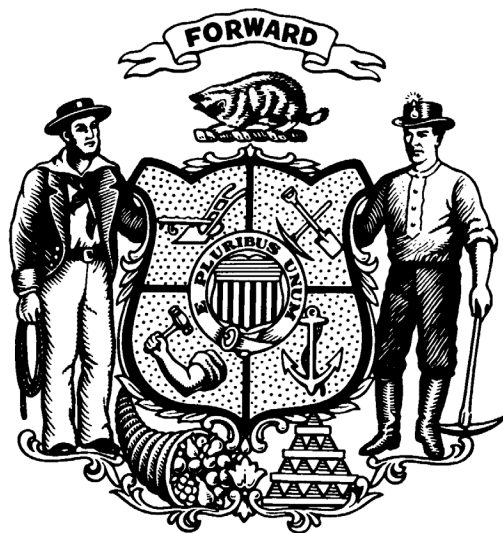


WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



September 6, 2024
VIRTUAL MEETING
(via Zoom)

Kevin Florek
Chairperson

Tony Evers
Governor

Tony Evers
Governor



Kevin Florek
Chairperson

Jennifer Stegall
Vice Chairperson

Christine Ullstrup
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Meeting of the State Council on Alcohol and Other Drug Abuse (SCAODA)

September 6, 2024

9:30 AM to 1:00 PM

<https://dhs.wi.zoomgov.com/j/1605250713>

Phone: 1-669-254-5252

Meeting ID: 160 525 0713

AGENDA

1. **Call Meeting to Order**..... Kevin Florek, SCAODA Chairperson
 - a. Welcome and Introductions
 - b. Review and approval of the minutes of June 7, 2024
 - c. Public Comment: The Council will accept comments from the public relating to any SCAODA business
2. **Updates from the Wisconsin Council on Mental Health**.....Kimberlee Coronado, WCMH Co-Chair
3. **Housing Recovery Vouchers Presentation**..... Emily Bourne and Daniel Duquette, Department of Administration
4. **Prevention Committee Presentation on Psychoactive Hemp Derivatives Ad Hoc Report**.....Chris Wardlow
5. **SCAODA Committee Updates**
 - a. Prevention Committee.....Stacy Stone and Chris Wardlow
 - i) Motion: Requesting SCAODA to adopt the analysis and recommendation report of the Psychoactive Hemp Derivatives Ad Hoc Committee
 - b. Executive Committee.....Kevin Florek
 - c. Diversity Committee.....Christina Malone and Denise Johnson
 - d. Intervention and Treatment Committee.....Roger Frings and Sheila Weix
 - e. Planning and Funding Committee.....Christine Ullstrup and Beth Collier
6. **Review and approval of committee budget recommendations**.....Kevin Florek
7. **Agency Reports:**
 - a. Department of Health Services.....Paul Krupski
 - b. Substance Use Initiatives.....Michelle Haese
 - c. Other Agencies.....Agency Designees
8. **Updates from the Bureau of Prevention Treatment and Recovery**.....Jason Cram

- 9. **Call for future SCAODA agenda items**.....Kevin Florek
- 10. **Adjourn**.....Kevin Florek

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Council’s primary function is providing leadership in Wisconsin on substance use disorder (SUD) issues, advising Wisconsin state agencies on SUD prevention, treatment, and recovery activities, and coordinating SUD planning and funding initiatives across state agencies. The Bureau of Prevention Treatment and Recovery within DHS staffs the Council. DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, need an interpreter or translator, or need this material in another language or format, you may request assistance to participate by Kim Dawson at Kimberly.Dawson@wisconsin.gov or 608-261-0658.

OPEN MEETING MINUTES

Name of Governmental Body: State Council on Alcohol and Other Drug Abuse		Attending: Members in Attendance: Kevin Florek, Tina Virgil, Jennifer Stegall, Autumn Lacy, Subdhadeep Barman, Nichol Wienkes, Ann DeGarmo, Fil Clissa, Denise Johnson, Christina Malone, Jessica Geschke, Michael Morgen, Paula Jolly, Faith Price, Ritu Bhatnagar, Sarah Barry, Senator Jesse James, Terry Schemenauer, John Achter, Marjean Griggs, Latisha Spence-Brookens, Jennifer Fahey, Paul Krupski Guests: Chris Wardlow, Hannah Huffman, Lakesha J, Sarah Johnson, Beth Collier, Felice Borisy-Rudin, Amy Anderson, Hannah Lepper, Holly Stanelle, Jonah DeBeir, Lawanda Chambers, Njemeh Barrow, Kelsey Knowles Department of Health Services Staff: Kimberly Dawson, Ryan Stachoviak, Allison Weber, Teresa Steinmetz, Michelle Haese, Leilani Nino, Leilani Nino, Alex Cammilleri, Alex Berg, Amber Colby, Dan Bizjak, Tiffany Nielson
Date: 6/7/2024	Time Started: 9:30 a.m. Time Ended: 11:28 a.m.	
Location: Online via Zoom		Presiding Officer: Kevin Florek

Minutes

1. Call Meeting to Order

K. Florek, SCAODA Chairperson, called the meeting to order at 9:30 a.m. K. Florek welcomed Sarah Barry as the newest SCAODA Ex-Officio Designee, representing Department of Safety and Professional Services (DSPS).

Review and approval of the minutes of March 8, 2024.

S. Barry moved to accept the minutes. T. Schemenauer seconded the motion. Motion carried; minutes approved.

Public Comment

No public comment was made.

2. Updates from the Wisconsin Council on Mental Health

R. Stachoviak reported that the Wisconsin Council on Mental Health (WCMH) recently voted to move to a tri-chair model. Three co-chairs oversee the Council and are currently fleshing out their individual roles and responsibilities. At their most recent June meeting, the Council received an in-depth presentation on the Mental Health Block Grant. Their next meeting will be held via Zoom on July 17. At the July meeting, the Council will hear from the Bureau of Prevention Treatment and Recovery about how current work and priorities relate to WCMH’s strategic planning. Lastly, the Council is preparing for a two-day in-person meeting in September.

3. SCAODA Committee Updates

Executive Committee

K. Florek shared that this is the time of the year where SCAODA prepares to share budget recommendations with DHS to include in the submittal of agency budget requests. The Executive Committee is asking for each SCAODA committee to consider their priorities, and how they hope the State budget will support these priorities. From there, committees are asked to submit three budget recommendations to the Executive Committee by July 15th. At that time, Executive Committee will consider all recommendations before sending to DHS in August. If committees have a pre-existing meeting planned around mid-July, they may submit their recommendations shortly after July 15.

Next, K. Florek shared that Executive Committee is preparing a workshop to present at 20th Annual Mental Health and Substance Use Recovery Conference to be held at Kalahari Resort and Convention Center, October 17-18.

Lastly, K. Florek noted that Executive Committee is actively tracking council member attendance and thanked those present for their attendance.

Diversity Committee

D. Johnson shared that as Diversity Committee is a newer committee, they continue to be in the process of crafting their mission and objectives. D. Johnson shared the following mission and objectives:

Mission: To enhance and honor the lives of people from diverse populations in Wisconsin by providing access to culturally sensitive services for those who have used or are using substances. This includes offering harm reduction, wellness, peer support, and linguistically appropriate interventions, and related supportive services.

Objectives:

1. To identify, coordinate, review, and promote the use of person-centered best practices and/or innovative and promising practices for programs providing substance use and cooccurring services for underserved populations, aligning with culturally appropriate approaches.
2. To identify unmet needs of underserved populations, considering the impact of labels and language use, and incorporating person-first language.

The Committee plans to finalize their third objective when they meet next on June 26.

Intervention and Treatment Committee

C. Wardlow provided the ITC update, noting that the Committee's workplan is on page 22 of the meeting booklet, as well as their most recent meeting's minutes (pg. 25). The workplan continues to be added upon in an iterative fashion.

Planning and Funding Committee

B. Collier noted that Planning and Funding Committee's workplan also serves as an iterative document, being regularly updated during Committee meetings. The Planning and Funding Committee continues to focus on Medicaid reimbursement. At the most recent meeting they received a presentation on JUUL settlement funds. For their upcoming meeting they plan to review a paper about issues surrounding older adult substance use, which can be viewed on the SCAODA reports [website](#).

D. Johnson, asked for a clarification on the JUUL settlement. B. Collier explained that JUUL is a company that sells electronic nicotine delivery systems (ENDS), such as vapes. DHS is receiving settlement dollars after JUUL used exploitive marketing techniques on adolescents and young adults. Settlement funds are to be spent on the prevention and cessation of ENDS.

Prevention Committee

C. Wardlow provided an update on the Prevention Committee's workplan. C. Wardlow shared that the workplan continues to guide the committee's objectives and priorities. The Committee holds an ad hoc meeting focused on hemp-derived intoxicants. This ad hoc committee is charged with providing recommendations to limit access to hemp-derived products for those aged 21 and over. Currently they are doing this by encouraging municipalities to restrict sales and distribution of products to those younger than 21. C. Wardlow then shared that Congress is working on the Farm Bill. The House Agricultural committee took comment recently and proposed an amendment to close the hemp-derivative loophole. So far, this amendment has passed in the House.

Next, C. Wardlow introduced Felice Borisy-Rudin. F. Borisy- Rudin, who presented on behalf of the Wisconsin Alcohol Policy Project at the most recent Prevention meeting, shared a similar presentation with the SCAODA Council with the following information:

A 1-year study was conducted in six northern Wisconsin counties (Ashland, Bayfield, Price, Lincoln, Oconto, Barron). The counties were selected due to their Northern geography, as well as lack of a border to another state. The sampling included maximum variation of population density. The study was funded by Advancing a Healthier Wisconsin endowment to study local alcohol policies and practices in rural Wisconsin. The Study had the following aims:

1. Engage stakeholders and collect information
 - a. Local alcohol prevention practices
 - b. Perception of implementation policies and practices
 - c. Perception of alcohol use, culture, and harms
2. Collect local alcohol policies into database
 - a. Municipal code
 - b. Ordinances
 - c. Resolutions
3. Compare with alcohol use and health outcomes
 - a. Binge drinking
 - b. Motor vehicle crashes
 - c. Hospitalizations

A total of 177 individuals from the six counties participated with 27-32 persons representing per county. The study found that there were varied opinions about alcohol use, but overall, most communities were concerned about underage and binge drinking. In a focus group with 52 participants (and at least 6 per county), participants noted that so much of recreation is tied to drinking (sports games, community events and fundraisers, Friday supper clubs). Participants noted that with the culture being so alcohol-forward, options for alcohol-free options are few and far between. Participants were surprised to learn Centers for Disease Control (CDC) binge drinking limit of five drinks or more in one sitting for males, and four drinks for females.

One issue identified was that even if a person lost their driver's license due to an Operating While Intoxicated (OWI) for driving a motor vehicle while intoxicated, that individual is still able to drive ATVs, snowmobiles, boats, etc. Additionally, there are issues with individuals driving with open containers in these types of motorized transport. This is particularly challenged by the fact that different state agencies have authority over different motorized vehicles. For example, while the Department of Transportation (DOT) has authority over cars and vehicles on the road, the Department of Natural Resources (DNR) is the authority on watercraft.

The study aimed to document both alcohol policy (such as laws) as well as practice (actual performance and application). It was found that much of the policies and practices are created and held at a municipal level. There are many policies that are not being utilized by municipalities and areas where codes have not been updated, or even conflict with state law. The study found a negative relationship with the number of policies and binge rate, however, acknowledges the small sample size and that the number of policies does not necessarily determine efficacy of each policy. The study identified need for written law and regular practice as well as collaboration amongst multiple stakeholders.

F. Borisy-Rudin noted that many of the counties surveyed lack access to health care, particularly psychiatrists.

Despite being more rural, these areas also had a higher density per person for alcohol outlets. For example, an area with 354 people per alcohol outlet (as opposed to other states with a rate of 1000 persons/alcohol outlet). The study overlay alcohol outlet density over a heat map of motor vehicle crashes and found more crashes where there was a saturation of alcohol licenses.

C. Wardlow asked about the licensing per person comparison across states. F. Borisy-Rudin responded she did not know without revisiting the literature but shared that this density likely contributes to Wisconsin having the highest rate of

binge drinking. F. Borisy-Rudin added that all counties are above the national average, with ¼ of the population engaging in binge drinking at least 1x/month. The average number of drinks is 8 drinks in a sitting, 4x a month.

D. Johnson asked if age was a factor in binge drinking. F. Borisy-Rudin responded that people who start drinking as children or young adults are more likely to binge drink.

K. Florek asked F. Borisy-Rudin to clarify the legality of those with OWI on record still being able to legally drive an ATV. F. Borisy-Rudin responded that DOT and the Department of Justice (DOJ) have recognized a problem with silos impeding enforcement, as all those modes of transportation are regulated separately with separate licensing codes. Additionally, location matters; If an individual is driving while intoxicated on the road, rules of the road apply. However, if on a trail, rules of road do not apply. F. Borisy-Rudin encouraged that this may be an opportunity for SCAODA advocacy. F. Borisy-Rudin later shared via chat that 2023 AB260/SB262 relating to open alcohol containers in or on all-terrain or utility-terrain vehicles failed to pass pursuant to Senate Joint Resolution 1 on 4/15/2024.

F. Borisy-Rudin concluded by announcing a [seminar](#) to be held by the Wisconsin Alcohol Project in Oshkosh on October 7 and 8.

4. Agency Reports:

Department of Health Services

P. Krupski announced that the former Tobacco Prevention and Control Program, has recently changed its name to the Commercial Tobacco Prevention and Treatment Program. This change is intended to make a distinction from tobacco that is used in traditional Native American practices, and support cultural preservation. The name change makes clear the effort to effectively target large-scale commercial tobacco. DHS worked with various partners including the Great Lakes Intertribal Council as well as Wisconsin Native Tobacco Network, and thanks these as well as other partners for guidance in changing the program's name. DHS will continue to integrate this updated language throughout all program areas.

Next, P. Krupski spoke to the Federal CMS extended unwinding to June 2025. P. Krupski noted that this does not impact at the State level, and that the Wisconsin Medicaid office is not changing course and will follow original timelines. More information can be found on DHS website: <https://www.dhs.wisconsin.gov/medicaid/renewal-data.htm>

Lastly, P. Krupski announced that DHS plans to meet with SCAODA Executive Committee later this month to discuss how SCAODA Council can use its platform to advocate. An update from this meeting will be shared at the next September SCAODA Council meeting.

Substance Use Initiatives

M. Haese provided an update on the opioid settlement funding. A proposal for settlement spending was submitted on April 1 to the Joint Committee on Finance. An anonymous objection was received but later approved in May with modest modification. The approved plan includes:

- \$6 million for federally recognized tribal nations with members in Wisconsin to use on prevention, harm reduction, treatment, and recovery services.
- \$6 million for harm reduction efforts, including programs to distribute naloxone; programs to distribute test strips that detect fentanyl and other substances that pose a high risk of adverse reactions; programs to distribute drug disposal kits; and programs to distribute electronic lock boxes for storing and tracking drugs at small facilities like veterinary clinics, behavioral health facilities, surgery centers, nursing homes, fire stations, dental offices, correctional institutions, and rural clinics.
- \$7.7 million to fund projects that would expand prevention, harm reduction, treatment, and recovery services through the construction of new facilities and renovations of existing facilities.
- \$1 million for school-based prevention programs for K-12 students.
- \$1 million for after-school prevention programs for youth.

- \$1.5 million for community-based prevention programs.
- \$3 million for medication-assisted treatment programs.
- \$2.75 million to fund room and board costs for Medicaid members seeking residential substance use disorder treatment.
- \$3 million for law enforcement activities related to community drug disposal systems; programs that keep people with an opioid use disorder out of jail; education and training for staff on the medications for opioid use disorder, including how the medications are used as part of a treatment program; and treatment for jail residents with an opioid use disorder.
- \$1.2 million for a vendor to collect and maintain information regarding substance use disorder treatment providers for the state's substance use disorder treatment platform.
- \$1.5 million to fund substance use data collection, monitoring, and reporting activities needed for the Department of Administration to implement [2021 Wisconsin Act 181](#).
- \$750,000 to educate the public about opioid use disorder, responsible prescription opioid use, signs of opioid use in others, and proper opioid disposal.
- \$750,000 to support the Medical College of Wisconsin's Periscope Project.

Once available, GFOs related to this funding will be posted on DHS website here: [Current Grant Funding Opportunities | Wisconsin Department of Health Services](#)

M. Haese encouraged attendees to sign up to receive an update when Grant Funding Opportunities (GFOs) are released, via this website: [Join One of Our Lists to Receive Email Updates | Wisconsin Department of Health Services](#). M. Haese directed attendees to [DHS Grant Writing Tips](#), to utilize when submitting Grant Applications to DHS. *Department of Safety and Professional Services*

S. Barry noted that in the March 8 SCAODA Council meeting, an issue was raised during public comment regarding the two-time limit of SAC-IT re-certification. S. Barry shared that this limit is written in statutory language (440.88(4)) and would require legislation to amend. This imposed limit came out of Hope Legislation 907 from 2017 and became Act 262. S. Barry encouraged working with legislators = if there is a desire to change the number of renewals permitted.

Other Agencies

A. Lacy shared an update that the Department of Corrections (DOC) received a grant to work with SAMHSA on an anti-stigma addiction policy forum. A. Lacy further shared that the Department is facing challenges sustaining their current services and resources with allocated budget. DOC is looking at budget cuts in fiscal year 2025. In the meantime, the Department continues to be resourceful and is working with a 3rd party administrator to leverage Medicaid reimbursement to offset costs.

5. Updates from the Bureau of Prevention Treatment and Recovery (BPTR)

T. Steinmetz provided BPTR updates. Mike York joined the BPTR as the new State Opioid Treatment Authority (SOTA) after Dan Bizjak moved into the Substance Use Services Section Supervisor position. Sarah Johnson has joined as Section Supervisor of the Prevention Intervention Recovery Services Section. This is a newer created section overseeing primary prevention, recovery support (IPS supported employment) and harm reduction. There are two vacancies to be filled in the Bureau: a Unit Supervisor in the Performance Management Section, as well as in the Integrated Services Section. Once these positions are hired, the Bureau will have a fully staffed leadership team.

Next T. Steinmetz provided an update on Act 249. The Act allows the Department to create administrative rules to certify crisis urgent care and crisis hostels. These sites will help triage mental health and/or substance use with staff that can provide services. Medical clearance can occur onsite, removing the need for this to be done in Emergency Departments. Most states are moving toward this model as a best practice. Currently DHS is waiting for the statement of scope to be approved. From there an advisory group can be formed and rule writing can proceed.

5. Treatment Atlas Presentation

Kelsey Knowles, Shatterproof Senior Director of State Engagement presented on Treatment Atlas. SCAODA last received a presentation on Treatment Atlas in March 2023. The presentation today is intended to re-visit some of this information, as well as provide updates building off that context. Treatment Atlas is an online resource comprised of an individualized needs assessment, that also connects to care. The atlas contains a comprehensive list of facilities for substance use treatment that are regularly updated and contain patient reviews. Treatment Atlas has been funded by state agencies, insurance groups, and foundations. It is not funded by providers, nor is it a “pay to play” model. There is no way for a provider to “boost” themselves up in the listing of available services. In 2020, Treatment Atlas covered 6 states and 13% of the US population, and by 2023 was in 14 states covering 45% of US Population and growing.

K. Knowles provided SCAODA with a demonstration of the platform and described the user testing process. K. Knowles explained that from user testing Treatment Atlas incorporated language that meets a 6th grader reading level, uses affirming language, and large buttons.

While working through the individualized assessment, K. Knowles explained that Shatterproof worked with ASAM to develop needs assessment where client can determine what level of care they need, then receive a tailored list of treatment options. Treatment Atlas prides itself in being a transparent platform for displaying data and a space for clients to leave reviews of treatment. Additionally, there are professional portals where any provider that inputs information into the database can compare how their facility is doing alongside other groups of providers.

D. Johnson asked if the app could filter for ASL providers. K. Knowles responded that you could filter by language, and relevant providers will appear so long as the provider has indicated all the languages they offer.

D. Johnson that asked how the program differs from Impact 211? K. Knowles responded that Treatment Atlas also partners with local resources, but to her knowledge 211 does not have an option for collecting patient reviews and to compare providers based on various filters and metrics.

K. Knowles concluded by asking SCAODA Council members to further explore TreatmentAtlas.org to learn more and explore the platform. She encourages any provider not yet registered on the platform to do so. For any further questions, Kelsey Knowles can be reached here:

Kelsey Knowles

Director of State Engagement, Atlas

kknowles@shatterproof.org | (954) 648-2223

6. Agenda items for September 6, 2024, Meeting

- B. Collier suggested an update on the RFP for Opioid settlement funds be provided at September meeting.
 - M. Haese responded that there were 13 different strategies approved, and DHS is working with teams to see what is covered, as opposed to what work needs to be included in a new GFO. M. Haese shared that new funding opportunities will be shared out to the community as soon as they become available.
- B. Collier suggested discussing 1115 waiver for reentry and contingency management.
- R. Bhatnagar suggested discussing the lack of a Good Samaritan bill in Wisconsin, due to the previous law being allowed to lapse during the pandemic.

7. Meeting Adjournment

Tina Virgil moved to adjourn.

Jennifer Stegall seconded the motion.
All in favor. None opposed.
Meeting adjourned at 11:28 a.m.

Prepared by: Kim Dawson on 6/7/2024.

These minutes are in draft form. They will be presented for approval by the governmental body on: 9/6/2024

State Council on Alcohol and Other Drug Abuse (SCAODA)

Four-Year Strategic Plan: 2023-2027

SCAODA Mission Statement: Provide leadership and direction on substance use and misuse in Wisconsin by serving as the voice to whom the Governor, legislators, local coalitions, and media turn for guidance on substance use and prevention issues, and promote collaboration across multiple sectors to advance and monitor progress of SCAODA's goals.

SCAODA Primary Goals and Objectives for 2023-27

1. Change Wisconsin's cultural norms and policies to transform the state's substance use and misuse challenges into healthy outcomes.

Objectives:

- (a) Seek to reduce stigma associated with seeking and obtaining services for substance use and misuse.
- (b) Promote environmental policies to reduce substance use and create more support and understanding of those in recovery and those who need treatment.

2. Educate people of Wisconsin on the social, economic, and health impacts of substance use and misuse; as well as the benefits of effective prevention, harm-reduction, treatment, and recovery services.

Objectives:

- (a) The council will continue to fulfill its responsibility to provide leadership and coordination by promoting and advocating best-practices and policies for prevention, harm reduction, treatment, and recovery among all levels of government and in communities.

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

Objectives:

- (a) Expand prevention, treatment, and recovery interventions and supports across the lifespan.
- (b) Increase focus and resources for prevention, treatment, and recovery services for children, youth, transitional youth, and young adults
- (c) Continue revitalizing the Children, Youth and Family Treatment Sub-Committee.
- (d) Build awareness and capacity to identify and address the changing needs of older adults due to substance use and misuse.
- (e) Enhance and expand capacity within the substance use workforce to better understand and address the diverse needs of higher risk and underserved populations, including those with language and cultural barriers - as recommended in the CLAS.
- (f) Advocate for and support increased utilization of evidence-based interventions like SBIRT in schools, workplaces, health care, and communities.
- (g) Advocate for and support adoption of innovative policies and promising practices and programs in substance use and misuse prevention, treatment, harm reduction, and recovery.
- (h) Support and advocate for increasing the state excise tax on alcoholic beverages to the median tax level nationally, and increase the portion of tax revenue allocated for prevention, treatment, harm reduction, and recovery programs.

4. Reduce health disparities and inequities, recognize and rectify historical trauma, and address biases within systems, policies and practices.

Objectives:

- (a) Improve the effectiveness of substance use prevention, treatment, harm reduction, and recovery services in addressing the needs of higher risk and historically underserved populations.
- (b) Expand scope of prevention, treatment, harm reduction, and recovery services to be inclusive of populations most impacted by social drivers of health - including socioeconomic standing, zip code, legal status, and other health disparities.
- (c) Support research and identification of substance use and misuse risk and protective factors.
- (d) Advocate for and support the adoption of innovative and promising practices and programs across the continuum of care that fully integrate the National CLAS Standards.

Title	Description	Committee proposed	Related SCAODA Goals	Comments
Expand Vivitrol to providers	Financial assistance to help cover costs for those receiving Vivitrol injections. Additional research studies into Naltrexone/Vivitrol treatment outcomes, physical health, mental health, and neurological effects. Continued research and public awareness with Vivitrol being a resource for individuals who have an alcohol use disorder.	ITC, Planning and Funding	1, 3e,4d	
24-hour childcare/daycare services	At no or low cost for; parents attending mental health and substance use disorder treatment: short-term care services, groups, counseling sessions, inpatient/residential, withdrawal management, and outpatient services, individual appointments, and emergencies.	ITC, Planning and Funding	3f	
Financial treatment assistance for those seeking recovery-	The ability to help those in need of funds to cover costs for intensive outpatient, partial hospitalization, and specialized treatment services (For example: eating disorder treatment, brain spotting, transcranial magnetic stimulation, pregnant mothers, single parents) and inpatient/residential services. Assistance to help pay for treatment, copays, room, and board that HMO's do not cover, and other financial assistance have ceased. Allow for Financial assistance to be available for all Wisconsin residents that are eligible including seniors covered by Medicare and Medicare advantage.	ITC, Planning and Funding	1, 3b, 3c, 4d	
Expanded Medically Managed Withdrawal Management Services (Detox	The committee would like to see an expansion of Medicaid services to access medically managed withdrawal services outside of hospitals. The purpose would be to allow residents the ability to be medically cleared, safely withdraw from substances and be assessed for continued substance use disorder treatment.	ITC, Planning and Funding	1, 3b, 3c, 4d	
Stabilization Funds	To help agencies treating individuals who re-acclimate their clients to home, work, and school. To purchase items such as clothing and shoes, bedding, cookware, dishes, soap, and other hygiene, other basic needs.	ITC	1, 3e	

Housing	Funding for adequate housing in order to provide infrastructure, outreach, prevention, treatment, and recovery services for all in need.	ITC, Planning and Funding	1, 3e	
Transportation	Increase funding to provide reliable transportation from home, jobs, medical and therapy appointments. The committee would like to suggest a state-funded program where residents would be able to obtain transportation at a low-cost or cost-free expense to attend all medical/dental appointments, mental health & substance use disorder therapy appointments, childcare, employment, and grocery stores-24 hours a day.	ITC, Planning and Funding	3e	
Financial assistance	assistance for those in recovery to help reduce financial barriers for Intensive outpatient, partial hospitalization, inpatient, and residential services. The ability to offer financial aid for treatment, copays, room and board as payor of last resort. Financial assistance is available for all Wisconsin residents.	ITC	1, 3e	
1115 Waiver	Encourage DHS to replicate the 1115 Waiver for individuals incarcerated to receive services at the end of their sentences while still in custody as part of the reentry process. Also, to replicate the 1115 Waiver process for contingency management to be implemented at the evidence-based practice level.	ITC		
Peer Support Services	Increase funding for education and certification of peer support and recovery coaches and clinical supervisory staff.	ITC		
Develop culturally competent disease management programs, trainings, and positions.	<p>(Budget: 300,000)</p> <ul style="list-style-type: none"> • Train staff to understand and respect cultural differences. (50,000) <ul style="list-style-type: none"> i. Educational Materials ii. Workshops and trainings • Use culturally relevant and sensitive communication strategies. (50,000) • Hire diverse staff who can relate to and understand the communities they serve. (200,000) 	Diversity	3a, 3b, 3e	
Have linguistic accessibility.	(Budget: 230,000)	Diversity	3a, 3b, 3e	

	<ul style="list-style-type: none"> • Provide services in the individual's preferred spoken/written/visual language/way of communications. (100,000) • Ensure that all written/visual materials are available in multiple languages and ways of communication. (100,000) • Provide American Sign Language (ASL) interpreter service for people who are Deaf/Hard of Hearing/DeafBlind through a third party to provide interpreters for individuals during AA/NA/CA support group yearly. (30,000) 			
Contract with community organizations	<p>(Budget: 500,000)</p> <ul style="list-style-type: none"> • Owned by people of color, women, and/or people with disabilities including people who are Deaf, Hard of Hearing, and DeafBlind. 	Diversity	3a, 3b, 3e	
Creating an Inclusive Policy Development	<p>(Budget: 150,000)</p> <ul style="list-style-type: none"> • Involving representatives from underserved populations in the development of policies and programs. • Provide participants with a stipend to help and assist in the development of policies and program processes. 	Diversity	3a, 3b, 3e	
Compliance Checks	\$1.08 million for alcohol age compliance checks over two years, to be made available as grants to local and county law enforcement agencies that have jurisdiction on compliance checks, with encouragement of collaboration and partnership with local prevention coalitions or health departments.	Prevention	1 b, 2a	
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	\$1.8 million for making SBIRT (Screening, Brief Intervention, and Referral to Treatment) available for courts (including municipal and circuit courts) for persons aged 12 and older with alcohol or drug violations; and for health care organizations and providers, to engage in	Prevention	2a, 3a, 3d, 3f	

	SBIRT education and to establish and make broadly available SBIRT programs in every county.			
Fermented malt beverage tax and liquor tax	Amend Wis. Stat. sections 139.02 (fermented malt beverage tax) and 139.03 (liquor tax) to increase occupational tax on all alcohol beverages by 50%. This would apply to all fermented malt beverages and all intoxicating liquor, including wine and cider, that contain 0.5 percent or more alcohol by volume.	Prevention	3h	

OPEN MEETING MINUTES

Name of Governmental Body: SCAODA Executive Committee		Attending: Kevin Florek, Jennifer Stegall, Christine Ullstrup, Ryan Stachoviak, Kim Dawson	
Date: 8/6/2024	Time Started: 12:07 p.m.	Time Ended: 1:12 p.m.	
Location: Zoom		Presiding Officer: Kevin Florek, Committee Chair	
Minutes			

1. Call to Order

K. Florek called the meeting to order at 12:07 p.m.

2. Review of May 7, 2024, Meeting Minutes

C. Ullstrup moved to approve the minutes.

J. Stegall seconded the motion.

Motion carried unanimously; minutes approved.

3. Public Comment

No public comment was made.

4. Discussion on council, committee, and advisory board membership

K. Dawson updated the committee that Jeremy Gundlach replaced Fil Clissa as ex-officio designee Liaison to the Wisconsin Board for People with Developmental Disabilities as of 6/11/2024. Next the committee reviewed attendance records for SCAODA Council meetings. J. Stegall had flagged offices that had neither the appointed nor designee attending above 50% attendance rate since March 2023. The committee discussed checking in with individuals with attendance less than 50%, and who did not attend the most recent June 2024 meeting. This is particularly a concern for members that may chair or be involved with SCAODA committees but are inactive in either/both Council and Committee. Particularly having a chair not actively attend these meetings may put a committee out of compliance, according to by-laws. The committee asked DHS staff what steps would need to be taken to remove a SCAODA council member/ committee chair. R. Stachoviak responded that historically Executive Committee has begun by reaching out to that individual to ask them whether they remain interested and have the capacity to serve in their role. If the individual does not respond, at that point Executive Committee, alongside DHS staff, can contact the Governor's office to request that the council member be removed. While the replacement will need to be Governor-appointed, Executive Committee can put forth a recommendation for who they would like to fill the seat. The committee discussed Chris Wardlow, as someone who has shown strong commitment to SCAODA's work. The committee discussed gauging Chris's interest to be appointed as a SCAODA council member, were a seat to open.

Since there are several inactive seats to be addressed, R. Stachoviak recommended for DHS to first consult with Karen Odegaard, the External Affairs Liaison in the Office of the Secretary, on how to handle in a sensitive manner. K. Dawson to meet with K. Odegaard to determine if the communication would be best coming from DHS staff or SCAODA Executive Committee, and any other sensitivities to consider.

The committee noted that the State representative majority party seat is vacant. J. Stegall suggested reaching out to the party in the Fall when they have returned from recess and are appointing committees, as this may be an opportune time to generate interest and recruit.

Ramsey Lee, a member of the public as well as a member of the [Governor's Committee for People with Disabilities](#) (GCPD) joined the meeting. R. Lee began by thanking the committee for SCAODA's hard work on important substance

use issues. R. Lee then raised the issue that the member of the GCPD who represents SCAODA has not been in attendance. The GCPD would like to maintain a stronger relationship with SCAODA and would like for the current appointee to increase attendance, or for another SCAODA member be recommended to replace them. C. Ullstrup suggested Denise Johnson as someone who could be a strong asset in this role – given her commitment to SCAODA and drive for disability advocacy. K. Florek asked if there were any other committees that SCAODA members serve on that the committee should re-visit, to ensure attendance and that the interests of the Council are being represented. R. Stachoviak responded that he was only aware of the GCPD and Mental Health Council having SCAODA representatives.

5. Planning conference workshop

C. Ullstrup previewed the PowerPoint used at the 2020 conference workshop. C. Ullstrup suggested that committee use this draft as a starting point and offered to take the lead on updating/polishing the presentation for this October's workshop. While previewing the slide deck, C. Ullstrup explained that previously each SCAODA committee presented their mission and goals. Similarly, she thought it would be good to include committee chairs again this year. The committee identified this as a topic to discuss in the September Council meeting. Regarding the slides about policy and advocacy (starting slide 23), previously this section was covered by Roger Frings. The committee discussed possibly asking R. Frings to aid in the presentation again, or for this section to be covered by J. Stegall.

6. Department of Health Services (DHS) Updates

R. Stachoviak shared changes in the leadership of the Bureau of Prevention Treatment and Recovery (BPTR) in the coming weeks:

- Teresa Steinmetz is leaving her role as BPTR director August 29 to become the assistant commissioner of behavioral health for the Minnesota Department of Human Services.
- Ryan Stachoviak is leaving his role as manager of BPTR's Performance Management Section September 6 to become a stay-at-home dad to his two-year-old daughter.
- Amber Colby is leaving her role as supervisor of the Opioid Response Unit in BPTR's Substance Use Services Section July 30 to return to work in the nonprofit world.
- Shana Martindale is leaving her role as manager of BPTR's Children Youth and Families Section August 9 to return to direct practice as a therapist and spend more time with family.

7. Setting Agenda for September 6, 2024, Council Meeting

- DOA to present on Housing Recovery Vouchers
- Prevention Committee to present on Psychoactive Hemp Derivatives Ad Hoc Report
- Report back on SCAODA Committee recommendations shared with DHS.
- 20th Annual Mental Health & Substance Use Recovery Conference
 - SCAODA workshop overview
 - Ask for committee involvement.
- WI lapse in Good Samaritan protections

8. Review of SCAODA Committee budget recommendations

The meeting ran over time and the Executive Committee was unable to review committee budget recommendations in full. K. Dawson to create a table that lays out each recommendation, the committee it was submitted by, and connection to SCAODA goals. Executive committee will review the table, with its corresponding recommendations, and share with the broader SCAODA Council to provide input on at the September 6 meeting.

9. Adjournment

J. Stegall moved to adjourn the meeting.

K. Florek seconded the motion to adjourn.

Motion carried; meeting adjourned at 1:12 p.m.

Prepared by: Kim Dawson on 8/6/2024.

These minutes are in draft form. They will be presented for approval by the governmental body on: 11/5/24

Tony Evers
Governor



Kevin Florek
Chairperson

Jennifer Stegall
Vice Chairperson

Christine Ullstrup
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

Meeting of the State Council on Alcohol and Other Drug Abuse (SCAODA)

Diversity Committee

August 28, 2024

1:00 PM-3:00PM

<https://dhswi.zoomgov.com/j/1617087444>

Meeting ID 161 708 7444

Meeting URL: <https://dhswi.zoomgov.com/j/1617087444>

One tap mobile: +1617087444#

MEETING AGENDA

1. Welcome and Introductions.....Denise Johnson, Christina Malone,
SCAODA Co-Chairs, Committee Members
 - **Mission:**
“To enhance and honor the lives of people from diverse populations in Wisconsin by providing access to culturally sensitive services for those who have used or are using substances. This includes offering harm reduction, wellness, peer support, and linguistically appropriate interventions, and related supportive services”.
2. Approval of April minutes..... Committee Members
3. Public Input.....Co-Chairs
4. Diversity Committee Strategic Plan and Priorities..... Committee Members
5. DHS updates.....Sarah Coyle, DHS Policy Initiatives Advisor
6. Committee member updates..... Committee Members
7. Future Agenda Items..... Committee Members
 - Harm Reduction Presentation
 - Other topics by committee members?
8. Meeting Adjournment..... Committee Members

Tony Evers
Governor



Kevin Florek
Chairperson

Jennifer Stegall
Vice Chairperson

Christine Ullstrup
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

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

If you need accommodations because of a disability, need an interpreter or translator, or need this material in another language or format, you may request assistance to participate by contacting Allison Weber at allison.weber@dhs.wisconsin.gov or by phone at 608-266-5156

OPEN MEETING MINUTES

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Michael Kemp, Jolee Buhr, Chris Wardlow, Beth Collier, Jennifer Stegall, Paula Jolly, Saima Chauhan
Date: 5/14/2024	Time Started: 10:06 AM	Time Ended: 11:07 AM	DHS: Dan Bizjak, Micah Nickey Guests: Arena Hannah
Location: virtual meeting occurred via Zoom platform			Presiding Officer: Roger Frings-Interim Chair & Sheila Weix-co-chair

Minutes

1. Shelia Weix called the meeting to order at 10:06 AM

Quorum confirmed by Micah Nickey

Not in Attendance: Karen Conner, Laura Fabric, Amy Anderson, Holly Stanelle, Sandra Adams, Patrick Riley, Njemeh Barrow

2. Review and approval of 2/13/2024 meeting minutes. (Roger Frings)

Beth Collier made a motion, second to approve provided by Jennifer Stegall. No opposition. Approved unanimously.

3. Legislative Updates

Micheal Kemp notes at a federal level everything we support (block grants, etc.) are being funded at the same levels. Anxiety regarding what congress will do as they move forward with budget. Support Act expires in Sept. Encouraging Baldwin and Johnson to move this forward. In mid-October NAADAC Advocacy conference in DC - you have the opportunity and can get funding, open invitation to join.

Saima Chauhan provided updates on relevant Senate Bills, a link will be sent for summarizing statuses.

4. Tobacco integration update

Sarah Thompson highlights enhancements to services through Wisconsin Tobacco Quitline. Additional funding allows for 8 weeks of free NRT if participants sign up for coaching services. Menthol users eligible for up to 12 weeks.

5. ITC Strategic Planning and review

Chris Wardlow sent out most current copy of strategic plan. Document reviewed as a group. Motion made to adopt this document by Saima Chauhan. Jolee Buhr seconds. No opposition. Jennifer abstains. Motion approved.

6. Public comments

Micheal Kemp speaks as a member of public and asks members to contemplate National Certification for Addiction Professional Beta testing 2 certifications 1. national certification for nicotine tobacco treatment counselors 2. National certification adolescent treatment counsel.

Micah Nickey notes future meetings will be hosted via Teams.

7. Future meeting dates and future agenda topics

Next Scheduled ITC meeting: July 9th 2024

SCAODA meets June 7th @ 9:30am

8. Member announcements

None

9. Adjourn

Micheal Kemp moved to adjourn; Beth Collier seconded. Unanimous approval to adjourn meeting at

Prepared by: Micah Nickey on 5/28/2024.

Reviewed by Dan Bizjak on 6 /07/2024

These minutes were approved by the governmental body on 8/13 /2024: .

OPEN MEETING MINUTES

Name of Governmental Body: State Council on Alcohol and Other Drug Abuse Planning & Funding Committee			Attending: Sheila Weix, Christine Ullstrup, Jill Gamez, Michelle Devine Giese, Kevin Florek, Megan Decker, Hannah Huffman, Pam Lano, Jessica Cwirla, Kim Dawson
Date: 7/17/2024	Time Started: 9:35 AM	Time Ended: 12:33 PM	
Location: Via Zoom			Presiding Officer: Christine Ullstrup

Minutes

Members of the Planning and Funding Committee in Attendance: Sheila Weix, Christine Ullstrup, Jill Gamez, Michelle Devine Giese, Kevin Florek

Guests: Megan Decker, Hannah Huffman

Department of Health Services Staff in Attendance: Pam Lano, Jessica Cwirla, Kim Dawson

1. Call to Order and Roll Call.....Christine Ullstrup, Co-Chair, Beth Collier, Co-Chair
C. Ullstrup called the meeting to order at 9:35 a.m.

2. Review May 15, 2024, Meeting Minutes..... Committee Co-Chairs
M. Devine Giese moved to approve the minutes.
S. Weix seconded the motion.
Motion carried unanimously; minutes approved.

3. Public Comment..... Committee Co-Chairs
No public comment was made.

4. Discussion on updates to Medicaid coverage.....Pam Lano
Prior to Pam Lano’s arrival, the committee reviewed Lano’s April 2023 PowerPoint presentation that the committee planned to receive updates on regarding DHS projects to improve SUD coverage and reimbursement.

On slide 9, C. Ullstrup asked fellow committee members on the status of coverage for point of care drug testing. J. Gamez responded that Arbor Place has been successful in HMO reimbursement, but not Medicaid. There is confusion from providers on how to bill, in order to be reimbursed. Additionally, there is concern that the amount provided for reimbursement is not covering the cost of the service materials combined with staff labor. Various committee members discussed reviewing the billing codes, and codes provided at denial. The committee referred to the following Forward Health resource during the discussion,

[ForwardHealth Update 2023-29 - Point-of-Care Drug Testing Covered in Substance Use Disorder Facilities \(wi.gov\)](#)

On slide 14, the committee discussed withdrawal management and the fact that likely this license is not actively being pursued. K. Florek shared that Tellurian is conducting withdrawal management after receiving a grant through the State. Currently this service is not Medicaid reimbursable, but K. Florek hopes with 1. 5 years left on the grant, that Medicaid will be ready to be reimburse at that time.

On slide 15, the committee discussed office-based opioid treatment. B. Collier remarked that possibly Clean Slate was the only licensed provider. K. Florek responded that in the aforementioned State grant, Tellurian is also receiving \$0.5 million for crisis at detox. Tellurian plans to combine for the DHS 56 license to bill Medicaid.

P. Lano joined the meeting. To view the presentation slide deck, visit [Wisconsin Public Meetings](#). P. Lano began her presentation by sharing that DCTS is working to align with Medicaid on various projects. The Division of Care and Treatment Services (DCTS) revised Administrative Rule DHS 75, published 10/25/2021. The new chapter, which went into effect October 2022, incorporates best practice standards, establishes new substance use disorder (SUD) services, and updates requirements for existing SUD services. In April 2023, DMS had identified 11 Medicaid coverage projects. Since then, DMS = added an additional coverage project and determined that one of the original projects is no longer needed. DMS identified changes that need to happen to prevent provider and member disruption. They also identified opportunities to expand coverage. DMS has completed 7 of 11 projects.

Completed	Not complete
<ul style="list-style-type: none"> • Provider Certification Implementation • Integrated Behavioral Health Stabilization 75.56 • Qualified Treatment Trainees (QTTs) * • Act 222 * • MH SUD Outpatient Benefit Alignment * • Drug Testing • Pregnancy Testing Narcotic Treatment Services (NTS) ** 	<ul style="list-style-type: none"> • Intensive Outpatient (IOP) <ul style="list-style-type: none"> • Coverage expected in Q1 2025 • Concurrent Services • Continuing Care Implementation • Withdrawal Management Services • Office-Based Opioid Tx (OBOT) <ul style="list-style-type: none"> • Coverage project no longer required

Provider certification (Slide 5) – Intended to ensure that every provider previously working could continue to without interruption. DMS successfully managed DHS 75 facilities transition to their new certification numbers when the administrative code went live in October 2022. DMS published ForwardHealth (FH) Update 2022-33 to outline providers’ transition to the new code and certification numbers.

Integrated BH Stabilization (Slide 6) - As part of the 2022-33 update, DMS allowed 75.56 facilities to be a reimbursable place of service for the crisis stabilization services rendered under the crisis intervention benefit. Not many facilities that have been certified under 75.56. This is an interim solution that only meets some needs, as DMS seeks budgetary dollars to establish an integrated behavioral health stabilization benefit with withdrawal management.

Qualified Treatment Trainees QTT (Slide 7) – Effective December 2022, the new DHS 75 chapter allows for QTTs to be a provider in DHS 75 certified facilities and to provide SUD treatment. DMS published FH Update 2022-56 explaining this expansion. QTTs have completed a degree and are working towards hours for full licensure. There continues to be some confusion about what QTTs can do, where they can work, and services they offer. In a few weeks DMS has a policy statement coming out supporting the expansion of QTT scope of work. Because currently what is in the Medicaid administrative rule is ambiguous and potentially misleading.

Act 222 (Slide 8) - Act 222 expanded scope of practice licensure for DSPS licensures APSW and ISWs to include SUD treatment services. DMS aligned ForwardHealth provider enrollment policy with Act 222 so that certified psychotherapists are no longer required to hold an additional SAC certification. FH Update 2022-56 announced these changes.

MH SUD Outpatient Alignment (Slide 9) - Provider feedback and the DHS 75 rewrite brought to light that outpatient MH and SUD benefit procedure codes reimbursement rates were not equitable. DMS published FH Update 2023-03 to align rates with comparable behavioral health services, and FH Update 2023-08 to remove the prior authorization requirement when outpatient MH and outpatient SUD are provided concurrently.

Drug Testing (Slide 10) – Effective July 2023, DHS 75 allows all certified providers to utilize point of care drug testing/presumptive (POCT) for members who are receiving SUD treatment. This is only for outpatient SUD and SUD day

treatment benefits. To align FH policy with administrative code, DMS will add POCT coverage to the outpatient SUD and SUD day treatment benefits. FH Update 2023-29 explains these services. B. Collier asked if medical directors are no longer required, but a prescription is required, who should be writing the prescription? P. Lano responded that DMS needed to include prescription requirement based on other administrative language. P. Lano recommends having a collaborative prescriber relationship. The prescriber does not need to be an employee of the organization. The prescriber just needs to be valid and Medicaid enrolled. Additionally, standing scripts can be used for approximately one year, or for 42 tests, whichever comes first. This hopefully reduces burden in not needing to have a script written for every individual test. P. Lano asked for feedback if this continues to be an issue.

Pregnancy testing (Slide 11) - Providers identified increased DHS 75 requirements for opioid treatment programs to conduct pregnancy tests. DMS added coverage policy of urine pregnancy testing, by visual color comparison methods (CPT code 81025) when conducted by NTS providers. FH Update 2024-11 and online handbook topic #7984, explains these services.

SUD Intensive Outpatient IOP (Slide 12) – DHS 75 created a new level of care that falls between outpatient services and day treatment services on the American Society of Addiction Medicine (ASAM) continuum of care. DCTS is revising DHS 75.51 to make IOP an integrated level of care, similar to DHS 75.50. Medicaid coverage will expand to include IOP treatment for SUD and mental health conditions. Originally this was estimated to take effect in 2024. It was intentionally delayed because as soon as DHS 75 rule went live, DMS found things that needed to change. There will need to be administrative rule updates, systems updates, and both an SPA and FH update will be required.

Concurrent Services (Slide 13) - DHS 75 allows members to receive services at more than one level of care at a given time (that is, concurrent services). Currently, DMS provides coverage for concurrent services in some situations, such as medication assisted treatment paired with any other level of care. Originally this was estimated to go into effect in late 2023/ early 2024. However, DMS is exploring additional areas of coverage for medically necessary concurrent services. Discovery work will begin after IOP and will require FH and Systems update, as well as State Plan amendment. M. Devine Giese raised that she has come across issues with coverage when a pregnant person is needing to leave treatment to give birth. The residential bed needs to be held while they're in the hospital, but currently this is not covered. P. Lano thanked the committee for bringing this issue to her attention.

Continuing care (Slide 14) – DHS 75 allows members to receive ongoing recovery monitoring, continuing care, or a behavioral health check-up at outpatient level of care without completing a new clinical assessment, intake, or treatment plan. This service is intended to prevent lapses in recovery. Originally this was estimated to go into effect in early 2024. The new anticipated timeline is early 2026 as DMS plans to explore parameters for continuing care coverage. Discovery work is expected to begin after concurrent services.

Withdrawal management (Slide 15) – DHS 75 added residential withdrawal management and intoxication monitoring services for individuals who require 24-hour care but do not require the full resources of a hospital. It is to be determined as to when this will take into effect. Currently, Medicaid only provides coverage for withdrawal management provided in a hospital setting. Budget authority will be required to establish coverage for non-hospital, residential-based services. Biennial budget request for 2023-2025 was not included in the final authorized budget. It continues to be challenge that DMS does not have budget authority. In the last biennial budget they requested authority to develop, but were rejected. P. Lano called upon the Planning and Funding Committee to add to voices of support in the next budget cycle.

Office-Based Opioid Treatment OBOT (Slides 16 &17) – DHS 75 created office-based opioid treatment as a new provider type. Currently, Wisconsin OBOT prescribers are reimbursed for medical evaluation and management services during which prescriptions/orders are issued. Since the publication of DHS 75, the federal Consolidations Appropriations Act, 2023 removed a federal requirement for prescribers to register with the Drug Enforcement Administration as Drug Addiction Treatment Act (DATA)- Waived to prescribe OUD medications. DMS determined these federal changes remove

the need to establish a provider type for Medicaid reimbursement since these providers are already reimbursed. This project has been removed from the DMS list of DHS 75 projects.

This concluded P. Lano’s presentation, to which she opened up the floor for additional questions. J. Gamez asked about Medicaid coverage for interpretation services. J. Gamez noted that the interpreter services benefit was in Forward Health update 2023-28, and the list of service codes does not include residential substance use treatment facility. P. Lano responded that outpatient providers bill for time, and the interpretative service is tagged on as a per diem for residential SUD. With this billing structure, it is difficult to reimburse. This issue is being worked on, but they were not able to problem solve prior to publishing.

Next the committee discussed issues with billing for certified peer specialists. P. Lano responded that this is difficult because initially the plan was to group certified peer specialists with peer recovery coaches, but advocates felt strongly that they were different. Given this, there will be additional legislative work that needs to happen for peer specialist’s work to be Medicaid reimbursable, however once approved Medicaid will probably reimburse in the same/or similar mechanism.

Next the committee discussed finding from a listening session hosted at the 2024 Mental Health & Substance Use Recovery Conference. P. Lano acknowledge two major themes from the listening session notes: 1. Reimbursement rates, 2. Administrative burden for prior authorization. Regarding reimbursement rates, P. Lano would need to defer to David Albino on the fiscal team. D. Albino attended the WICSA meeting in January and discussed concern about room and board coverage. This is very much on their radar, and P. Lano encourages the Planning and Funding Committee to invite the Bureau of Rate Setting to attend a future committee meeting. In terms of administrative burden, P. Lano explained that an update will be published in early August that will be beneficial to SUD providers. The update will hopefully save time and reduce admin burden, where the initial request from portal will be available for 30 days. This update was met with enthusiasm from committee.

Lastly, B. Collier raised an issue surrounding 1115 waivers. P. Lano responded that DMS is in the process of completing the 1115 demonstration waiver. Per legislation, they have to get an application into CMS by January 1 to be compliant. CMS has an enormous backlog, so it may be many months by the time they look at application, and allowing the process to begin. The Planning and Funding Committee is particularly interested in being able to provide services to those who are incarcerated, and having a 1115 waiver contingency management allowance closer to that of California, to be better in-line with contingency management best practices. P. Lano encouraged the committee to continue advocating on these issues.

The committee concluded their time with P. Lano, and agreed to take the notes from this meeting and incorporate findings into their workplan at the August 21 meeting.

5. Discussion on providing recommendations for the State budget..... Committee Members

C. Ullstrup reminded the committee on the purpose and timeline for sending recommendations to DHS for the State budget. The committee generated ideas for their recommendations based on the Intervention and Treatment Committee (ITC) draft 2024 recommendations.

ITC’s first recommendation is stated as: “Expand Vivitrol to providers- Financial assistance to help cover costs for those receiving Vivitrol injections. Additional research studies into Naltrexone/Vivitrol treatment outcomes, physical health, mental health, and neurological effects. Continued research and public awareness with Vivitrol being a resource for individuals who have an alcohol use disorder.” B. Collier suggested changing the wording to expand access to all SUD treatment medications for individuals who are not covered by Medicaid, not just Vivitrol. S. Weix noted that Vivitrol was explicitly called out because the injection is very expensive, and has less access.

The next recommendation was for “24-hour childcare/daycare services- at no or low cost for; parents attending mental health and substance use disorder treatment: short-term care services, groups, counseling sessions,

inpatient/residential, withdrawal management, and outpatient services, individual appointments, and emergencies.” Planning and Funding Committee members discussed their support for this recommendation.

The third ITC recommendation is stated as, “DPS Funding Allocations-support adequate funding to increase staffing levels needed to process licenses and certification applications in the substance use workforce practice.” C. Ullstrup shared that she feels this has been mostly resolved with the introduction of e-licenses. She notes that SAC-ITs are going through much quicker since electronic process. This was not identified as a recommendation for the Planning and Funding Committee.

ITC’s fourth recommendation is stated as, “Financial treatment assistance for those seeking recovery-the ability to help those in need of funds to cover costs for intensive outpatient, partial hospitalization, and specialized treatment services (For example: eating disorder treatment, brain spotting, transcranial magnetic stimulation, pregnant mothers, single parents) and inpatient/residential services. Assistance to help pay for treatment, copays, room, and board that HMO’s do not cover, and other financial assistance have ceased. Allow for Financial assistance to be available for all Wisconsin residents that are eligible.” The committee discussed that it’s very limited on who can provide what services and what is covered by Medicaid. Particularly many alternative therapies, such as yoga, are not covered. The committee recommends editing this priority to focus on “recovery” as a broader goal than “treatment,” and looking to combine with priority #6.

Possibly combining #4 and #6. Later it was discussed that priority #9 could also be combined with #4 and #6.

For priority #5, the Planning and Funding Committee recommends including language that supports the rate covering the cost of service – “Expanded Medically Managed Withdrawal Management Services (Detox)- The committee would like to see an expansion of behavioral health services for residents to access medically managed withdrawal services. The purpose would be to allow residents the ability to be medically clear, safely withdraw from substances and be assessed for continued substance use disorder treatment.”

Regarding priority #7, “Housing- Advocate for adequate funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need,” S. Weix stressed the importance of not considering housing insecurity and substance use disorder one in the same. She notes that certainly housing need is part of the discussion, but needs are not the same across the board, so interventions must be tailored. C. Ullstrup shared that recovery housing, sober housing, etc. are growing in need. J. Gamez responded that she is interested in capital construction projects where needed. She appreciates vouchers, however recognizes the limitation when space is not actually available.

Regarding priority #8, “Transportation-Due to the lack of transportation residents are facing to and from home, jobs, medical and therapy appointments the committee would like to suggest a state-funded program where residents would be able to obtain transportation at a cost-free expense in order to attend all medical/dental appointments, mental health & substance use disorder therapy appointments, employment and grocery stores-24 hours a day,” the committee discussed the need for increasing the scope and reliability of transportation, as well as it’s ability to be reimbursed for. The committee also suggested coverage of non-medical recovery-related transportation needs that support recovery capital.

Regarding priority #9, “Financial assistance- assistance for those in recovery to help reduce financial barriers for Intensive outpatient, partial hospitalization, inpatient, and residential services. The ability to offer financial aid for treatment, copays, room and board that HMO’s at last resort. Financial assistance is available for all Wisconsin residents, J. Gamez advocated for an evidence-based contingency management practice. J. Gamez expressed concern that the \$75

cap is limited as DHS continues to follow the federal limit for all grant funding sources. The committee referred to the following resource, when discussing best practices from contingency management in California.

[DMC-ODS Contingency Management \(ca.gov\)](#)

6. Department of Health Services (DHS) Updates.....DHS Staff

K. Dawson shared about an individual who reached out with interest in joining the Planning and Funding Committee, Kristin Deprey. K. Deprey, the Director of Substance Abuse Services at Family Health Center of Marshfield, Inc. plans to attend the Planning and Funding Committee’s August meeting.

C. Ullstrup announced that SCAODA was approved to host a workshop at the [Annual Mental Health & Substance Use Recovery Conference](#), to talk about what SCAODA is, as well as give a general overview to SCAODA committees and how to get involved.

7. Adjournment.....All

J. Gamez moved to adjourn the meeting.

B. Collier seconded the motion to adjourn.

Motion carried; meeting adjourned at 12:33 p.m.

Prepared by: Kim Dawson, on 7/17/2024.

These minutes are in draft form. They will be presented for approval by the governmental body on: 8/21/2024

OPEN MEETING MINUTES

Name of Governmental Body: State Council on Alcohol and Other Drug Abuse Planning & Funding Committee			Attending: Sheila Weix, Beth Collier, Christine Ullstrup, Michelle Devine, Linda Van Tol, Ryan Stachoviak, Kim Dawson
Date: 8/21/2024	Time Started: 9:37 AM	Time Ended: 12:33 PM	
Location: Via Zoom			Presiding Officer: Beth Collier, Christine Ullstrup
Minutes			

Members of the Planning and Funding Committee in Attendance: Christine Ullstrup, Beth Collier, Michelle Devine Giese, Linda Van Tol, Sheila Weix

Department of Health Services Staff in Attendance: Ryan Stachoviak, Kim Dawson

1. Call to Order and Roll Call.....Christine Ullstrup, Co-Chair, Beth Collier, Co-Chair
C. Ullstrup called the meeting to order at 9:37 a.m.

2. Review July 17, 2024, Meeting Minutes..... Committee Co-Chairs
C. Ullstrup noted a typo in the third paragraph of page 2, July 17 Meeting minutes. Error read “Tellurian plans to combine for the DHS 56 license to bill Medicaid.” DHS 56 has been edited to “DHS 75.56,” the adult residential integrated behavioral health stabilization license.

M. Devine Giese moved to approve the minutes with the above amendment.
B. Collier seconded the motion.
Motion carried unanimously; minutes approved.

3. Public Comment..... Committee Co-Chairs
No public comment was made.

4. Review of SCAODA Strategic Goals and Committee Workplan.....Committee Members
The Committee worked to incorporate updates from Pam Lano’s Medicaid coverage presentation at the July 17 meeting into their workplan. Edits were made directly in the workplan, and additionally are outlined below:

- Objective A, Task 4: Deleted text describing tasks that have since been completed
- Objective B, Task 1: Deleted links to outdated research articles, Deleted text describing tasks that have since been completed
- Objective B, Task 2: Deleted text describing tasks that have since been completed
- Objective B, Task 5: Edited language to move from “exploring Medicaid funding for DHS 75.57” to “Medicaid alignment with DHS 75 and newly identified issues as they arise”; In the notes section lists particular areas of interest
- Objective C, Task 2: Task was added based on Committee’s interest to join with DOC in moving forward with a 1115 waiver and contingency management. The Committee wants to ensure that room and board is part of the bundled payment within Medicaid.

When discussing Objective B, Task 5, the Committee noted that rule 72 provides Medicaid coverage for recovery coaches but not recovery peer support. There is still not a way to bill for peers in outpatient services,

other than CCS. The Committee discussed the need for legislative work, and for proper attention to be paid to language surrounding “clinical supervision” as opposed to preferred language – “peer supervision” ([Wisconsin Certified Peer Specialist: Scope of Practice](#)). The Committee feels that the culture and practice currently does not align, and that this is a priority they intend to continue following. Later, via email B. Collier shared this update with K. Dawson to include in the minutes: Regarding the administrative rule-writing project for 2019 Wisconsin Act 122/Peer Recovery Coaches, the economic impact statement has been posted for public comment. Comments are open until September 9th. All details are available at this site: <https://www.dhs.wisconsin.gov/rules/active-rulemaking-projects.htm>. The work related to Act 122 is listed under “DHS 72, 105, and 107, Overdose Treatment Provider Certification and Covered Services.” Links to the Statement of Scope and Text of proposed rule are available within this section.

Next the Committee expressed interest in having an employee from the Bureau of Rate Setting, attend an upcoming meeting. When Pam Lano attended the Planning and Funding Committee’s July 17 meeting, she recommended David Albino. K. Dawson to coordinate for David to attend an upcoming Committee meeting. When discussing rate setting, the Committee reviewed the below materials:

- [Expanded Prior Authorization for Residential Substance Use Disorder Treatment ForwardHealth Update 2024-25 \(wi.gov\)](#)
- Policy Clarifications for Qualified Treatment Trainees, Forward Health Update <https://www.forwardhealth.wi.gov/kw/pdf/2024-22.pdf>

Next the Committee discussed a Grant Funding Opportunity (GFO) that had recently been released by the Department of Health Services (DHS)- [GetAttachment.asp \(wisconsin.gov\)](#).

R. Stachoviak explained that funding was first offered in 2022 as part of Wisconsin Act 58, which instructed DHS to offer funding for the development of a substance use disorder treatment platform. The Joint Committee on Finance (JFC) has allocated funds to support this project for one more year. JFC allocated \$1,200,000 for 4 years in the 2024 -2025 allocations. The Committee discussed their desire for a platform that can track the number of beds available for various substance use treatment offerings. The Committee hopes to share their recommendation with the organization awarded these funds. Currently DHS is in open procurement process and is limited in the information that can be shared regarding this award. When the organization is awarded, the Committee would like to invite said organization to their October meeting.

5. Discussion on promoting SCAODA via technical college SAC programs.....Committee Members This agenda item was included in the June 17 meeting agenda, however was not able to be discussed after going over time. The Committee discussed whether this was still a priority, and noted that their workplan as it stands now does not reflect this task. The Committee discussed this potentially being a better fit for the Executive Committee. S. Weix suggested that it might be beneficial to first touch base with colleagues in technical colleges to better understand how best to promote SCAODA in SAC programs at their colleges.

One idea generated was to record and send out the SCAODA presentation at the upcoming Mental Health and Substance Use Recovery Conference (October 17-18, 2024). K. Dawson to reach out to conference organizers to learn if the presentation can be recorded.

6. Department of Health Services (DHS) Updates.....DHS Staff

R. Stachoviak shared changes in the leadership of the Bureau of Prevention Treatment and Recovery (BPTR) in the coming weeks:

- Teresa Steinmetz is leaving her role as BPTR director August 29 to become the assistant commissioner of behavioral health for the Minnesota Department of Human Services. Jason Cram will be filling in for her interim, but position is posted.
- Ryan Stachoviak is leaving his role as manager of BPTR’s Performance Management Section September 6 to become a stay-at-home dad to his two-year-old daughter.
- Amber Colby left her role as supervisor of the Opioid Response Unit in BPTR’s Substance Use Services Section July 30 to return to work in the nonprofit world.
- Shana Martindale left her role as manager of BPTR’s Children Youth and Families Section August 9 to return to direct practice as a therapist and spend more time with family.

The Committee thanked Ryan for his service supporting SCAODA.

Next, R. Stachoviak shared the announcement that a draft of the 2025 Mental Health and Substance Use Block Grant Combined Application is now available for review on [SCAODA website](#) . R. Stachoviak explained that DHS submits a “mini” application every other year, so this application is shorter than the longer version SCAODA reviewed last year.

C. Ullstrup asked if there was continued concern regarding loss of funds due to Wisconsin lacking a Tobacco 21 law. R. Stachoviak responded that to date the communication we have received from SAMSHA indicates we would only lose funding if we do not meet targets on compliance checks.

K. Dawson shared announcement about public hearing and comment period on Crisis Hostels. Work is underway to create an emergency and permanent state administrative rule for the certification and operation of crisis hostels. This program type was created with the enactment of 2023 Wisconsin Act 249. Crisis hostels are intended to act as a mental health stabilization program with a maximum of 15 beds that provide services to an adult on a voluntary basis to prevent or reduce the individual's mental health needs and avoid admission of the individual to a more restrictive setting.

The public is invited to share feedback on the statement of scope for the emergency and permanent state administrative rule. [View the statement of scope](#). Feedback will be accepted at a virtual preliminary public hearing August 23, 2024, from 9 a.m. to 10 a.m. or anytime in writing now through midnight August 23, 2024. [See the notice of preliminary public hearing and comment period for information on how to join the preliminary public hearing or submit written feedback](#).

Lastly, K. Dawson reminded the Committee about a SCAODA workshop that will be held on October 17th from 1:00 -2:30 p.m. at the Mental Health and Substance Use Recovery Conference. The workshop is titled, “SCAODA Not just another Acronym - How it can help you and your consumers” and will be facilitated by Christine Ullstrup, Jennifer Stegall, and Kevin Florek.

7. Agenda for October.....Committee Members

The Committee decided to move their October meeting previously scheduled for 10/16 to 10/23/2024, to avoid any potential conflicts with conference travel or preparation.

The following agenda items were noted by committee members:

- Recapping the October Mental Health and Substance Use Recovery Conference
- Meeting with the recipient of the Substance Use Platform GFO to provide recommendation to track treatment beds

- Meeting with a staff member from the Bureau of Rate Setting

8. Adjournment.....All

B. Collier moved to adjourn the meeting.
S. Weix seconded the motion to adjourn.
Motion carried; meeting adjourned at 12:33 p.m.

Prepared by: Kim Dawson, on 8/21/2024.

These minutes are in draft form. They will be presented for approval by the governmental body on: 10/23/2024



OPEN MEETING MINUTES

Name of Governmental Body: SCAODA Prevention Committee			Attending: Chris Wardlow, Maureen Busalacchi, Yolanda Candler, Melissa Moore, Felice Borisy-Rudin, Jodie Sorenson, Michelle Haese, Danielle Luther, Liz Adams, Kaydee Johnson, Sarah Johnson, Price Faith Staff: Alex Berg
Date: 7/18/2024	Time Started: 9:05 AM	Time Ended: 11:15 AM	
Location: Virtual Zoom			Presiding Officer: Chris Wardlow, Stacy Stone

Minutes

Call to Order:

Meeting called to order at 9:05 AM by Chris Wardlow.

Quorum not met to vote on nor take action to conduct council business, but decided to continue meeting and discussions.

Public Input:

Chris opened up the floor for public comment. No public comment.

Approval of April 18, 2024, minutes:

Not able to approve due to lack of quorum. Chris opened up for any questions. Will vote on April minutes during next meeting.

State Health Improvement Plan / Alcohol Action Team Update.

- Maggie Northrop was not in attendance to provide an update.

WisAPP Updates and Logic Model Review

- Maureen Busalacchi shared that the Alcohol Policy Seminar is October 7-8 at UW-Oshkosh. They are looking for presenters at the conference. Seminar topics to include Department of Revenue regulation updates, use of community maps on impaired crashes and alcohol density, World café to learn about engagement, excess alcohol use and networking opportunities. Tim Decorah from HoChunk Nation, local coalitions, law enforcement, alcohol licensing, and much more. Mothers Against Drunk Drive Awards, honoring 25 law enforcement. Looking at registration cost of \$100 for in person and \$50 registration for virtual attendees.
- CDC grant was awarded, a 5 year grant for research on alcohol and firearms, opioids, and opportunity to apply for funding. Working on Place of Last Drink. American Public Health Association conference is coming up in October in Minneapolis. Sessions devoted to alcohol, opioids and other public health issues. With WI Public Health Association WisAPP is considering pitching a substance use section within this group. Chris supportive of this idea. Call or email Maureen with any additional questions, concerns, or interests.
- Felice shared that they are working on the alcohol age compliance database. Felice has 1 year project funded to look at how alcohol age compliance checks are going since rolling out the manual on how to do them. Glitch waiting to roll out alcohol inspector resources. As soon as get approval, to share a statewide alcohol inspector would be available for people, with state information, and data, patterns, etc in one place. It will be a very valuable tool. They will let us know when it is available. Will help make compliance checks easier.
- They are applying for additional funding to develop a community facing dashboard related to local alcohol policy. Slow going and labor intensive, finding laws and ensuring that they are interpreted correctly, looking to add municipalities to the database, and an intern or someone to help put information into the database. Make it community facing once funding is secured.

Tobacco 21 Updates

- Liz Adams shared working on an action plan for tobacco movement around tobacco 21. Finalized plan in May. Included it in the chat. Next steps put together a workgroup within movement to provide input

on creating messaging and input. As people get engaged in conversations and in communities. Meeting for first time in August. Have talking points for informational meetings that AWYs will be using.

- Talking with advocacy partners going into the next session, waiting to see what election brings. Have people talking about it. Will continue to run tobacco 21 campaign.

Hemp Ad-Hoc Workgroup Updates

- Chris emailed out an unpolished draft from the Ad-Hoc workgroup, Psychoactive Hemp Derivatives Report. Discussion on the report, noted to possibly shorten it and easy to use. There are ready made tools for people to use, there is a prevention 101 in the body of the report, recommended for this to be in the appendices as it stands on it's own outside of the report. Concern that by the time we get it out, it may be a little outdated. Need to double check everything, prior to releasing, to ensure it's current.
- Need committee's approval to send to the executive committee. Ad-Hoc workgroup can make edits and revisions.

Tribal Overdose Prevention Project Updates

- Yolanda Candler shared overdose prevention has made a lot of progress, continues to enhance, and build infrastructure, data, and reporting. Have held programmatic meetings to provide education and information sharing. They have come a long way in a short amount of time. Tribes have held their own naloxone administration training events and information dissemination. All identified their own pockets for what they want to focus on. One is working with higher risk populations, those currently using substances, on harm reduction strategies. One is working on reducing stigma across the community, know about naloxone, how to use it, etc. One is focused on jail populations, and getting individuals existing jail access to harm reduction resources.

State Biennium Budget Recommendations

- Michelle Haese shared that the Bureaus are continuing to lay the framework for funding opportunities. We have not received all settlement payments, causing delays in getting funds out. Office is working diligently, and wants to get dollars out as soon as we can. Fielding questions from the community on how and when to apply.
- Working on budgeting and gathering feedback from the community
- State budget recommendations – we are unable to vote on our top 3 recommendations to share with the Executive Committee due to not meeting quorum. Discussed recommendations as a group though. Emily Holder was not present but mentioned via email that DPI is not far enough along in their biennial budget conversations to share what the substance use prevention asks will be, but the need is still extremely clear.
 - We had 3 recommendations from committee members, and did not receive any others from committee members.
 - 3 recommendations, documents were shared by Maureen. One recommendation related to alcohol taxes. No questions, comments or concerns. Second recommendation discussed related to alcohol age compliance checks, and keeping this as its own recommendation. Felice and Melissa agreed. Will update this on the document in addition to more recent data. No additional discussion. Third recommendation discussed related to SBIRT. Mentioned that some funding does not pay for the Referral/Treatment portion of SBIRT. Funding in the state budget could help pay for the RT and provide SBIRT. Appropriate for drugs other than alcohol and behavioral issues. Discussed healthcare implementing SBIRT. Throughout document, it was suggested to spell out "AODA" and change drug use disorder to substance use disorder.
 - No additional comments, nor suggestions. Majority of SCAODA Prevention Committee attendees agree with moving these forward. Originally we were requested to provide these three recommendations by July 15th. We got permission for extended deadline to July 18th.
 - Chris will contact SCAODA executive committee regarding the lack of quorum and ability to vote on the top 3 budget recommendations. Maureen will edit the documents and send to Chris and Alex by end of day.

CLAS Standards

- Allison Weber shared about a memo that was sent out on January 8th, and contracts after that will need

to start working on CLAS implementation. Have noticed some agencies have been implementing CLAS standards and some need more education/resources on CLAS standards. Aiming to help and advise agencies, and noted if a county has multiple contracts with DHS, they can decide to do a county wide CLAS implementation or each agency can do their own. Agencies are encouraged to have this as a continued implementation process. Help provide technical assistance, support them, give them resources on CLAS implementation.

Member/Agency Updates

- Emily Holder, DPI agency updates, we will have 3 grant competitions this fall: [Student AODA Mini-Grant](#), [Peer-to-Peer Suicide Prevention Grant](#), [Opioid prevention grant](#). Note that each of these will be launched closer to the start of the school year.
- Jodie Sorensen shared that NEWAHEC is getting their calendar planned, meeting on Monday to finalize trainings and regional meetings. Hosting a sustainability training for coalition members. Have 8 new coalition coordinators, NEWAHEC sent out care packages and resources to new coordinators and completed check ins with each. SUPST training for October set up. All coalitions are finishing up SOR grant, and completed the 3rd quarter report.
- Danielle Luther shared that HOPE Consortium Conference registration is out, focusing on the entire continuum prevention to harm reduction, with 30 sessions, Michelle Haese is a key note speaker, as well as SAMHSA region 5. Virtual Conference link: <https://hopeconsortium.org/conference/>
- Melissa Moore shared that they have a couple of events coming up that are open and virtual. Had one on June 19th on drug trends and can send notes to this committee. Officer David Gomez – impact of social media on teen mental health, sex, drugs, on August 28th. September Scott Webb, wounded warrior, stress and trauma. Can participate and promote. A the link for drug trends training <https://ntc.hosted.panopto.com/Panopto/Pages/Viewer.aspx?id=1dcad693-3091-4f0d-87e2-b1930132fa13>
- Faith Price shared that Brighter Futures initiative program will be putting out a request for proposals – one for Milwaukee and one for balance of states. Will share with Alex when it becomes available to share with this committee.

Future Agenda Items

- October 17th next meeting
- There were no future agenda items requested at this time.
- Chris Wardlow stated that if the Prevention Committee would like to add any agenda items, please feel free to reach out to Alexandria Berg or himself.

Meeting Adjourned.

No motion to close since we did not have a quorum.

The meeting was adjourned at 11:15 AM.

Prepared by: Alexandria Berg on 7/24/2024.

These minutes are in draft form. They will be presented for approval by the governmental body on: 10/17/2024

OPEN MEETING MINUTES

Name of Governmental Body: SCAODA Prevention Committee			Attending: Chris Wardlow, Maureen Busalacchi, Melissa Moore, Felice Borisy-Rudin, Jodie Sorenson, Danielle Luther, Price Faith, Margarita Northrop, Meagan Barnett, Hannah Lepper, Emily Holder Staff: Alex Berg
Date: 7/30/2024	Time Started: 12:02 PM	Time Ended: 12:37 AM	
Location: Virtual Zoom			Presiding Officer: Chris Wardlow, Stacy Stone

Minutes

Call to Order:

Meeting called to order at 12:02 PM by Chris Wardlow. Quorum confirmed to conduct council business.

Public Input:

Chris opened up the floor for public comment. No public comment.

Discussed committee voting membership to potentially include Felice, in addition to Frank Bures and Sophia stepping down from the committee

Approval of April 18, 2024, minutes:

Melissa Moore made a motion to approve minutes. Jodie Sorenson second the motion. Meeting minutes approved unanimously.

Hemp Ad-Hoc Workgroup Updates

- Opened up for additional discussion and feedback
- Entertained a motion to approve sending the report to the council
- Danielle Luther motioned to approve with final formatting and move forward to the next steps. Melissa Moore second the motion.

State Biennium Budget Recommendations

- Shared and discussed the SBIRT Recommendation. Discussion about adding “adults” into the opening paragraph after the mention for adolescents.
 - Hannah Lepper made a motion to accept the proposed SBIRT Budget recommendation with the discussed edits. Melissa Moore second the motion. Approved unanimously.
- Taxes shared and discussed
 - Hannah Lepper made a motion to accept the proposed Taxes Budget recommendation. Meagan Barnett second the motion. Approved unanimously.
- Compliance Checks shared and discussed.
 - Melissa Moore made a motion to accept the proposed Compliance Checks Budget recommendation. Jodie Sorenson second the motion. Approved unanimously.

Future Agenda Items

- October 17th next meeting
- Future Agenda recommendations: Report back the SCAODA discussion on the hemp report. Update on the Wisconsin Alcohol Policy Summit in October by Maureen. Discussion on Statewide Network for Prevention Professionals and Prevention Committee Member Assessment & Recruitment. Discussed WPHA or other similar entities to align efforts and collaboration.
- Chris Wardlow stated that if the Prevention Committee would like to add any agenda items, please feel free to reach out to Alexandria Berg or himself.

Meeting Adjourned.

Motion Melissa made a motion to close the meeting. Maureen B second the motion.

The meeting was adjourned at 12:37pm

Prepared by: Alexandria Berg on 7/30/2024.

These minutes are in draft form. They will be presented for approval by the governmental body on: 10/17/2024



Table of Contents

Charge to the Psychoactive Hemp Derivatives Ad Hoc Committee.....2

Ad Hoc Committee Members3

Background4

Executive Summary6

Prevention 1018

Community Assessment.....12

Municipal Ordinances13

School Policy16

State Recommendations19

Glossary22

Appendix A: Impact Coalition Handout.....25

Appendix B: Minnesota Department of Health Factsheet26

Appendix C: Alternative to Suspension Program.....28

Appendix D: Retailer Signs and Advertising30

Appendix E: Environmental Scans Template31

Appendix F: Key Informant Interview Template.....34

Appendix G: Community Perception Survey Template38

Appendix H: City of Kaukauna Ordinance 9.32.....39

Appendix I: Wood County Ordinance 236.05.....42

Appendix J: Additional Resources and Tools43

References44



Charge to the Psychoactive Hemp Derivatives Ad Hoc Committee

Charge

Provide recommendations and guidance for addressing the proliferation of hemp-derived, psychotropic cannabis products [referred to throughout this report as derived psychoactive cannabis products (DPCPs)].

Rationale for the formation of an ad hoc committee

The Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA) has a statutory responsibility to provide leadership and coordination regarding substance use issues confronting the state. This responsibility includes generating awareness about these issues and providing recommendations to state and local policymakers and agencies on how to address them.

Toward this end, SCAODA's Prevention Committee requested that SCAODA approve the formation of an ad hoc committee to address growing concerns over the proliferation of unregulated derived psychoactive cannabis products (DPCPs).

As of yet, neither the federal government nor the state have chosen to regulate DPCPs, including putting into place commonsense safeguards to protect the health and safety of young people.

Thus, with this report, SCAODA undertakes its statutory responsibility by generating awareness about the emerging public health threat of unregulated derived psychoactive cannabis products and providing recommendations to state and local policymakers and agencies on actions needed to deter underage use of these harmful substances.

Ultimately, these recommendations need to reach policymakers at the state, county, municipal and school district levels. In Wisconsin, though, rarely does this happen with any sway without the due diligence of local coalitions. Local coalitions sounded the alarm about DPCPs, and local coalitions clamored for a resource to help guide their efforts in protecting the young people in the communities they serve.

It is the hope of the Psychoactive Hemp Derivatives Ad Hoc Committee that this report is a helpful resource in effecting healthy community change around DPCPs.



Ad Hoc Committee Members

Meagan Barnett, PS, CHES

Manager, Community Health - Center for Community Health Advancement
Marshfield Clinic Health System

Erin Brunner

Health Educator Associate, Community Health - Center for Community Health Advancement
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SCAODA Prevention Committee

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Public Health Strategist, Wood County Health Department

Chris Wardlow, MAT, PS

Catalpa Health, Outagamie County
SCAODA Prevention Committee

Acknowledgements

The Ad-hoc Committee would like to acknowledge the contributions of the following individuals:

Cecilia J. Hillard, PhD, Associate Dean for Research; Professor; Director, Neuroscience Research Center; G. Frederick Kasten, Jr. Endowed Chair in Parkinson’s Disease Research. Dr. Hillard provided the committee with important background information on the science of derived psychoactive cannabinoids.

Kaydee Johnson, Aspiring Health Education Specialist at UW La Crosse and Intern with the Center for Community Health Advancement at Marshfield Clinic. Ms. Johnson was instrumental in editing and formatting the committee's final report.



Background

How We Got Here

Industrial hemp has been a viable cash crop in the United States for hundreds of years until banned under the Harrison Act of 1914 and the Marijuana Tax Act of 1937 effectively combining all forms of cannabis into a federally prohibited plant/substance (PBS, n.d.). The 1970s Controlled Substances Act (CSA) continued with this delineation, and it remained for nearly 45 years, industrial hemp was illegal under federal law to produce in the United States (though it could be imported from countries like Canada) until the 2014 Farm Bill allowed for states to launch pilot programs where farmers were allowed to apply to participate (Mark et al., 2020). Based on this successful pilot, the next version of the Farm Bill, released in 2018, eliminated “industrial” from the term and redefined “hemp” as “the plant *Cannabis sativa* L. and any part of that plant, including the seeds thereof and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not, with a delta-9 THC [tetrahydrocannabinol] concentration of not more than 0.3 percent on a dry weight basis” (Otis & Queensland, 2019). The new definition explicitly includes cannabinoids, such as cannabidiol (CBD), which clarifies the scope of the defined term of “hemp” when used in other related laws.

Important Terminology (SAMHSA, 2023)

CBD is the primary non-psychoactive cannabinoid in the cannabis plant.

Delta-9-tetrahydrocannabinol (Δ^9 -THC or delta-9 THC) is the most prominent psychoactive component of the hemp plant, has been illegal in the United States since the Marijuana Tax Act of 1937, and delineated a Schedule I under the Comprehensive Drug Abuse Prevention and Control Act of 1970.

Regulation of products containing cannabis or cannabis-derived compounds also remained within the US Food and Drug Administration (FDA), under the Federal Food, Drug, and Cosmetic Act (FD&C Act) and section 351 of the Public Health Service Act (Gottlieb, 2018).

To align with the new federal bill, the Wisconsin legislature adopted the 2019 Wisconsin Act 68 (effective date of November 28, 2019), which modified state law in accordance with the 2018 Farm Bill and made several other changes regarding hemp-related actions in Wisconsin. The 2019 Wisconsin Act 68 also clarified the relationship between hemp products and certain cannabidiol (CBD) products, expanded and repealed certain requirements of the state’s Controlled Substances Board (CSB), and set a threshold level of delta-9 THC for purposes of certain offenses that would prohibit a restricted controlled substance in a person’s blood (Otis & Queensland, 2020).

Following the passage of 2019 Wisconsin Act 68, the Wisconsin Department of Agriculture, Trade, and Consumer Protection (DATCP), was assigned to license, inspect, and test hemp grown in the state. This was the case until January 1, 2022, when Wisconsin hemp growers were licensed by the US Department of Agriculture (DATCP, n.d.).



In the years that have followed the passage of the 2018 Farm Bill, the FDA issued ten warnings to various manufacturers of cannabis-derived products based on illegally promoting unsubstantiated health claims (FDA, 2024). Notably, the first warnings related to delta 8-tetrahydrocannabinol ($\Delta 8$ THC) occurred in May 2022, with warnings for ‘copy cat products’ containing $\Delta 8$ THC released in July 2023.

In addition to $\Delta 8$ THC, other derived psychoactive cannabis products (DPCPs) continue to flood the market. Here is a partial list which may be available in products sold in your community - $\Delta 10$ THC, $\Delta 6a10a$, THCV, THCH, THCP, THC-O or THC-O Acetate, THC-A, CBN, CBG, HHC (Leafly, 2024). It’s important to note that whether it is referred to as cannabis-derived, hemp-derived cannabinoids, or DPCPs, the THC is the same, and will have the same intoxicating effects (MOCM, n.d.).

The availability and accessibility of CBD and THC-containing products in retail establishments or via online vendors is widely unrestricted for sale or transport on a federal or state-level (USPS, 2019). As will be highlighted in this report, there are local municipalities, including many in Wisconsin, who have placed restrictions on in-person sales through ordinance based on age of the consumer (21 years and older).



Executive Summary

In an August 2023 letter to Congress, the Cannabis Regulatory Association (CANNRA) summed up the concern nationally over derived psychoactive cannabis products this way: “The broad definition of ‘hemp’ in the 2018 Farm Bill has resulted in a marketplace that includes a wide array of products that contain the range of cannabinoids that can be derived directly or chemically from the *Cannabis sativa L.* plant, including intoxicating cannabinoids like delta-9 THC, delta-8 THC, delta-10 THC, THCP, THCB, THCjd, hexahydrocannabinol (HHC), H4-CBD, and THC-O-acetate. The language in the 2018 Farm Bill effectively legalized marijuana federally, without product regulation, and called it ‘hemp’” (Cannabis Regulators Association, 2023).

The 2018 Farm Bill legalized hemp, defining it as, “the plant *Cannabis sativa L.* and any part of that plant, including the seeds thereof and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not, with a delta-9 tetrahydrocannabinol concentration of not more than 0.3 percent on a dry weight basis (7 USC § 1639o (1) HEMP).” This definition of hemp not only fails to take into consideration the other 100 plus cannabinoids found in the *Cannabis sativa L.* plant, but it also opened Pandora’s box by including “all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, *whether growing or not* [emphasis added].”

As a consequence, under the protection of the Farm Bill, manufacturers are able to synthesize and sell derived psychoactive cannabis products as long as their products fit the Farm Bill’s broad definition of hemp. This interpretation of the Farm Bill was upheld in 2022 by the Ninth Circuit Court of Appeals. The Court ruled that federal law does not explicitly prohibit the manufacture and sale of hemp-derived products, regardless of how they are manufactured or their intoxicating effects, as long as the products are initially sourced from either hemp or a cannabinoid extracted from hemp. Thus, the proliferation of DPCPs flooded the market.

One study conducted by Rossheim and colleagues found at least 26 different intoxicating compounds in hemp-derived cannabis products readily available on the market (Rossheim et al., 2024).

Derived Psychoactive Cannabis Products (DPCPs) is a term coined by a team of public health researchers to categorize the wide array of diverse, intoxicating products being manufactured and sold as ‘hemp’ under the 2018 Farm Bill. The researchers chose not to include ‘hemp’ in the term to avoid giving the false impression that these products have no or low levels of THC and are thus not psychoactive (Rossheim et al., 2023). Except when quoting specific sources where an alternative term may have been used, the authors of this report chose to use ‘DPCPs’ when referring to these products.



Wisconsin, like the rest of the country, has been inundated with DPCPs that are available in many communities throughout the state in a variety of retail settings like gas stations, convenience stores, grocery stores, vape and smoke shops, and in some instances, vending machines and online.

DPCPs are sold in the form of vapes, gummies, candies, edibles, concentrates, and tinctures (e.g., infused liquids). What's more, some manufacturers are not shy about promoting the intoxicating qualities of their products and packaging them in ways that appeal to children and mimic well known commercial food products.

Of major concern is the impact DPCPs can have on the health and development of young people. Research continues to shed light on the deleterious effects delta-9 THC can have on adolescent mental, emotional, and behavioral health. Numerous studies have found that adolescent cannabis use is associated with:

- Compromised cognitive development (learning, memory, and attention)
- Poor academic performance
- Development of cannabis use disorder
- Risk of psychiatric disorders, such as depression, psychosis and suicidality
- Intoxication leading to impaired decision making, reaction time, and coordination (Ladegard & Bhatia, 2023)

For these reasons, this report prioritizes strategies aimed at reducing access and appeal to young people. DPCPs are currently unregulated at both the federal and state level. In Wisconsin, unless a municipality chooses to impose their own restrictions, there are no state-level regulations in place to prevent underage exposure to, and use of, these products.

With lessons learned from tobacco and alcohol, this report offers evidence informed recommendations for state, local, and school district policymakers to take the first steps in protecting our young people from the harms of underage use of derived psychoactive cannabis products.



Prevention 101

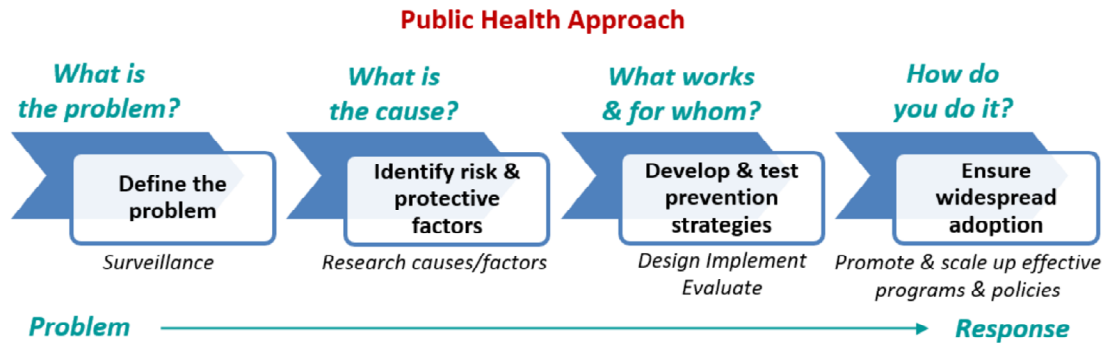
Public Health is what we, as a society, do collectively to assure the conditions for people to be healthy (*Institute of Medicine*)

In Wisconsin, we strive to create communities where kids have the opportunity to be happy and healthy. Communities often form community coalitions to assess community conditions and either reduce or enhance these conditions through action. In this section, you will learn how communities can apply an evidence-based approach to addressing youth access to DPCPs, a condition that is preventable.

One way we work to assure the conditions for people to be healthy is through primary prevention. Primary prevention aims to prevent disease or injury by preventing exposures to hazards that cause disease or injury, altering unhealthy or unsafe behaviors that can lead to disease or injury, and increasing resistance to disease or injury should exposure occur.

A public health approach to primary prevention means using data, best practices, cross-sector collaboration, and community engagement. The public health approach, depicted in Figure 1, guides us in **1)** clearly defining and monitoring the problem, **2)** identifying the risk and protective factors causing the problem, **3)** applying and testing appropriate prevention strategies, and **4)** ensuring widespread adoption of effective strategies (CDC, 2024).

Figure 1: Public Health Approach



Source: NASBLA. (n.d.). <https://www.nasbla.org/advocacy/public-health>

The Strategic Prevention Framework (SPF) is an evidence-based planning tool based on the public health approach that can be used to identify and employ prevention interventions that will be effective in addressing a substance use problem impacting a community.

Strategic Prevention Framework (SPF)

Figure 2 illustrates the interconnected steps that prevention planners work through as they apply the SPF process to a local problem. Once the Assessment and Capacity stages are completed, the



information gleaned in those steps is used in the Planning stage to select strategies with the strongest evidence of effectiveness for modifying the local conditions and thus preventing new cases of the problem from occurring.

Environmental strategies for substance misuse prevention are rooted in a public health approach that targets change across entire populations or communities. Environmental prevention strategies are interventions that modify or change the environment in which individuals make choices. The focus of environmental strategies is to change the environment in ways that encourage people to make healthy choices.

Figure 2: Strategic Prevention Framework



Source: *Substance abuse and mental health services administration*. SAMHSA. (n.d.). <https://www.samhsa.gov/>

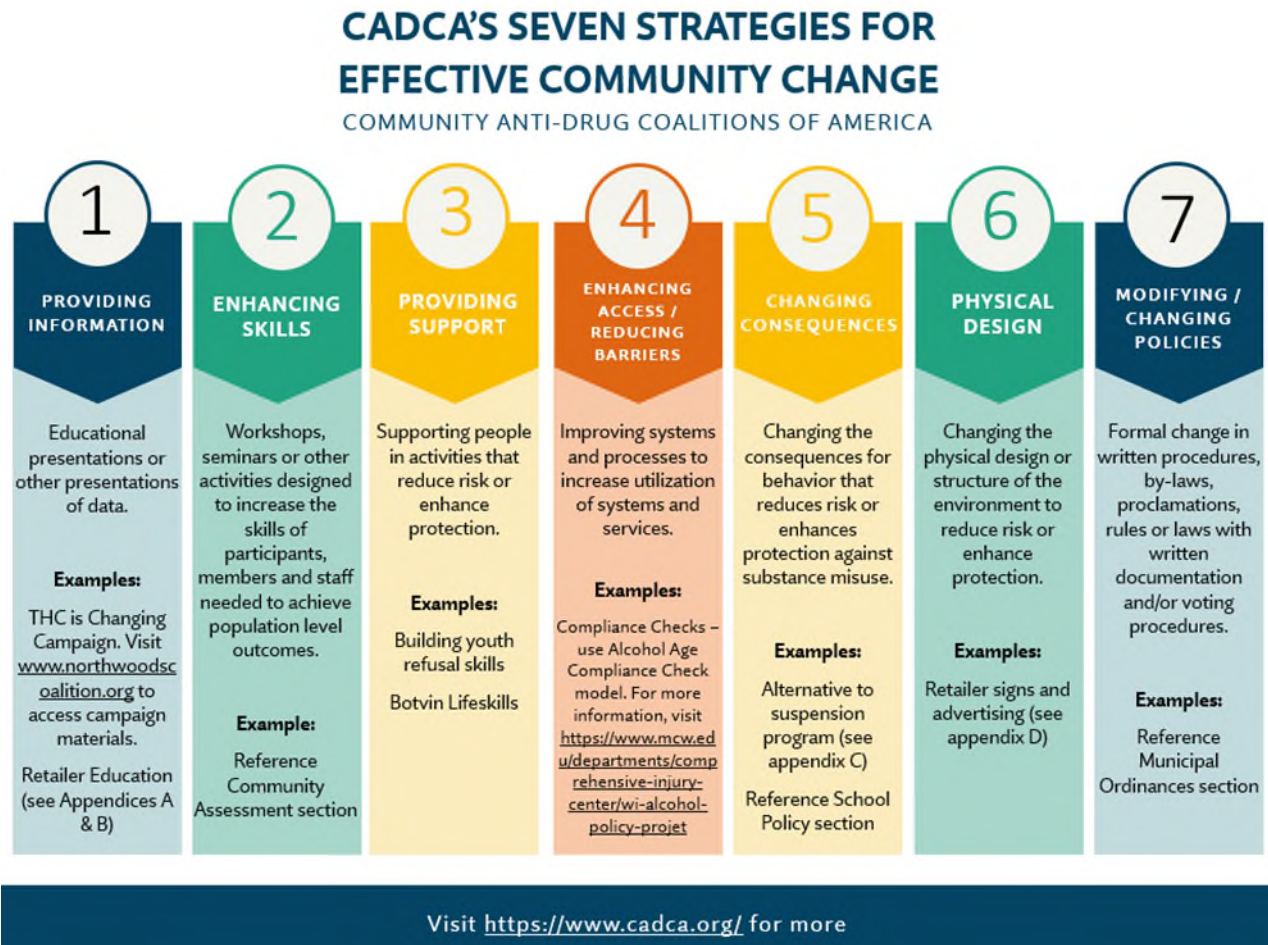
County Health Rankings & Roadmaps (CHR&R), a program of the University of Wisconsin Population Health Institute, is an example of a resource that can be utilized during the SPF Planning stage to explore evidence-informed strategies and solutions. CHR&R's website features [What Works for Health](#), a tool to help prevention planners find policies and programs that are a good fit for their community's priorities (see Appendix J).

With regards to the priority of this report, the use of derived psychoactive cannabis products (DPCPs) by young people, the [What Works for Health](#) tool offers a scientifically supported strategy for preventing the underage use of two other legal substances that prevention researchers have suggested may have similar results for DPCPs. Establishing and enforcing a minimum legal sales/purchase age of 21 for both alcohol and tobacco has demonstrated effectiveness in protecting the health and safety of young people (CHR&R, n.d.).



The Community Anti-Drug Coalitions of America (CADCA) developed seven strategies, explained in Figure 3, to use as part of a comprehensive approach to seek community change rooted in evidence-based research. Each strategy should be implemented at a state, regional, and local level to ensure we are addressing youth access to hemp derivatives at all levels.

Figure 3: CADCA’s Seven Strategies for Effective Community Change



Example from the Tobacco 21 Movement

The Tobacco 21 movement began in 2005 when Needham, Massachusetts became the first town in the US to enact a law raising the Minimum Legal Sale Age (MLSA) to 21.

In March 2015, the National Academy of Medicine issued a report titled, “Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products.” The report



modeled the likely public health outcomes of raising the MLSA to 19 years, 21 years, and 25 years, taking into consideration the developmental stages during which adolescents and young adults are more vulnerable to the adverse effects of nicotine (*Centers for Disease Control and Prevention*).

On December 20, 2019, the minimum legal sales age was raised from 18 to 21 nationwide. “The tobacco space understood that effective and comprehensive Tobacco 21 policies on a state and local level start with strong language, ample planning for implementation and enforcement, and an equity focus. Which is why states and localities can pass or strengthen their own age of sale laws to ensure state and local agencies have the authority to enforce the higher age of sale, incorporate other best practices, and ensure retailers are following the law” (*Counter Tobacco*).

At its root, the Tobacco 21 movement, with an emphasis on policy, is an example of a successful approach to keeping harmful, addictive products out of the reach of young people, similar to what is needed for DPCPs.



Community Assessment

A community assessment is a way for community stakeholders to determine the current policies, systems and strategies already in place to address areas of concern, and identify any gaps. This assessment identifies health needs in the community through data collection and analysis, commonly referred to as community health assessments, and community health improvement plans. (Wisconsin Department of Health Services, 2024).

Conducting a Community Assessment

Community assessments can be conducted through a variety of methods including environmental scans, community surveys, key informant interviews, and more.

- **Environmental scans** can be used in your community to determine the prevalence of derived psychoactive cannabis products (DPCPs) (see Appendix E for an environmental scan template). This scan is intended to be used in local retail establishments to determine the prevalence of DPCPs being sold. If you are unsure where to begin, gas stations, convenience stores, smoke or vape shops, bars, and grocery stores are good places to start looking. Outlet density maps can then be created from environmental scans to paint a visual picture of where DPCPs are being sold in a community in relation to schools, parks, youth serving organizations, or other. Taking photos of the products in these establishments can be powerful when sharing your findings with key stakeholders and community members.
- **Key informant interviews** can be used to gather data from local stakeholders that work with the youth population (see Appendix F for a key informant interview template). Examples of individuals to consider interviewing include school principals or administrators, school resource officers, police officers, school counselors, emergency room or hospital staff, and parents.
- **Community Surveys** can be completed by general community members to collect data on the knowledge and thoughts of the general population (see Appendix G for a community survey template). A community survey can provide insight into what the general public's opinion or knowledge may be of certain issues. It is important to understand community perceptions about the issue you are looking to address.

Evaluating Results

Ideally, your coalition or group would use all three examples of data collection and more if available, to analyze the landscape of DPCPs in your community. Additional data may include Youth Risk Behavior Survey data. To truly make a lasting impact, your coalition should implement strategies from all of [CADCA's 7 Strategies for Change](#). However, if you find that community perception of harm is low, your coalition or organization may need to spend additional time implementing community education and awareness.



Municipal Ordinances

Derived psychoactive cannabis products (DPCPs) are unregulated, intoxicating substances that have high potential for misuse among young people and pose a significant threat to their healthy development. Creating the conditions in which young people can be healthy often requires policy solutions. Our neighborhoods are shaped by specific policies that guide development, and consequently, our well-being. When elected officials and decision-makers work together with their local public health departments and community coalitions, it results in healthier communities with more people benefitting from equitable policies. Those most impacted by policies should also be meaningfully involved in the process.

One policy solution that has demonstrated effectiveness in reducing underage alcohol and tobacco use has been limiting access to these products to those age of 21 and older (What Works for Health, see Appendix J).

Local Ordinances in Wisconsin

Examples of existing local ordinances regulating the sale of DPCPs in Wisconsin include:

- [Wood County](#) (see Appendix I) and local municipalities within the county:
 - [Town of Grand Rapids](#)
 - [City of Marshfield](#)
 - [City of Nekoosa](#)
 - [City of Pittsville](#)
 - Village of Port Edwards
- City of Kaukauna (see Appendix H)
- City of Abbotsford
- City of Medford

Local Authority

Some communities may face barriers when attempting to pass policy on DPCPs. Communities are encouraged to discuss local policy with their corporate council or city attorney.

Information about Home Rule

According to the Wisconsin Legislative Council, cities and villages derive home rule power from both Wisconsin’s Constitution and statutes. Constitutional home rule power, as interpreted by the Wisconsin Supreme Court, is very limited. For that reason, the most contested issue in a home rule case, and the focus of a court’s analysis, is the scope of statutory home rule, or whether the local regulation is preempted by state statute. In the instance of DPCPs, there is no state statute.



County home rule is more limited than municipal home rule, because a county cannot rely on constitutional authority to act. A county's statutory authority provides only "organizational and administrative power," which is narrower than city and village police powers. Counties will find, however, that they are within their power to protect public health and safety, so where the state may be lacking in regulation, home rule may apply (*Wisconsin Legislative Council, 2023*).

County Authority under State Statute

Counties may face setbacks if local attorneys feel a county is not within its authority to regulate DPCPs under the State's Uniform Controlled Substances Act (Wis. Stat. 961). Counties do, however, have adequate authority under Wis Stat. Ch. 59 which outlines the governing power of counties.

59.54. Public protection and safety

(6) Peace and order. The board may enact and enforce ordinances to preserve the public peace and good order within the county including, but not limited by enumeration, ordinances prohibiting conduct that is the same as or similar to conduct that is prohibited by [ss. 947.01\(1\)](#) and [947.02](#), and provide a forfeiture for a violation of the ordinances.

Peace and order

Legislature has power to vest in a county board or municipal council power to provide for good order of community by enacting ordinances regulating local affairs, provided there is not included the power in either to create crimes and impose criminal punishment, and under such a grant of power county or municipal government may enact ordinances prohibiting some of the very acts already prohibited by state law, and in such a case there may be a prosecution under the state law as and for a crime and a civil action under local ordinance for the recovery of a fine. [State ex rel. Keefe v. Schmiede \(1947\) 28 N.W.2d 345, 251 Wis. 79.](#)

Ordinance Components to Consider

Community risk factors that can contribute to youth use of DPCPs include widespread availability of products, a large number of DPCP retailers in a given area, no limitations on days and hours of sale, broad exposure to marketing, and products, packaging, and marketing that appeals to young people.

Thus, policymakers should consider including the following components in an ordinance:

- Minimum age of purchase (21 years or older)
- Require products be placed behind the counter in retail establishments
- Requirements for quality standards and health warnings
- Require retailers to prominently post signage that customers must be 21 or older to purchase
- Require valid age verification at point of sale



- Prohibit packaging that appeals to young people and mimics common food brands
- Limit the number of businesses allowed to sell DPCPs as well as their proximity to locations frequented by young people
- Restrictions on whether delivery from the retailer is allowed

Minimum Legal Sales Age (MLSA)

Research shows that alcohol, tobacco, and illicit drug use can substantially influence the growth and development of youth. It has also been shown that the likelihood of developing a substance use disorder (SUD) is decreased if substance use is taken up after adolescence (Rioux et al., 2018).

The Substance Abuse and Mental Health Administration (SAMHSA), recommends that states considering legalizing marijuana may want to establish a minimum purchasing and use age of at least 21, comparable to the legal age to purchase alcohol and tobacco. This is of particular importance when considering that marijuana remains illegal at the federal level and research continues to demonstrate its negative impacts on the developing brain (SAMHSA, 2021). As many DPCPs are unregulated novel substances which can cause intoxication and carry a high potential for misuse, an age restriction would create a barrier to youth access.

Zoning

In Wood County, a zoning regulation was included in the DPCPs ordinance in which products containing the named isomers (delta-8 THC, delta-10 THC, THC-A, THCO, HHC, and THCP) cannot be sold within 750 feet of a hospital, church, or youth-serving organization defined in the ordinance as childcare centers, pre-schools, public or parochial schools, tribal schools, playgrounds, city or county parks, springing arenas, or organizations with specific interest to serve children (Boys & Girls Club, YMCA, Head Start, etc.). This ordinance also includes temporary picnic events in which vendors can sell products. To see more information on outlet density mapping, refer to the Environmental Scan Explanation in the [Community Assessment](#) section of this report.

Emphasize Restricting Sales to Minors (A Lesson from Tobacco)

Ordinances focused on reducing youth access are successful in reducing youth use when they are well enforced to ensure a high rate of compliance (Counter Tobacco, 2023). Rather than treat young people as the wrongdoers, ordinances should focus on limiting access to youth. Rigorous enforcement of restrictions against sales to young people is critical to minimizing access to these products and, ultimately, preventing underage use. The most successful youth access programs incorporate routine retailer compliance checks in which volunteers under the legal purchasing age attempt to purchase these products. Refer to Appendix C to read more about the ineffectiveness and potential unintended consequences of purchase, use, and possession (PUP) policies.



School Policy

Introduction

For school staff and administration, the lack of oversight of derived psychoactive cannabis products (DPCPs) presents significant challenges. Firstly, it creates confusion surrounding the legality of these products on school premises. Without clear regulations in place, enforcing policies regarding their possession and use becomes problematic. Additionally, the varying quality and safety standards of these products raise concerns about student health and safety. It's crucial to recognize that the absence of oversight means that the contents of these products can vary widely, potentially leading to unintended exposure to contaminants or higher levels of THC. This lack of clarity also complicates drug policy enforcement, as determining the legality of DPCPs under existing policies becomes unclear. To address these challenges, schools must collaborate with local authorities and health agencies to develop clear policies and guidelines regarding the possession and use of DPCPs. Education and awareness initiatives can also play a vital role in ensuring that students, parents, and staff are well-informed about the potential risks associated with these products, helping them make informed decisions.

Action

For school staff and administration, effectively addressing the impact of uncontrolled derived psychoactive cannabis products (DPCPs) in schools necessitates a multifaceted approach that encompasses the following education and policy measures:

- **Comprehensive education** campaigns are essential to equip both staff and students with a thorough understanding of the risks associated with DPCPs, and the legal framework surrounding their use. Collaborating with local health authorities and experts, we can develop engaging materials and host informative sessions to raise awareness.
- **Clear and enforceable policies** are paramount to set boundaries and expectations regarding the possession, use, and distribution of DPCPs on school premises. These policies should be communicated clearly to all stakeholders and consistently enforced, with appropriate consequences outlined for violations.
- **Providing support services** for students struggling with substance use issues related to DPCPs is crucial. This includes offering counseling, support groups, and referrals to external resources.
- **Regular review and updates of policies and educational initiatives** are essential to stay abreast of evolving laws, trends, and challenges.

By taking a proactive and collaborative approach, we can create a safe and supportive environment for our school community amidst the complexities of DPCP use.



Educational Campaigns

Education about DPCPs is crucial for both students and faculty in schools. Understanding the effects, risks, and legal status of these substances empowers individuals to make informed decisions about their health and well-being. With more than 11% of 12th graders reporting use of delta-8 products in the past year the time for education is now (Harlow, et al., 2024). For students, this education fosters responsible decision-making and helps prevent substance use. For faculty, it enables them to recognize signs of drug use among students and provide appropriate support. By incorporating education on DPCPs into school curricula, we can promote a safer and healthier learning environment for everyone.

Policies

School policies concerning DPCPs are crucial in establishing a safe and supportive learning environment. These policies must be comprehensive, addressing not only the disciplinary repercussions of substance use but also providing support and intervention options.

When it comes to DPCPs, which are relatively new and sometimes misunderstood substances, schools need to educate not only students but also faculty and staff. This education should cover the effects, risks, and legal status of DPCPs, ensuring everyone understands its potential impact on health and behavior. Punitive measures alone are often inadequate in addressing the complex issues surrounding substance use among students. Instead, **schools should incorporate restorative practices and alternative disciplinary measures into their policies.** Rather than automatically resorting to suspension or expulsion, schools can offer counseling, support groups, or substance use education programs. These alternatives not only address the immediate issue, but also aim to identify and address the underlying reasons for substance use like stress, peer pressure, or mental health issues.

Sample policy of how a school may alter their student behavior code to outline the outcome of a student violation:

Possession, Use, and/or Under the Influence of a Cannabis Product (Natural or Synthetic), or the Possession/Use of Related Paraphernalia

- Immediate notification to Parent/Guardian
- Confiscation of substance and paraphernalia if applicable.
- Referral to Student Counselor for a minimum of three sessions
- Assignment and completion of two-hour Cannabis Prevention Alternative to Suspension Program – Must be completed within one week of violation unless otherwise scheduled.

Working with schools or district administration to revise the school's behavior code can create a supportive environment where students feel comfortable seeking help. In doing so, discuss the referral process with the school disciplinarian, the expected timeline from referral to program completion, and any reporting obligations.



Creating a supportive environment where students feel comfortable seeking help is crucial. Schools should ensure confidentiality and non-judgmental support for students who come forward with substance-related concerns. Fostering open communication and offering resources for both prevention and intervention can empower students to make healthier choices and provide the necessary support when needed. Adopting a holistic approach that considers the individual needs of students can create a safer and more inclusive environment for all members of the school community.

Review and Updates on Education and Policies

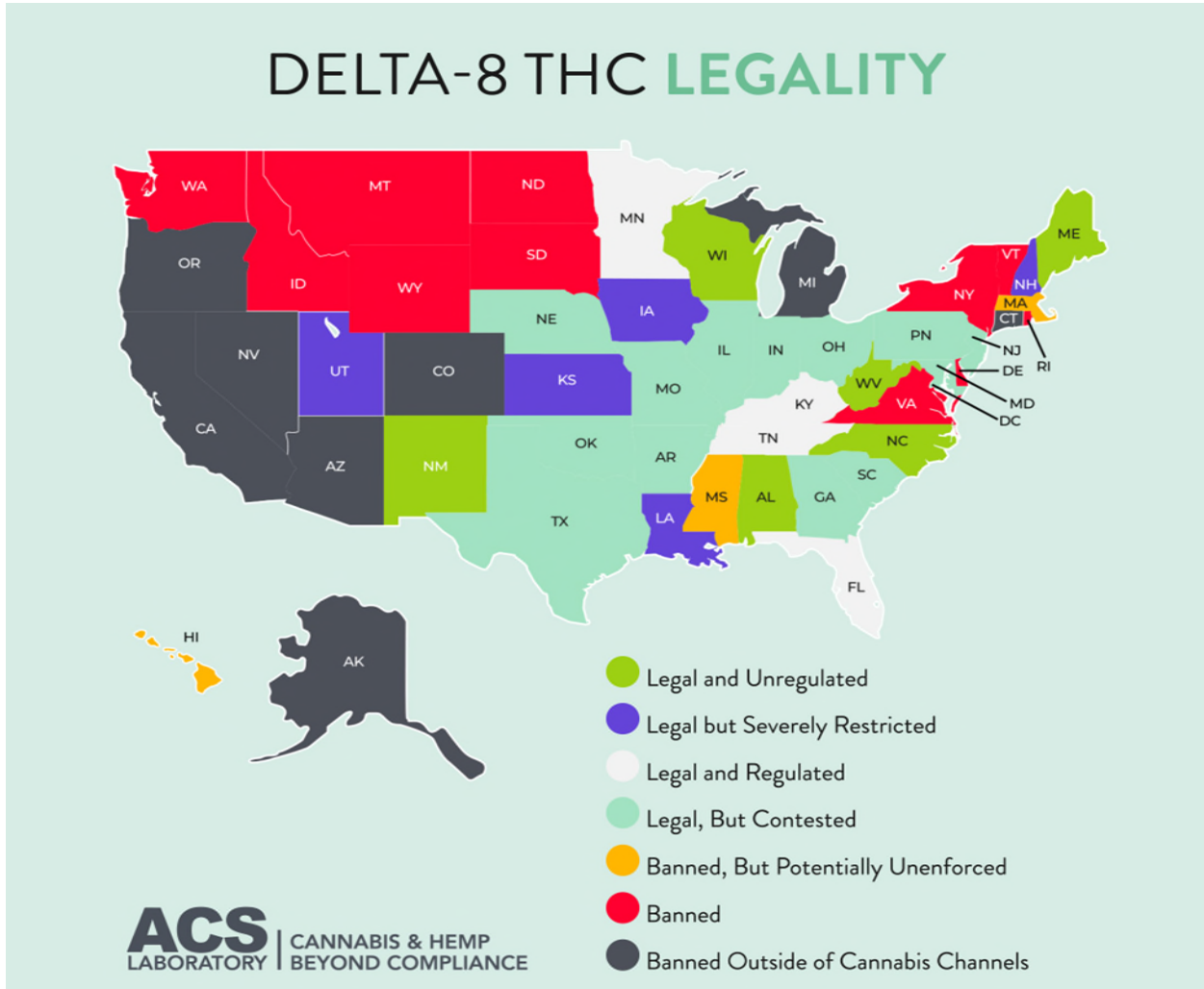
It is important for schools to regularly update their educational materials and policies regarding substance use. This ensures that they are in line with current societal norms, scientific understanding, and emerging trends in drug use. The following are reasons to review and update:

- Societal attitudes towards substances and drug use change over time due to cultural shifts, legislative changes, and advancements in research. It is essential for educational materials and policies to reflect these changes to effectively address current challenges and concerns.
- Scientific knowledge about substance use is continually evolving, with new research uncovering the effects of different substances on individuals' health and behavior. By staying up to date with these developments, schools can provide accurate and relevant information to students and faculty, empowering them to make informed decisions and respond appropriately to substance-related issues.
- The landscape of drug use is dynamic, with new substances constantly emerging and evolving. Schools must remain vigilant and proactive in addressing trends, updating their policies to effectively address new substances, and changing patterns of use.
- Regular updates to educational materials and policies also demonstrate a commitment to continuous improvement and responsiveness to the needs of the school community.

You will find additional material about the Strategic Prevention Framework (SPF) in the [Prevention 101](#) section of this report. The SPF approach helps identify and employ prevention interventions that will be effective in addressing substance use problems. Soliciting feedback from students, parents, and other stakeholders can ensure that the schools' approach to substance use prevention and intervention remains effective and relevant. By staying informed and responsive, schools can better fulfill their role in promoting the health and well-being of students and creating a safe and supportive learning environment.



State Recommendations



Source: ACS Laboratory. Retrieved online July 22, 2024 <https://www.acslab.com/cannabinoids/regulation-the-legality-of-the-delta-8-a-state-by-state-guide>

The Agriculture Improvement Act of 2018 (“2018 Farm Bill”) legalized hemp as well as hemp derivatives and isomers. This created a loophole that inadvertently allowed for the chemical alteration of hemp to create over a dozen intoxicating cannabinoids. This has resulted in the proliferation of derived psychoactive cannabis products (DPCPs) that are unregulated and being sold at gas stations, grocery and convenience stores, smoke/vape shops, and other retail outlets.

The direct effects of these DPCPs on the developing brains of children and youth can include – impairment of cognitive function, memory, and judgment; hallucinations; anxiety; psychosis;



depression; nausea and vomiting; dizziness and tremors; and loss of consciousness. Prolonged use may result in dependency, leading to addiction and withdrawal symptoms.

Unfortunately, until congress addresses this loophole, states are left to fend for themselves in regulating these products. Thus far state-level regulatory action has ranged from full prohibition to complete unrestricted access. Within this range are states who have chosen to limit access to those age 21 and older.

The State of Wisconsin has yet to place any restrictions on DPCPs. However, a few local communities including Wood County and the City of Kaukauna have passed ordinances prohibiting the sale of these products to anyone under the age of 21.

It is the recommendation of this report that state policymakers follow suit and enact legislation similar to the Wood County (see Appendix I) and Kaukauna ordinances (see Appendix H) so that all young people are protected from the potential harms posed by derived psychoactive cannabis products.

Guidance from State Cannabis and Hemp Regulators

The Cannabis Regulators Association (CANNRA) is a national, nonpartisan association of government agencies regulating cannabis, cannabinoids, and hemp across more than 45 states and U.S. territories. CANNRA's mission is to convene, educate, and support governmental jurisdictions responsible for implementing cannabis and cannabinoid policies and regulations.

A key aim of CANNRA is to foster collaboration and coordination to identify and share best practices that safe-guard public health and consumer safety, promote equity, and create regulatory certainty for industry participants.

Among the regulatory best practices identified by CANNRA members, the following emerged as some of the minimum requirements recommended for protecting the health and safety of young people (CANNRA, n.d.):

- Licensing of retailers to allow for consistent application of minimum standards to operate.
- Age verification at point of sale with strict requirements for age verification in ecommerce and in-person delivery.
- Relevant warnings displayed prominently on the label in legible font, using easy to understand language.
- Packaging and labeling that does not appeal to children.
- Packaging and labeling that does not mimic non cannabinoid commercial items.
- Packaging that is child-resistant as appropriate for product forms and intoxication potential.



- Advertising regulations to ensure that advertising is not designed or implemented in a way that targets or appeals to children and includes any relevant warnings.
- Education, compliance, and enforcement programs to ensure compliance with minimum standards and regulations.

Guidance from the Tobacco 21 Movement

Additional guidance can be taken from a consortium of national public health organizations that identified the key elements of a strong policy that establishes age 21 as the minimum legal sales age (MLSA) for all tobacco products (Preventing Tobacco Addiction Foundation, 2019).

Adapting these elements to establish age 21 as the MLSA for all DPCPs, a strong policy will do the following:

- Define DPCPs to include current and future products
- Prohibit the sale of DPCPs to persons under the age of 21
- Require the retailer of DPCPs or their employee to verify the age of the purchaser prior to the sale
- Require the retailer of DPCPs to post signs stating that sales to persons under the age of 21 are prohibited
- Designate an enforcement agency and establish a clear enforcement protocol;
- Create a retail licensing program to sell DPCPs
- Dedicate funding to fully cover enforcement costs, either through licensing fees or as a provision in a state statute or local ordinance
- Provide authority for the state, county, or municipality to inspect retailers for compliance with MLSA 21 and a mandated minimum number of annual compliance checks for every retail establishment of DPCPs
- Provide penalties focused on the retailer or licensee rather than the youth purchaser or non-management employee
- Establish a civil penalty structure for violations rather than a criminal penalty structure to avoid unintended consequences that disproportionately impact marginalized communities and undermine the public health benefits of the policy
- Ensure that local jurisdictions have the authority to enact more stringent regulations for products than state or federal law



Glossary

The nomenclature of cannabis products is not standardized and often varies from state to state as well as common names and street names can be vernacular in nature. Additionally the proliferation of these products is exponentially increasing. It must be noted that this is an ever-changing landscape. Currently, in Wisconsin, these products are often referred to as weed light, diet weed or legal pot. For purposes of this report, a glossary of terms has been included to help the reader better understand the issue from a lay person's perspective with reference to medical and scientific language.

Analog - A compound having a structure similar to that of another compound

Biosynthetic - The formation of chemical compounds by a living organism, or a laboratory process modeled after these reactions in living organisms.

Cannabidiol (CBD) - One of two main cannabinoids found in the cannabis plant; in its pure form, it has no known psychoactive effect

Cannabinoids - Naturally occurring compounds found in the Cannabis sativa plant possessing psychoactive properties

Cannabis Hyperemesis Syndrome (HPS) - Abdominal pain, nausea, and repeated vomiting caused by marijuana use

Cannabis Induced Psychosis - Psychosis triggered within minutes, hours or days of smoking or consuming marijuana; the disorder is listed in the DSM-5, a catalog of mental disorders that health professionals use to diagnose patients

Cannabis sativa L. - Flowering plant containing tetrahydrocannabinol (THC), both hemp and marijuana are this plant

Delta-8-tetrahydrocannabinol (Delta-8 THC or $\Delta 8$ THC) - A cannabinoid that is typically manufactured from CBD and produces psychoactive effects; it is structurally different from delta-9 THC

Delta-9-tetrahydrocannabinol (Delta-9 THC or $\Delta 9$ THC) - One of two main cannabinoids found in the cannabis plant and produces psychoactive effects; it is potentially more potent than delta-8 THC and may have more considerable side effects; it is illegal in Wisconsin and currently a Schedule 1 drug.

Derivative - a product that is based on another source; having parts that originated from another source

Derived psychoactive cannabis products (DPCPs) - Products include edibles, dab, budder, shatter, leaf, bud, tincture, flower, tonics, and oils/wax for vaping/dabbing



FDA-approved product - FDA has determined that the benefits of the product outweigh the known risks for the intended use

Hallucinogenic - A substance that induces visions or imaginary perceptions, to see or hear things that do not exist outside of the mind

Hemp - Cannabis plants and products with a delta-9 concentration of no more than 0.3 percent on a dry weight basis

“High potency” marijuana - Product measured at 10 percent THC or higher

Intoxicating - A reversible pattern of behavioral or psychological changes produced by the drugs' action on the CNS (e.g., mood, belligerence, impaired cognition, judgment, motor skill performance, and social functioning)

Intoxication - A condition that follows the administration of a psychoactive substance and results in disturbances in the level of consciousness, cognition, perception, affect, or behavior, or other psychophysiological functions and responses

Legal weed - DPCPs are often referred to as "legal" weed as they do not currently fall under state marijuana regulations yet produce similar effect

Marijuana - Cannabis plants and products with a delta-9 concentration of greater than 0.3 percent on a dry weight basis

Methods of consumption - Smoking, vaping, ingesting (eating or drinking)

Novel - new or unfamiliar, in this report referring to a drug or substance that has not been around very long

Potency - Percentage of THC (or psychoactive component) within the product in terms of the dose required to produce a given effect

Psychoactive effects - The effects of a drug or other substance on the mind (i.e., mind-altering), such as changes in mood, awareness, thoughts, feelings or behavior; any psychoactive effect is considered intoxicating (i.e., Causes a "high")

Psychoactive substances - Any substance, natural or synthetic, or any natural substance material, which has psychoactive properties; when taken in or administered into one's system, psychoactive substances affect mental processes, e.g. perception, consciousness, cognition or mood and emotions; psychoactive substances include alcohol and nicotine

Psychosis - A collection of symptoms that affect the mind, where there has been some loss of contact with reality; it is a collection of symptoms that make it hard to distinguish between what is real and fake



Synthetic - A product produced artificially through chemical or biochemical process

THC Isomer - An isomer is a compound with the same chemical formula but a different arrangement of atoms in the molecule and different properties

Therapeutic claims - Statements made regarding a product ability to prevent or treat a health condition

Total THC - Measurement of all isomers of Tetrahydrocannabinol (THC) within a given product



Appendix A: Impact Coalition Handout



Preventing Cannabis Sales to Minors



Delta-8 THC

Delta-8 tetrahydrocannabinol (THC) is a psychoactive chemical substance found in the Cannabis plant (hemp and marijuana). The chemical is extracted from hemp byproducts, then added to products in highly concentrated levels to be smoked, vaped, or ingested in some way.

Because of the highly concentrated levels of delta-8 in these products, the effects tend to be similar to typical marijuana containing delta-9 THC.

Youth Substance Use

Most substance use starts between the ages of 13-17. Individuals are more likely to develop a substance use disorder the younger they begin using substances, and the more substances they use. Research shows that adolescent dependence on THC can cause mental psychosis, schizophrenia, and other mental disorders.

What Retailers Can Do

- Train employees to be aware that it is illegal in Wood County for persons under 21 to possess and use psychoactive cannabinoids, such as THC, HHC, and other hemp-derived substances that cause the user to become "high".
- Utilize free resources provided by IMPACT that support compliance with Wood County's hemp-derived cannabinoid ordinance.
- Display signage to customers that state you must be 21 or older to purchase hemp-derived cannabinoids (exception: must be 18 or older to purchase CBD).

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Appendix B: Minnesota Department of Health Factsheet



Hemp-Derived Cannabinoid Product Compliance

FACT SHEET¹

This fact sheet is intended as a resource for retailers and others to assess compliance with legal requirements for the sale of edible cannabinoid products, a.k.a., hemp-derived cannabinoid products (edibles, beverages, and topicals) as provided under [Sec. 151.72 MN Statutes](#).

Products Allowed

- Edible cannabinoid products, as defined under section 151.72 (Edibles), and products applied externally to the body that are properly labeled and contain no more than 0.3% THC (dry weight).
- Edibles can contain up to 5 mg of hemp derived THC per serving and have maximum of 50 mg per package.
- Beverages can contain two servings of up to 5 mg of hemp-derived THC per container for a total of 10 mg.

Products Not Allowed

- Products that are not an edible and contain non-intoxicating cannabinoids may not be sold if they are intended to be smoked, vaped, chewed, swallowed, drank, injected, or absorbed through a mucous membrane.
- Edibles modeled after brands of products primarily consumed by or marketed to children or that bear the likeness of or contain cartoon-like characteristics of a real or fictional person, animal, or fruit that appeals to children.
- Products that contain any synthetic cannabinoids.
- Products that contain artificially derived cannabinoids other than Delta-8 (▲8) and Delta-9 (▲9), including THC-P, THC-O, and HHC.
- Products that contain an ingredient not approved by the U.S. Food & Drug Administration.
- Products where extracted or concentrated hemp-derived cannabinoid has been applied or added to any commercially available product.
- Customers may not mix products with alcoholic beverages.

Packaging

- With the exception of beverages, edibles must be prepackaged in a child-resistant container.
- All edibles, including beverages, must be packaged in tamper-evident and opaque packages or containers.
- Edibles, other than beverages, intended for more than a single use or that contain multiple servings, must have each serving indicated by scoring, wrapping, or have another indicator that identifies the individual serving size.

Labeling

- Products packaged in a way that resembles trademarked, characteristic, or product-specializing packing of any commercially available food product are not allowed.
- Product packaging that includes a statement, artwork, or design that could reasonably mislead any person to believe that the package contains anything other than an edible cannabinoid product are not allowed.

¹ NOTE: The information appearing in this document is for general informational purposes only and is not intended to provide legal advice to any individual or entity. We urge you to consult with your own legal advisor before taking any action based on information appearing on this document or any site to which it may be linked.



HEMP-DERIVED CANNABINOID PRODUCT COMPLIANCE FACT SHEET

- Products must bear a label* that prominently and conspicuously displays the following:
 - The statement, “Keep this product out of the reach of children.”
 - The name, location, phone number, and website of the manufacturer of the product.*
 - The name of the accredited laboratory used by the manufacturer to test the product.*
 - The amount or percentage of cannabinoids found in each serving size of the product.
 - The list of ingredients in the product.
 - The batch number of the product.*
 - A statement that the product has not been approved by the U.S. Food & Drug Administration (unless such approval has been secured).
 - A statement that the product does not claim to cure, treat, diagnose, or prevent any disease, or alter the structure or function of the body.

*If the label requirements cannot fit on the product, an outer package that contains the product or a scannable or matrix barcode that links to the manufacturer’s website that lists the information is acceptable.

Sale and Placement of Product

- Products must only be sold to people 21 years of age or older.
- Edible products other than products intended to be consumed as a beverage must be displayed in a locked case or behind a checkout counter where the public is not permitted.

State law does not prohibit delivery of hemp-derived cannabinoid products (edibles, beverages, and topicals). However, prior to initiating a sale or otherwise providing a product, an employee of the retailer must verify that the person to whom the product is being provided is at least 21 years of age, as established with one of the allowable identification documents listed at Minn. Stat. § 151.72, subd. 5c.

Edible or Beverage Destruction

- Non-compliant products must be removed from displays and destroyed or returned.
- Edibles may be finely chopped or ground and mixed with coffee grounds, soil, or garbage, making them inedible. Place the mixture into a container or box and seal it with tape, then throw away in the trash. Beverages may be poured down a plumbed drain. Do not pour beverages down storm drains. Empty containers should be recycled or thrown away in the trash.

Testing

- A manufacturer must submit samples of each batch of product to be tested by an independent, accredited laboratory to certify that the product meets the standards established under Minn. Stat. § 151.72, subd. 4.
- At a minimum testing must confirm that the product contains the amount of cannabinoids stated on the label, does not contain more than trace amounts of any mold, residual solvents or other catalysts, pesticides, fertilizers, or heavy metals, and does not contain more than 0.3 percent of any tetrahydrocannabinol.

Minnesota Department of Health
Office of Medical Cannabis
PO Box 64975
St. Paul, MN 55164-0975
651-201-5598
health.hempedibles@state.mn.us
www.health.state.mn.us/people/cannabis/edibles

08/23/23



Appendix C: Alternative to Suspension Program



In Wisconsin and in our communities, we’ve seen a notable uptick in possession, use, and purchase (PUP) policies as a strategy to address youth tobacco use. We know that these strategies have the potential to do more harm than good and that there are alternative strategies that are more supportive in quitting.

What are PUP policies?

Possession, use, and purchase (PUP) policies target and penalize youth for possessing, using, or purchasing tobacco products. Examples of PUP ordinances and policies might include suspension from school, community service, monetary fines, and incarceration because of a student’s nicotine addiction.

PUP policies disparately affect marginalized youth...

<p>Youth of color — as well as LGBT youth, youth with disabilities, and boys — are more likely to smoke because these populations have been targeted via advertising and retailer placement by the tobacco industry.¹</p>	<p>High smoking rates are correlated with low income, and there are more tobacco retailers and advertisements in less affluent areas. Consequently, low-income youth are more likely to smoke and be affected by PUP laws.¹</p>
--	---

...which perpetuates inequitable health outcomes.



Wisconsin DPI student incident data show **significant disparities in suspensions and expulsions** in schools across the state for Indigenous and Black students, other students of color, and students with disabilities.²



Students who find themselves on the receiving end of harsh school discipline policies are also **more likely to face adversity and toxic stress** outside of school.³



Research shows penalties like expulsion and suspension result in **negative educational and life outcomes**.⁴

Last Updated: 9/14/2020





PUP policies are ineffective and can have unintended consequences.

- Tobacco companies and their allies have a long history of supporting PUP laws to shift the blame away from the tobacco industry.
- These laws are ineffective as they focus on the unfair punishment and stigmatization of youth. In addition, penalizing youth can be counterproductive as it can push youth to engage in behavior deemed as deviant or associated with adulthood and it can also deter them from seeking support for cessation when addicted.

There are effective alternatives to PUP policies.

Schools have an interest in addressing behavior that is disruptive and harmful to health, and can consider weighing the severity of the infraction with the consequences and effectiveness of the punishment. Schools seeking to avoid punitive measures in their tobacco-free policy may consider the following non-exhaustive list of alternatives to suspension programs:

- [INDEPTH](#) (American Lung Association)
- [The Rise of Vaping](#) (Campaign for Tobacco-Free Kids)
- [Aspire](#) (MD Anderson Cancer Center)
- [Healthy Futures](#) (Stanford University)



The programs listed above are for reference only, and are not an official endorsement.

Additional Resources

- [Addressing Student Commercial Tobacco Use in Schools: Alternative Measures](#)
- [School Discipline Practices: A Public Health Crisis and an Opportunity for Reform](#)
- [PUP in Smoke: Why Youth Tobacco Possession and Use Penalties Are Ineffective and Inequitable](#)

Citations

1. [PUP in Smoke: Why Youth Tobacco Possession and Use Penalties Are Ineffective and Inequitable](#) (ChangeLab Solutions)
2. [WISEdash](#) (Wisconsin Department of Public Instruction)
3. [School Discipline Practices: A Public Health Crisis and an Opportunity for Reform](#) (ChangeLab Solutions)
4. [Policy Statement: Out-of-School Suspension and Expulsion](#) (American Academy of Pediatrics)



Appendix D: Retailer Signs and Advertising



Photograph design credited to Marshfield Area Coalition for Youth (MACY)



Appendix E: Environmental Scans Template

Environmental Scan Data Collection Form

Adapted from: Alliance for Wisconsin Youth materials: <https://www.dhs.wisconsin.gov/aoda/awy.htm>

Scan Participant Information:

Participant Name: _____ Date: _____

Store Information:

Store name:

Address:

City:

State:

Website address:

List any other social media presence:

Store Type: (circle one)

Chain Convenience Gas Station Vape Shop Small Market CBD Store Other

(please specify): _____

Store Placement: (circle correct answer)

Yes	No	Is the store within 1,000 feet of a school?
Yes	No	Is the store withing 1,000 feet of a daycare center?
Yes	No	Is the store within 1,000 feet of a church?
Yes	No	Is the store within 1,000 feet of a playground or recreation facility?
Yes	No	Is the store within 1,000 feet of a bar or liquor store?
Yes	No	Does the store have displayed advertising of CBD?
Yes	No	Does the store have displayed advertising of Delta 8



	Is store close to bus stop, sidewalk, bike paths?
--	---

Other Observations:

Environmental Scan / Data Collection Form

Product Survey:

Delta 8 is sold in many forms, please identify the delta 8 products on display and for purchase.

Product Type	Gummies	Lolli pops	Pre-rolled joints	Flavored liquid for vape pens	Loose "bud"	Other (please list)
Notes						

Other Observations:

Access/Placement/Signage: (circle correct answer)

Yes	No	Are Delta 8 Products self-serve?
Yes	No	Are Delta 8 Products out in show but locked in cases?
Yes	No	Are Delta 8 Products behind counter?



Yes	No	Are Delta 8 products where customers can easily see them?
Yes	No	Are there signs for minimum age for Delta 8 product purchase? If so what age _____
Yes	No	Are there signs stating that delta 8 may show up on a drug test?
Yes	No	Are there signs that share how products are tested?
Yes	No	Are Delta 8 ads or signs located at three feet from the floor or below?
Yes	No	Are there signs about the potency or other warning use signs about Delta 8?
Yes	No	Are there signs about CBD/Delta 8 sold outside of building?
Yes	No	Are they selling at alternate locations (i.e. Farmer’s Market, Festivals)?
Yes	No	Are there sales for the products (i.e. 2 for 1, Coupons)?
Yes	No	Are products sold/priced by potency

Other Observations:

Labeling/Packaging: (circle correct answer)

Yes	No	Has name and full address of store?
Yes	No	An identity statement – Indicate the nature and use of a product
Yes	No	The net weight? (Please list how they measure)
Yes	No	The amount of active THC?
Yes	No	A batch or date code?
Yes	No	Name and location of testing company?
Yes	No	Suggested amounts of consumption?
Yes	No	Has kid friendly flavors? (ie bubble gum, cotton candy, etc)
Yes	No	Any warning of use?
Yes	No	Were staff available and knowledgeable to answer questions about product/use?
Yes	No	Were any pamphlets of information handed out with product?



Appendix F: Key Informant Interview Template

Key Informant Interview- Law Enforcement

Community: _____ Date: _____

Participant's Name/ Title: _____

Interviewer: _____

Adapted from:

https://health.maryland.gov/bha/OMPP/Documents/SampleFGandKII_Questions.pdf

A coalition representative should speak with law enforcement personnel to learn about their experiences and perspectives regarding Delta-8 or hemp derived THC products.

Preparing and conducting the interview- The interview should last about 20-30 minutes and follow a semi-structured format with a set of prepared questions. Only the interviewer and the participant should be present during the interview, and it should be conducted in a private location. If you will be recording the interview, seek permission from your participant and locate a tape recorder or video camera for use.

If possible, provide the person being interviewed a copy of the questions a short time before the interview to allow time for review and preparation.

- 1. What is your job, and how long have you been in your current position?

- 2. What hemp derived THC problems do you see in our community?

- 3. What factors do you believe are causing these problems?



4. Are any officers assigned specifically to these issues in the community?

5. Does your community do random locker checks at school with a drug dog?

6. How do you think law enforcement could better address the hemp derived THC problems in our community?

7. What are the misconceptions about hemp derived THC that you hear from those in the community?



Key Informant Interview- School Personnel

Community: _____ Date: _____

Participant's Name/ Title: _____

Interviewer: _____

Adapted from:

https://health.maryland.gov/bha/OMPP/Documents/SampleFGandKII_Questions.pdf

A coalition representative should speak with school personnel to learn about their experiences and perspectives regarding Delta-8 or hemp derived THC products being used by students.

Preparing and conducting the interview- The interview should last about 20-30 minutes and follow a semi-structured format with a set of prepared questions. Only the interviewer and the participant should be present during the interview, and it should be conducted in a private location. If you will be recording the interview, seek permission from your participant and locate a tape recorder or video camera for use.

If possible, provide the person being interviewed a copy of the questions a short time before the interview to allow time for review and preparation.

- 1. What is your job, and how long have you been in your current position?

- 2. What hemp derived THC problems do you see in our school?

- 3. What factors do you believe are causing these problems?



4. Are any school personnel assigned specifically to these issues in the school?

5. Does your school do random locker checks at school with a drug dog?

6. How do you think the school/education sector could better address the hemp derived THC problems in our community?

7. What do students say when asked about hemp derived THC products?

8. What do parents or caregivers say when told their student was found with hemp derived products?



Appendix G: Community Perception Survey Template

Community Perception Survey:

1. Are you a resident of this city/county?

2. How many years have you lived in your city/county?

3. Do you know what hemp-derived cannabis products are? (ex: Delta-8, Delta-10, etc)

4. Do you know where you can buy hemp-derived cannabis products in our community?

5. Do you know that there (is/is not) an age restriction on purchasing hemp-derived cannabis products in our community?

6. Other thoughts or feelings on hemp-derived cannabis products in your local community:



Appendix H: City of Kaukauna Ordinance 9.32

9.32 Restriction on Sale and Possession of Hemp-Derived Cannabinoids And Synthetic Cannabinoid Prohibited

1. Definitions

- a. In this subsection, hemp-derived cannabidiol constitutes one of the many intoxicating compounds found in the Cannabis sativa plant, or any current or future synthetic version thereof, referred to as hemp:
 - i. Any part of the Cannabis sativa L plant, including the seeds thereof; and
 - ii. All derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not;
 - iii. Containing a delta-9 [THC] concentration of not more than 0.3 percent; but
 - iv. Does not include non-intoxicating cannabinoids, including cannabidiol (CBD).
- b. In this subsection, synthetic cannabinoid constitutes those human-made or manufactured chemicals that mimic tetrahydrocannabinol (THC) and are referred to by many common street or trade names such as but not limited to: "Spice," "K2," "Genie," Yucatan Fire," "fake" or "new" marijuana:
 - i. Salvia divinorum or salvinorum A: All parts of the plant presently classified botanically as salvia divinorum, whether growing or not, the seeds thereof; any extract from any part of such plant, and every compound, manufacture, salts derivative, mixture or preparation of such plant, its seeds or extracts.
 - ii. 1-(2-(4-(morpholinyl) ethyl))-3-(1-naphthoyl) indole: Common or other names: JWH-200.
 - iii. 1-Butyl-3-(1-naphthoyl) indole: Common or other names: JWH-073.
 - iv. 1-Butyl-3-(1-naphthoyl) indole: Common or other names: JWH-073.-hexyl-3-(1-naphthoyl) indole: Common or other names: JWH-019.
 - v. 13-(1-naphthoyl) indole: Common or other names: JWH-018.-pentyl-3-(2-methoxyphenylacetyl) indole: Common or other names: JWH-250.
 - vi. 1-pentyl-3-(2-methoxyphenylacetyl) indole: Common or other names: JWH-250.
 - vii. 1-pentyl-3-(4-chloro-1-naphthoyl) indole: Common or other names: JWH-398.
 - viii. 2-[(1R,3S)-3-hydroxycyclohexyl]-5-(2-methyloctan-2-yl)phenol): Common or other names: CP 47, 497 and homologues.
 - ix. 2-methyl-1-propyl-1H-indol-3-yl)-1-naphthalenyl-methanone: Common or other names: JWH-015.



- x. (6aR, 10aR)-9-(hydroxymethyl)-6, 6-dimethyl-3-(2-methyloctan-2-yl)- 6a, 7, 10, 10a-tetrahydrobenzo[c] chromen-1-ol): Common or other names: HU-210.
- xi. Dexanabinol: Common or other names: HU-211.
- xii. Dexanabinol, (6aS, 10aS)-9-(hydroxymethyl)-6, 6-dimethyl-3-(2-methyloctan-2-yl)-6a, 7, 10, 10a-tetrahydrobenzo [c] chromen-1-ol: Common or other names: HU-211.
- xiii. Any similar structural analogs to any of the above.

2. Restrictions.

- a. It shall be illegal for any person to use, possess, purchase, attempt to purchase, sell, publicly display for sale or attempt to sell, give, or barter any one or more of the chemicals, whether under the common street or trade names of "Spice," "K2," "Genie," Yucatan Fire," "fake" or "new" marijuana, or by any other name, label, or description, listed under 9.32(1)(b) above.
- b. It shall be illegal for a person under the age of twenty-one (21) to possess or use any amount of any hemp-derived cannabinoid including delta-8 THC, delta-10 THC, HHC, HHC-O, THCA, THC-O, THCP, or THCv except as specifically allowed by Wisconsin law.
- c. It shall be illegal to sell or deliver any hemp-derived cannabinoid product containing delta-8 THC, delta-10 THC, HHC, HHC-O, THCA, THC-O, THCP, or THCv to a person under the age of twenty-one years, except as specifically allowed by Wisconsin law.
- d. It shall be illegal to sell or deliver any hemp-derived cannabinoid product containing delta-8 THC, delta-10 THC, HHC, HHC-O, THCA, THC-O, THCP, or THCv to a person without having first verified their age by having the purchaser present a valid photo identification.
- e. No individual may provide hemp-derived cannabinoid products to any person under the age of 21 unless the individual is the person's parent or guardian or spouse who has attained the age of 21 years.
- f. Hemp-derived cannabinoids shall not be sold within 750 feet of a hospital, church, or youth-serving organization such as, but not limited to: childcare centers, pre-schools, public or parochial schools, tribal schools, playgrounds, city or county parks, sporting arenas, or organizations with specific interest to serve children (Boys & Girls Club, YMCA, Head Start, etc.) The distance shall be measured by the shortest route along a designated roadway or walking path from the main entrance of the youth-serving business/organization to the premises selling hemp-derived cannabinoid products.
 - i. The prohibition in this section does not apply to businesses selling hemp-derived cannabinoids prior to December 6, 2022.



- g. Signs and notices.
 - i. A retailer must post a sign in areas within their premises where any hemp-derived cannabinoid is sold to consumers stating that the sale of any such to any person under the age of twenty-one (21) is unlawful under this section.
 - ii. A vending machine operator must attach a notice in a conspicuous place on the front of their vending machines stating that the purchase of any hemp-derived cannabinoid by any person under the age of twenty-one (21) is prohibited.
 - h. Vending machines.
 - i. A retailer or vending machine operator may not sell hemp-derived cannabinoid a vending machine unless the vending machine is located in a place where the retailer or vending machine operator ensures that no person younger than twenty-one (21) years of age is present or permitted to enter unless accompanied by his or her parent or guardian.
 - ii. A retailer or vending machine operator may not sell hemp-derived cannabinoid from a vending machine unless the vending machine is able to first verify that the purchaser is twenty-one (21) years of age or older.
3. Medical or dental use allowed. Acts otherwise prohibited under subsection (1) of this section shall not be unlawful if done by or under the direction or prescription of a licensed physician, dentist, or other medical health professional authorized to direct or prescribe such acts, provided that such use is permitted under state and federal laws.
4. Penalties.

The penalty for any person under the age of 18 in violation of provision 9.32(2) (b) of this ordinance shall be limited to forfeiture of hemp-derived cannabinoid products to law enforcement and may include another reasonable non-monetary penalty.

- a. Except as stated in 9.32 (4) (a), any
- b. Any person who violates any provision of this ordinance shall, upon conviction, be subject to a forfeiture of not less than \$100, nor more than \$500, exclusive of costs, and upon failure to pay the same shall be confined in the county jail for not more than thirty days.
- c. This ordinance will supersede any ordinance in conflict therewith and must take effect upon passage and publication, as required by law.



Appendix I: Wood County Ordinance 236.05

236.05 HEMP-DERIVED CANNABINOID REGULATIONS

- a. In this subsection, hemp-derived cannabinoid constitutes one of the many intoxicating cannabinoids found in the cannabis plant or a synthetic version thereof.
 - i. A cannabinoid other than delta-9 tetrahydrocannabinol (THC), or an isomer derived from such cannabinoid (delta-8 THC, delta-10 THC, hexahydrocannabinol (HHC), HHC-O, THCA, THC-O, THCP, THCV);
or
 - ii. A hemp-derived product containing delta-9 tetrahydrocannabinol in a concentration of 0.3 percent or less
 - iii. Does not include non-intoxicating cannabinoids, including cannabidiol (CBD), which is an active ingredient in cannabis, but does not cause intoxication by itself, is not addictive, and does not contain other isomers as listed above
- b. It shall be illegal for a person under the age of twenty-one (21) to possess or use any amount of a hemp-derived cannabinoid including delta-8 THC, delta-10 THC, HHC, HHC-O, THCA, THC-O, THCP, or THCV except as specifically allowed by Wisconsin law.
- c. It shall be illegal to sell or deliver any hemp-derived cannabinoid product containing delta-8 THC, delta-10 THC, HHC, HHC-O, THCA, THC-O, THCP, or THCV to a person under the age of twenty-one years, except as specifically allowed by Wisconsin law.
- d. It shall be illegal to sell or deliver any hemp-derived cannabinoid product containing delta-8 THC, delta-10 THC, HHC, HHC-O, THCA, THC-O, THCP, or THCV to a person without having first verified their age by having the purchaser present a valid photo identification.
- e. Hemp-derived cannabinoids shall not be sold within 750 feet of a hospital, church, or youth-serving organization such as, but not limited to: childcare centers, pre-schools, public or parochial schools, tribal schools, playgrounds, city or county parks, sporting arenas, or organizations with specific interest to serve children (Boys & Girls Club, YMCA, Head Start, etc.) The distance shall be measured by the shortest route along a designated roadway or walking path from the main entrance of the youth-serving business/organization to the premises selling hemp-derived cannabinoid products. The prohibition in this section does not apply to businesses selling hemp-derived cannabinoids from a location used for said sales on December 1, 2022.
- f. The penalty provision under s. 236.04 shall apply to any violation of this subsection.



Appendix J: Additional Resources and Tools

Cannabis Regulators Association (CANNRA)

<https://www.cann-ra.org/>

County Health Rankings & Roadmaps: What Works for Health tool -

<https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health>

Getting it Right From the Start

<https://www.gettingitrightfromthestart.org/>

International Academy on the Science and Impact of Cannabis (IASIC)

<https://iasic1.org/>

Monitoring The Future (MTF) - An annual survey of adolescents across the U.S., which in 2024 began providing national estimates on teen delta-8 use.

<https://monitoringthefuture.org/>

Prevention First - Cannabis Policy Resource Center

<https://www.prevention.org/cannabis-policy-resource-center/>

Prevention Technology Transfer Center Network (PTTC) - Cannabis Prevention

<https://pttcnetwork.org/cannabis-prevention/>

Public Health Law Center

<https://www.publichealthlawcenter.org/>

Smart Approaches to Marijuana (SAM)

<https://learnaboutsam.org/>

Stanford Medicine - Cannabis Awareness & Prevention Toolkit

<https://med.stanford.edu/cannabispreventiontoolkit.html>

U.S. Food and Drug Administration (FDA) - Regulation of Cannabis and Cannabis-Derived Products, Including Cannabidiol (CBD)

<https://www.fda.gov/news-events/public-health-focus/fda-regulation-cannabis-and-cannabis-derived-products-including-cannabidiol-cbd>

University of Minnesota School of Public Health Cannabis Research Center

<https://www.sph.umn.edu/research/centers/cannabis/>



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Your guide to the hottest hemp cannabinoids. Leafly. (2024, February 8). <https://www.leafly.com/news/strains-products/your-guide-to-the-hottest-hemp-cannabinoids>

SCAODA Motion Introduction

Committee(s) Introducing Motion: PREVENTION
Motion: Review and adopt the analysis and recommendation report of the Psychoactive Hemp Derivatives Ad Hoc Committee
Related SCAODA Goal: GOAL 1. Change Wisconsin’s cultural norms and policies to transform the state’s substance use and misuse challenges into healthy outcomes. Objective 1(b) Promote environmental policies to reduce substance use and create more support and understanding of those in recovery and those who need treatment. GOAL 2. Educate people of Wisconsin on the social, economic, and health impacts of substance use and misuse; as well as the benefits of effective prevention, harm-reduction, treatment, and recovery services. Objective 2(a) The council will continue to fulfill its responsibility to provide leadership and coordination by promoting and advocating best-practices and policies for prevention, harm reduction, treatment, and recovery among all levels of government and in communities.
Background: A loophole in the Agriculture Improvement Act of 2018 (Farm Bill) allows psychoactive (i.e., mind-altering or intoxicating) cannabis products to be commercially marketed and sold across the U.S.—including in states where recreational cannabis is not legal. The Farm Bill legalized the growth and sale of hemp. Hemp is defined as a botanical class of the cannabis sativa plant that contains low concentrations of delta-9 THC and high concentrations of non-psychoactive cannabidiol (CBD). But, hemp also contains low concentrations of hundreds of other cannabinoids which, until recently, were believed to be present in amounts too small to produce psychotropic effects. Under the protection of the Farm Bill, manufacturers can synthesize and sell hemp-derived cannabis products with psychoactive doses of cannabinoids as long as their products fit the Farm Bill’s definition of hemp. This interpretation of the Farm Bill was upheld in 2022 by the Ninth Circuit Court of Appeals. The Court ruled that federal law does not explicitly prohibit the manufacture and sale of hemp-derived products, regardless of how they are manufactured or their intoxicating affects, as long as the products are initially sourced from either hemp or a cannabinoid extracted from hemp. This has opened the floodgates and now in many states, including Wisconsin, there is retail access to a number of hemp-derived psychoactive cannabinoids like, among others, delta-10-thc, HHC, HHC-O, THCA, THC-O, THCP, THCV, delta-9-thc, and delta-8-thc. These hemp-derived products produce similar psychotropic effects as delta 9 -THC and are being sold as vape cartridges, edibles, concentrates, and tinctures (e.g., infused liquids) online and by brick-and-mortar retailers (e.g., vape and smoke shops, convenience stores, and gas stations).
Rationale for Supporting Motion: In keeping with SCAODA’s statutory responsibility of providing leadership and coordination regarding substance use issues confronting the state, the report of the Psychoactive Hemp Derivatives Ad Hoc Committee provides

recommendations and guidance for addressing the proliferation of (hemp) derived psychoactive cannabis products (DPCPs).

Wisconsin, like the rest of the country, has been inundated with DPCPs that are available in many communities throughout the state in a variety of retail settings like gas stations, convenience stores, grocery stores, vape and smoke shops, and in some instances, vending machines and online.

DPCPs are sold in the form of vapes, gummies, candies, edibles, concentrates, and tinctures (e.g., infused liquids). What's more, some manufacturers are not shy about promoting the intoxicating qualities of their products and packaging them in ways that appeal to children and mimic well known commercial food products.

Of major concern is the impact DPCPs can have on the health and development of young people. Research continues to shed light on the deleterious effects delta-9 THC can have on adolescent mental, emotional, and behavioral health. Numerous studies have found that adolescent cannabis use is associated with:

- Compromised cognitive development (learning, memory, and attention)
- Poor academic performance
- Development of cannabis use disorder
- Risk of psychiatric disorders, such as depression, psychosis and suicidality
- Intoxication leading to impaired decision making, reaction time, and coordination (Ladegard & Bhatia, 2023)

For these reasons, this report prioritizes strategies aimed at reducing access and appeal to young people. DPCPs are currently unregulated at both the federal and state level. In Wisconsin, unless a municipality chooses to impose their own restrictions, there are no state-level regulations in place to prevent underage exposure to, and use of, these products. With lessons learned from tobacco and alcohol, this report offers evidence informed recommendations for state, local, and school district policymakers to take the first steps in protecting our young people from the harms of underage use of derived psychoactive cannabis products.



SCAODA 2024 Meeting Dates

March 8, 2024 (Via Zoom)

June 7, 2024 (Via Zoom)

September 6, 2024 (Via Zoom)

December 6, 2023 (Via Zoom)

BY-LAWS
of the
State of Wisconsin
State Council on Alcohol and Other Drug Abuse
As Approved
June 6, 2008
Amended 9-10-10, 9-9-11, 12-13-13, 12-12-14

<please note: lines underlined below are taken directly from statute.>

ARTICLE I

Purpose and Responsibilities

Section 1. Authority

The council is created in the office of the governor pursuant to sec. 14.017 (2), Wis. Stats. Its responsibilities are specified under sec. 14.24, Wis. Stats.

Section 2. Purpose

The purpose of the state council on alcohol and other drug abuse is to enhance the quality of life of Wisconsin citizens by preventing alcohol, tobacco and other drug abuse and its consequences through prevention, treatment, recovery, and enforcement and control activities by:

- a. Supporting, promoting and encouraging the implementation of a system of alcohol, tobacco and other drug abuse services that are evidence-based, gender and culturally competent, population specific, and that ensure equal and barrier-free access;
- b. Supporting the prevention and reduction of alcohol, tobacco, and other drug use and abuse through evidence-based practice with a special emphasis on underage use; and
- c. Supporting and encouraging recovery in communities by reducing discrimination, barriers and promoting healthy lifestyles.

Section 3. Responsibilities

The state council on alcohol and other drug abuse shall:

- a. Provide leadership and coordination regarding alcohol and other drug abuse issues confronting the state.

- b. Meet at least once every 3 months.
- c. By June 30, 1994, and by June 30 every 4 years thereafter, develop a comprehensive state plan for alcohol and other drug abuse programs. The state plan shall include all of the following:
 - i. Goals, for the time period covered by the plan, for the state alcohol and other drug abuse services system.
 - ii. To achieve the goals in [par. \(a\)](#), a delineation of objectives, which the council shall review annually and, if necessary, revise.
 - iii. An analysis of how currently existing alcohol and other drug abuse programs will further the goals and objectives of the state plan and which programs should be created, revised or eliminated to achieve the goals and objectives of the state plan.
- d. Each biennium, after introduction into the legislature but prior to passage of the biennial state budget bill, review and make recommendations to the governor, the legislature and state agencies, as defined in [s. 20.001 \(1\)](#), regarding the plans, budgets and operations of all state alcohol and other drug abuse programs. The council also recommends legislation, and provides input on state alcohol, tobacco and other drug abuse budget initiatives.
- e. Provide the legislature with a considered opinion under [s. 13.098](#).
- f. Coordinate and review efforts and expenditures by state agencies to prevent and control alcohol and other drug abuse and make recommendations to the agencies that are consistent with policy priorities established in the state plan developed under [sub. \(3\)](#).
- g. Clarify responsibility among state agencies for various alcohol and other drug abuse prevention and control programs, and direct cooperation between state agencies.
- h. Each biennium, select alcohol and other drug abuse programs to be evaluated for their effectiveness, direct agencies to complete the evaluations, review and comment on the proposed evaluations and analyze the results for incorporation into new or improved alcohol and other drug abuse programming.

- i. Publicize the problems associated with abuse of alcohol and other drugs and the efforts to prevent and control the abuse. Issue reports to educate people about the dangers of alcohol, tobacco and other drug abuse.
- j. Form committees and sub-committees for consideration of policies or programs, including but not limited to, legislation, funding and standards of care, for persons of all ages, ethnicities, sexual orientation, disabilities, and religions to address alcohol, tobacco and other drug abuse problems.

ARTICLE II

Membership

Section 1. Authority

Membership is in accordance with section 14.017(2), Wis. Stats.

Section 2. Members

- 2.1** The 22-member council includes six members with a professional, research or personal interest in alcohol, tobacco and other drug abuse problems, appointed for four-year terms, and one of them must be a consumer representing the public. It was created by chapter 384, laws of 1969, as the drug abuse control commission. Chapter 219, laws of 1971, changed its name to the council on drug abuse and placed the council in the executive office. It was renamed the council on alcohol and other drug abuse by chapter 370, laws of 1975, and the state council on alcohol and other drug abuse by chapter 221, laws of 1979. In 1993, Act 210 created the state council on alcohol and other drug abuse, incorporating the citizen's council on alcohol and other drug abuse, and expanding the state council and other drug abuse's membership and duties. The state council on alcohol and other drug abuse's appointments, composition and duties are prescribed in sections 15.09 (1)(a), 14.017 (2), and 14.24 of the statutes, respectively.

The council strives to have statewide geographic representation, which includes urban and rural populated areas, to have representation from varied stakeholder groups, and shall be a diverse group with respect to age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest or conviction record, sexual orientation, marital status or pregnancy, political belief, or affiliation, or military participation.

2.2 There is created in the office of the governor a state council on alcohol and other drug abuse consisting of the governor, the attorney general, the state superintendent of public instruction, the secretary of health services, the commissioner of insurance, the secretary of corrections, the secretary of transportation and the chairperson of the pharmacy examining board, or their designees; a representative of the controlled substances board; a representative of any governor's committee or commission created under [subch. I](#) of ch. 14 to study law enforcement issues; 6 members, one of whom is a consumer representing the public at large, with demonstrated professional, research or personal interest in alcohol and other drug abuse problems, appointed for 4-year terms; a representative of an organization or agency which is a direct provider of services to alcoholics and other drug abusers; a member of the Wisconsin County Human Service Association, Inc., who is nominated by that association; and 2 members of each house of the legislature, representing the majority party and the minority party in each house, chosen as are the members of standing committees in their respective houses. [Section 15.09](#) applies to the council.

2.3 Selection of Members

From Wis. Stats. 15.09 (1)(a); Unless otherwise provided by law, the governor shall appoint the members of councils for terms prescribed by law. Except as provided in [par. \(b\)](#), fixed terms shall expire on July 1 and shall, if the term is for an even number of years, expire in an odd-numbered year.

2.4 Ex-Officio Members

- a. Ex-officio members may be appointed by a majority vote of the council to serve on the council, special task forces, technical subcommittees and standing committees. Other agencies may be included but the following agencies shall be represented through ex-officio membership: The Wisconsin Departments of: Revenue, Work Force Development, Safety and Professional Services, Veteran Affairs and Children and Families, the Wisconsin Technical Colleges System and the University of Wisconsin System.
- b. Ex-officio members of the council may participate in the discussions of the council, special task forces, technical subcommittees, and standing committees except that the chairperson may limit their participation as necessary to allow full participation by appointed members of the council subject to the appeal of the ruling of the chairperson.

- c. An ex-officio member shall be allowed to sit with the council and participate in discussions of agenda items, but shall not be allowed to vote on any matter coming before the council or any committee of the council, or to make any motion regarding any matter before the council.
- d. An ex-officio member may not be elected as an officer of the council.
- e. An ex-officio member shall observe all rules, regulations and policies applicable to statutory members of the council, and any other conditions, restrictions or requirements established or directed by vote of a majority of the statutory members of the council

2.5 Selection of Officers

Unless otherwise provided by law, at its first meeting in each year the council shall elect a chairperson, vice-chairperson and secretary from among its members. Any officer may be reelected for successive terms. For any council created under the general authority of s. 15.04 (1) (c), the constitutional officer or secretary heading the department or the chief executive officer of the independent agency in which such council is created shall designate an employee of the department or independent agency to serve as secretary of the council and to be a voting member thereof.

2.6 Terms of Voting Members

- a. Voting members shall remain on the council until the effective date of their resignation, term limit or removal by the governor, or until their successors are named and appointed by the governor.
- b. Letter of resignation shall be sent to the governor and council chairperson.
- c. Each voting member or designee of the council is entitled to one vote.

2.7 Code of Ethics

All members of the council are bound by the codes of ethics for public officials, Chapter 19, Wis. Stats., except that they are not required to file a statement of economic interest. Ex-officio members are not required to file an oath of office. As soon as reasonably possible after appointment or commencement of a conflicting interest and before

voting on any grant, members shall reveal any actual or potential conflict of interest. Chapter 19.46 of Wisconsin State Statutes states that no state public official may take any official action substantially affecting a matter in which the official, a member of his or her immediate family, or an organization with which the official is associated has a substantial financial interest or use his or her office or position in a way that produces or assists in the production of a substantial benefit, direct or indirect, for the official, one or more members of the official's immediate family either separately or together, or an organization with which the official is associated.

2.8 Nondiscrimination

The council will not discriminate because of age, race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest or conviction record, sexual orientation, marital status or pregnancy, political belief, or affiliation, or military participation.

2.9 Nomination Process for Appointed Members and Officers

As per Article II, Section 2.1, the governor is required to appoint six citizen members. In addition, the council elects the chairperson, vice-chairperson and secretary, annually. The council will follow this process when making recommendations to the governor concerning appointments and nominating a slate of officers:

- a. The council, along with the office of the governor and department staff, will monitor when council terms will expire. It will also monitor the composition of the council with respect to the factors specified in Article II, Section 2.1.
- b. The vice-chairperson of the council shall convene a nominating committee and appoint a chairperson of that committee as needed to coordinate the process for all appointments to the council as outlined in Article II, Section 2 and annually put forth a slate of officers as identified in Article II Sections 3.1, 3.2 and 3.3. The Council Chairperson may ask for nominations from the floor to bring forth nominations in addition to the slate of officers brought forth by the nominating committee. The nominating committee shall make recommendations to the council regarding nominations and appointments prior to the September council meeting and have such other duties as assigned by the council.
- c. The nominating committee of the council, with support of bureau staff, will publicize upcoming vacancies, ensuring that publicity includes interested and underrepresented groups, including

alcohol, tobacco and other drug abuse agencies, alcohol, tobacco and other drug abuse stakeholder groups, consumers, and providers of all ethnic groups. Publicity materials will clearly state that council appointments are made by the governor. Materials will also state that the governor normally considers the council's recommendations in making council appointments.

- d. While any person may apply directly to the governor according to the procedures of that office, all applicants will be asked to provide application materials to the council as well. Bureau staff will make contact with the office of the governor as necessary to keep the committee informed regarding applicants, including those that may have failed to inform the committee of their application.
- e. Applicants shall provide a letter of interest or cover letter, along with a resume and any other materials requested by the office of the governor. The nominating committee, in consultation with department staff, may request additional materials. The nominating committee, with support of bureau staff, will collect application materials from nominees, including nominees applying directly to the governor. The nominating committee or staff will acknowledge each application, advising the applicant regarding any missing materials requested by the nominating committee. The nominating committee or staff will review each application to ensure that all required nomination papers have been completed.
- f. The nominating committee may establish questions to identify barriers to attendance and other factors related to ability to perform the function of a member of the state council on alcohol and other drug abuse and to identify any accommodations necessary to overcome potential barriers to full participation by applicants. The nominating committee may interview applicants or designate members and/or staff to call applicants. Each applicant shall be asked the standard questions established by the committee.
- g. The nominating committee shall report to the full council regarding its review of application materials and interviews. The report shall include the full roster of applicants as well as the committee's recommendations for appointment.
- h. The council shall promptly act upon the report of the nominating committee. Council action shall be in the form of its recommendation to the governor. Department staff shall convey the council's recommendation to the office of the governor.

2.10 Removal from Office

The Governor may remove appointed members from the council. The council may recommend removal but the Governor makes the final decision regarding removal.

Section 3. Officers

3.1 Chairperson

The chairperson is the presiding officer and is responsible for carrying out the council's business including that motions passed be acted upon in an orderly and expeditious manner and assuring that the rights of the members are recognized. The chairperson may appoint a designee to preside at a meeting if the vice-chairperson is unable to preside in their absence. The chairperson is also responsible for organizing the work of the council through its committee structure, scheduling council meetings and setting the agenda. The chairperson may serve as an ex-officio member of each council committee. The chairperson shall represent the positions of the council before the legislature, governor and other public and private organizations, unless such responsibilities are specifically delegated to others by the council or chairperson. The agenda is the responsibility of the chairperson, who may consult with the executive committee or other council members as necessary.

3.2 Vice-Chairperson

The vice-chairperson shall preside in the absence of the chairperson and shall automatically succeed to the chair should it become vacant through resignation or removal of the chairperson until a new chairperson is elected. The vice-chairperson shall also serve as the council representative on the governor's committee for people with disabilities (GCPD). If unable to attend GCPD meetings, the vice-chairperson's designee shall represent the council.

3.3 Secretary

The secretary is a member of the executive Committee as per Article IV, Section 5. The secretary is also responsible for carrying out the functions related to attendance requirements as per Article III, Section 6.

3.4 Vacancies

In the event a vacancy occurs among the Officers (Chairperson, Vice-Chairperson, or Secretary) of the State Council on Alcohol and Other

Drug Abuse, the following procedure should be followed: In the event of a vacancy of the Chairperson, the Vice-Chairperson assumes the responsibility of Chairperson until such time as new Officers are elected according to the procedures outlined in the By-Laws. In the event of a vacancy of the Vice-Chairperson, the Secretary assumes the responsibility of the Vice-Chairperson until such time as new Officers are elected according to the procedures outlined in the By-Laws. In the event of a vacancy of the Secretary, the Chairperson shall appoint a replacement from the statutory membership until such time as new Officers are elected according to the procedures outlined in the By-Laws.

ARTICLE III

Council Meetings

Section 1. Council Year

The council year shall begin at the same time as the state fiscal year, July 1.

Section 2. Meetings

2.1 Regular and special meetings

Regular meetings shall be held at least four times per year at dates and times to be determined by the council. Special meetings may be called by the chairperson or shall be called by the chairperson upon the written request of three members of the council.

2.3 Notice of meetings

The council chairperson shall give a minimum of seven days written notice for all council meetings. An agenda shall accompany all meeting notices. Public notice shall be given in advance of all meetings as required by Wisconsin's Open Meetings Law. If a meeting date is changed, sufficient notice shall be given to the public.

2.3 Quorum

A simple majority (51%) of the membership qualified to vote shall constitute a quorum to transact business.

Section 3. Public Participation

Consistent with the Wisconsin Open Meetings law, meetings are open and accessible to the public.

Section 4. Conduct of Meetings

- 4.1 Meetings shall be conducted in accordance with the latest revision of Robert's Rules of Order, unless they are contrary to council by-laws or federal or state statutes, policies or procedures.

Section 5. Agendas

- 5.1 Agendas shall include approval of minutes from prior meetings, any action items recommended by a committee, an opportunity for public comment, and other appropriate matters.
- 5.2 Requests for items to be included on the agenda shall be submitted to the chairperson two weeks prior to the meeting.

Section 6. Attendance Requirements

- 6.1 All council members and committee members are expected to attend all meetings of the council or the respective committees. Attendance means presence in the room for more than half of the meeting.
- 6.2 Council or committee members who are sick, hospitalized or who have some other important reason for not attending should notify the secretary or the secretary's designee or committee staff person or chairperson at least a week before the meeting. If that is not possible, notice should be given as soon as possible.
- 6.3 Any statutory members or designees of the council or committee who has two unexcused absences from meetings within any twelve month period will be contacted by the secretary of the council or committee chair to discuss the reasons for absence and whether the member will be able to continue serving. Appointed members who do not believe that they can continue should tender their resignation in writing to the secretary of the council or committee chair. Any council member resignations will be announced by the chairperson and forwarded by written notice to the Governor of the need for a new appointment. The replacement member would fulfill he resigned member's term.

Section 7. Staff Services

The division of mental health and substance abuse services shall provide staff services. Staff services shall include: record of attendance and prepare minutes of meetings; prepare draft agendas; arrange meeting rooms; prepare correspondence for signature of the chairperson; offer information and assistance to council committees;

analyze pending legislation and current policy and program issues; prepare special reports, and other materials pertinent to council business.

Section 8. Reimbursement of Council and Committee Members

According to Section 15.09 of Wisconsin Statutes: Members of a council shall not be compensated for their services, but, except as otherwise provided in this subsection, members of councils created by statute shall be reimbursed for their actual and necessary expenses incurred in the performance of their duties, such reimbursement in the case of an elective or appointive officer or employee of this state who represents an agency as a member of a council to be paid by the agency which pays his or her salary.

ARTICLE IV

Committees

Section 1. Committee Structure

- 1.1** There shall be an executive committee as provided below. The executive committee is a standing committee of the council.

- 1.2** The council may establish other standing committees and subcommittees as necessary or convenient to conduct its business. Of the standing committees established by the state council on alcohol and other drug abuse, at least one shall have a focus on issues related to the prevention of alcohol, tobacco and other drug abuse, at least one shall have a focus on issues related to cultural diversity, at least one shall have a focus on issues related to the intervention and treatment of alcohol, tobacco and other drug abuse, and at least one shall have a focus on issues related to the planning and funding of alcohol and other drug abuse services. Subcommittees are a subset of a standing committee. Subcommittees are standing committees, which by another name is a permanent committee. Standing committees meet on a regular or irregular basis dependent upon their enabling act, and retain any power or oversight claims originally given them until subsequent official actions of the council (changes to law or by-laws) disbands the committee. Of the standing subcommittees established by the state council on alcohol and other drug abuse, at least one shall have a focus on children youth and families and is a subcommittee of the intervention and treatment committee, at least one shall have a focus on cultural competency and is a subcommittee of the cultural diversity committee, and at least one shall have a focus on epidemiology and is a subcommittee of the prevention committee.

Ad-hoc committees are established to accomplish a particular task and are to be temporary, with the charge being well-defined and linked to SCAODA's strategic plan, not to exceed duration of twelve calendar months. Ad-hoc committees are formed by standing committee chairs. Ad-hoc committees must report their progress at the meeting of their standing committee. Ad-hoc committees can be granted extensions by the standing committee chair.

It is the intent of this section that:

- There should be periodic review of the structure and progress of the work of the committees, subcommittees and ad-hoc committees.
- If the officers have concerns about the work of the standing committees, subcommittees or ad-hoc committees, they could convene an executive committee meeting to discuss options, "for the good of the order."
- The intent of this group is to recommend that ad-hoc committees be time-limited (recommend one year) and the committee chair determines if the work should go forward beyond the original charge.
- The charge should be well-defined and linked to SCAODA's strategic plan.
- The committee chairs should be primarily responsible for creating and disbanding ad-hoc groups.
- The committee chairs should be responsible for monitoring the work and duration of the work in coordination with SCAODA.

1.3 Committees may determine their own schedules subject to direction from the full council.

Section 2. Composition of Committees

2.1 Council committees may include members of the public as well as council members.

2.2 The council chairperson may appoint a chairperson who must be a member of the council, for each committee. The council chairperson, with the advice of the committee chairperson may appoint other committee members.

2.3 Committees may designate subcommittees including ad hoc committees, as necessary or convenient subject to limitation by the full council.

2.4 A council member shall not chair more than one committee.

- 2.5** A committee chairperson's term shall not exceed the length of their appointment or four years whichever comes first. With the majority vote of the council, a chairperson may be reappointed.

Section 3. Requirements for all Committees

- 3.1** A motion or resolution creating a committee shall designate the mission and duties of the committee. The council may also specify considerations for the chairperson to follow in appointing committee chairpersons and members and such other matters as appropriate.
- 3.2** All committee members are expected to attend all meetings of the committee. Attendance means presence in the room for more than half of the meeting.
- 3.3** Any committee may authorize participation by telephone conference or similar medium that allows for simultaneous communication between members as permitted by law.
- 3.4** Committee members who are sick, hospitalized or who have some other important reason for not attending should notify the chairperson or the chairperson's designee at least a week before the meeting. If that is not possible, notice should be given as soon as possible.
- 3.5** Any committee member who has two unexcused absences within a twelve month period will be contacted by the committee chairperson to discuss the reasons for absence and whether the member will be able to continue serving. Members who do not believe that they can continue should tender their resignation in writing to the committee chairperson. Any resignations will be announced to the council chairperson and to the committee.
- 3.6** The committee chairperson may remove committee members, other than executive committee members, after notice of proposed removal to and an opportunity to be heard by the member consistently with this process.

Section 4. Requirements for Committee Chairpersons

The chairperson of each committee is responsible for:

- a. Ensuring that the by-laws and every applicable directive of the council are followed by the committee as indicated in Chapters 15.09, 14.017 and 14.24 of Wisconsin Statutes;
- b. Ensuring that recommendations of the committee are conveyed to the full council;

- c. Submitting meeting minutes in the approved format to the council; and
- d. Coordinating work with other committees where items could be of mutual interest.

Section 5. Executive Committee

5.1 The executive committee shall be comprised of at least three members, including the council chairperson, vice-chairperson and secretary.

5.2 The executive committee will have the following responsibilities:

- a. Provide policy direction to and periodically evaluate the performance of the council and its activities relating to direction from the division of mental health and substance abuse services.
- b. Meet at the request of the chairperson as needed;
- c. Provide for an annual review of the by-laws;
- d. Act on behalf of the council when a rapid response is required, provided that any such action is reported to the council at its next meeting for discussion and ratification; and
- e. Other duties designated by the council.

5.3 Rapid Response

The executive committee may act on behalf of the full council only under the following circumstances:

- a. When specifically authorized by the council;
- b. When action is needed to implement a position already taken by the council;
- c. Except when limited by the council, the executive committee may act upon the recommendation of a committee, other than the executive committee, if such action is necessary before a council meeting may reasonably be convened, provided that if more than one committee has made differing recommendations concerning the subject, the executive committee may not act except to request further study of the subject; or
- d. Except when limited by the council, the executive committee, by unanimous consent, may take such other action as it deems

necessary before a council meeting may reasonably be convened.

ARTICLE V

Amendments

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