading cause of death in these populations. Admissions to AODA programs nationally reveal nicotine dependence prevalence of from 78 - 92 percent, while it is 18-24 percent in the general population. New York reports 90 percent compliance with their tobacco integration program requirements. Finally, Wisconsin's AODA providers possess the core knowledge and skills to provide evidence-based nicotine dependence treatment.

*Policies & Procedures for*

# Tobacco-Free

*Facilities & Services in Wisconsin's*

## Substance Abuse & Mental Health Treatment Programs



**UW-CTRI**

UNIVERSITY OF WISCONSIN

Center for Tobacco  
Research & Intervention

Developed by WiNTiP  
sponsored by the  
Wisconsin Department of Health Services

[HelpUsQuit.org](https://www.HelpUsQuit.org)

# **Tobacco-Free Facilities & Services**



## Background

People seeking treatment for mental illness and/or substance abuse disorders smoke at a much higher rate than the general public and thus suffer disproportionate harm from tobacco use<sup>1-7</sup>. Tobacco dependence is recognized both as a chronic, relapsing disease<sup>8</sup> and as an addiction<sup>9</sup>. As a result, all mental health/substance abuse professional associations call for the universal treatment of tobacco dependence<sup>10,11</sup>. Despite this, the treatment of tobacco dependence in the mental health care/substance abuse delivery setting has lagged behind the level of treatment in other health care settings<sup>1,12,13</sup>.

These findings point to a clinical and ethical responsibility for all mental health and substance abuse treatment settings to provide an environment that is tobacco free for its staff, clients and visitors and treat the tobacco dependence among its patients/clients with effective evidence-based methods. Doing so will result in better treatment outcomes<sup>14,15</sup>, increased safety by reducing the risk for fire<sup>16</sup>, increased safety for inpatient clients by reducing incidents requiring restraints or seclusion and threatening behaviors<sup>17</sup> and reduced cleaning cost<sup>18,19</sup>, and will make a positive contribution to changing the currently permissive social norm regarding tobacco use by those with a mental illness/other substance abuse disorder.

## Purpose

The purpose of this document is to provide guidance to mental health/substance abuse treatment programs and Wisconsin governing bodies about specific elements and steps that collectively constitute a tobacco-free treatment setting. It emphasizes: 1) the importance of a tobacco-free healthy treatment setting; 2) the provision of evidence-based tobacco dependence treatment; and 3) the necessity of helping staff who have tobacco dependence to quit. This document is written to benefit both inpatient/residential and outpatient treatment settings. Some modification may be necessary to tailor these recommendations to a particular treatment setting and/or client population.

## Policies for Tobacco-Free Treatment Settings

All facilities, grounds and vehicles (owned or leased) are “tobacco-free”. Tobacco-free means that the use of tobacco products in any form is prohibited at all times. All staff, volunteers, patients and visitors are prohibited from using tobacco products in the facility or on facility grounds.

### A. Communicating the Policy

1. Post “Alcohol, Tobacco and Drug-Free” signs inside and outside all facilities.
2. Inform patients of this policy as part of the pre-admission and admission process. Obtain a written agreement signed by each patient to acknowledge an understanding of the policy.
3. Inform visitors of this policy at the time of scheduling a visit and at the time of arrival.
4. Inform prospective employees and volunteers of this policy during their first interview and again during the orientation process.
5. Make the policy readily available to all staff via the facilities website and other communication vehicles.

### B. Staff Education and Training

1. Train all staff and volunteers in maintaining the policy during employee and volunteer orientation. Provide refresher training annually and as needed.

### C. Monitoring and Compliance

1. All employees, patients, volunteers, and visitors are expected to adhere to this policy and endorse the underlying tobacco-free program principle, “We Support Tobacco-Free Recovery.”
2. All employees are expected to be familiar with and are responsible for monitoring compliance (see below).
3. Employees who violate this policy will be subject to a progressive discipline process as used for violating any other work performance policy.
4. A volunteer who persists in violating this policy will be relieved of duty until that volunteer agrees to comply.
5. Visitors who violate this policy will be informed of the policy and asked to comply. Visitors who persist in violating this policy will be asked to leave the facility and grounds. A visitor may be allowed to return after a period of time established by the treatment facility and after the visitor indicates an intention to comply with all tobacco free policies.

## Policies for Providing Evidence-based Tobacco Dependence Treatment



All patients/clients who are receiving treatment services and who are tobacco dependent will receive evidence-based tobacco treatment as described in clinical guidelines such as the Public Health Services *Treating Tobacco Use and Dependence: 2008 Update*, Clinical Practice Guideline<sup>8</sup>.

### A. Evidence-based Tobacco Dependence Treatment

1. Screening and assessment of all new clients/patients will include an evaluation for nicotine dependence and interest in quitting. This information is recorded in the client chart and incorporated into the treatment plan.
2. For all clients with tobacco dependence, the treatment plan will include appropriate evidence-based tobacco dependence treatment. For those not yet ready to quit, this will include specific interventions designed to increase motivation to quit. For those ready to make a quit attempt, this treatment plan includes: a) behavioral counseling, b) pharmacotherapy, and c) support for the quit attempt. If all three elements are not included, the treatment plan will include an explanation for any excluded element.
3. Cessation medications (nicotine replacement treatment, bupropion, varenicline) will be provided based on patient specific appropriateness and consistent with the facility policy governing the provision of all over-the-counter and/or prescribed medication.
4. Treatment documentation will reflect the implementation of this plan and appropriate modifications to it.
5. When possible and appropriate, this treatment will utilize the free Wisconsin Tobacco Quit Line (1-800-QUIT-NOW).
6. The treatment of tobacco dependence will be integrated, complimentary and consistent across the levels of care available from a mental health/substance abuse treatment program including inpatient, day treatment, intensive outpatient, residential and outpatient.
7. Because tobacco dependence is a chronic, relapsing disease, there will be no limits on the number of treatment attempts permitted.
8. Discharge plans will include a nicotine dependence relapse prevention plan and, should relapse occur, a specific plan for the re-establishment of tobacco dependence treatment.

## Policies for Providing Evidence-based Tobacco Dependence Treatment



### B. Staff Education and Training

1. All clinical staff will be required to complete initial and ongoing routine training regarding the evidence-based treatment of tobacco dependence as approved by the treatment program. This training may be in-service training, evidence-based conference training, self-study, teleconference, webinar and other e-learning activity.

### C. Monitoring and Compliance

1. Failure by a patient to comply with the nicotine dependence treatment plan is an important treatment issue which requires support, intervention, including motivational interventions, and often a change in treatment plan.
2. Non-compliance (tobacco use) that also violates the policy prohibiting tobacco use within the facility/grounds jeopardizes the progress of other clients and the health of all clients/staff/visitors and volunteers. The consequences for doing so should be consistent with the consequences for the use of other prohibited and addicting substances. This could include transfer to a different level of care or discharge from treatment. As noted above, patients should be informed of these consequences at the time of admission. Consequences will likely vary between inpatient/residential and outpatient treatment settings. If an outpatient treatment setting for mental illness does not have a pre-existing formal policy regarding the use of other prohibited and addicting substances, it should develop a tobacco specific policy. For clients with a severe mental illness being treated in an outpatient setting, accommodation to their ability to comprehend a tobacco use policy that extends beyond the building may have to be made. For some levels of care, it may be appropriate to monitor tobacco-free status via CO breath monitoring or other methods of biological monitoring.

### D. Quality Assurance

1. Quality assurance will be assessed by regular health record/chart audit that includes indicators to determine whether patients are routinely screened, diagnosed, and treated for tobacco dependence.

## Helping Staff Who are Tobacco Dependent



Understanding that tobacco dependence is an addiction, treatment organizations will provide assistance to those employees who use tobacco products. It also does not discriminate against tobacco users in its hiring and promotional practices.

- A. Employees and volunteers who use tobacco will be encouraged to seek treatment. This includes speaking with their primary care provider and calling the free Wisconsin Tobacco Quit Line (800-QUIT-NOW).
- B. Employees and volunteers will be provided with a list of other community treatment resources.
- C. To the extent that the program provides employee health benefits, these benefits will provide coverage for all the elements of evidence-based treatment for tobacco dependence.

**For more information and guidance please go to:**

**[www.HelpUsQuit.org](http://www.HelpUsQuit.org)**

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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

**PLANNING AND FUNDING COMMITTEE MEETING MINUTES**

Friday August 23, 2013

**Members present:** Norman Briggs, Todd Campbell, Steven Fernan, Tom Fuchs, Karen Kinsey, Joyce O'Donnell, Duncan Shrout

**Members excused:** William McCulley, Pamela Bean

**Members absent:** Blinda Beason, Emanuel Scarbrough, Sally Tess

**Staff:** LeeAnn Cooper, Kris Moelter, Lou Oppor

**I. Call to Order** – Joyce O'Donnell called the meeting to order at 9:33 a.m.

**II. Review of July 26, 2013 minutes** - Tom Fuchs moved to approve the July 26, 2013 meeting minutes. Norman Briggs seconded. Motion carried unanimously.

**III. Budget discussion**

**A. FFY2013 and FFY2014 budget items** - Lou Oppor distributed three handouts—the final FFY2013 Substance Abuse Block Grant federal allocations; Substance Abuse Block Grant 2013 and 2014 planned budget projections; and parts of the 2014-15 Substance Abuse Block Grant application.

Wisconsin's substance abuse block grant allocation for FFY2013 is \$26,041,184. See Handout #1. The FFY2014 final substance abuse block grant allocation is unknown. SAMSHA directed states to use the President's proposed FFY2014 budget when submitting the 2014-15 block grant application. However, the Department of Health Services is anticipating a nine percent cut from FFY2013 due to the sequester.

Mr. Oppor reminded the committee that there are some mandates regarding how the funds can be spent. Five percent of the funds are set aside for women's services, 20 percent are set aside for prevention services, some funds are budgeted to meet required Maintenance of Operations expenditures, and other expenditures are mandated by state and federal law.

Mr. Oppor discussed the programs that will not be funded at the same levels in 2014 as they were in 2013. See Handout #2. Funding for methamphetamine prevention (line item 31) will be eliminated in 2014. Mr. Oppor reported that counties that had received those funds were not seeing problems to the extent as in the past. Funding for the Radar Network (line item 48) will be

eliminated in 2014. These funds were used in the past to help fund the annual prevention conference. However, that conference increasingly focuses on prevention across many disciplines, not just substance abuse prevention. Instead, DHS will work the UW-Stevens Point on its Substance Abuse and Mental Health Conference to develop a specific substance abuse prevention track. Funding for IDP (line item 50) will be cut \$50,000. UW Law School staff support (line item 51) funding will increase for 2014 so Julia Sherman's position can be fully funded. CCIS and IDDT (line items 33 and 54) will be eliminated.

There is a \$1.2 million deficit in 2013 and will be a \$2.1 million deficit in 2014. There were carryover funds from 2011 that will cover both deficits. However, there is no money to cover any 2015 deficits, so more budget cuts may come in 2015 and may be more serious.

The committee discussed whether and how SCAODA should have input into how the block grant funds are spent. The committee expressed concern that too many projects are funded. Mr. Oppor explained that some of the funds are spent pursuant to state and federal laws so statutory changes may be necessary to enact any recommendations SCAODA might have. The committee decided to discuss developing a process for recommending funding priorities at the October and November meetings and come up with recommendations for SCAODA.

**B. 2014-15 Mental Health and Substance Abuse Block Grant application** – See Handout #3. Mr. Oppor talked about 2014-15 block grant priorities. He explained that the priorities were determined from stakeholder input and from federal and state mandates.

**C. Division of Continuing Studies contract** – Mr. Oppor reported that WAAODA did not spend all its money and DHS is considering how to use the funds. It may be used for the Division of Continuing Studies contract but he was not sure of the details.

**D. Mental Health Council and SCAODA consolidation** – The committee talked about the status of any consolidation of the two councils. Federal and state laws may hamper a consolidation because of the differing statutory requirements. However, there are other ways to collaborate besides consolidation, such as having an ad hoc committee with representatives from each council that would meet. The committee discussed changes to the SCAODA statute to include new statutory members. Joyce O'Donnell reported that no action has been taken in that regard but it would be included in the annual report.

#### **IV. Affordable Care Act and Medicaid**

Sarah Norberg from DHS attended the meeting to answer questions committee members might have on the ACA and Medicaid and get information from the committee on what issues they need more information. The committee was concerned about the lack of information and the number of questions that remain as the ACA implementation gets closer. The questions revolved about the counselor certification and private insurance and Medicaid reimbursement.

Ms. Norberg will send the answers to the questions to Kris Moelter.

**V. Scope of Practice** – No report. This will no longer be a standing agenda item.

**VI. Report on Women's Services** – Norman Briggs reported that the reapplication process for all women's services will be starting. The ARC programs have been funded at the same level every year since 1989. Mr. Briggs submitted the following motion:

**The Planning and Funding Committee requests that SCAODA send a letter to the Secretary of the Department of Health Services recommending that the Department budget for increased costs to continue for the re-applications of provider agencies with contracts with the Department. The amount of the increase should be based on the Consumer Price Index or other standard, recognized measure. (Handout #4)**

Mr. Shrout seconded the motion. The motion passed unanimously.

Mr. Shrout made the following motion:

**Any organization performing at a high level vis a vis the contract deliverables should be additionally rewarded up to 5% of the current contract.**

Tom Fuchs seconded the motion. The committee agreed that organizations that demonstrate competency should be rewarded and this motion is part of the committee's desire to have input into the overall recommendations on how the block grant funds are spent. The motion passed 4 in favor, 0 opposed, 3 abstentions (Mr. Briggs, Mr. Campbell, Ms. Kinsey)

**VII. Committee Reports** - None.

**VIII. PPS discussion (Handouts #5 and #6)** – Mike Quirke from DHS presented on the PPS data system. This system has replaced HSRS. The change was made to facilitate the streamlining of data at the county level. The data represent county-authorized services. They do not include services covered by private insurance or Medicaid unless the county has its own outpatient clinic. DHS estimates the private insurance and Medicaid data sets.

Mr. Quirke described how the data are used and what type of information can be gleaned from the system. The data are used for the federal block grant application and to help DHS with program and future initiative planning. The data also are used to make cost projections for AODA services and provide financial data for planning purposes. The data show that about 56,000 unduplicated clients receive services annually, but only about 32,000 received one of the listed treatments. The most used substance is alcohol (77%), followed by marijuana (10%) and then opiates. The gender breakdown for receiving services is 72% male. The number of youth receiving services has declined by three percentage points, although the reason is unclear. It could be that they are covered by their parents' private insurance or it could be a lack of access issue. The racial data are encouraging. The number of minorities receiving services has increased and it is proportional.

**IX. Annual Report to the State Council on Alcohol and Other Drugs** – The committee discussed its annual report. Committee members will send any comments or ideas to Ms. Moelter by August 26.

Mr. Briggs made the following motion: **SCAODA's executive committee work with the Governor's Office, legislature, and the Department of Health Services Secretary's Office to pursue implementation of the position SCAODA took in 2008 requesting its legislative members introduce legislation increasing the number of statutory members from 22 to 27.**

Mr. Shrout seconded the motion. The motion passed unanimously.

**X. Pending legislation** – LeeAnn Cooper reported on the OWI task force meeting. Representatives from law enforcement, attorneys, the Department of Public Instruction, the Tavern League, the University of Wisconsin, the Department of Transportation, and some private contractors attended. Many of the priorities discussed centered around simplifying the OWI arrest process. There also was discussion about using EMS for blood draws. Other discussion revolved around Wisconsin's drinking culture. Right now the task force is not looking to make statutory changes.

Ms. Cooper also reported on pending legislation. Bills related to intoxicated driving penalties have had hearings.

**XI. Public forums** – The committee will discuss the format for the October public forum at its October 18 meeting.

**XII. Agenda Items for next meeting**

- Process for recommending substance abuse-related funding priorities
- DPI YRBS 2013 results report
- Public forum format
- Update on substance-abuse related legislation
- Consolidation of the Mental Health Council and SCAODA

The next meeting is October 18, 2013 at 9:30 a.m. **PLEASE NOTE THIS IS A DATE CHANGE.**

The meeting adjourned at 2:26 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

**PLANNING AND FUNDING COMMITTEE MEETING MINUTES**

**October 18, 2013**

**Members present:** Norman Briggs, Nina Emerson, Steven Fernan, William McCulley, Joyce O'Donnell, Emanuel Scarbrough, Duncan ShROUT

**Members excused:** Sally Tess, Pamela Bean

**Members absent:** Todd Campbell, Tom Fuchs

**Staff:** Kris Moelter

**I. Call to Order** – Joyce O'Donnell called the meeting to order at 9:38 a.m.

**II. Review of August 23, 2013 minutes** – Norman Briggs clarified that he was referencing the ARC programs when he stated that programs have been funded at the same level every year since 1989. Duncan ShROUT moved to approve the August 23, 2013 meeting minutes with the clarification. Steve Fernan seconded. Motion carried unanimously.

**III. Substance abuse funding priorities recommendation process** – Mr. ShROUT reported that at September SCAODA meeting the committee's motion to support increased DHS funding to contract providers passed. The motion requesting a five percent increase in the contract amount for high performing contract providers was tabled. He explained the discussion made it clear that (1) there was a lack of understanding on how the Department of Health Services approves and awards contracts; (2) some SCAODA members were concerned that awarding bonuses to some contract providers would mean that others would receive less money; and (3) it was unclear why SCAODA should involve itself in the contracting process. Mr. Fernan added that some members questioned how "good performance" would be measured. The committee discussed whether to resubmit the motion. Emanuel Scarbrough said that if agencies are not performing at a level to provide quality services to consumers the state should provide them with technical assistance so they can improve their performance. The committee discussed that DHS has over 500 substance abuse-related contracts and the consensus was that may be too many. The committee agreed it needs to better understand the DHS contracting process—what is the difference between a grant and a contract, how does DHS decide who will receive a grant/contract, what are the outcome measures, how many staff manage the 500 contracts, how does DHS determine the funding priorities, what is the role of the Division of Quality Assurance, and does it consider funding pilot projects that can be replicated statewide? Kris Moelter said Bureau of Prevention, Treatment and Recovery Director Joyce Allen will attend the November

22 committee meeting to talk about these issues. The committee will then be in a position to discuss whether SCAODA has a role in the contracting process and what that role should be. The committee agreed that the goal is to serve the people of Wisconsin as effectively and efficiently as possible within limited resources.

**IV. Substance abuse-related legislation and SCAODA legislation comment process –**

Ms. Moelter updated the committee on pending substance abuse-related legislation. The bill allowing alcohol consumption while riding in a commercial quadricycle has passed the legislature. Ms. O'Donnell said SCAODA has opposed such legislation in the past. The committee agreed to ask the SCAODA executive committee to reaffirm SCAODA's earlier position.

Mr. Shrout reported that the executive committee is developing a process for providing testimony and/or taking position on introduced legislation and draft bills. The goal is to put SCAODA in a position to provide timely input on legislation.

Ms. Moelter reported that SCAODA sent a letter to Senator Carpenter requesting a legislative study on the OWI laws. His office has received the letter and will be making a formal request for a legislative study.

**V. Report on women's services –** Mr. Briggs reported that they will meet at the Mental Health and Substance Abuse conference next week at Wisconsin Dells. The annual contract reapplications are due on November 10.

**VI. Committee reports –** Mr. Shrout reported that the executive committee has set the strategic planning process for the upcoming four-year plan. The executive committee, the committee chairs, and any other SCAODA member who is interested will serve on the planning committee. That committee will develop the overarching goals for the next four years and then the committees will develop workplans to address the goals.

Mr. Shrout reported that Lou Oppor and he attended the Council on Public Health meeting. Mr. Oppor provided information on DHS and Mr. Shrout talked about SCAODA.

Mr. Briggs reported that the Intervention and Treatment Committee discussed a motion to adopt policies and procedures for tobacco use at treatment facilities. The committee is not ready to bring a motion but will keep discussing the matter. He said Sheila Weix will be working on treatment for older people.

Mr. Scarbrough reported that the Prevention Committee has formed an ad hoc committee to study heroin use in the state. It has postponed creating an ad hoc committee to study marijuana use until the heroin ad hoc committee completes its work. He said the committee is discussing the move toward requiring certification for people working in the prevention field—the need to become a prevention specialist. Currently Wisconsin has only 38 certified prevention specialists. In the past there was little incentive to become certified because it was not tied to billing. That may be changing.

Mr. Fernan reported that the Department of Public Instruction received an \$8 million SAMHSA grant to improve the school infrastructure to address mental health, AODA, and early childhood. It was one of seven grants awarded nationwide. DPI will work with the Beloit, Racine, and Menominee Indian School Districts. He also reported that the “Building the Heart of Successful Schools” conference will be December 4-6 at the Wilderness Conference Center in Wisconsin Dells.

**VII. Consolidation of SCAODA and Wisconsin Council on Mental Health** – Ms. Moelter reported that the executive committee is encouraging SCAODA and committee members to serve on the Wisconsin Council on Mental Health committees. Ms. Moelter will send an email to the SCAODA distribution list describing the committees and asking people to consider serving on one of those committees. Mr. Shrout said that the executive committees of the two councils will have a joint meeting but no date has been set. The committee discussed the advantages of the two councils working more closely. It agreed that a formal consolidation is not practical now because it would require federal and state statutory and rule changes and discussion of how to serve the needs of both constituencies. Mr. Briggs reported that members from the councils were involved in a joint planning process for the most recent federal mental health and substance abuse combined block grant application. He said it was a positive experience and the priorities were determined from the data.

**VIII. Public forum format** – The committee will host a public forum at the 9<sup>th</sup> Annual Mental Health and Substance Abuse Training Conference on October 22. Ms. O’Donnell, Ms. Emerson, and Mr. Briggs will attend. The public forum is scheduled for the same time as the DHS/consumer public forum. The committee agreed to ask the planners for future conferences to not schedule public forums at the same time and also to schedule them during the conference day, not at the end of the day.

Mr. Shrout made the following motion (William McCaulley second):

**SCAODA request that public forums at conferences be scheduled at a more convenient time to encourage participant attendance and not conflict with other public forums. Conference planners should also provide incentives to encourage attendance, such as providing food and/or CEUs.**

The motion passed unanimously.

The committee will ask public forum participants to address what should be the DHS priorities in the discretionary grant award process. Ms. Moelter will provide a handout with the top five substance abuse-related priorities developed during the most recent block grant application process. She will also provide a handout describing the committee’s purpose.

Mr. Shrout made the following motion (Mr. Scarbrough second):

**SCAODA approve Nina Emerson as a member of the Planning and Funding Committee.**

The motion passed unanimously.

**X. Agenda Items for next meeting**

- DPI Youth Risk Behavior Survey 2013 results report
- DHS contracting process
- Update on substance abuse-related legislation
- Legislative testimony/comment process update
- Report on the public forum

Mr. Shrouf moved to adjourn the meeting. Mr. Briggs seconded the motion. The motion passed unanimously. The meeting adjourned at 1:07 p.m.

The next meeting is November 22, 2013 at 9:30 a.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

**PLANNING AND FUNDING COMMITTEE MEETING**

November 22, 2013

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](mailto: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 18, 2013 minutes - Joyce O’Donnell  |
| 9:40 a.m.  | Update on substance abuse-related legislation and SCAODA legislation comment process – Kris Moelter/Duncan Shrout |
| 10:00 a.m. | Report on women’s services - Norman Briggs  |
| 10:15 a.m. | Committee reports   |
| 10:30 a.m. | Youth Risk Behavior Survey presentation – Steve Fernan  |
| 11:00 a.m. | Lunch   |
| 11:30 a.m. | DHS contracting process – Joyce Allen   |
| 12:30 p.m. | SABG annual report  |
| 12:45 p.m. | SCAODA membership   |
| 1:00 p.m.  | Public forum comments discussion  |
| 2:00 p.m.  | Agenda items for next meeting/2014 meeting dates - Joyce O’Donnell  |
| 2:30 p.m.  | Adjourn   |

**STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE**  
**Planning and Funding Committee Public Forum**  
**9<sup>th</sup> Annual Mental Health and Substance Abuse Training Conference**  
**Kalahari Resort, Wisconsin Dells**  
**October 22, 2013**

Planning and Funding Committee members present: Pam Bean, Norman Briggs, Todd Campbell, Nina Emerson, William McCauley, Joyce O'Donnell

Department of Health Services staff present: Ashleah Bennett, Scott Caldwell, LeeAnn Cooper, Bernestine Jeffers, Kris Moelter, Lou Oppor, Lila Schmidt

Joyce O'Donnell called the public forum to order at 4:52 p.m. and welcomed those in attendance. Twenty-two people attended. A handout listing the top five substance abuse-related priorities from the state's 2014-15 federal block grant application was distributed (see attached).

Ms. O'Donnell explained the forum was hosted by the SCAODA Planning and Funding Committee and the committee wanted to have attendees bring questions and concerns about AODA issues to the committee's attention.

A representative from an educational institution asked what efforts SCAODA or the state was making to address the concerns in the field about the Patient Protection and Affordable Care Act (ACA) and counselor certification/educational requirements. Norman Briggs said the SCAODA Intervention and Treatment Committee is forming an ad hoc committee to address those issues. He hopes the committee will be approved by the end of the year.

A person from a county behavioral health division asked if the state were going to align financing with the top five substance abuse-related priorities. She also asked if the state would align evidence-based practices behind the priorities and its position on medication-assisted treatment. Lou Oppor said that the Department of Health Services (DHS) aligns funding with priorities as best it can. Increasingly DHS is looking at data and relies on data to help make decisions. Mr. Oppor said a concern he has is that he sees a cookie cutter approach to treatment. Many times all treatment plans look the same and they should be more client-centered. He said he gets lots of calls from counties asking what is the least amount of service they need to provide, which is crisis service. He said counties need to see if those services are evidence-based and are they aligned with the priorities. He said the move to evidence-based practice and aligning funding with priorities could be a 10-year process. His other concern is that Wisconsin has a heroin epidemic. He said evidence shows that the abstinence treatment that is usually provided often does not work. Recovery is not always abstinence. Some medication-assisted treatment works.

A private provider commented that evidence-based practice can be used to improve IDDT. She said there is interest in using evidence-based practices, but there is no infrastructure in place to make big changes. To make those changes will take money. Mr. Oppor said that these are difficult funding times. For many years DHS has not increased the amount of funding to the counties. With the sequester the 2013 funds were cut \$1.3 million. In the 2014 budget DHS cut

another \$2 million. Because of past underspending those cuts were not felt as heavily as they could have been. However, in 2015 there will be deep cuts. That means it is important for counties to bill Medicaid and third party insurance when possible.

A private provider talked about Medicaid and its complexities. She said many treatment providers do not accept Medicaid because of inconsistency in the system and the different reimbursement rates. There are lots of hoops to jump through and sometimes providers lose money. Medicaid does not cover the full treatment continuum and that creates a problem for providers. She also said there is a huge gap in services for youth.

Another private provider said Medicaid is difficult to navigate and there is a lot of paperwork. If people do receive treatment and start to improve, Medicaid will deny coverage. That means providers cannot provide evidence-based practices because sometimes they are not able to give the full dosage due to Medicaid restrictions. Pam Bean said a group is working with outcome research and measuring program effectiveness. One problem is that while the behavioral health field is moving toward evidence-based practice, it does not provide the outcome measures the insurance company wants. We need to start the conversation with insurance companies so there can be alignment with what the insurance company wants and what the treatment providers can provide and get to a point where we are using the same definitions.

There was discussion and comment from several people that the AODA field can't stay on path it's on because that path is not sustainable. The system should drop the distinction between mental health and AODA when it comes to certifying programs, reimbursement, and credentialing. Some said treating mental health and AODA clients differently does a disservice to the profession because it perpetuates parallel processes and treating people differently. A treatment provider who is working with a person with mental health and AODA issues should not have to get different certifications and licensing to have a conversation with the same person. The biggest influence SCAODA could have is to address this issue.

A private provider talked about credentials and educational requirements for treatment providers. He asked what SCAODA was doing to relax regulation and licensing for the field. Mr. Briggs said that SCAODA likely will form an ad hoc committee in December to address the workforce development issues.

Another private provider said many people who receive detoxification services do not have insurance so the county pays the cost. There is no connection between detoxification and follow up treatment and continuing service. Todd Campbell said that detoxification needs to be connected to treatment and maybe the model of hospital reimbursement rates being affected by readmissions could be used to connect detoxification and treatment.

It was suggested the state may want to support a pilot program using the NIATx model of plan, do, study, act. The pilot could see how treatment and continuation rates are affected using a warm handoff. Mr. Oppor said something similar may be done with an opiate stabilization program DHS has proposed. That program would solely serve people who are opiate addicted. It would be a medical model, short-term treatment program where participants would have three options: 1. Abstinence 2. Suboxone or 3. Vivitrol. The maximum length of treatment is 14 days

but it could be shorter depending on the option chosen. During the treatment a treatment plan would be developed and then there would be a warm handoff back to the person's community treatment provider. The idea is to get the person stabilized and then have them receive treatment back in their own community. A similar model may be successful with alcohol addicted people.

A county provider said that the detoxification regulations conflict with the issues the population she serves has. They are unable to serve some people because they are limited by the regulations. Mr. Campbell said her comments underscored why there cannot be a statewide, one size fits all approach. The unique circumstances of each community need to be addressed.

Ms. O'Donnell asked for feedback on the proposed changes to the OWI laws. Some said that the treatment funding should go to DHS and not the Department of Corrections (DOC). She said the treatment providers and DOC take different treatment approaches with OWI offenders and the constant stigmatization of OWI offenders and punitive approach do not work to solve the problem. Nina Emerson said that it can be hard to reach the legislature and get them to understand you cannot penalize people into sobriety. Repeat offenders are likely alcoholics and solely increasing penalties without treatment is ineffective. It will take years to change the approach to OWI offenders but that DHS and DOC needed to work together like they do with the Opening Avenues to Re-Entry Success (OARS) program. DOC can provide evidence-based treatment, but it does not provide recovery services. All people involved in AODA need to have a voice and belong to organizations and not just expect SCAODA to take the lead on making system changes. Ms. Bean said that a group of people have met with legislators to discuss the use of alcohol biomarkers in treatment and the information has been well-received.

A private provider talked about Suboxone and Vivitrol and said she would like to see more treatment using those substances, but said that using the substances without a treatment component will not produce the changes people want to see.

The forum ended at 5:50 p.m.

## SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: The Planning and Funding Committee requests that SCAODA pass a motion asking conference planners to schedule public forums at a more convenient time to encourage participant attendance and so as not to conflict with other public forums. Conference planners should also provide incentives to encourage attendance, such as providing food and/or CEUs.
Related SCAODA Goal: Goal #1 SCAODA with its committees <ol style="list-style-type: none"><li>effectively fulfill the statutory dictate to provide leadership and direction on AODA issues in Wisconsin</li><li>is a highly recognized and respected body that serves as the voice to whom the Governor, legislators, local coalitions, and media turn for guidance on AODA issues</li><li>develop and exhibit broad collaborative leadership and aligned action across multiple sectors to advance progress on SCAODA goals</li></ol>
Background: Attendance at the public forums is not as high as it should be. Since 2007 the forums have averaged about 22 people attending. Most of the forums have been held in the late afternoon or early evening, after the conference sessions have finished for the day. No incentives have been offered to encourage attendance. At the most recent conference, the public forum was scheduled at the same time as the DHS public forum. <ul style="list-style-type: none"><li>Positive impact: Increasing attendance would help SCAODA achieve its goal of providing statewide leadership on AODA issues because it will receive more public input on issues affecting AODA.</li><li>Potential Opposition: Scheduling the public forums during the conference day as a breakout session may mean one less subject matter session can be offered. People may want to attend the public forum but also want to attend a breakout sessions scheduled for the same time.</li></ul>
Rationale for Supporting Motion: Public input is vital so SCAODA can make informed decisions and fulfill its statutory obligation to advise the Governor and legislature and provide leadership on AODA issues. Some of the SCAODA staff members serve on the conference planning committees and will be able to request public forums be held in accordance with this motion so there will be no added staff time or resources needed.

## SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: The Planning and Funding Committee requests that SCAODA approve Nina Emerson as a member of the Planning and Funding Committee.
Related SCAODA Goal: Goal #1 SCAODA with its committees <ol style="list-style-type: none"><li>a. effectively fulfill the statutory dictate to provide leadership and direction on AODA issues in Wisconsin</li><li>b. is a highly recognized and respected body that serves as the voice to whom the Governor, legislators, local coalitions, and media turn for guidance on AODA issues</li><li>c. develop and exhibit broad collaborative leadership and aligned action across multiple sectors to advance progress on SCAODA goals</li></ol>
Background: SCAODA's committees serve a vital function. Without their work SCAODA could not fulfill its statutory obligations and achieve its goals. It is vital that committee members be able to provide expertise in AODA issues and have the education, training, and experience to be effective committee members. <ul style="list-style-type: none"><li>• Positive impact: Ms. Emerson served as the director of the Resource Center on Impaired Driving for 21 years. She has the expertise, training, education, and experience to be a contributing member of the committee.</li><li>• Potential Opposition: None.</li></ul>
Rationale for Supporting Motion: Ms. Emerson will help the committee fulfill its workplan and help SCAODA achieve its goals.

## Alcohol Law and Policy

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### Without Any Fanfare

Posted on July 31, 2013 by Nina Emerson

I came across an Informational Bulletin from the Director of State Courts to Municipal Court Judges and Municipal Court Clerks dated July 1, 2013, which states:

*The new budget bill, 2013 Act 20, has increased the driver improvement surcharge from \$365 to \$435 for offenses committed on or after July 2, 2013. See Wis. Stat. § 346.655. For the rest of 2013, any surcharges received will continue to be distributed 40% to the state and 60% to the county.*

*On January 1, 2014, the distribution of the driver improvement surcharge will change. For surcharges received during the month of January and forward, the distribution will become 49.7% to the state and 50.3% to the county. The surcharge will continue to be reported on line 5 of the municipal court monthly financial report.*

Just like that, the surcharge is increased by \$70 while the distribution to counties is reduced by 9.7 percent and the distribution to the state is increased 9.7 percent. That is the tricky thing about the budget bill. It is so big—603 pages—that politicians can get away with putting all sorts of things in it without any fanfare.

Where was WCHSA (Wisconsin County Human Services Association) when this happened? Were they even informed? Representatives of WCHSA complained when the distribution was a straight 60-40, arguing that counties should get 80 percent. How on earth will counties be able to support human services with this additional cut?

An increase in the driver improvement surcharge will mean more money for the Tavern League's Safe Ride Program, which also receives federal grant dollars from the Bureau of Transportation Safety. Both the Bureau and the TLW will say this additional money is a good thing because we want drunk people to take alternative transportation, right?

According to LRB-0515/P1, this provision of the budget bill also transfers the funding for the Chemical Test Section of the State Patrol from a portion of the driver improvement surcharge to the transportation fund. In 2010, the Chemical Test Section's portion was approximately \$1.25 million. It appears the State Laboratory of Hygiene will be getting monetary assistance from the general fund of "\$136,400 in the first fiscal year of the fiscal biennium in which this subsection takes effect and \$136,400 in the second fiscal year of the fiscal biennium in which this subsection takes effect." Section 9248, 2013 Wis Act 20, p. 592. This will be in addition to the over \$1 million they receive from the driver improvement surcharge.

If I understand this correctly, more money will be allotted for the Safe Ride Program, for blood testing at the State Lab or Hygiene, and for the state general fund. Less money will be going to counties that are responsible for providing AODA services to convicted OWI offenders.

Amazing what can get done in a budget bill.

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**Alcohol Law and Policy**

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## SCAODA Motion Introduction

Committee Introducing Motion: Planning and Funding
Motion: SCAODA send letters to Governor Walker and the chairpersons of the Republican and Democratic caucuses expressing its concern that as part of the budget bill (1) the driver improvement surcharge was increased, and (2) the state portion of the surcharge distribution was increased considerably and this appears to have been done with no notice to interested parties nor consideration of the adverse consequences.
Related SCAODA Goal: Goal #1 SCAODA with its committees a. effectively fulfill the statutory dictate to provide leadership and direction on AODA issues in Wisconsin  b. is a highly recognized and respected body that serves as the voice to whom the Governor, legislators, local coalitions, and media turn for guidance on AODA issues  c. develop and exhibit broad collaborative leadership and aligned action across multiple sectors to advance progress on SCAODA goals
Background: The new budget bill, 2013 Act 20, increased the driver improvement surcharge from \$365 to \$435 for offenses committed on or after July 2, 2013. For the rest of 2013, any surcharges received will continue to be distributed 40 percent to the state and 60 percent to the county. On January 1, 2014, the distribution of the driver improvement surcharge will change. For surcharges received during the month of January and forward, the distribution will become 49.7 percent to the state and 50.3 percent to the county. <ul style="list-style-type: none"><li>• Positive impact: This law increases the financial burden on individuals so they may not be able to afford other programs that would get them the help they need. It appears to have been passed without consideration of the consequences for individuals and the state.</li><li>• Potential Opposition: This is already the law so sending letters after the fact may be futile. Also, some may question why SCAODA and its partners did not track the budget bill and stay current on pending legislative matters.</li></ul>
Rationale for Supporting Motion: This provision was part of the 603-page budget bill and it is unclear who put it into the bill and who knew about. The effect is that more money will be allotted for the Safe Ride Program, for blood testing at the State Laboratory, and for the state general fund. Less money will be going to counties that are responsible for providing AODA services to convicted OWI offenders.



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**  
**Wednesday, August 14, 2013**  
**9:30 am – 1:00pm**

Waunakee Village Center  
333 South Madison Street  
Waunakee, WI 53597

**Members:** Annie Short, Chris Wardlow, Francie McGuire-Winkler, Scott Stokes, Jane Larson, Paula Brown (participating on behalf of Judith Hermann), Emanuel Scarbrough, and Julia Sherman

**Guests and Staff:** Penny Black, Kris Moelter, Christy Niemuth & Raina Zwadzich

**Welcome and Introductions – Scott Stokes**

Chair Scott Stokes welcomed the Prevention Committee members, guests and staff. Members, guests and staff introduced themselves.

**Approve Minutes from April 18, 2013 Meeting – Scott Stokes**

Scott asked for everyone to review the meeting minutes from the last Prevention Committee meeting and if there are any changes, corrections or additions that need to be made. Chris Wardlow would like the minutes to reflect his attendance at the last meeting. **McGuire-Winkler made a motion to approve the amended meeting minutes of August 18<sup>th</sup>, 2013, seconded by Short. Minutes were approved with amendments.**

**Strategic Prevention Framework Partnerships for Success II Grant (SPF PFS II) – Christy Niemuth**

Christy Niemuth provided an update and summary of the Strategic Prevention Framework Partnerships for Success II Grant (PFS II). Recently, the grantees had their Implementation Meeting where they were provided the assessments, data, recommendations and resources to create an “Implementation Plan” by the end of August. Implementation of the recommendations and prevention activities are to start October 1<sup>st</sup>. Christy shared the grantees’ materials (binder w/ CD) with the Prevention Committee. The materials in the binder and on the CD were compiled by PFS II workgroups, brought together from different programs and resources and edited to have consistent messaging in Wisconsin.

The Wisconsin Department of Health Services submitted an application for the supplemental funding to re-instate the State Epidemiological Outcomes Workgroup (SEOW), (the Prevention

Committee is the Advisory Committee to the Workgroup). The application was submitted at the end of May and it would supplement the data collection, analysis and assessment process of the PFS II. If awarded, the SEOW work would begin October 1, 2013 and it would continue for the next 24 months.

Francie asked how communities/grantees are implementing the recommendations in their communities. Christy explained that the recommendations do not all have to be completed/or implemented; however, the goal is that communities use what they need, and build on existing prevention efforts using the recommended dosage. There is room for adaptation to the materials, recommendations and resources. Communities are supposed to use the materials but how they do it is up to them. Penny Black, the Evaluator from the Population Health Institute, UW-Madison reminded the Members that the grantees' materials are not evidence-based when used together and that Members should be prudent when explaining and implementing the grantees' materials and strategies. Communities should pick targeted, geographical areas to work in where they can be successful and where they have the capacity to sustain the prevention efforts.

Jane Larson asked when the materials would be ready for other communities to use. Christy said she hopes that the materials will be on the Department's website shortly.

### **2012 Prevention Committee Annual Report – Christy Niemuth**

Christy requested the Sub-Committee Members review the yellow handout titled, "Prevention Committee 2012-2013 Annual Report Goals and Accomplishments". She asked Members to identify edits or changes that need to be made to the document. Wardlow stated there was a lot of cross collaboration in the Prevention Committee's activities and he would like to see that reflected in the document. Christy will make the changes, re-format and will email it to the Committee for their review. All edits need to be submitted to Scott and/or Christy by September 13.

### **Updates from SCAODA – Christy Niemuth**

#### **- 911 Good Samaritan Report**

- The report is with the graphic designer and is being re-formatted to look like past Committee reports. The report should be printed and ready for distribution by mid-September. Scott shared that the report was presented at the last, full SCAODA meeting and was approved. Annie asked if there are recommendations in the report that coalitions can work on in support of the 911 Good Samaritan Law/Report. Scott reported that many of the recommendations in the report are vague and include different levels of activities that include data collection, education, legislation, etc. There is work being done on creating a 'fact sheet' with recommendations from the report.

#### **- Report on Heroin Strategies**

- Work has been done on researching and creating a brief overview of heroin prevention, treatment and recovery strategies, services and interventions that would help communities who are struggling with this public health epidemic. The

framework of the overview is on the 4 pillars and Christy passed around a sheet discussing the 4 pillars titled, ‘Recommendations’.

- Wisconsin State Senator Nygren from the 89<sup>th</sup> Assembly District is interested in these heroin strategies and may be bringing forth some of these recommendations for legislation.
- Paula Brown discussed how children are often a missed population for receiving assistance when heroin and opioids are present in their lives. Paula stated that she would like to be included in the Heroin Ad-Hoc Workgroup to help ensure that this population is included in its recommendations. Paula said she could pass on information about the long-term effects of prenatal exposure of heroin/opioids have on children with the caveat that the data is limited and the information they do have is on referrals to services.
- The Prevention Pillar in Green Bay will be meeting and Annie will send out the information to the Prevention Committee so that other groups, agencies and coalitions won’t have to re-create these documents and can unify and coordinate efforts.
- Annie shared she will be rolling out a media campaign on the prevention of heroin use and its consequences. She will share more when it is done. The Department of Justice will also be rolling out a media campaign that will focus on heroin use and consequences.
- Penny shared that she has preliminary data from the Prescription Drug Monitoring Program (PDMP) and she will be working on separating the data by county for the first 6 months of 2013.

#### **Heroin Ad-Hoc Committee Membership – Christy Niemuth**

Christy will be working to convene the Heroin Ad-Hoc Committee. Currently, there is not a Chair identified to lead the Heroin Ad-Hoc Committee. She requested Committee members to email her names and contact information of interested and knowledgeable individuals who would be willing to join the Heroin Ad-Hoc Committee. Both Annie and Paula requested to be members of the Ad-Hoc Committee.

#### **2013 Prevention Conference/Ancillary Meetings – Christy Niemuth**

Christy passed around the 2013 Prevention Conference agenda and information about the ancillary meetings. This year the Prevention Conference will be in the Wisconsin Dells at the Kalahari Resort on Sept. 11<sup>th</sup> – 13<sup>th</sup>. During the Prevention Conference, filming will be taking place for the Wisconsin Underage Drinking Video. Julia Sherman has graciously agreed to be the film’s Narrator. The video will be discussing the 4 A’s of alcohol prevention strategies that include: Availability, Acceptability, Affordability, and Attractiveness.

#### **Public Forum at the Prevention Conference – Scott Stokes & Christy Niemuth**

The Public Forum will be held at the 2013 Prevention Conference on the evening of Sept. 12th at the end of the conference day.

#### **Workforce Development Certification – Prevention Specialist – Christy Niemuth**

Christy provided a brief history about the Prevention Specialist and the Prevention Specialist In-Training Certifications from the Wisconsin Department of Safety and Professional Services. In

the past there was a moratorium on the professional certification and agencies' certification/licensure (this is handled through the Department of Health Services in the Division of Quality Assurance) to provide substance abuse prevention services. There is a common misunderstanding among some prevention professionals that this is a 'new' requirement but this is not the case, the requirement has been in place since the revisions of DHS75 administrative rule in 2008. Christy will be working together with DSPS and DQA to get clarification and a better understanding of the certification processes with the hopes of creating a guidance document to help prevention professionals. Jane stated that this should be the Prevention Committee's priority to re-convene a workgroup to help build the prevention workforce and that she would be willing to participate.

### **Agency Updates – Prevention Committee Members**

Paula Brown shared that the Department of Children and Families celebrated their 5 year anniversary with a special guest visit from the Governor. She has been working hard to increase awareness about the Adverse Childhood Experiences (ACE) initiative. The next steps will be providing more information on preventing ACE and implementing policies, services and resources to protect children, families and communities. Currently, they are compiling 2011 and 2012 data and once Paula will present the findings to the Committee.

### **Future Meeting Dates/Agenda Items – Prevention Committee Members**

Christy asked Members to identify future presentations that they would like to have at the Prevention Committee meetings in 2014. The following topics were requested:

- Trauma Presentation from DCF
- Prevention Committee Member Presentations – about their agency, prevention activities, collaboration, etc.
  - Wisconsin Prevention Network
  - Teen Institute
- Prevention Conference – What can we do in the future? What are the future options? Can we build in more substance abuse prevention?

Christy will solicit future volunteers to present to the Committee by email.

Julia Sherman shared information about the upcoming Alcohol Policy Summit which will be taking place on Thursday, October 17<sup>th</sup> in Oshkosh, Wisconsin at the Hilton Garden Inn. Some of the topics that will be discussed are; the impact on increasing the alcohol tax and employment, over-serving at establishments, and state pre-exemption. Registration is not open yet but the announcement email will be coming soon.

Christy will be emailing Members a Doodle poll to pick a date for the next Prevention Committee Meeting that will be held in October.



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  
Friday, October 18, 2013  
9:30 a.m. – 1:30 p.m.**

CEA 6 Administrative Office  
2935 Universal Court  
Oshkosh, WI 54904

**Agenda**

- Welcome and Introductions
- Approve Minutes from August 14, 2013 Meeting
- PFS II SEOW Grant Supplement Funds
- Marijuana conference – Annie Short
- Updates from SCAODA
- Heroin Ad-hoc committee membership
  - Actions around the state
    - Nygren proposed legislation
    - DOJ campaign
    - Opiate Treatment Clinics
- Prevention Training Plan
- AWY Update/Website Update
- Public Forum at the Prevention Conference
- Agency Updates
- Future Meeting Dates/Agenda Items

2014 SCAODA Prevention Committee meeting calendar – locations TBD

January 16, 2014

April 17, 2014

July 17, 2014

October 16, 2014

**SCAODA PROPOSED BYLAW CHANGES**  
**December 2013**

**1. Article II, Section 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, ~~Regulation and Licensing, Safety and Professional Services~~, Veteran Affairs and Children and Families, ~~and the Office of Justice Assistance~~, the Wisconsin Technical Colleges System and the University of Wisconsin System.

**2. Article IV, Section 1.2 Committees**

- 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 interdepartmental coordination~~, 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.



## Parity Implementation Coalition

The Departments of Treasury, Labor and Health and Human Services issued a final rule on Friday November 8, 2013 governing the implementation of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA). While further analysis is required to digest the complexities of the 200 page rule, below is a brief summary of key provisions.

Links to key materials:

- Final regulation, available at [www.dol.gov/ebsa/pdf/mhpaeafinalrule.pdf](http://www.dol.gov/ebsa/pdf/mhpaeafinalrule.pdf)
- FAQs about ACA Implementation Part XVII and Mental Health Parity Implementation, available at <http://www.dol.gov/ebsa/faqs/faq-aca17.html>
- U.S. Department of Health and Human Services' Study: Consistency of Large Employer and Group Health Plan Benefits with Requirements of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, available at [www.dol.gov/ebsa/pdf/hswellstonedomenicimhpaealargeemployerandghpbconsistency.pdf](http://www.dol.gov/ebsa/pdf/hswellstonedomenicimhpaealargeemployerandghpbconsistency.pdf)
- News release, available at <http://www.dol.gov/ebsa/newsroom/2013/13-2158-NAT.html>

### Effective Date

In general, the final rule is effective for plan years beginning on or after July 1, 2014. In practice, the bulk of plan years end December 31 so the effective date for most insured will be January 1, 2015.

### Request for Comments

In the FAQs released with the rule, the Departments requested comments on “what additional steps, consistent with the statute, should be taken to ensure compliance with MHPAEA through health plan transparency, including what other disclosure requirements would provide more transparency to participants, beneficiaries, enrollees, and providers, especially with respect to individual market insurance, non-Federal governmental plans, and church plans.”

Comments are due by January 8, 2014 to [E-OHPSCA-FAQ.ebsa@dol.gov](mailto:E-OHPSCA-FAQ.ebsa@dol.gov).

### Scope of Service

The final rule clarified the scope of service issue by stating:

1. The 6 classification of benefits scheme (inpatient in and out-of-network, outpatient in and out-of-network, emergency care, and prescription drugs) was never intended to exclude intermediate levels of care (intensive outpatient, partial hospitalization, residential).
2. The language in the final rule on scope makes it clear that each classification and sub-classification has to meet all parity tests within each classification. And further states that “the classifications and sub-classifications are intended to be comprehensive and cover the complete range of medical/surgical benefits and mental health or substance use disorder benefits offered by health plans and issuers.”

This language, coupled with the new specific examples around intermediate levels of care, makes it clear that MH/SUD services have to be comparable to the range and types of treatments for medical/surgical within each class.

3. Although neither the Interim Final Rule (IFR) or final rule mandate specific services required to be offered by plans under the 6 classification scheme, the final rule clarifies that plans must assign intermediate services in the behavioral health area to the same classification as plans or issuers assigned intermediate levels of services for medical/surgical conditions.

The final rule provides an example on page 27:

For example, if a plan or issuer classifies care in skilled nursing facilities or rehabilitation hospitals as inpatient benefits, then the plan or issuer must likewise treat any covered care in residential treatment facilities for mental health or substance use disorders as an inpatient benefit. In addition, if a plan or issuer treats home health care as an outpatient benefit, then any covered intensive outpatient mental health or substance use disorder services and partial hospitalization must be considered outpatient benefits as well.

The net effect of this provision is that parity requirements (as clarified by the FAQs issued by the Department of Labor today) extend to intermediate levels of MH/SUD care and that such services must be treated comparably under the plan.

(See examples 9 & 10 on page 193 in the rule for additional detail on how this rule impacts residential SUD facilities)

### **Non-Quantitative Treatment Limitations (NQTLs)**

- The final rule strikes the provision included in the IFR that permitted plans to apply discriminatory limits on mental health/substance use disorder (MH/SUD) treatment if there was a “clinically recognized standard of care that permitted a difference.”
- Under the final rule, parity requirements for NQTLs are expanded to include restrictions on geographic location, facility type, provider specialty and other criteria that limit the scope or duration of benefits for services (including access to intermediate levels of care). The net effect of this is plans will no longer be able to require a patient to go to an MH/SUD facility in their own state if the plan allows plan members to go out of state for other medical services.
- The final rule does not include a new quantitative floor or formula on how plans may apply NQTLs to MH/SUD.
- The final rule maintains the “comparable and no more stringently” standard on NQTLs without defining the term and continues to require plans to disclose the “processes, strategies, evidentiary standards and other factors used by the plan or issuer to determine whether and to what extent a benefit is subject to an NQTL be comparable and applied no more stringently for MH/SUD than for medical/surgical.”
- The improvement in the final rule is that plan participants or those acting on their behalf will now be able to request a copy of all relevant documents used by the health plan to determine whether a claim is paid (see disclosure section for more detail on what documents may be requested. Current or potential enrollees may request this information and plans are required to provide it within 30 days).
- **The final rule confirms that provider reimbursement rates are a form of NQTL.** The preamble clarifies that plans and issuers can look at an array of factors in determining provider payment rates such as service type, geographic market, demand for services, supply of providers, provider practice size, Medicare rates, training, experience and licensure of providers. The final rule reconfirms that these factors must be applied comparably and no more stringently on MH/SUD providers. Additional comments will be solicited if questions persist with respect to provider reimbursement rates.

### **Disclosure and Transparency**

MHPAEA requires that the criteria for medical necessity determinations be made available to any current or potential enrollee or contracting provider upon request. MHPAEA also requires that the reason for the denial of coverage or reimbursement must be made available upon request. New disclosure requirements in the final rule will require plans to provide written documentation within 30 days of how their processes, strategies, evidentiary standards and other factors used to apply an NQTL were imposed on both medical/surgical and MH/SUD benefits.

Under the final rule, regulations under the ACA and FAQs issued by the Department of Labor (DOL), today, plans and issuers must provide the claimant, free of charge, during the appeals process with any new additional evidence considered relied upon or generated by the plan or issuers in connection with a claim.

### **Enforcement**

The final rule clarifies, as codified in federal and state law, states have primary enforcement authority over health insurance issuers. As such, states will be the primary means of enforcing implementation of MHPAEA.

The Department of Health and Human Services (HHS), through its Centers for Medicare and Medicaid Services (CMS), has enforcement authority over issuers in a state that do not comply. The Department of Labor (DOL) has primary enforcement authority over self insured ERISA plans.

### **State Preemption**

More consumer protective state laws are not preempted.

### **Medicaid Managed Care, CHIP and Alternative Benefit Plans**

The final rule does not apply to Medicaid Managed Care Organizations, Children's Health Insurance Program (CHIP) or Alternative Benefit Plans (i.e. Medicaid Expansion Plans under the ACA) even though the rule states the statute applies to these entities. As stated, the January 2013 CMS State Health Official Letter will continue to govern implementation of Medicaid managed care parity. The final rule states more guidance on this will be forthcoming. The PIC will be requesting this additional Medicaid guidance be issued within 180 days.

The CMS letter of January 2013 made it clear that sections of the IFR do apply to Medicaid managed care organizations (MCOs) - specifically they stated that NQTLs apply to Medicaid MCOs just as they do to commercial plans. The PIC will advocate for additional guidance that will require that all key consumer protection sections from the final rule will be applied to Medicaid MCOs.

### **Cost Exemption for Plans and Issuers**

The final rule provides a formula for how plans and issuers can file a cost exemption if the changes necessary to comply with the law raise costs by at least 2% in the first year.

### **Tiered Networks**

The final rule allows plans and issuers to use multiple provider network tiers but only if they are not imposing these tiered networks more stringently on MH/SUD subject to the general test provided for NQTLs.

### **Application to the Individual Market**

The final rule applies to the individual market to both grandfathered and non-grandfathered plans for plan year beginning on or after July 1, 2014.

### **Non-Federal Governmental Plans**

Local and state self-funded plans may continue to apply to CMS for an exemption from MHPAEA's requirements.

### **Multi-Tiered Prescription Drugs**

A plan may have multi-tiered prescription drug programs (applies different levels of financial requirements to different tiers to prescription drugs in accordance with the NQTL rules). A plan may not apply these tiered prescription drug programs more stringently on MH/SUD prescription drugs.

# ANNUAL SYNAR REPORT

42 U.S.C. 300x-26

OMB № 0930-0222

FFY 2014

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 2013 Compliance Progress) and future plans to ensure compliance with the Synar requirements to reduce youth tobacco access rates (FFY 2014 Intended Use Plan). These data are required by 42 U.S.C. 300x-26 and will be used by the Secretary to evaluate state compliance with the statute. Part of the mission of the Center for Substance Abuse Prevention (CSAP) is to assist states<sup>1</sup> 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.

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

## **Getting assistance in completing the Synar report**

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

## **Where and when to submit the Synar report**

The ASR must be received by SAMHSA no later than December 31, 2013 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 2014 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



**SECTION I: FFY 2013 (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 2014 ASR was posted to this Web address.)* Posted at <http://www.dhs.wisconsin.gov/substabase/INDEX.HTM> on DATE \_\_\_\_\_
- 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 13, 2013

**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

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- 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 2013 (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>	31	93	124
Number of <u>finest assessed</u>	31	93	124
Number of <u>permits/licenses suspended</u>	NA		NA
Number of <u>permits/licenses revoked</u>	NA		NA
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 Microsoft PowerPoint 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 2013 (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.**

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

**Accuracy rate** \_\_\_\_\_

**Completion rate** \_\_\_\_\_

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

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

- Form 2 (Optional) in Appendix A (Forms 1–5) *(Attach completed Form 2.)*  
 Other *(Please specify. Provide formulas and calculations or attach and explain the program code and output with description of all variable names.)*

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

- Yes  No  No stratification

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

f. **Was a cluster sample design used?**

- Yes  No

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

*If No, go to Question 7g.*

**Were any certainty primary sampling units selected this year?**

- Yes  No

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

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

	Sample Size
<b>Effective sample size</b> (sample size needed to meet the SAMHSA precision requirement assuming simple random sampling)	
<b>Target sample size</b> (the product of the effective sample size and the design effect)	
<b>Original sample size</b> (inflated sample size of the target sample to counter the sample attrition due to ineligibility and noncompletion)	
<b>Eligible sample size</b> (number of outlets found to be eligible in the sample)	
<b>Final sample size</b> (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 06/16/13 to 07/20/13**  
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.

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**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 2014 (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 2014. 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 2014, 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) 2013, 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 2014 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 2014, 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 2014 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 2015 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 2014). 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 2014).

- 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: 2014
(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
<b>Total</b>										

- 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 2014).

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.

<b>Summary of Clusters Created and Sampled</b>				
<b>State:</b> _____				
<b>FFY:</b> 2014 _____				
(1) Row #	(2) Stratum Name	(3) Number of PSUs Created	(4) Number of PSUs Selected	(5) Number of PSUs in the Final Sample
<b>Total</b>				

**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 2014).

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."

<b>Inspection Tallies by Reason of Ineligibility or Noncompletion</b>			
		<b>State:</b> _____	
		<b>FFY:</b> 2014	
<b>(1) INELIGIBLE</b>		<b>(2) ELIGIBLE</b>	
<b>Reason for Ineligibility</b>	<b>(a) Counts</b>	<b>Reason for Noncompletion</b>	<b>(a) Counts</b>
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> )			
<b>Total</b>		<b>Total</b>	

**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 2014).

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.

<b>Synar Survey Inspector Characteristics</b>		
		<b>State:</b> _____
		<b>FFY:</b> 2014
	(1) Attempted Buys	(2) Successful Buys
<b>Male</b>		
15 years		
16 years		
17 years		
18 years		
<b>Male Subtotal</b>		
<b>Female</b>		
15 years		
16 years		
17 years		
18 years		
<b>Female Subtotal</b>		
<b>Other</b>		
<b>Total</b>		

## **APPENDIXES B & C: FORMS**

### Instructions

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

## APPENDIX B: SYNAR SURVEY SAMPLING METHODOLOGY

State: Wisconsin  
 FFY: 2014

**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.**

$$n_e = \frac{1}{\left( \frac{(s.e.)^2}{P(1-P)} + \frac{1}{N} \right)}$$

where  $P$  is the expected RVR (20%);  
 s.e is the standard error of the estimate for 3% margin of error for a one-sided confidence interval (0.0182) and  $N$  is the total number of outlets in the sampling

frame.

The target sample size ( $n_t$ ) is the effective sample size multiplied by the assumed design effect of 1.

The original sample size is determined by:

$$n_o = (1 + s) \frac{n_t}{r_l r_c},$$

where  $s$  is a safety margin (35%),  $r_l$  is the expected eligibility rate (80%), and  $r_c$  is the expected completion rate (90%).

**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: 7281

**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: 2014

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

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

#### a. Consummated buy attempts?

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

#### b. Youth inspectors to carry ID?

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

#### c. Adult inspectors to enter the outlet?

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

#### d. Youth inspectors to be compensated?

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

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

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

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

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

Always  Usually  Sometimes  Rarely  Never

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

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

Cigarettes  
 Small Cigars/Cigarillos  
 Smokeless Tobacco  
 Other

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

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

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

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

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

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

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

SYNAR COMPLIANCE CHECK TEAM TRAINING AGENDA

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

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

**a. Legal**

Yes  No

*(If Yes, please describe.)*

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

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

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

(b) A person under 18 year of age, but not under 15 years of age, may purchase, attempt to purchase or possess cigarettes or tobacco products in the course of his or her participation in an investigation under s. 254.916 that is conducted in accordance with s. 54.916 (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:

- 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 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 (\$6.00), 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: 2014

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.

**2014 Wisconsin Substance Abuse Block Grant Annual Report**

**Summary**

**DUE DATE: November 25, 2013**

Wisconsin Department of Health Services  
Division of Mental Health and Substance Abuse Services



November 5, 2013

**Substance abuse priorities and outcomes**

Priority	Indicator	Outcome	Description	Plan to achieve (if applicable)
TB information and referral  <b>REQUIRED FEDERAL</b>	The rate of treatment agencies in compliance with TB information and referral policies vs. total agencies certified or re-certified will be 100%.	Achieved	The Division of Quality Assurance issues citations to treatment agencies not compliant with the TB information and referral policies. No noncompliance citations were issued for CY2012.	N/A
Increase prevention, street outreach, and access to recovery-oriented treatment for injection drug users (IDUs).  <b>REQUIRED FEDERAL</b>	Increase treatment admission among IDUs by two percent over baseline of approximately 1,200 annual admissions.	Achieved	HSRS data show increased rates of treatment admissions for IDUs. In 2011 there were 1647 patients who reported needle use 30 days prior to treatment. This is more than a 2% increase.	N/A
Special populations  <b>REQUIRED FEDERAL</b>	The proportion of racial, ethnic, pregnant women, and women of child-bearing age persons served will be comparable to their occurrence in the general population including adjustments for their incidence of substance use disorders.	Achieved	Increase access to culturally-appropriate and comprehensive services for special populations. This is done by strengthening representation of special populations among certified substance use disorders counselors; strengthening coalitions representing special populations; supporting strategic planning efforts at the local level to include assessment of needs and service gaps; and strengthening trauma-informed care within organizations serving special populations. The workforce development initiatives include a survey of the number and qualifications of	N/A

2014 Wisconsin Substance Abuse Block Grant Report

			<p>existing substance abuse counselors in Wisconsin; academic preparation for licensing of counselors; general education and awareness of healthcare reform; and general education and awareness of billing and working with insurance companies. The strategic planning initiatives include assisting communities to promote emotional health and reduce the likelihood of mental illness and substance abuse. Initiatives include the Minority Counselor Training Institute, community aids, the Tribal State Collaborative for Positive Change, Tribal Health Equities Workgroup, Tribal Coordinated Services Teams, Women’s treatment grants, and SAPTBG set asides.</p>	
<p>Reduce tobacco use</p> <p><b>REQUIRED FEDERAL</b></p>	<p>The proportion of successful attempts to purchase tobacco products by young people will be below 10%.</p>	<p>Achieved</p>	<p>The Synar compliance check effort is coordinated by the Division of Public Health’s Tobacco Prevention and Control Program. The CY2011 rate of successful attempts to purchase tobacco products was 5 percent. The CY2012 rate was 5.4 percent.</p>	<p>N/A</p>
<p>Reduce illegal and harmful drinking</p>	<p>Rates of “Any use of alcohol in the past 30 days” and “Binge drinking in the past 30 days” will be at or below the national average for Wisconsin youth on one or both of the National Survey on Drug Use (NSDUH) or Youth Risk Behavior Survey (YRBS).</p>	<p>Not achieved</p>	<p>Rates of underage drinking have been going down since 2001. Current underage drinking rates have fallen from 54 percent to 39 percent in 2011 and in 2009 fell below the national average for the first time. Binge drinking rates by high school students have also dropped from 34 percent in 2001 to 24 percent in 2011. Reductions in harmful drinking have been achieved, however Wisconsin’s current rates of alcohol use in the past 30 days (39 percent) and binge drinking by high school students (24 percent) are still above the national averages (36 percent and 22 percent respectively).</p>	<p>Continue to work with local communities and policymakers to create an environment where underage drinking is not accepted and step up efforts to enforce current laws and focus on environmental strategies.</p>

## 2014 Wisconsin Substance Abuse Block Grant Report

<p>Improve data collections systems</p>	<p>HSRS/PPS records will be uploaded to STSS within 60 days of the end of a calendar year quarter and will be at or better than the national average on the federal data quality indicators of timeliness and completeness.</p>	<p>Not achieved</p>	<p>Wisconsin uses the Data Quality Assessment Reports produced by Synectics each quarter to measure the HSRS/TEDS performance indicators. Wisconsin underwent a major migration from its legacy mainframe IMS database to a modern, more flexible, and more efficient Oracle database. This migration involved 67 county reporting agencies and 140 service providers. Wisconsin met its timelines for completing the migration, but extracting the data for the TEDS file uploads and data quality efforts were delayed. The 2012 TEDS admission data were uploaded in August 2013 and the 2012 TEDS discharge data were uploaded in September 2013. The January-June TEDS admission data were uploaded in October 2013 and the January-June TEDS discharge data will be uploaded in November 2013.</p>	<p>Wisconsin staff are working with the state IT contractors to develop more timely TEDS file extracts. Wisconsin also is developing a new set of reporting agency data quality reports and follow-up procedures to ensure timely and complete reporting. Wisconsin expects to be current with its 2013 admission and discharge file uploads by the first week of January 2014. TEDS data completeness indicators are expected to improve by the September 2014 file uploads.</p>
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### Number of persons served (unduplicated) for CY2012

Age	Total	White		Black		Pacific Islander		Asian		Native American		Unknown		Hispanic*	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
17 and under	501	307	119	32	6	0	1	1	0	21	13	1	0	22	5
18-24	3762	2188	1066	245	80	5	4	41	6	62	59	5	1	144	45
25-44	12367	7241	3030	1174	453	14	4	52	15	195	155	21	13	641	125
45-64	7249	3935	1795	938	407	0	1	5	6	92	51	14	5	243	36
65 and over	308	203	68	21	2	0	0	0	0	8	5	1	0	3	0
<b>TOTAL</b>	<b>24187</b>	<b>13874</b>	<b>6078</b>	<b>2410</b>	<b>948</b>	<b>19</b>	<b>10</b>	<b>99</b>	<b>27</b>	<b>378</b>	<b>283</b>	<b>42</b>	<b>19</b>	<b>1053</b>	<b>211</b>

US census 2012 est.	Male	Female	White	Black	Pacific Islander	Asian	Native American	Unknown	Hispanic*
Percent of population	49.6	50.4	88	7	--	3	1	--	6
Percent served	70	30	82	14	.1	1	3	.2	5

\*Hispanic is an ethnicity, not a racial category

### **Federal requirements for the Substance Abuse Block Grant**

The federal parameters on the use of the block grant funds are as follows:

- States must expend no less than 20 percent on primary prevention.
- States must expend no less than five percent on treatment services for pregnant women and women with dependent children.
- States can only use five percent for grant administration. A portion of the block grant is used for program development activities beyond the five percent administrative amount (i.e. staff salaries to implement the federal required program development and quality improvement activities) as established in the state biennial budget.
- The program gives preference in admission to pregnant women who seek or are referred for and would benefit from block grant-funded treatment services. Further, all entities that serve women and who receive block grant funds must provide preference in the following order:
  - To pregnant injecting drug users first.
  - To other pregnant substance abusers second.
  - To other injecting drug users third.
- Grant funds shall not be used to provide inpatient hospital services unless the safety of the patient is in jeopardy.
- The daily rate of payment provided to the hospital for providing the services to the individual cannot exceed the comparable daily rate provided for community-based, non-hospital residential programs of treatment for substance abuse, and the grant may be expended for such services only to the extent that it is medically necessary (i.e. only for those days that the patient cannot be safely treated in a residential community based program).
- Grant funds shall not be used to make cash payments to intended recipients of health services.
- Grant funds shall not be used to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or any other facility, or purchase major medical equipment.
- Grant funds shall not be used to satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funding.
- Grant funds may not be used to provide financial assistance (i.e. a subgrant) to any entity other than a public or nonprofit entity. A state is not precluded from entering into a procurement contract for services, since payments under such a contract are not financial assistance to the contractor.
- Grant funds shall not be used to provide individuals with hypodermic needles or syringes so they may use illegal drugs.
- Grant funds may not be used to enforce state laws regarding the sale of tobacco products to individuals under age 18, except that grant funds may be expended from the primary prevention set-aside for carrying out the administrative aspects of the requirements such as the development of the sample design and conducting inspections.
- No funds provided directly from SAMHSA or the relevant state or local government to organizations participating in applicable programs may be expended for inherently religious activities, such as worship, religious instruction, or proselytization.

**2014 Substance Abuse Block Grant Report  
Expenditure Report Summary, July 1, 2010 – December 31, 2011**

**Substance Abuse Block Grant Expenditures**

<b>Activity</b>	<b>Expenditures</b>
Primary Prevention	\$7,258,419 (29%)
Prevention and Treatment	\$17,528,152 (59%)
Pregnant women/women with dependent children	<b>\$17,528,152</b>
	\$2,932,400 (12%)
<b>Total</b>	<b>\$24,786,571</b>

*Summary:* Wisconsin is reporting Substance Abuse Block Grant (SABG) expenditures from July 1, 2010 – December 31, 2011 (covering CY2011, SFY2011, and FFY2011).

**Maintenance of Effort (MOE) for state expenditure on substance abuse prevention/treatment services**

<b>Period</b>	<b>Expenditures</b>
2011	\$3,976,803 (actual)
2012	\$3,729,074 (est.)
2013	\$3,743,990 (est.)

*MOE Calculation:* Average of 2011 and 2012 expenditures = \$3,852,939

*Summary:* The expenditures for 2011 reflect state expenditures from CY2011, SFY2011, SFY2012, and FFY2011. The estimated amount expended in 2013 is less than the MOE amount. However, 2012 is still an estimated amount, so the MOE amount could change.

**Maintenance of Effort (MOE) for state expenditure on services for pregnant women and women with dependent children**

<b>Period</b>	<b>Expenditures</b>
1994 (baseline year)	\$2,841,729
2011	\$3,214,631 (actual)
2012	\$3,211,627 (est.)
2013	\$3,044,256 (est.)

*Summary:* States are required to spend not less than the amount expended in 1994. The 2011 amount reflects actual expenditures in CY2011, SFY2011, and FFY2011. Wisconsin met the MOE for 2011 and estimates doing so in 2012 and 2013.

**Maintenance of Effort (MOE) for state expenditure on TB**

<b>Period</b>	<b>Expenditures</b>
1991/1992 (baseline years - average)	\$5,651
2011	\$23,567 (actual)

*Summary:* States are required to spend not less than the amount expended averaging 1991/1992 for individuals in substance use disorders treatment for TB services. The 2011 amount reflects actual expenditures in CY2011, SFY2011, and FFY2011. Wisconsin met the MOE for 2011.

**BY-LAWS**  
**of the**  
**State of Wisconsin**  
**State Council on Alcohol and Other Drug Abuse**  
**As Approved**  
**June 6, 2008**  
**Amended 9-10-10 and 9-9-11**

*<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.
- 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.

- 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. 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 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, Regulation and Licensing, Veteran Affairs and Children and Families, and the Office of Justice Assistance, 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. 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. An ex-officio member may not be elected as an officer of the council.
- f. 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. 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 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 are expected to attend all meetings of the council. Attendance means presence in the room for more than half of the meeting.
- 6.2** Council members who are sick, hospitalized or who have some other important reason for not attending should notify the secretary or the secretary's designee at least a week before the meeting. If that is not possible, notice should be given as soon as possible.
- 6.3** Any member of the council who has two unexcused absences from meetings within any twelve month period 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. Appointed members who do not believe that they can continue should tender their resignation in writing to the secretary of the council. Any resignations will be announced to the council and forwarded to the appointing authority.
- 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 interdepartmental coordination, 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.

**Membership of the State Council on Alcohol and Other Drug Abuse, (SCAODA)  
1 West Wilson Street Room 850 Madison, WI 53703 (608) 267-7704**

Updated: November 2013

**Statutory members**

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S = Statutory Member  
G = Serves at the Pleasure of the Governor  
M = Majority Party  
m = Minority Party,  
R = Republican  
D = Democrat  
C = Citizen Member  
P = Provider

**Membership of the State Council on Alcohol and Other Drug Abuse, (SCAODA)  
1 West Wilson Street Room 850 Madison, WI 53703 (608) 267-7704**

**Ex-Officio Members**

Ex-Officio members, are not appointed by the Governor, are non-voting, and voluntarily serve the State Council.

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**Designee: Matthew Sweeney**

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Department of Children and Families  
**Designee: Robert B. Williams**  
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**VACANT**

Liaison to Mental Health Council

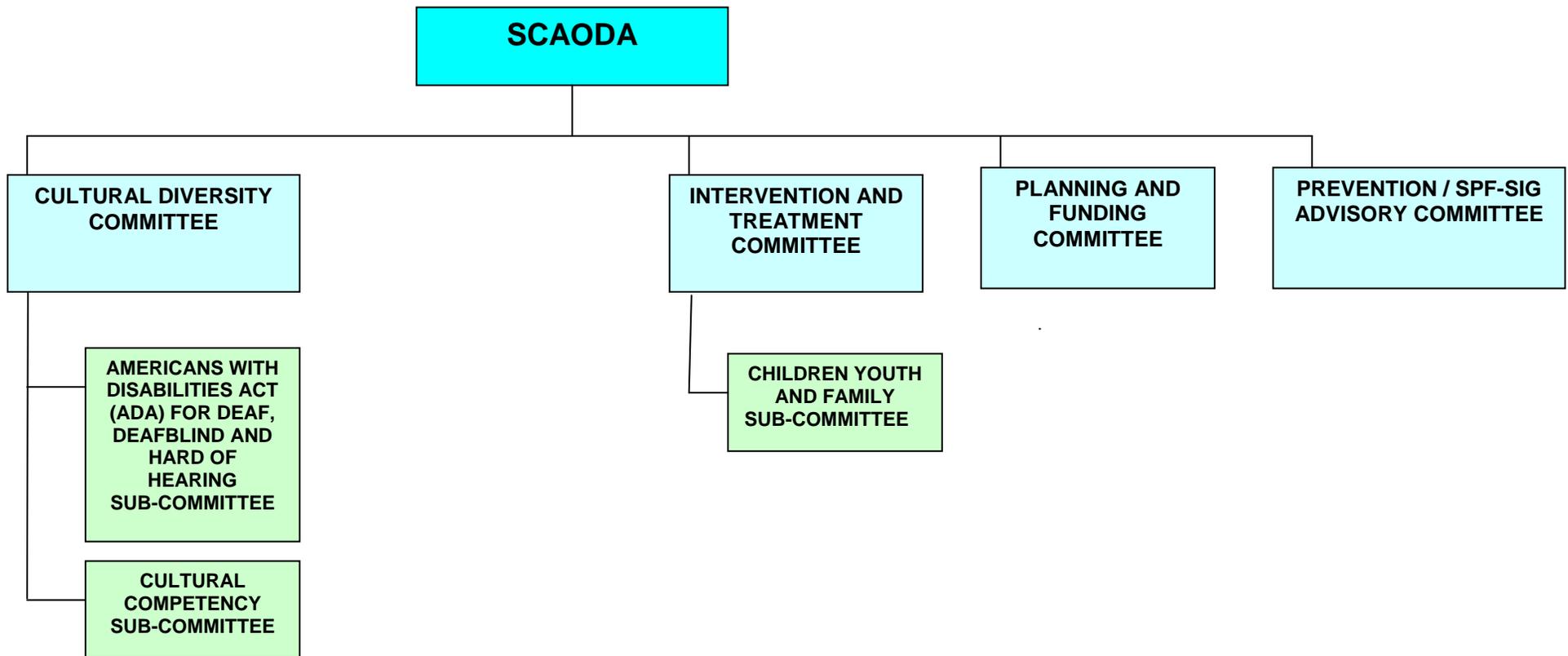
**VACANT**

Liaison to the Developmental Disabilities Council

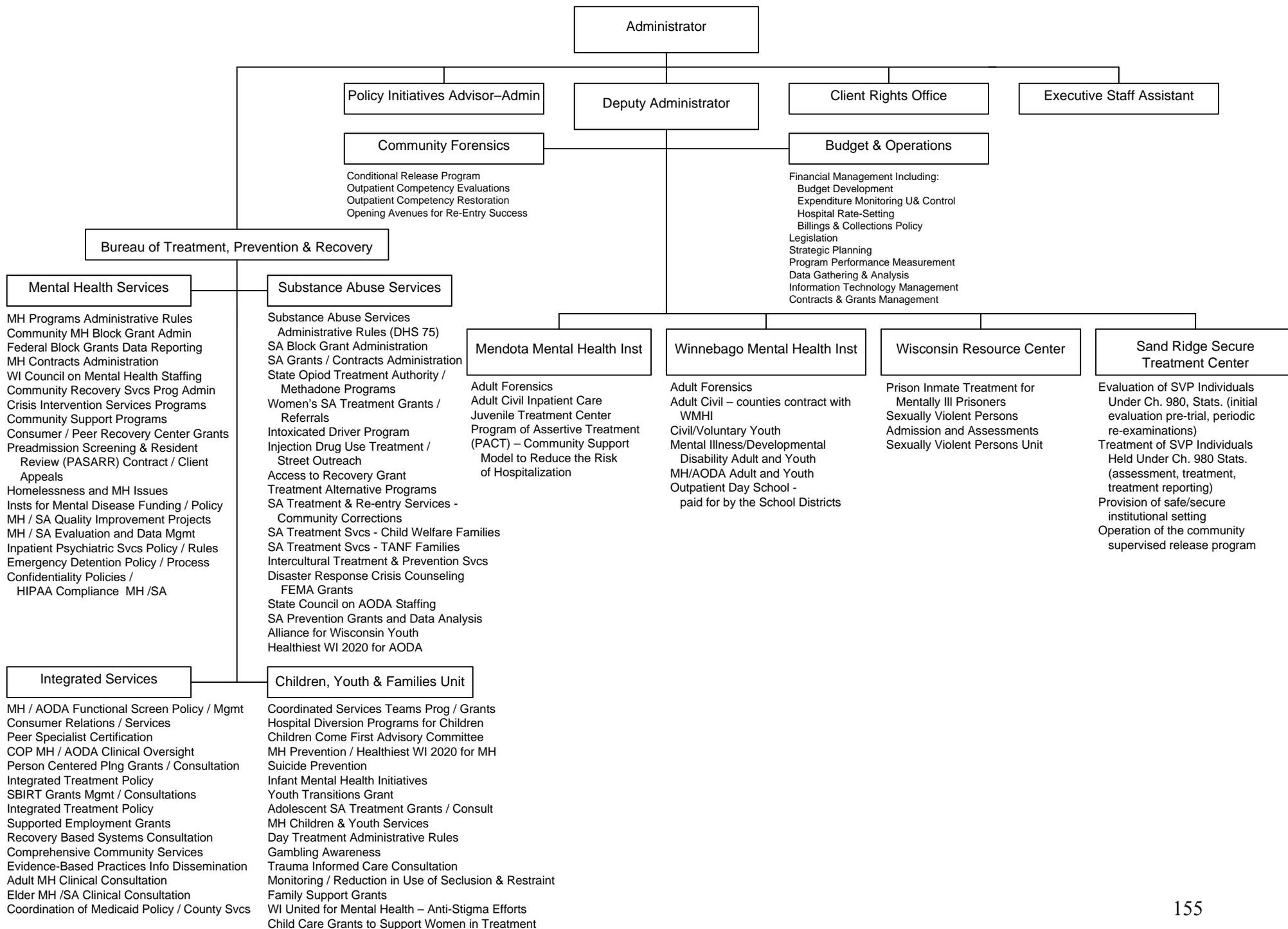
# SCAODA Organization Chart

January 2013

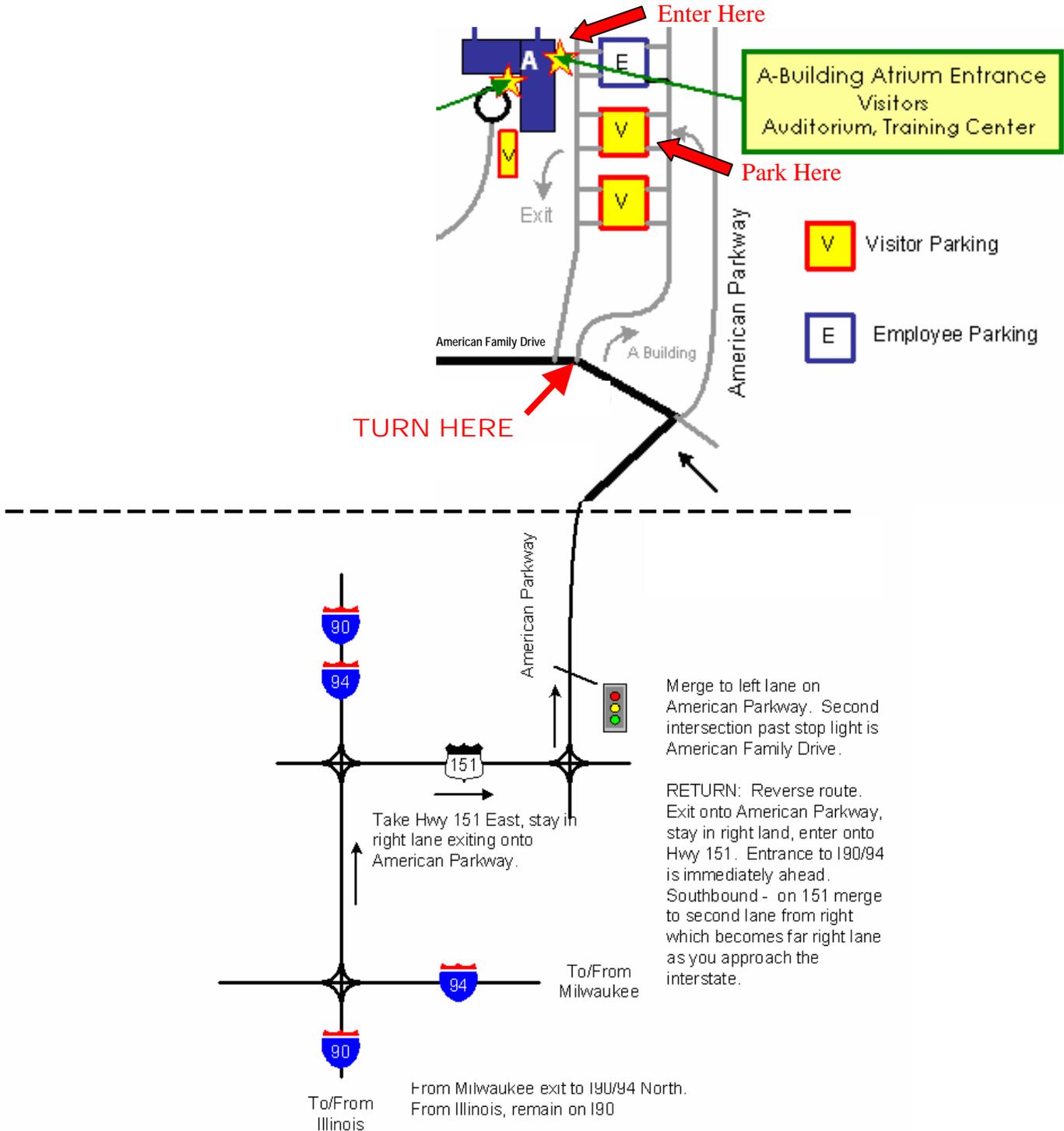
1. Cultural Diversity Committee
  - a. Americans with Disabilities Act (ADA) For Deaf, Deafblind and Hard of Hearing Sub-Committee
  - b. Cultural Competency Sub-Committee
2. Interdepartmental Coordinating Committee
3. Intervention and Treatment Committee
  - a. Children Youth and Family Sub-Committee
4. Planning and Funding Committee
5. Prevention / SPF-SIG Advisory Committee
  - a. 911 Good Samaritan Law Ad-Hoc Committee



**Functions**



# Directions to American Family's Training Center and Auditorium



**Highway Directions to AF-NHQ Campus**

