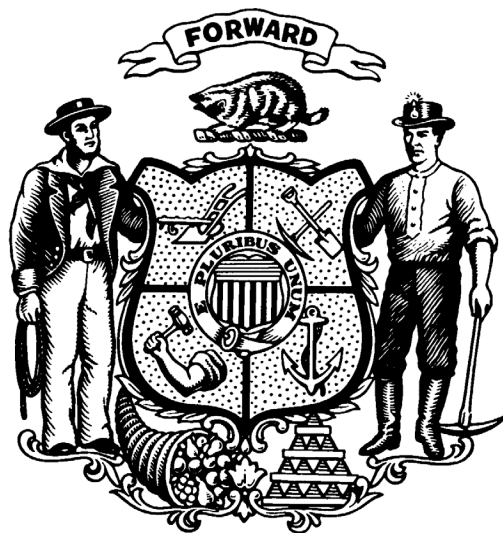


WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



March 8, 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

OPEN MEETING NOTICE

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

March 8, 2024

9:30 AM to 1:00 PM

<https://dhs.wi.zoomgov.com/j/1606191740>

Phone: 1-669-254-5252

Meeting ID: 160 619 1740

AGENDA

1. **Call Meeting to Order**..... Kevin Florek, SCAODA Chairperson
 - a. Welcome
 - b. Review and approval of the minutes of December 1, 2023
 - 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**.....Hannah Foley
3. **Synar report and Tobacco 21 Presentation**.....Nancy Michaud
4. **Wisconsin Association of Sober Housing Presentation**..... Michelle Devine and Tom Vonck
5. **SCAODA Committee Updates**
 - a. Executive Committee.....Kevin Florek
 - b. Diversity Committee.....Christina Malone and Denise Johnson
 - c. Intervention and Treatment Committee.....Roger Frings and Sheila Weix
 - d. Planning and Funding Committee.....Christine Ullstrup and Beth Collier
 - i) Motion: Requesting SCAODA to encourage legislation to raise legal age for selling tobacco to 21
 - e. Prevention Committee.....Stacy Stone and Chris Wardlow
6. **Agency Reports:**
 - a. Department of Health Services.....Paul Krupski
 - b. Other Agencies.....Agency Designees
7. **Updates from the Bureau of Prevention Treatment and Recovery**.....Teresa Steinmetz
8. **Call for future SCAODA agenda items**.....Kevin Florek
9. **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.

Tony Evers
Governor



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State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

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

December 1, 2023

9:30 AM to 1:00 PM

Meeting Held via Zoom

DRAFT MINUTES

1. Call Meeting to Order

K. Florek, SCAODA Chairperson, called the meeting to order at 9:30am.

Review and approval of the minutes of September 8, 2023

T. Virgil moved to accept the minutes. C. Ullstrup seconded the motion. Motion carried, minutes approved.

Public Comment

Michael Kemp from the National Certification for Addictions Professionals provided comment to the Council. He asked the Council to consider writing to members of Oneida County to address underlying stigma on substance use. Comments were made in response to a resolution on a proposed substance use rehabilitation center in the Town of Cassian: [Resolution 2023-01 Resolution opposing the construction of the proposed drug and substance abuse rehabilitation center in the Town of Cassian - Town of Cassian](#).

2. Updates from the Wisconsin Council on Mental Health

C. Barnard from the Wisconsin Council on Mental Health provided updates on that Council's activities.

3. Approval of SCAODA Strategic Plan

K. Florek introduced the strategic plan that the SCAODA has developed, reviewed, collected comments, and made edits to the plan throughout 2023 and the SCAODA is now at the point of taking a vote to approve the strategic plan. C. Ullstrup moved to approve the updated SCAODA Strategic Plan. T. Schemenauer seconded the motion. Motion carried, strategic plan approved.

4. Updates from Vital Strategies

Diana Kumar provided a prevention on the Overdose Prevention Initiative from Vital Strategies. These include in Milwaukee, the Sixteenth Streets SSP services, a North side harm reduction working group, and radio ads in Milwaukee to reach the black community on where to access harm reduction resources. Efforts continue to partner with DHS to optimize funding and programming to reduce overdose deaths, including public health vending machine community of practice, and increasing community mobilization to help reduce overdose deaths.

Adrienne Hurst provided an update on the VOICES Study, a survey about the health of people who use drugs in Milwaukee, to learn directly about people's lived experiences and needs and wants. The effort is to learn about the health of people who use drugs in Milwaukee, and identify gaps in access to harm reduction resources. A total of 498 respondents participated in the study. A. Hurst provided recommendations based on the results of the study.

5. **Presentation: Psychedelics for Substance Use Disorders**

Dr. Nicholas and Dr. Brown provided a presentation on the use of psychoactive for substance use treatment and detailed the therapeutic potential of psychedelic-assisted therapy for substance use disorders. The psychoactives being utilized for this treatment are currently classified as Schedule I narcotics. However, there are some efforts to FDA approve psilocybin-AT for major depressive disorder. Dr. Nicholas discussed the clinical approach, and how the drugs could be used in combination with other therapies. Clients go through a comprehensive screening beforehand, and a set of preparations. At least half the work is afterwards to work through the experience. There is also some work being done looking at group models of treatment, looking at ways for more real-world use of the treatment. Members of the SCAODA asked about how this could be utilized in a more real-world application, and how some of the challenges of implementing this treatment, given potential challenges with reimbursement for this type of services. This type of therapy is still early in the field of looking at the safety and mechanism piece of the therapy, and hoping continued research to support this learning.

6. **SCAODA Committee Updates**

Executive Committee

K. Florek discussed at the recent committee meeting, the majority of the discussion centered on planning this SCAODA meeting.

Diversity Committee

D. Johnson provided an update on behalf of the Diversity Committee. For the last year and a half, there wasn't a meeting of the committee, and the committee is now meeting again with many new, passionate members.

Intervention and Treatment Committee

S. Chauhan provided an update as staff to the committee. The committee is still looking to identify a new chair for the committee.

Planning and Funding Committee

C. Ullstrup provided update. The committee is doing work on feedback received on the Residential Substance Use Tx Disorder. Common themes are that rates don't cover expenses, and the authorization process is time consuming. The committee planning to develop a white paper on this topic and present feedback on what may help address the challenges. The committee is also working to update the committee's strategic plan. Membership has also been a challenge for the Planning and Funding Committee, with challenges meeting quorum for a few meetings, and the group is interested in any new members that may be interested in joining.

Prevention Committee

C. Wardlow provided updates from the Committee. The state prevention conference occurred in September, and members held a SCAODA listening session as part of the conference. Among those in the listening session,

there seemed to be some confusion on how the opioid settlement dollars process, and how dollars were allocated. Another challenge that was identified was getting YRBS data lag, which seems to be related to staff turnover at the Department of Public Instruction. Hemp derivatives were also discussed at the listening session.

7. Agency Reports:

Department of Health Services (DHS)

P. Krupski provided updates on behalf of DHS. DHS will soon be planning the state fiscal year 2025-2027 budget. The SCAODA and committees are encouraged to start thinking of any budget proposals that would be recommended. A rough timeline would be for recommendations to be received by DHS by May of 2024. The DHS along with the Department of Justice (DOJ) is holding a series of round tables on opioid settlement funding, starting next week. The purpose is to bring community partners together who are grantees of DHS, to hear how the funding will impact work and impact communities, and what more the two state departments can do to impact the opioid epidemic. On April 1 the next Opioid settlement plan will go to legislature.

The Crisis Now legislation has passed the senate, and currently waiting on assembly action. P Krupski provided information on the Good Samaritan law in Wisconsin. When passed in 2017, Act 33, some of the language that came along with legislation was scheduled to sun-set. Legislation has been introduced to put that sunset language back into the law. There was a hearing on the legislation through the assembly, and a companion bill has been introduced in the senate.

P. Krupski is still the acting Director of Opioid Initiatives, but is hopeful that a new person will be starting in January, once that recruitment process is complete. P. Krupski will stay on the SCAODA as the DHS representative.

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

T. Steinmetz provided updates on behalf of the BPTR. The BPTR has worked to reclassify some vacation position to unit supervisors to allow for more supervisory capacity. Currently 4 of 6 sections have been implementing this reorganization. The Bureau will be able to provide updates on these changes in the near future. T. Steinmetz, announced that the new Substance Use Services Section Supervisor is Dan Bizjak. He had been serving in the role of the State Opioid Treatment Authority prior to taking this role. Shana Martindale has been hired as the new Children Youth and Family Supervisor in the BPTR.

T. Steinmetz briefed the SCAODA on DHS 72, the administrative rule on Medicaid reimbursement and certification of peer recovery coaches. A final advisory committee meeting has been held, and the team is getting close to submitting a final version for department review.

K. Bright, Integrated Services Section Supervisor with BPTR, provided an update on Peer Specialist efforts. DHS partners with Access to Independence to support these efforts. There currently are 1361 Certified Peer Specialists in Wisconsin. There are also Parent Peer Specialists which is a newer certification. With block grant funding BPTR was able to fund 15 trainings statewide. Agencies that are interested in getting trained can also coordinate training through Access to Independence. There were also opportunities for train the trainers opportunities held this past year in Wisconsin. There has also been trainers developed through the Department of Corrections to develop trainers that train Certified Peer Specialists in prison settings. This coming year, the BPTR hopes to support the training of up to 22 individuals at a time, increasing the per training numbers. Not planning any additional train the trainers. The DHS peer services website is:

<https://www.dhs.wisconsin.gov/peer-services/index.htm>. Includes information on Peer Run Respite, Peer Recovery Centers, Peer Specialists. Another resource is the ATI site: <https://www.wicps.org/>.

T. Steinmetz provided updates on current American Rescue Plan Act (ARPA) efforts in the BPTR. All ARPA funded efforts are up and running or in the process of implementation. Some of the ARPA funded initiatives were directed toward items that were not included in the state budget. Addressing crisis throughout the state has been a key focus of this funding. Additional funding was directed toward primary prevention in underserved

9. Call for future SCAODA agenda items

No future items were noted.

10. Adjourn

T. Virgil moved to adjourn, D. Johnson seconded the motion. Motion carried, meeting adjourned at 1:01pm.

DRAFT

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.

ANNUAL SYNAR REPORT

42 U.S.C. 300x-26

OMB № 0930-0222

FFY 2024

State: WI

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OMB No. 0930-0222

Expiration Date: 06/30/XXXX

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

INTRODUCTION

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

How the Synar report helps the Center for Substance Abuse Prevention

In accordance with the tobacco regulations, states are required to provide detailed information on progress made in enforcing youth and young adult tobacco access laws (FFY 2023 Compliance Progress) and future plans to ensure compliance with the Synar requirements to reduce youth and young adult tobacco access rates (FFY 2024 Intended Use Plan). These data are required by 42 U.S.C. 300x-26 and will be used by the Secretary to evaluate state compliance with the statute. Part of the mission of the Center for Substance Abuse Prevention (CSAP) is to assist states¹ by supporting Synar activities and providing technical assistance helpful in determining the type of enforcement measures and control strategies that are most effective. This information is helpful to CSAP in improving technical assistance resources and expertise on enforcement efforts and tobacco control program support activities, including state Synar program support services, through an enhanced technical assistance program involving conferences and workshops, development of training materials and guidance documents, and onsite technical assistance consultation.

How the Synar report can help states

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

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

with youth and young adult tobacco access laws.

Getting assistance in completing the Synar report

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

Where and when to submit the Synar report

The ASR must be received by SAMHSA no later than December 31, 2023 and must be submitted in the format specified by these instructions. Use of the approved format will avoid delays in the review and approval process. The chief executive officer (or an authorized designee) of the applicant organization must sign page one of the ASR certifying that the state has complied with all reporting requirements.


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

- FFY 2024 Synar Survey Results: States that use the Synar Survey Estimation System (SSES) must upload one copy of *SSES Tables 1–8* (in Excel) to WebBGAS. **Please note that, in the FFY 2024 ASR, SSES will generate Tables 6, 7, and 8, which are based on the optional microdata on product type, retail outlet type, and whether identification was requested. If your state does not submit these optional data, Tables 6, 7, and 8 will be blank. Tables 6, 7, and 8 are generated for the convenience of the state, and states are not required to submit completed versions of Tables 6, 7, or 8.** States that do not use SSES must upload one copy of ASR Forms 1, 4, and 5, and Forms 2 and 3, if applicable, (in Excel), as well as a database with the raw inspection data to WebBGAS.
- Synar Inspection Form: States must upload one blank copy of the inspection form used to record the result of each Synar inspection.
- Synar Inspection Protocol: States must upload a copy of the protocol used to train inspection teams on conducting and reporting the results of the Synar inspections. This document should be different than the Appendix C attached to the Annual Synar Report.
- A scanned copy of the signed Funding Agreements/Certifications

Each state SSA Director has been emailed a login ID and password to log onto the Synar section of the WebBGAS site.

FFY 2024: FUNDING AGREEMENTS/CERTIFICATIONS

The following form must be signed by the Chief Executive Officer or an authorized designee and submitted with this application. Documentation authorizing a designee must be attached to the application.

PUBLIC HEALTH SERVICES ACT AND SYNAR AMENDMENT
<p>42 U.S.C. 300x-26 requires each state to submit an annual report of its progress in meeting the requirements of the Synar Amendment and its implementing regulation (45 C.F.R. 96.130) to the Secretary of the Department of Health and Human Services. By signing below, the chief executive officer (or an authorized designee) of the applicant organization certifies that the state has complied with these reporting requirements and the certifications as set forth below.</p>
SYNAR SURVEY SAMPLING METHODOLOGY
<p>The state certifies that the Synar survey sampling methodology on file with the Center for Substance Abuse Prevention and submitted with the Annual Synar Report for FFY 2024 is up-to-date and approved by the Center for Substance Abuse Prevention.</p>
SYNAR SURVEY INSPECTION PROTOCOL
<p>The state certifies that the Synar Survey Inspection Protocol on file with the Center for Substance Abuse Prevention and submitted with the Annual Synar Report for FFY 2024 is up-to-date and approved by the Center for Substance Abuse Prevention.</p>
<p>State: Wisconsin</p>
<p>Name of Chief Executive Officer or Designee: Debra Standridge</p>
<p>Signature of CEO or Designee:  B176181CD0B8490...</p>
<p>Deputy Secretary, Wisconsin Department of Health Title: Services Date Signed: 11/13/2023</p>
<p>If signed by a designee, a copy of the designation must be attached.</p>

FFY: 2024

State: Wisconsin**SECTION I: FFY 2023 (Compliance Progress)****YOUTH AND YOUNG ADULT ACCESS LAWS, ACTIVITIES, AND ENFORCEMENT**

42 U.S.C. 300x-26 requires the states to report information regarding the sale/distribution of tobacco products to individuals under age 21.

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

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

Yes No

If Yes, current minimum age: 19 20 21

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

Yes No

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

Changed to require that law enforcement conduct inspections of tobacco outlets

Changed to make it illegal for youth and young adults to possess, purchase or receive tobacco

Changed to require ID to purchase tobacco

Changed definition of tobacco products

Other change(s) *(Please describe.)* _____

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

Licensing of tobacco vendors Yes No

Penalties for sales to minors Yes No

Vending machines Yes No

Added product categories to youth and young adult access law Yes No

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

Placed on file for public review

Posted on a state agency Web site *(Please provide exact Web address and the date when the FFY 2024 ASR was posted to this Web address.)*

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

Date published: 11/10/23

Notice published in a newspaper or newsletter

- Public hearing
- Announced in a news release, a press conference, or discussed in a media interview
- Distributed for review as part of the SABG application process
- Distributed through the public library system
- Published in an annual register
- Other (Please describe.) _____

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

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

Wisconsin Department of Health Services

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

- Yes No

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

Wisconsin Department of Health Services

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

- Yes No

c. The state agency(ies) responsible for enforcing youth and young adult tobacco access law(s):

Wisconsin Department of Health Services

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

- Yes No

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

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

Wisconsin Department of Health Services

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

- Yes No

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

- Are the same

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

d. Does a state agency contract with the Food and Drug Administration’s Center for Tobacco Products (FDA/CTP) to enforce the youth and young adult access and advertising restrictions in the Family Smoking Prevention and Tobacco Control Act?

- Yes No (if no, go to Question 5)

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

Wisconsin Department of Health Services

f. Has the responsible agency changed since last year’s Annual Synar Report?

- Yes No

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

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

h. Does the state use data from the FDA enforcement inspections for Synar survey reporting?

- Yes No

5. Please answer the following questions regarding the state’s activities to enforce the state’s youth and young adult access to tobacco law(s) in FFY 2023 (see 42 U.S.C. 300x-26 and 45 C.F.R. 96.130(e)).

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

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

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

PENALTY	OWNERS	CLERKS	TOTAL
Number of <u>citations issued</u>	UNK	UNK	UNK
Number of <u>fin es assessed</u>	UNK	UNK	UNK
Number of <u>permits/licenses suspended</u>	UNK		UNK
Number of <u>permits/licenses revoked</u>	UNK		UNK
Other (Please describe.)			

c. Are citations or warnings issued to retailers or clerks who sell tobacco to minors for inspections that are part of the Synar survey?

- Yes No

If “Yes” to 5c, please describe the state’s procedure for minimizing risk of bias to the survey results from retailers alerting each other to the presence of the survey teams:

d. Which one of the following best describes the level of enforcement of state youth and young adult access to tobacco laws carried out in your state? (Check one category only.)

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

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

- Yes No

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

- Merchant education and/or training

Through the state compliance program, Wisconsin Wins, a free on-line retailer training called WITobaccoCheck.org is available to all retailers. The training includes study guides on the law (related to tobacco sales), the sale (how to verify age) and the local partnership (law enforcement and compliance checks). After reviewing study guides, retailers test their knowledge and receive a certificate upon successful completion of training. WITobaccoCheck.org promotional cards are mailed directly to retailers by local contractors. Merchant resources, to include no sales to minors signage and ID reference cards (how to verify age), are distributed. Merchant resources translated into 5 languages (Spanish, Hmong, Somali, Hindi and Arabic) are also available.

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

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

- Community education regarding youth and young adult access laws

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

- Media use to publicize compliance inspection results

Local WI Wins contractors are required to conduct local media activities throughout the year such as press releases, letters to the editor, social media or newsletter articles.

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

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

- Other activities (*Please list.*) Tobacco 21 Media Campaign

The statewide media campaign to create awareness of the federal law prohibiting tobacco sales to individuals under the age of 21 continued. The target audiences were retailers and the general population that included online video ads, online display/banner ads, television ads, radio ads, paid social media ads, gas station pump ads, and retailer exterior poster ads. The tagline is *21 Means 21, No Matter What* and directs people to <https://www.dhs.wisconsin.gov/tobacco/tobacco21.htm>.

SYNAR SURVEY METHODS AND RESULTS

The following questions pertain to the survey methodology and results of the Synar survey used by the state to meet the requirements of the Synar Regulation in FFY 2023 (see 42 U.S.C. 300x-26 and 45 C.F.R. 96.130).

6. Has the sampling methodology changed from the previous year?

Yes No

The state is required to have an approved up-to-date description of the Synar sampling methodology on file with CSAP. Please submit a copy of your Synar Survey Sampling Methodology (Appendix B). If the sampling methodology changed from the previous reporting year, these changes must be reflected in the methodology submitted.

a. If yes, describe how and when this change was communicated to SAMHSA

7. Please answer the following questions regarding the state’s annual random, unannounced inspections of tobacco outlets (see 45 C.F.R. 96.130(d)(2)).

a. Did the state use the optional Synar Survey Estimation System (SSES) to analyze the Synar survey data?

Yes No

If Yes, upload a copy of SSES tables 1–8 (in Excel) to WebBGAS. Then go to Question 8. If No, continue to Question 7b.

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

Unweighted RVR _____

Weighted RVR _____

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

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

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

plus times

Accuracy rate _____

Completion rate _____

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

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

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

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

- Yes
- No
- No stratification

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

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

- Yes
- No

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

If No, go to Question 7g.

Were any certainty primary sampling units selected this year?

- Yes
- No

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

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

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

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

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

Yes No

If Yes, answer the following questions about its coverage.

a. The calendar year of the latest Sampling frame coverage study: 2021

b. Percent coverage from the latest Sampling frame coverage study: 92.9%

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

Yes No

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

d. The calendar year of the next coverage study planned: 2026

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

Yes No

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

a. If Yes, describe how and when this change was communicated to SAMHSA

b. Provide the inspection period: From 6/3/23 to 7/22/23
MM/DD/YY MM/DD/YY

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

35

NOTE: If the state uses SSES, please ensure that the number reported in 9b matches that reported in SSES Table 4, or explain any difference.

This year there were two youth inspectors who had birthdays during the field period. One of those inspectors is represented by the ID 452 for all inspections during which they acted as the purchaser after their birthday (when they were 17 years old), and the ID 4521 for all inspections during which they acted as the purchaser before their birthday (when they were 16 years old). The other inspector is represented by the ID 4831 for all inspections during which they acted as purchaser after their birthday (when they were 18 years old), and the ID 483 for all inspections during which they acted as the purchaser before their birthday (when they were 17 years old).

d. Fill out and attach Form 5 in Appendix A (Forms 1–5). (Not required if the state used SSES to analyze the Synar survey data.)

SECTION II: FFY 2024 (Intended Use):

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

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

- Synar sampling methodology Yes No
 Synar inspection protocol Yes No

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

2. Please describe the state's plans to maintain and/or reduce the target rate for Synar inspections to be completed in FFY 2024. Include a brief description of plans for law enforcement efforts to enforce youth and young adult tobacco access laws, activities that support law enforcement efforts to enforce youth and young adult tobacco access laws, and any anticipated changes in youth and young adult tobacco access legislation or regulation in the state.

The Tobacco Prevention and Control Program will continue to issue contracts to local agencies for community-based activities. These activities will include compliance investigations, utilizing a positive reinforcement protocol, law enforcement involvement, promotion of WITobaccoCheck.org, media and community outreach activities. The statewide media/education campaign on the federal tobacco 21 law will continue, which will raise awareness of the federal law among retailers and consumers under 21 years old. At this time, no new legislation has been proposed to increase the minimum legal sales age from 18 to 21. A plan is being developed to educate local leaders, policy makers and the general public on the importance of a Wisconsin law that aligns with the federal law.

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

- Limited resources for law enforcement of youth and young adult access laws

While law enforcement involvement is a requirement in the work plan of WI Wins contracting agencies, the level of involvement varies in each community and is dependent on law enforcement resources. Also, local law enforcement do not have authority to enforce federal law.

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

- Limitations in the state youth and young adult tobacco access laws

Current state statutes are preemptive of stronger local laws. Product definitions are not comprehensive nor model language. No license is required to sell nicotine products (e-cigarettes). Wisconsin minimum legal sales age is 18, therefore, local law enforcement do not have authority to enforce sales not in compliance with federal law.

- Limited public support for enforcement of youth and young adult tobacco access laws

- Limitations on completeness/accuracy of list of tobacco outlets

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

- Limited expertise in survey methodology

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

- Difficulties recruiting youth and young adult inspectors

Recruitment has been an ongoing challenge during the years since the COVID pandemic began. Changes to the labor market have impacted starting wage amounts required to recruit and maintain staff. We have been seeing fewer applicants for the Synar positions of youth inspector and have significantly increased the starting wage offer in order to achieve the necessary staff the survey inspections.

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

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

This is related to the general challenge of recruiting youth inspectors as noted above.

- Geographic, demographic, and logistical considerations in conducting inspections

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

Issues regarding sources of tobacco under tribal jurisdiction

Other challenges (*Please list.*)

APPENDIX A: FORMS 1–5

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

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

Instructions for Completing Form 1: In the top right-hand corner of the form, provide the state name and reporting federal fiscal year (FFY 2024). Provide the remaining information by stratum if stratification was used. Make copies of the form if additional rows are needed to list all the strata.

Column 1: *If stratification was used:*

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

If no stratification was used:

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

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

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

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

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

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

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

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

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

Summary of Synar Inspection Results by Stratum													
												State: _____	
												FFY: <u>2024</u>	
(1)		(2)			(3)			(4)			(5)		
STRATUM		NUMBER OF OUTLETS IN SAMPLING FRAME			ESTIMATED NUMBER OF ELIGIBLE OUTLETS IN POPULATION			NUMBER OF OUTLETS INSPECTED			NO. OF OUTLETS FOUND IN VIOLATION DURING INSPECTIONS		
(a) Row #	(b) Stratum Name	(a) Over-the-Counter (OTC)	(b) Vending Machines (VM)	(c) Total Outlets (2a+2b)	(a) Over-the-Counter (OTC)	(b) Vending Machines (VM)	(c) Total Outlets (3a+3b)	(a) Over-the-Counter (OTC)	(b) Vending Machines (VM)	(c) Total Outlets (4a+4b)	(a) Over-the-Counter (OTC)	(b) Vending Machines (VM)	(c) Total Outlets (5a+5b)

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

FORM 2 (Optional)**Appropriate for stratified simple or systematic random sampling designs.**

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

Instructions for Completing Form 2: In the top right-hand corner of the form, provide the state name and reporting federal fiscal year (FFY 2024).

- Column 1: Write in the name of each stratum into which the sample was divided. These should match the strata reported in Column 1(b) of Form 1.
- Column 2: Report the number of outlets in the sampling frame in each stratum. These numbers should match the numbers reported for the respective strata in Column 2(c) of Form 1.
- Column 3: Report the original sample size (the number of outlets originally selected, *including* substitutes or replacements) for each stratum.
- Column 4: Report the number of sample outlets in each stratum that were found to be eligible during the inspections. Note that this number must be less than or equal to the number reported in Column 3 for the respective strata.
- Column 5: Report the number of eligible outlets in each stratum for which an inspection was completed. Note that this number must be less than or equal to the number reported in Column 4. These numbers should match the numbers reported in Column 4(c) of Form 1 for the respective strata.
- Column 6: Report the number of eligible outlets inspected in each stratum that were found in violation. These numbers should match the numbers reported in Column 5(c) of Form 1 for the stratum.
- Column 7: Form 2 (in Excel form) will automatically calculate the stratum RVR for each stratum in this column. This is calculated by dividing the number of inspected eligible outlets found in violation (Column 6) by the number of inspected eligible outlets (Column 5). The state unweighted RVR will be shown in the Total row of Column 7.
- Column 8: Form 2 (in Excel form) will automatically calculate the estimated number of eligible outlets in the population for each stratum. This calculation is made by multiplying the number of outlets in the sampling frame (Column 2) times the number of eligible outlets (Column 4) divided by the original sample size (Column 3). Note that these numbers will be less than or equal to the numbers in Column 2.
- Column 9: Form 2 (in Excel form) will automatically calculate the relative stratum weight by dividing the estimated number of eligible outlets in the population for each stratum in Column 8 by the Total of the values in Column 8.
- Column 10: Form 2 (in Excel form) will automatically calculate each stratum's contribution to the state weighted RVR by multiplying the stratum RVR (Column 7) by the relative stratum weight (Column 9). The weighted RVR for the state will be shown in the Total row of Column 10.
- Column 11: Form 2 (in Excel form) automatically calculates the standard error of each stratum's RVR (Column 7). The standard error for the state weighted RVR will be shown in the Total row of Column 11.
- TOTAL: For Columns 2–6, Form 2 (in Excel form) provides totals for the state as a whole in the last row of the table. For Columns 7–11, it calculates the respective statistic for the state as a whole.

FORM 2 (Optional) Appropriate for stratified simple or systematic random sampling designs.

Calculation of Weighted Retailer Violation Rate										
										State: _____
										FFY: <u>2024</u>
(1) Stratum Name	(2) N Number of Outlets in Sampling Frame	(3) n Original Sample Size	(4) n1 Number of Sample Outlets Found Eligible	(5) n2 Number of Outlets Inspected	(6) x Number of Outlets Found in Violation	(7) p=x/n2 Stratum Retailer Violation Rate	(8) N'=N(n1/n) Estimated Number of Eligible Outlets in Population	(9) w=N'/Total Column 8 Relative Stratum Weight	(10) pw Stratum Contribution to State Weighted RVR	(11) s.e. Standard Error of Stratum RVR
Total										

- N - number of outlets in sampling frame
- n - original sample size (number of outlets in the original sample)
- n1 - number of sample outlets that were found to be eligible
- n2 - number of eligible outlets that were inspected
- x - number of inspected outlets that were found in violation
- p - stratum retailer violation rate (p=x/n2)
- N' - estimated number of eligible outlets in population (N'=N*n1/n)
- w - relative stratum weight (w=N'/Total Column 8)
- pw - stratum contribution to the weighted RVR
- s.e. - standard error of the stratum RVR

FORM 3 (Required when a cluster design is used for all states not using the Synar Survey Estimation System [SSES] to analyze the Synar survey data.)

Complete Form 3 to report information about primary sampling units when a cluster design was used for the Synar survey.

Instructions for Completing Form 3: In the top right-hand corner of the form, provide the state name and reporting federal fiscal year (FFY 2024).

Provide information by stratum if stratification was used. Make copies of the form if additional rows are needed to list all the strata.

Column 1: Sequentially number each row.

Column 2: *If stratification was used:* Write in the name of stratum. All strata in the state must be listed.

If no stratification was used: Write “state” in the first row to indicate that the whole state constitutes a single stratum.

Column 3: Report the number of primary sampling units (PSUs) (i.e., first-stage clusters) created for each stratum.

Column 4: Report the number of PSUs selected in the original sample for each stratum.

Column 5: Report the number of PSUs in the final sample for each stratum.

TOTALS: For Columns 3–5, provide totals for the state as a whole in the last row of the table.

Summary of Clusters Created and Sampled				
State: _____				
FFY: 2024 _____				
(1) Row #	(2) Stratum Name	(3) Number of PSUs Created	(4) Number of PSUs Selected	(5) Number of PSUs in the Final Sample
Total				

FORM 4 (Required for all states not using the Synar Survey Estimation System [SSES] to analyze the Synar Survey data)

Complete Form 4 to provide detailed tallies of ineligible sample outlets by reasons for ineligibility and detailed tallies of eligible sample outlets with noncomplete inspections by reasons for noncompletion.

Instructions for Completing Form 4: In the top right-hand corner of the form, provide the state name and reporting federal fiscal year (FFY 2024).

Column 1(a): Enter the number of sample outlets found ineligible for inspection by reason for ineligibility. Provide the total number of ineligible outlets in the row marked “Total.”

Column 2(a): Enter the number of eligible sample outlets with noncomplete inspections by reason for noncompletion. Provide the total number of eligible outlets with noncomplete inspections in the row marked “Total.”

Inspection Tallies by Reason of Ineligibility or Noncompletion			
		State: _____	
		FFY: 2024	
(1) INELIGIBLE		(2) ELIGIBLE	
Reason for Ineligibility	(a) Counts	Reason for Noncompletion	(a) Counts
Out of business		In operation but closed at time of visit	
Does not sell tobacco products		Unsafe to access	
Inaccessible by youth or young adult		Presence of police	
Private club or private residence		Youth or young adult inspector knows salesperson	
Temporary closure		Moved to new location	
Unlocatable		Drive-thru only/youth or young adult inspector has no driver’s license	
Wholesale only/Carton sale only		Tobacco out of stock	
Vending machine broken		Ran out of time	
Duplicate		Other noncompletion reason(s) <i>(Describe.)</i>	
Other ineligibility reason(s) <i>(Describe.)</i>			
Total		Total	

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

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

Instructions for Completing Form 5: In the top right-hand corner of the form, provide the state name and reporting federal fiscal year (FFY 2024).

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

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

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

Synar Survey Inspector Characteristics		
		State: _____
		FFY: 2024
	(1) Attempted Buys	(2) Successful Buys
Male		
15 years		
16 years		
17 years		
18 years		
19 years		
20 years		
Male Subtotal		
Female		
15 years		
16 years		
17 years		
18 years		
19 years		
20 years		
Female Subtotal		
Other		
Total		

APPENDIXES B & C: FORMS

Instructions

Appendix B (Sampling Design) and Appendix C (Inspection Protocol) are to reflect the state's CSAP-approved sampling design and inspection protocol. These appendixes, therefore, should generally describe the design and protocol and, with the exception of Question #10 of Appendix B, are not to be modified with year-specific information. Please note that any changes to either appendix must receive CSAP's advance, written approval. To facilitate the state's completion of this section, simply cut and paste the previously approved sampling design (Appendix B) and inspection protocol (Appendix C) and respond to Question #10 of Appendix B to provide the requested information about sample size calculations for the Synar survey conducted in FFY 2023.

APPENDIX B: SYNAR SURVEY SAMPLING METHODOLOGY

State: Wisconsin
 FFY: 2024

1. What type of sampling frame is used?

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

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

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

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

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

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

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

Yes No

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

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

Yes No

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

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

If Yes, please indicate how likely it is that vending machines will be sampled.

- Vending machines are sampled separately to ensure vending machines are included in the sample
- Vending machines are sampled together with over the counter outlets, so it is possible that no vending machines were sampled, however they are included in the sampling frame and have a non-zero probability of selection
- Other reasons (Please describe.) _____

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

Census (STOP HERE: Appendix B is complete.)

Unstratified statewide sample:

- Simple random sample (Go to Question 9.)
- Systematic random sample (Go to Question 6.)
- Single-stage cluster sample (Go to Question 8.)
- Multistage cluster sample (Go to Question 8.)

Stratified sample:

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

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

7. Provide the following information about stratification.

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

A. County codes are assigned to all outlets.

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

- 1. Counties: 500,000 or more residents 2 Counties
- 2. Counties: 499,999 - 150,000 residents 7 counties
- 3. Counties: 149,999 - 50,000 residents 20 counties
- 4. Counties: 49,999 - 20,000 residents 23 counties
- 5. Counties: Less than 20,000 residents 20 counties

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

b. Is clustering used within the stratified sample?

- Yes (Go to Question 8.)
- No (Go to Question 9.)

8. Provide the following information about clustering.

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

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

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

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

- Yes (Respond to part b.)
- No (Respond to part c and Question 10c.)

b. SSES Sample Size Calculator used?

- State Level (Respond to Question 10a.)
- Stratum Level (Respond to Question 10a and 10b.)

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

10. Provide the following information about sample size calculations for the Synar survey conducted in FFY 2023.

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

Inputs for Effective Sample Size:

RVR: 11.9

Frame Size: 6660

Input for Target Sample Size:

Design Effect: 1

Inputs for Original Sample Size:

Safety Margin: 35

Accuracy (Eligibility) Rate: 80

Completion Rate: 90

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

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

Per March 2020 discussion with SAMHSA about the input values reported in the FY2020 ASR, we determined we would start using the previous year's data as the input values we use for the SSES calculator. We do not actually use the sample size output from the SSES calculator but run it every year to confirm that it is less than our more conservative sample size of 1100 vendors. Given that, the changes we made to SSES calculator input values do not actually affect the total vendors in our final sample.

APPENDIX C: SYNAR SURVEY INSPECTION PROTOCOL SUMMARY

State: Wisconsin

FFY: 2024

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

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

a. Consummated buy attempts?

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

b. Youth and young adult inspectors to carry ID?

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

c. Adult inspectors to enter the outlet?

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

d. Youth and young adult inspectors to be compensated?

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

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

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

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

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

Always Usually Sometimes Rarely Never

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

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

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

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

All outlets will be assigned to one tobacco product (cigarettes, smokeless tobacco, cigarillos, or disposable e-cigarettes). To the extent possible based on the outlet names, certain types of outlets will be assigned to the product they are most likely to sell (for example, outlets that appear to be cigar shops will be assigned to cigarillos). The remaining outlets will be randomly assigned to a tobacco product. The purchaser will first attempt to purchase the tobacco product assigned to that outlet. If the retailer does not sell the tobacco product assigned for that outlet, the purchaser can request cigarettes or another product. Underage purchasers are permitted to request any brand, although the training includes examples of brands for the different products.

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

Regional boundaries were strategically drawn based on ability to recruit adults and minors, area coverage and number of inspection points per region. The number of regions varies from year to year for two reasons: (1) the number of outlets selling tobacco in Wisconsin changes each year and (2) the sample of retailers checked for the Synar Survey is randomly drawn each year. (3) the availability of staff in different areas of the state varies year to year. The state distributed outlets among 11 inspection teams

Regional boundaries are sometimes adjusted shortly before or during the inspection period to account for difficulties hiring in certain areas. These regional boundaries often encompass several counties. Regions that encompass more populous counties are typically split between multiple inspection teams.

The project director re-hired majority of supervisors who had participated in the previous year's survey or other field projects. Thorough applications were filled out and extensive

interviews were conducted via telephone. Background checks were completed and references were called.

The project director conducted two 4-1/2 hour virtual training sessions for inspection teams in each of the regions. Representatives from the DHS also participated. An agenda was developed and followed closely to prevent any inconsistencies in information or protocol given to the various inspection teams. The training included the following agenda:

1. Introductions
2. Synar Background
3. Introduction to the Manual
4. Purchase Attempt & Tablet
5. Tablet
6. Training the Minors
 - Overview & Manual
 - Role Playing & scripts
7. Managing Purchased Tobacco
8. Timesheet/Expense Overview
9. COVID & Safety Guidelines
10. Materials Overview
11. End of Project Protocols

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

Youth inspectors (age 16 to 20) were recruited and trained by the supervisors, with an emphasis placed on attempting to recruit racial minorities for each group and a balance in gender and age. The training for youth inspectors involves a thorough explanation of the protocol with opportunities to do role plays for different situations.

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

a. Legal

Yes No

(If Yes, please describe.)

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

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

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

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

b. Procedural

Yes No

(If Yes, please describe.)

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

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

a. Legal

Yes No

(If Yes, please describe.)

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

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

b. Procedural

Yes No

(If Yes, please describe.)

Responsibilities and Protocols for Adult Supervisors

- Adult supervisors will do all of the driving.
- Vehicles must be parked in a location where survey participants can exit and enter the vehicle safely, but not within view of the retail outlet personnel.
- The adult supervisor will obtain a preliminary view of the retail establishment and make a decision regarding safety. If there is any question, the adult will enter the establishment first and determine if an inspection should be made. The adult might

go in under the pretense of using the phone, etc., so as not to alert the retail employee. If the outlet or neighborhood appears unsafe to either the youth or the adult supervisor, the youth will not enter.

- The adult supervisor will maintain visual surveillance of the youth survey team members as they enter, and will be prepared to intervene if a problem arises.
- In the event of any problems, the adult supervisor will enter the store immediately, identify him- or herself, explain the work they are conducting, and show the letter from the State authorizing Synar survey activity.
- The adult supervisor will allow time for a debriefing after each attempt and at the end of the day, encouraging the youth to process their feelings about successful and unsuccessful purchases.

Responsibilities and Precautions for Youth Participants

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

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

a. Legal

Yes No

(If Yes, please describe.)

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

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

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

- (a) If questioned about his or her age during the course of an investigation, the minor shall state his or her true age.
- (b) A minor may not be used for the purpose of an investigation at a retail outlet at which the minor is a regular customer.
- (c) The appearance of a minor may not be materially altered so as to indicate greater age.
- (d) A photograph or videotape of the minor shall be made before or after the investigation or series of investigations on the day of the investigation or investigations. If a prosecution results from an investigation, the photograph or videotape shall be retained until the final disposition of the case.

b. Procedural

Yes **No**

(If Yes, please describe.)

General Rules and Guidelines

- The survey team will consist of one adult supervisor and two youth participants, aged 17-20 (one purchaser and one observer).
- Survey teams will inspect only those retail outlets provided. If a retail outlet is closed, or if conditions are unsafe for inspecting, the adult supervisor will note this information on the data collection tablet, with an explanation as to why the inspection was not completed.
- The data collection tablet must remain in the vehicle with the adult supervisor and be completed after the purchase attempt is completed. The data collection tablet is not to be taken into the retail outlet.
- The inspection will not be conducted if the retail site or area is perceived as unsafe by adult supervisors or minors.
- The goal of the survey is to provide an accurate reflection of sale to minors, rather than to persuade the employee to sell. Team members will be honest and straightforward.
- This survey project is CONFIDENTIAL. Information and experiences will be discussed only within the team.
- Survey team members must wear seat belts and obey all traffic laws.

Responsibilities and Protocols for Adult Supervisors

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

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

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

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

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

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

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

Responsibilities and Precautions for Youth Participants

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

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

Observer Role:

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

-If the purchaser appears to be having a problem or an experience that in any way seems unsafe, the observer will notify the adult supervisor immediately so he/she can intervene.

-The observer will make a mental note of whether or not the outlet has a warning sign, and note the type and location of the sign.

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

-The observer will leave the store with the purchaser.

Survey Team Role:

-Survey team members will have enough money to make the purchase, including the appropriate amount of change, in case a purchase must be made from a vending machine.

-Once inside, the youth survey team should quickly locate the tobacco product.

- Survey team members will act naturally.
- Survey team members will dress as usual. The intention is not to fool the retail - employee, but to present themselves in a normal manner.
- Both youth survey team members will leave the store immediately if the situation appears unsafe or feels uncomfortable.
- If a friend or someone known to either survey team member works or is present in the retail site, the team will exit the store without attempting to make a tobacco purchase.

Purchaser Role:

- A tobacco type will be assigned to the vendor. If that type is not available, ask for cigarettes or another product.
- If tobacco is available in open, unlocked displays, the purchaser should pick up the item and place it on the counter.
- If tobacco is available only through a clerk-assisted sale (e.g., behind the counter or in a locked case), then the purchaser should request the specific type and brand of product.
- If the tobacco is available both in open, unlocked displays and behind the counter, the purchaser should try to pick up the item from the open, unlocked displays.
- If the location sells tobacco both over the counter and from vending machines, the purchaser should attempt to make the purchase from the vending machine.
- Team members must be truthful at all times. If asked their age, team members must honestly state their actual age.
- Team members will NOT carry identification into the retail outlet. If asked for age identification, team members should say, "I don't have any."
- If asked who the tobacco is for, the purchaser should respond, "For me."
- It is very important that no survey team member entice a sale or in any way encourage the sales clerk to make the sale.
- Once the clerk has completed the sale, the purchaser should pay for the product and leave the store immediately.
- Information about the sale (or nonsale) will be recorded by the adult supervisor, who will then collect the purchased tobacco and place a label on it identifying the location and date of the purchase.

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

APPENDIX D: LIST SAMPLING FRAME COVERAGE STUDY

(LIST FRAME ONLY)

State: Wisconsin
FFY: 2024

1. Calendar year of the coverage study: _____

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

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

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

Yes No

If Yes, please explain.

4. Please answer the following questions about the selection of canvassing areas.

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

Census (Go to Question 6.)

Unstratified statewide sample:

Simple random sample (Respond to Part b.)

Systematic random sample (Respond to Part b.)

Single-stage cluster sample (Respond to Parts b and d.)

Multistage cluster sample (Respond to Parts b and d.)

Stratified sample:

Simple random sample (Respond to Parts b and c.)

Systematic random sample (Respond to Parts b and c.)

Single-stage cluster sample (Respond to Parts b, c, and d.)

Multistage cluster sample (Respond to Parts b, c, and d.)

Other (Please describe and respond to Part b.) _____

b. Describe the sampling methods.

[Empty text box]

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

[Empty text box]

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

[Empty text box]

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

Yes No

6. Were all sampled areas visited by canvassing teams?

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

a. Was the subset of areas randomly chosen?

Yes No

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

[Empty text box]

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

Yes No

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

[Empty text box]

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

Yes No

If No, respond to Question 9.

If Yes, describe any instructions given to the field observers to ensure the entire area was canvassed, then go to Question 10.

[Empty text box]

9. If a full canvassing was not conducted:

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

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

c. Were these starting points randomly chosen?

Yes No

d. Describe the selection of the starting points.

[Empty text box]

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

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

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

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

SSES Table 1 (Synar Survey Estimates and Sample Sizes)**CSAP-SYNAR REPORT**

State	WI
Federal Fiscal Year (FFY)	2024
Date	9/25/2023 16:09
Data	p1717_SynarComplianceChecks_2023.09.25_SSES_Final.xlsx
Program Version	Version 7.0
Analysis Option	Stratified SRS with FPC

Estimates

Unweighted Retailer Violation Rate	13.1%
Weighted Retailer Violation Rate	13.6%
Standard Error	1.1%
Is SAMHSA Precision Requirement met?	YES
Right-sided 95% Confidence Interval	[0.0%, 15.3%]
Two-sided 95% Confidence Interval	[11.4%, 15.7%]
Design Effect	1.0
Accuracy Rate (unweighted)	87.4%
Accuracy Rate (weighted)	86.9%
Completion Rate (unweighted)	98.2%

Sample Size for Current Year

Effective Sample Size	301
Target (Minimum) Sample Size	301
Original Sample Size	1,100
Eligible Sample Size	961
Final Sample Size	944
Overall Sampling Rate	16.3%

SSES Table 2 (Synar Survey Results by Stratum and by OTC/VM)

STATE: WI

FFY: 2024

Samp. Stratum	Var. Stratum	Outlet Frame Size	Estimated Outlet Population Size	Number of PSU Clusters Created	Number of PSU Clusters in Sample	Outlet Sample Size	Number of Eligible Outlets in Sample	Number of Sample Outlets Inspected	Number of Sample Outlets in Violation	Retailer Violation Rate(%)	Standard Error(%)
All Outlets											
1	1	1,481	1,280	N/A	N/A	280	242	232	45	19.4%	
2	2	1,363	1,223	N/A	N/A	293	263	259	28	10.8%	
3	3	1,915	1,705	N/A	N/A	329	293	293	24	8.2%	
4	4	1,301	1,034	N/A	N/A	146	116	114	20	17.5%	
5	5	600	542	N/A	N/A	52	47	46	7	15.2%	
Total		6,660	5,784			1,100	961	944	124	13.6%	1.1%
Over the Counter Outlets											
1	1	1,481	1,280	N/A	N/A	232	232	232	45	19.4%	
2	2	1,363	1,223	N/A	N/A	259	259	259	28	10.8%	
3	3	1,915	1,705	N/A	N/A	293	293	293	24	8.2%	
4	4	1,301	1,034	N/A	N/A	114	114	114	20	17.5%	
5	5	600	542	N/A	N/A	46	46	46	7	15.2%	
Total		6,660	5,784			944	944	944	124	13.6%	1.1%
Vending Machines											
1	1	0	0	N/A	N/A	0	0	0	0	0.0%	
2	2	0	0	N/A	N/A	0	0	0	0	0.0%	
3	3	0	0	N/A	N/A	0	0	0	0	0.0%	
4	4	0	0	N/A	N/A	0	0	0	0	0.0%	
5	5	0	0	N/A	N/A	0	0	0	0	0.0%	
Total		0	0			0	0	0	0	0.0%	0.0%

Note: There are some records with unknown outlet type. Therefore the overall counts may not equal the sum of OTC and VM counts.

SSES Table 3 (Synar Survey Sample Tally Summary)

STATE: WI

FFY: 2024

Disposition Code	Description	Count	Subtotal
EC	Eligible and inspection complete outlet	944	
Total (Eligible Completes)			944
N1	In operation but closed at time of visit	9	
N2	Unsafe to access	1	
N3	Presence of police	4	
N4	Youth inspector knows salesperson	0	
N5	Moved to new location but not inspected	0	
N6	Drive thru only/youth inspector has no drivers license	0	
N7	Tobacco out of stock	3	
N8	Run out of time	0	
N9	Other noncompletion	0	
Total (Eligible Noncompletes)			17
I1	Out of Business	26	
I2	Does not sell tobacco products	96	
I3	Inaccessible by youth	7	
I4	Private club or private residence	4	
I5	Temporary closure	4	
I6	Can't be located	1	
I7	Wholesale only/Carton sale only	0	
I8	Vending machine broken	0	
I9	Duplicate	0	
I10	Other ineligibility (see below)	1	
Total (Ineligibles)			139
Grand Total			1100

Give reasons and counts for other ineligibility:

Reason	Count
Business moved out of municipality, no tobacco license in new municipality	1

SSES Table 4 (Synar Survey Inspection Results by Youth Inspector Characteristics)

STATE: WI

FFY: 2024

Frequency Distribution

Gender	Age	Number of Inspectors	Attempted Buys	Successful Buys
Male	14	0	0	0
	15	0	0	0
	16	2	38	3
	17	7	223	34
	18	6	186	28
	19	4	76	18
	20	0	0	0
	Subtotal		19	523
Female	14	0	0	0
	15	0	0	0
	16	5	141	11
	17	3	53	3
	18	3	92	8
	19	4	115	16
	20	3	20	3
	Subtotal		18	421
Other		0	0	0
Grand Total		37	944	124

Buy Rate in Percent by Age and Gender

Age	Male	Female	Total
14	0.0%	0.0%	0.0%
15	0.0%	0.0%	0.0%
16	7.9%	7.8%	7.8%
17	15.2%	5.7%	13.4%
18	15.1%	8.7%	12.9%
19	23.7%	13.9%	17.8%
20	0.0%	15.0%	15.0%
Other			0.0%
Total	15.9%	9.7%	13.1%

SSES Table 6 (Synar Survey Inspection Results by Type of Product)

STATE: WI
FFY: 2024

Frequency Distribution and Buy Rate

Product Type	Attempted Buys	Successful Buys	Violation Rate (%)
Cigarettes	420	55	13.1%
Small cigars/Cigarillos	173	24	13.9%
Smokeless tobacco	177	17	9.6%
ENDS	174	28	16.1%
Other	0	0	0.0%
Missing	0	0	0.0%
Invalid	0	0	0.0%
Grand Total	944	124	13.1%

SSES Table 6 (Synar Survey Inspection Results by Type of Product)

Buy Rate by Type of Product

Product Type
Cigarettes
Small cigars/Cigarillos
Smokeless tobacco
ENDS
Other
Missing
Invalid
Total Male

Product Type
Cigarettes
Small cigars/Cigarillos
Smokeless tobacco
ENDS
Other
Missing
Invalid
Total Female

Product Type
Cigarettes
Small cigars/Cigarillos
Smokeless tobacco
ENDS
Other
Missing
Invalid
Grand Total

Key Inspection Results by Type of Product)

STATE: WI
FFY: 2024

Product, Age, and Gender

Male							
Age							Total
14	15	16	17	18	19	20	
0.0%	0.0%	14.3%	15.8%	13.0%	22.2%	0.0%	15.8%
0.0%	0.0%	14.3%	12.9%	18.4%	10.0%	0.0%	15.1%
0.0%	0.0%	0.0%	18.4%	7.1%	13.3%	0.0%	11.9%
0.0%	0.0%	0.0%	12.5%	27.6%	46.7%	0.0%	21.6%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	7.9%	15.2%	15.1%	23.7%	0.0%	15.9%

Female							
Age							Total
14	15	16	17	18	19	20	
0.0%	0.0%	4.6%	5.0%	11.1%	15.0%	25.0%	10.1%
0.0%	0.0%	17.4%	13.3%	0.0%	14.8%	25.0%	12.6%
0.0%	0.0%	3.3%	0.0%	16.7%	0.0%	0.0%	5.1%
0.0%	0.0%	13.0%	0.0%	5.9%	13.6%	0.0%	9.1%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	7.8%	5.7%	8.7%	13.9%	15.0%	9.7%

All							
Age							Total
14	15	16	17	18	19	20	
0.0%	0.0%	6.3%	13.9%	12.3%	17.7%	25.0%	13.1%
0.0%	0.0%	16.7%	13.0%	12.5%	13.5%	25.0%	13.9%
0.0%	0.0%	2.4%	15.8%	9.3%	9.5%	0.0%	9.6%
0.0%	0.0%	10.7%	10.3%	19.6%	27.0%	0.0%	16.1%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	7.8%	13.4%	12.9%	17.8%	15.0%	13.1%

SSES Table 7 (Synar Survey Inspection Results by Type of Retail Outlet)

STATE: WI

FFY: 2024

Frequency Distribution and Buy Rate

Retail Outlet	Attempted Buys	Successful Buys	Violation Rate (%)
Gas Station	422	54	12.8%
Tobacco Store	68	17	25.0%
Restaurant	9	2	22.2%
Hotel	8	2	25.0%
Grocery Store	93	10	10.8%
Drug Store	49	3	6.1%
Other	295	36	12.2%
Missing	0	0	0.0%
Invalid	0	0	0.0%
Grand Total	944	124	13.1%

SSES Table 7 (Synar Survey Inspection Results by Type of Retail Outlet)STATE: WI
FFY: 2024**Buy Rate by Type of Retail Outlet, Age, and Gender**

Male								
Retail Outlet	Age							Total
	14	15	16	17	18	19	20	
Gas Station	0.0%	0.0%	5.0%	13.5%	14.1%	16.0%	0.0%	13.3%
Tobacco Store	0.0%	0.0%	0.0%	20.0%	40.0%	50.0%	0.0%	27.1%
Restaurant	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	40.0%
Hotel	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	50.0%
Grocery Store	0.0%	0.0%	50.0%	12.5%	11.8%	20.0%	0.0%	14.6%
Drug Store	0.0%	0.0%	0.0%	15.4%	7.1%	0.0%	0.0%	9.4%
Other	0.0%	0.0%	9.1%	16.9%	15.7%	18.8%	0.0%	16.3%
Missing	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Invalid	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Male	0.0%	0.0%	7.9%	15.2%	15.1%	23.7%	0.0%	15.9%

Female								
Retail Outlet	Age							Total
	14	15	16	17	18	19	20	
Gas Station	0.0%	0.0%	8.9%	8.0%	14.6%	16.7%	0.0%	12.2%
Tobacco Store	0.0%	0.0%	28.6%	0.0%	0.0%	28.6%	0.0%	20.0%
Restaurant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Hotel	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Grocery Store	0.0%	0.0%	0.0%	0.0%	0.0%	10.0%	50.0%	6.7%
Drug Store	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	0.0%	0.0%	7.8%	5.0%	3.3%	11.8%	14.3%	7.7%
Missing	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Invalid	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Female	0.0%	0.0%	7.8%	5.7%	8.7%	13.9%	15.0%	9.7%

All								
Retail Outlet	Age							Total
	14	15	16	17	18	19	20	
Gas Station	0.0%	0.0%	7.9%	12.4%	14.3%	16.5%	0.0%	12.8%
Tobacco Store	0.0%	0.0%	22.2%	18.8%	30.8%	38.5%	0.0%	25.0%
Restaurant	0.0%	0.0%	0.0%	0.0%	0.0%	28.6%	0.0%	22.2%
Hotel	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	25.0%
Grocery Store	0.0%	0.0%	5.0%	10.3%	8.0%	13.3%	50.0%	10.8%

Drug Store	0.0%	0.0%	0.0%	15.4%	5.9%	0.0%	0.0%	6.1%
Other	0.0%	0.0%	8.1%	13.9%	11.1%	15.2%	14.3%	12.2%
Missing	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Invalid	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Grand Total	0.0%	0.0%	7.8%	13.4%	12.9%	17.8%	15.0%	13.1%

SSES Table 8 (Synar Survey Inspection Results by Clerk Asked for ID)

STATE: WI

FFY: 2024

Frequency Distribution and Buy Rate

Clerk Asked for ID	Attempted Buys	Successful Buys	Violation Rate (%)
Yes	785	17	2.2%
No	159	107	67.3%
Missing	0	0	0.0%
Invalid	0	0	0.0%
Grand Total	944	124	13.1%

SSES Table 8 (Synar Survey Inspection Results by Clerk Asked for ID)STATE: WI
FFY: 2024**Buy Rate by Clerk Asked for ID, Age, and Gender**

Male								
Clerk Asked for ID	Age							Total
	14	15	16	17	18	19	20	
Yes	0.0%	0.0%	3.0%	2.7%	4.5%	1.8%	0.0%	3.3%
No	0.0%	0.0%	40.0%	70.7%	65.6%	85.0%	0.0%	70.4%
Missing	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Invalid	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Male	0.0%	0.0%	7.9%	15.2%	15.1%	23.7%	0.0%	15.9%

Female								
Clerk Asked for ID	Age							Total
	14	15	16	17	18	19	20	
Yes	0.0%	0.0%	0.0%	0.0%	1.2%	2.1%	0.0%	0.8%
No	0.0%	0.0%	64.7%	33.3%	58.3%	70.0%	100.0%	62.3%
Missing	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Invalid	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Female	0.0%	0.0%	7.8%	5.7%	8.7%	13.9%	15.0%	9.7%

All								
Clerk Asked for ID	Age							Total
	14	15	16	17	18	19	20	
Yes	0.0%	0.0%	0.6%	2.2%	3.4%	2.0%	0.0%	2.2%
No	0.0%	0.0%	59.1%	64.0%	63.6%	77.5%	100.0%	67.3%
Missing	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Invalid	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Grand Total	0.0%	0.0%	7.8%	13.4%	12.9%	17.8%	15.0%	13.1%



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

Executive Committee of the State Council on Alcohol and Other Drug Abuse

February 20, 2024

1:00pm – 2:00pm

Meeting to be held via Zoom

Meeting URL: <https://dhs.wi.zoomgov.com/j/1611800455>

Meeting ID: 161 180 0455

Conference Call: 669-254-5252

AGENDA

- 1. Call to OrderKevin Florek
- 2. Review of November 7, 2023 Meeting Minutes.....Kevin Florek
- 3. Public Comment.....Kevin Florek
- 4. Discussion on social media for SCAODA Council and Committee engagement.....DHS Staff
- 5. Setting Agenda for March 8, 2024 Council Meeting.....Executive Committee
- 6. Adjournment.....Kevin Florek

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

DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, if you need an interpreter or translator, or if you need this material in another language or in alternative format, you may request assistance to participate by Kim Dawson at Kimberly.Dawson@wisconsin.gov or 608-261-0658.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Executive Committee of the State Council on Alcohol and Other Drug Abuse

February 20, 2024

1:00pm – 2:00pm

Meeting to be held via Zoom

Meeting URL: <https://dhs.wi.zoomgov.com/j/1611800455>

Meeting ID: 161 180 0455

Conference Call: 669-254-5252

DRAFT MINUTES

Members of the Planning and Funding Committee in Attendance: Kevin Florek, Jennifer Stegall, Christine Ullstrup

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

1. Call to Order

K. Florek called the meeting to order at 1:05 p.m.

2. Review of November 7, 2023 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 social media for SCAODA Council and Committee engagement

K. Dawson discussed opportunities where DHS Communications can promote SCAODA Council and Committee business via social media, with one opportunity being to promote membership. DHS Communications often posts to promote open seats on boards and councils. If SCAODA has any membership openings, DHS social media can be used to promote applications. DHS Communications does not have a history of promoting meetings for boards and councils but is open to this for SCAODA Council meeting. Individual committee meeting promotion cannot be supported on account of being too frequent, and thus overloading social media channels. Boards and councils associated with DHS cannot have their own social media accounts. All content must be submitted to DHS to be posted on DHS social

media. Committee members are however welcome to use personal social media to promote engagement on their own accounts. Members of the Committee discussed the potential for utilizing Gove Delivery newsletter for users to subscribe to receive regular SCAODA announcements, via existing channels as well as a newly created SCAODA listserv. K. Dawson will reach out to DHS Communications to further these plans.

Members of the Committee discussed possible updates to the SCAODA website, and the need for up-to-date information on the site as promotion efforts increase. Members also discussed using analytics to better understand foot-traffic on the website and most frequently visited SCAODA sub-pages.

C. Ullstrup inquired about tracking attendance at SCAODA Council meetings, to stay in compliance with by laws. DHS staff will track attendance of council members in coming meetings, and will report to C. Ullstrup when a Council member has two absences without notices, within a 12 month period. This topic will further be discussed in the March Council Meeting.

5. Setting Agenda for March 8, 2024 Council Meeting

- Inquire regarding a presentation on Synar Report & Tobacco 21
- Present on Wisconsin Association of Sober Housing
- Provide notice that attendance will be monitored for compliance with by laws
- Receive updates on Medicaid unwinding, opiate listening sessions, and recovery housing voucher
- Receive updates on Block grant report

6. Adjournment

Committee adjourned at 1:48 p.m.

OPEN MEETING MINUTES

Name of Governmental Body: SCAODA Diversity Committee			Attending: Denise Johnson, Christina Malone, Maria Castillo, Lisa Pertue, Lawanda Chambers, Travis Landry, Rene Livingston De Tienne, Allison Weber (DHS staff)
Date: 11/27/2023	Time Started: 11:12am	Time Ended: 12:46pm	
Location: Zoom			Presiding Officer: Denise Johnson and Christina Malone, co-chairs

Minutes

1. Welcome and Introductions: Introductions were made.
2. Public Comment: No public comment
3. Diversity committee mission and objectives:

Comments were made by the committee members. Rene: it is vague and would be better to update. Enhance is not strong enough, would like to see advocate for, pursue. Diverse populations-a different phrase would be more inclusive. How do people define culturally intelligent, appropriate would be better. Denise-yes, I feel similarly. I am an individual, use enhance and cultural intelligence, people may not understand what we mean. The strategic plan may help us. Advocate is over-used. Deaf, hard hearing, blind and visually impaired don't speak the same language so how can we meet them where they are. We can add words, we can decide on something completely different. We can come up with a list. Christina, appreciates the input and hopes we can come up with a better version that reflects the current committee. Other comments from members on language to consider: Identify, work for uphold respect and dignity cultural responsible, support, work towards, champion, uphold. We want it to be reflective. Denise-the mission and the objectives. It is not going to include all, we can come back and go over it if we have time to reflect and think. A lot has changed since covid and virtual meetings. I'm curious if we are meeting the needs of underserved. 1st objective is to follow best practices. Not one best practice fits all. In my opinion it's not happening. Rene-I don't see person-centered or individualized, better person-centered best practices. Lisa-can't see it as cookie cutter best practices. Maria-To support advancement and creation of culturally intelligent substance misuse related supports and services. Rene-include culturally appropriate? The committee will revisit this and work as a whole committee instead of an ad-hoc workgroup.

4. SCAODA Strategic Plan:

Denise: SCAODA is developing a new plan coming out in 2024. Denise gave an overview of the committee's history (she has been involved for 20 years) and it is important to meet the goals in the strategic plan. They tend to bring someone to come to the meeting and discuss the strategic plan. We will have another plan next year. We can make minor changes within committee. We had a gap in this committee meeting so were not involved in the new plan. Denise and Christina will meet with exec leadership to discuss.

5. Discussion on populations served:

Christina: Christina-CDC preferred language. Review terms used. Rene, great list but there are always people who don't like a term and prefer something else. "I prefer disabled not person with a disability. We need to be mindful with language. Ask people to say what they prefer. Denise, for me, service providers don't know what to do, they focus on hearing loss and not on person. At Independent living we use person first. A person who is deaf/hard of hearing, but I am a deaf person-culturally better. Hearing impaired is not good we encourage deaf. Be sensitive to one's wishes to be referred to. Important to ask!

Populations served: Denise-years ago it was just race, ethnicity. What does that include? Multiple layers included with that. Food for thought. Lisa-Our most neglected populations are our incarcerated, homeless, elderly. Christina-youth are also neglected. Needs more prevention work. Class as well, not just race/ethnicity. Rene- we need an intersectional lens.

Think about who is it having trouble accessing services and it's not just one reason but many. Indigenous pop not there. Not an all inclusive list.

6. DHS updates: Allison told the committee about the new Culturally and Linguistically Appropriate Services (CLAS) initiative that DHS/DCTS/BPTR is initiating in 2024 for grantees.
7. Future agenda items:

Work on mission and objectives, look more closely at preferred terms and keep this work in the larger committee instead of an ad-hoc committee. We need to hear from all members.

Strategic Plan

Meeting frequency and days/times: most would like to meet monthly unless there is a SCAODA council meeting, from 1pm-3pm either Wednesdays or Fridays. Allison will send out a doodle poll.

8. Meeting Adjournment: 12:46pm

Prepared by: Allison Weber on 11/28/2023.

These minutes are in draft form. They will be presented for approval by the governmental body on: TBD

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

January 31, 2024

1:00 PM-3:00PM

<https://dhswi.zoomgov.com/j/1610999622>

Phone: 1 669 254 5252
Meeting ID: 161 107 4868

MEETING AGENDA

1. Welcome and Introductions.....Denise Johnson, Christina Malone,
SCAODA Co-Chairs, Committee Members
2. Approval of November minutes..... Committee Members
3. Public Input.....Co-Chairs
4. Diversity Committee mission, vision.....Co-Chairs
5. SCAODA Strategic Plan.....Committee Members
6. DHS updates..... Allison Weber, Multi-Cultural Coordinator,
DHS
7. Future Agenda Items..... Committee Members
8. Meeting Adjournment..... Committee Members

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

Tony Evers
Governor



Kevin Florek
Chairperson

Jennifer Stegall
Vice Chairperson

Christine Ullstrup
Secretary

State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

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

Diversity Committee

February 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
2. Approval of January minutes..... Committee Members
3. Public Input.....Co-Chairs
4. SCAODA Strategic Plan.....Committee Members
5. Diversity Committee Strategic Plan and Priorities.....Committee Members
6. DHS updates..... Allison Weber, Multi-Cultural Coordinator,
DHS
7. Future Agenda Items..... Committee Members
8. Meeting Adjournment..... Committee Members

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

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

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State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

INTERVENTION AND TREATMENT COMMITTEE (ITC)

Time: November 14, 2023, at 10:00 AM Central Time (US and Canada)

This meeting will be held via teleconference.

Join ZoomGov Meeting

<https://dhs.wi.zoomgov.com/j/1610346565?pwd=RHdHdFhIRGt4d1VnQzRma3pwaFVGUT09>

Meeting ID: 161 034 6565

Passcode: 812076

AGENDA

1. Call to order and roll call (Roger Frings)
2. Review and approval of 10/10/2023 meeting minutes (Roger Frings-Sheila Weix)
3. Alycia Daceno from Community Alliance Manager will speak on Rx Destroyer
4. Update on the Naloxone State Saturation Plan (Teresa Steinmetz)
5. Narcan Direct Presentation (Tiffany Nielson)
6. Post-PHE: The impact of the unwinding of Medicaid (Sheila Weix)
7. Update on State & Federal Bills & Acts (Chris Wardlow & Michael Kemp)
8. CYF subcommittee update (Vacant)
9. Tobacco Integration Update (Karen)
10. ITC Strategic Planning and Review of the 2024 ITC 2024 Meeting Schedule
11. Public comments
12. Future meeting dates, future agenda topics, and other announcements
13. Adjourn

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

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

*Next scheduled ITC Meeting: January 9, 2024 & SCAODA: **December 1, 2023**

Upcoming Events:

- November 15, 2023: Reaching the Rural Population (Virtual)
- November 15-16, 2023: DQA Focus Conference (Wisconsin Dells)
- November 29, 2023: Reaching the Rural Population (Virtual)
- December 5, 2023: The Role of a Peer Specialist: Training for Non-Peer Specialists (Virtual)
- December 13, 2023: Reaching the Rural Population (Virtual)
- December 13, 2023: The Role of a Peer Specialist: Training for Non-Peer Specialists (Virtual)

Resources:

- The DHS 75 Outpatient, Residential and Withdrawal Management signatures documents are now available for the public. They are posted on this page on the DHS website: <https://www.dhs.wisconsin.gov/aoda/partner.htm>

OPEN MEETING MINUTES

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Holly M Stanelle, Sandra Adams, Michael Kemp, Jolee Buhr, Chris Wardlow, Karen Conner, Laura Fabic, Jennifer Stegall, Patrick Riley, Paula Jolly DHS: Saima Chauhan, Janet Fleege, Leilani Nino, Teresa Steinmetz, Micah Nickey Guests: Sarah Johnson, Tiffany Nielson, Alicia Daceno
Date: 11/14/2023	Time Started: 10:04 AM	Time Ended: 11:47 AM	
Location: virtual meeting occurred via Zoom platform			Presiding Officer: Roger Frings-Interim Chair & Sheila Weix-co-chair

Minutes

1. Sheila Weix called the meeting to order at 10:04 AM.

Comments or Announcements: Quorum confirmed by Saima.

Introduction of Guests and new DHS staff: Alicia Daceno, Micah Nickey

Not in attendance: Amy Anderson, Tamara Feest, Jessica Geschke, Beth Collier, Clinton Peterson, Njemeh Barrow

2. Review and approval of 10/10/2023 meeting minutes. (Roger Frings)

Holly Stanelle made a Motion moved to approve the October 10, 2023, Meeting Minutes. Second provided by Sandy Adams. No opposition. Approved unanimously.

3. Alycia Daceno from Community Alliance Manager will speak on Rx Destroyer.

Alycia gave a brief overview on how RX Destroyer started. We are drug disposal in a bottle. So, all your unwanted expired medications we render those non-retrievable. So, they're not coming back. We work with many different verticals. We work with hospitals, vet clinics, coalitions, non-profit, universities, currently right now I'm working with UW Madison athletics. Alycia showed ITC a 4oz bottle RX Destroyer. We are trying to get this into every community, every neighborhood and pretty much any system out there. So, in all our bottles there is a dissolving agent. It breaks down all those medications and then it's adsorbed into an activated charcoal or carbon. So, it's chemically digested and neutralized.

4. Update on the Naloxone State Saturation Plan (Teresa Steinmetz)

Teresa gave a back history. This summer SAMHSA and NASADAD hosted a state-level policy Academy which was focused on States really re-looking and reassessing their current naloxone saturation plan for their State, and Wisconsin was chosen. One of the requirements of our State opioid response grant is, that States have a saturation plan. Last year's grant was the first time that we had to have a formal written saturation plan. This is the Federal government really make sure that we are continuing to use best practice models in developing saturation plans and moving forward as we need to better assess the needs of the State of Wisconsin. Wisconsin was chosen because we have done a really good job of getting nasal American out to a lot of different individuals over the past.

We also are researching how to look at expanding options for distribution, and really having a focus on the intermuscular naloxone distribution. How to better support that throughout the State of Wisconsin. A really exciting things that we're starting to set up and planning to do in Wisconsin is to conduct a Wisconsin Saturation planning Policy Academy. Our goal is to conduct and hold a state level saturation planning Policy Academy, so that counties and tribes can bring their partners and develop their own action plan for their local communities moving forward. We are still early in our implementation and planning phases and we'll have more to share as we move forward in the State.

5. Narcan Direct Presentation (Tiffany Nielson)

Our state Narcan Direct Program provides free Narcan for community distribution. Nasal Narcan is now generic, so that is still in the four-milligram strength. Nasal Narcan through Narcan Direct is given to agencies that serve people who are using opioids, and for folks who may witness an opioid overdose. So, to be a Narcan Direct agency folks need to attend a free Narcan training hosted by DCTS.

Also, we expanded our application, which was exciting. We really wanted to dial into terms of the distribution criteria we wanted to really find out is the Narcan getting into the hands of people who need it.

6. Post-PHE: The impact of the unwinding of Medicaid (Sheila Weix)

For rural, central and northern Wisconsin we're running about on our monthly folks that have to be looked at and re-sign up about two-thirds are qualifying for Medicaid again, and being able to continue a third are not qualifying. Of that third depending on if they have a job that has insurance or what they can do on the marketplace about five percent are ending up with no coverage of any kind. We see with entry level jobs that it is tightening some and perhaps becoming a bit more difficult. So, depending on where people are at with their recovery, we anticipate some folks that simply fall off the plate if you would, in terms of seeking coverage. So that's kind of where we're at right now. But at least two-thirds are qualifying and being able to continue.

7. Update on Bills & Acts (Chris Wardlow & Michael Kemp)

Michael did not have much to report but he did mention that in the last public policy committee they talked about CMS coming out with their final rules for Medicare and that it is recognizing addiction counselors for the first time. They are planning to write a step-by-step procedure so that counselors can start getting reimbursed under Medicare. The rule goes into effect January 1st, 2024. Sheila commented stating it goes into effect the same time that LPC's and other folks can deliver Medicare services.

Chris reported no movement in the cannabis legislation. The larger Bill on the regulation of alcohol has moved out of assembly and is now move to the Senate. Wisconsin Alcohol policy Project reported to Chris that they need to continue to work on this as they don't necessarily have the votes yet to pass this through. There was concern about unfunded mandates in that bill, as well as changes that could increase access to alcohol. There has been no movement or maybe the Bill has died regarding allowing 14-year-olds and older to serve alcohol. Chris stated that the farm bill last he read was looking to close that loophole that's allowing all of these hemp derived psychoactive to flood our communities.

8. CYF subcommittee update (Vacant)-None

9. Tobacco Integration Update (Karen Connor)

Karen reported that just recently the FDA sent final rules to the White House about a menthol and flavored cigar ban, and that's it's a big step for the FDA to take. So, the original announcement came in April of 2022 that there would be a product standard to prohibit menthol as a characterizing flavor in cigarettes, and then all characterizing flavors and cigars. Now, if this they think that the ban will happen by the end of the year. But, after the ban goes into effect, the tobacco companies will likely sue the government, and then the ban will be delayed. Once the ban goes into effect, even if it is delayed, they anticipate that close to 14,000 people in Wisconsin will attempt to quit.

10. ITC Strategic Planning and Review of the 2024 ITC 2024 Meeting Schedule

No issues with the 2024 ITC schedule. Once SCAODA confirms their 2024 dates then I will add them to our schedule and send it out to the ITC members.

ITC Strategic Planning we agreed to start reviewing in our next meeting on 1/9/2024.

11. Public comments-

Sheila stated that years ago that SAC's and CSAC's could assess and diagnose and be reimbursed by Medicaid but after the move from SCAODA to DSPS and the change in credentialing the ability to bill Medicaid disappeared from the

handbook. Sheila reported she raised this concern with ForwardHealth and got some information back. This is something that Sheila wants ITC to think about and have a discussion in the near future.

- 12. Future meeting dates, future agenda topics, and other announcements – Next** scheduled Meeting: SCAODA on December 1, 2023; Next ITC January 9, 2024.
- 13. Adjourn-** Michael Kemp moved to adjourn; Chris Wardlow seconded. Unanimous approval to adjourn the meeting at 11:47 AM

Prepared by: Saima Chauhan on 1/8/2024.

These minutes were approved by the governmental body on xxx: .



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE
INTERVENTION AND TREATMENT COMMITTEE (ITC)

January 9, 2024, at 10:00 AM CST

This meeting will be held via teleconference.

Join ZoomGov Meeting:

<https://dhs.wi.zoomgov.com/j/1601526054?pwd=TUx6blIxOzNHwVRld3I2SkFM5SDdEQT09>

Meeting ID: 160 152 6054

Passcode: 164478

AGENDA

1. Call to order and roll call
2. Review and approval of 11/14/2023 meeting minutes
3. Post-PHE: The impact of the unwinding of Medicaid
4. PDMP
5. Update on state and federal bills and acts
6. Tobacco integration update
7. Hub & Spoke update
8. ITC strategic planning and review
9. Public comments
10. Future meeting dates and future agenda topics
 - Next scheduled ITC meeting: February 13, 2024
 - Next scheduled SCAODA meeting: March 1, 2024
11. Member announcements
12. Adjourn

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

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OPEN MEETING MINUTES

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Holly Stanelle, Amy Anderson, Michael Kemp, Jolee Buhr, Chris Wardlow, Beth Collier, Jennifer Stegall, Njemeh Barrow, Paula Jolly DHS: Saima Chauhan, Janet Fleege, Leilani Nino, Dan Bizjak Guests: Hannah Huffman
Date: 1/9/2024	Time Started: 10:06 AM	Time Ended: 11:20 AM	
Location: virtual meeting occurred via Zoom platform			Presiding Officer: Roger Frings-Interim Chair & Sheila Weix-co-chair

Minutes

1. Roger Frings called the meeting to order at 10:06 AM.

Comments or Announcements: Quorum confirmed by Saima Chauhan.

Introduction of Guests and new DHS staff: Hannah Huffman

Not in attendance: Sandy Adams, Karen Conner, Laura Fabric, and Patrick Riley.

2. Review and approval of 11/14/2023 meeting minutes. (Roger Frings)

Holly Stanelle made a motion, moved to approve November 14, 2023, Meeting Minutes. Second provided by Jennifer Stegall. No opposition. Approved unanimously.

3. Post-Public Health Emergency: The impact of the unwinding of Medicaid (Sheila Weix)

Sheila reported that their financial navigators proactively connecting with individuals coming up for review. About 30% of their clients are not getting re-enrolled but some are getting into the marketplace, and others are ending up without insurance. Sheila explained how it has been beneficial that kids can stay on Badgercare longer. Sheila's biggest concern continues to be the 30% that are not re-enrolling.

4. Prescription Drug Monitoring Program (PDMP) (Sheila Weix)

Sheila Weix reported on an upgrade to the PDMP software that took place in October and since then there are problems with the data in PDMP. Some of the examples of the problems were the PDMP does not update correctly and some individuals have two listings. Sheila reached out to the policy contact for the PDMP and raised the issues, but she has not heard back from the contact as of 1/9/24.

Amy Anderson was not aware of the PDMP issue and reported a situation where they had issues filling a clients prescription.

Sheila Weix will be following up with DSPS and a representative from the pharmacy board, ensuring that ITC remains informed of any updates or findings.

5. Update on state and federal bills and acts (Chris Wardlow, Michael Kemp)

National Legislation: Michael Kemp reported about a controversial national bill that's going on right now called the opioid Treatment Act which is Senate Bill 644. This Bill looks at doctors having more access to medication assisted treatment. Michael is on the public policy committee, and they are writing recommendations regarding access to treatment. He reported if this passes the committee will also write a paper on how to use this effectively to gauge the medical community.

State Legislation: Saima reported that there is a new Senate Bill 875 relating to excepting xylazine testing materials from the definition of drug paraphernalia and civil and criminal liability exemptions for distributing and administering xylazine testing products.

Chris Wardlow reported on the Alcohol Bill that is on the regulation of alcohol and the Federal Farm Bill.

6. Tobacco integration update: No updates

7. Hub & Spoke update (Beth Collier & Sheila Weix)

Shelia Weix reported that the fourth hub & spoke site has been selected under the pilot. Beth Collier, whose facility serves as the 4th hub & spoke, mentioned that they were recently awarded this designation and have yet to initiate hub & spoke services. However, Beth Collier reported they do have a space to provide services and are hoping to have everything ready to go so to start serving clients on February 1st, 2024. She will provide a comprehensive update on the progress during next month's ITC meeting.

Shelia Weix reported that her facilities hub & spoke renew their contract and they are finding positive response from the patients they serve. She stated that care coordinators and peer support played a crucial role in enabling their program to implement harm reduction strategies effectively.

8. ITC strategic planning and review

Chris Wardlow reviewed the existing ITC strategic plan and emphasized to the committee the importance of prioritizing the assessment of ITC's progress in advancing SCAODA goals. Chris Wardlow stated under each goal ITC should decide which of the objectives in the revised ITC strategic plan the committee is going to address. Chris recommended tabling strategic planning until the February ITC meeting. Chris Wardlow and Jennifer Stegall volunteered to work on creating a draft of a new strategic planning table for ITC's review next month. Chris Wardlow encouraged ITC members to review the ITC past strategic plan and the SCAODA updated strategic plan before the February meeting.

9. Public comments- None

10. Future meeting dates and future agenda topics

Next scheduled ITC meeting: February 13, 2024

Next scheduled SCAODA meeting: March 1, 2024

Roger Frings stated that the February agenda can be the same as January however the meeting needs to have a primary focus on ITC's strategic planning since SCAODA next meeting is in March.

11. Member announcements

Chris Wardlow announced that a past long time member Mac has been in the hospital for medical issues. Please wish him well.

Amy Anderson discussed her concerns with the over prescribing of Gabapentin. Beth Collier stated that a couple of years ago the Controlled Substances Board was looking at adding this as a controlled substance, because they had started seeing the over-prescription of it, and it's being used with opioids.

Roger Frings reported that Jessica Geschke is no longer able to serve on the committee due to work constraints.

12. Adjourn- Michael Kemp moved to adjourn; Amy Anderson seconded. Unanimous approval to adjourn the meeting at 11:20 AM

Prepared by: Saima Chauhan on 1/10/2024.

Reviewed by Dan Bizjak on 2/5/2024

These minutes were approved by the governmental body on 2/13/2024: .



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

INTERVENTION AND TREATMENT COMMITTEE (ITC)

February 13, 2024, at 10:00 AM CST

This meeting will be held via teleconference.

Join ZoomGov Meeting:

<https://dhs.wi.zoomgov.com/j/1601526054?pwd=TUx6bllxOzNHVVRld3I2SkFMSDdEQOT09>

Meeting ID: 160 152 6054

Passcode: 164478

AGENDA

1. Call to order and roll call
2. Review and approval of 1/9/2024 meeting minutes
3. Post-Public Health Emergency: The impact of the unwinding of Medicaid
4. Update on the Prescription Drug Monitoring Program
5. Update on state and federal bills and acts
6. Tobacco integration update
7. ITC strategic planning and review
8. Public comments
9. Future meeting dates and future agenda topics
 - Next scheduled SCAODA meeting: March 1, 2024
 - Next scheduled ITC meeting: April 9, 2024
10. Member announcements
11. Adjourn

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

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State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

State Council on Alcohol and Other Drug Abuse (SCAODA) Planning and Funding Committee

January 17, 2024

9:30 am to 12:30 pm

Meeting held via Zoom

DRAFT MINUTES

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

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

1. Call to Order and Roll Call

C. Ullstrup called meeting to order at 9:35am.

2. Review November 15, 2023 Meeting Minutes

K. Florek moved to approve the minutes.

B. Collier seconded the motion.

Motion carried; minutes approved.

3. Public Comment

No public comment was made.

4. Advisory Committee Updates

C. Ullstrup provided an update on the DHS 72 advisory committee, DHS 72 came out of Act 122. That advisory committee has reviewed a draft of 72. The draft is confidential at this point, through it will be made available for public comment prior to being finalized. The text defines who can be a peer recovery coach, and supervise peer recovery coaches. Members discussed the language in legislation that defines a mental health professional, expressing concern that it may be limiting, and more of a mental health focus, and not all agencies are dual mental health and substance use provider agencies.

5. Discussion of Medicaid Benefit for Residential Services

There was a listening session at the fall conference where the group gathered feedback on this area from members of the public. That feedback was brought to SCAODA and committee. At a recent DHS meeting, Medicaid asked about collecting feedback on the Medicaid benefit. C. Ullstrup asked whether the committee would like to invite Pam Lano from Medicaid with DHS to attend a future meeting to discuss the benefit for residential services. B. Collier and C. Ullstrup will coordinate reaching out to Medicaid.

6. Discussion of Hybrid Meetings in 2024

Members of the Committee discussed options for in-person meetings. If meeting is in person, it would be helpful to have a robust agenda and make it useful. Members of the committee decided to table the decision for now, but will revisit it later in the year.

7. Discussion on Committee Membership

C. Ullstrup reached out to members of the committee who have not been able to attend meetings recently, but has not heard back yet. Members of the committee discussed potentially removing members who are inactive and work to recruit some new members to the committee. It may be beneficial to find new ways to promote SCAODA and its work. C. Ullstrup will look for past documentation that was used to promote the committee. Members of the Committee asked if DHS would be able to use social media to highlight the SCAODA and committee opportunities. K. Dawson and R. Stachoviak will reach out to the DCTS communications team to ask for their ideas to assist in this area.

8. Department of Health Services (DHS) Updates

R. Stachoviak announced that Amber Colby is joining the Bureau of Prevention Treatment and Recovery as the new Opioid Response Unit Supervisor. In this role she will oversee the State Opioid Response (SOR) Grant, the State Opioid Treatment Authority, and Opioid Data Analyst.

R. Stachoviak provided an update that SAMHSA advised states without a 21-year-old law for the purchase of tobacco that they will need to comply with the federal law by the end of the year or risk losing a portion of the Substance Use Block Grant funding.

9. Workforce Challenges

Members of the committee discussed recent challenges with hiring and retaining staff. Workforce is an area that doesn't necessarily have a focus on any particular SCAODA committee, but it would be something for SCAODA to consider adding. Committee members discussed avenues for the committee to incorporate workforce into the committee's work. Members discussed the benefits of paid interns to address workforce challenges.

10. Review of SCAODA Strategic Goals and Committee workplan

Members of the committee decided to address the workplan at the February meeting.

11. Agenda for February

- Review of SCAODA Strategic Goals and Committee workplan
- 1115 waiver

12. Adjournment

M. Devine moved to adjourn the meeting.

B. Collier seconded the motion adjourn.

Motion carried, meeting adjourned at 10:50am.



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

SCAODA Planning and Funding Committee

January 17, 2024

9:30 am to 12:30 pm

Meeting to be held via Zoom

Meeting URL: <https://dhs.wi.zoomgov.com/j/1614722910?pwd=RDBmNk90MDZqT0VhZk5FK015emFFQT09>

Meeting ID: 161 472 2910 Passcode:950095

Conference Call: 669-254-5252

AGENDA

1. **Call to Order and Roll Call**.....Christine Ullstrup, Co-Chair, Beth Collier, Co-Chair
2. **Review November 15, 2023 Meeting Minutes**.....Committee Co-Chairs
3. **Public Comment**.....Committee Co-Chairs
4. **Advisory Committee Updates**.....Committee Members
5. **Discussion of Medicaid Benefit for Residential Services**.....Committee Members
6. **Discussion of Hybrid Meetings in 2024**.....Committee Members
7. **Discussion on Committee Membership**.....Committee Members
8. **Department of Health Services (DHS) Updates**.....DHS Staff
9. **Workforce Challenges**.....Committee Members
10. **Review of SCAODA Strategic Goals and Committee workplan**.....Committee Members
11. **Agenda for February**.....Committee Members
12. **Adjournment**.....All

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Planning & Funding Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA). The Committee’s primary objective is to assist SCAODA with coordinating substance use disorder planning and funding initiatives across state agencies. DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, if you need an interpreter or

translator, or if you need this material in another language or in alternative format, you may request assistance to participate by contacting Ryan Stachowiak at Ryan.Stachowiak@wisconsin.gov.



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

SCAODA Planning and Funding Committee

February 21, 2024

9:30 am to 12:30 pm

Meeting to be held via Zoom

Meeting URL: <https://dhs.wi.zoomgov.com/j/1614291538?pwd=RkcXR2JURlO3eXFwbVp6YmM0bnFkUT09>

Meeting ID: 161 429 1538 Passcode:801719

Conference Call: 669-254-5252

AGENDA

1. **Call to Order and Roll Call**.....Christine Ullstrup, Co-Chair, Beth Collier, Co-Chair
2. **Discussion with Department of Health Services (DHS) Medicaid Director**Bill Hanna
3. **Review January 17, 2024 Meeting Minutes**.....Committee Co-Chairs
4. **Public Comment**.....Committee Co-Chairs
5. **Discussion on Committee Membership**.....Committee Members
6. **Department of Health Services (DHS) Updates**.....DHS Staff
7. **Review of SCAODA Strategic Goals and Committee workplan**Committee Members
8. **Agenda for March**.....Committee Members
9. **Adjournment**.....All

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Planning & Funding Committee serves under the State Council on Alcohol and Other Drug Abuse (SCAODA). The Committee’s primary objective is to assist SCAODA with coordinating substance use disorder planning and funding initiatives across state agencies. DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, if you need an interpreter or translator, or if you need this material in another language or in alternative format, you may request assistance to participate by contacting Kim Dawson at Kimberly.Dawson@wisconsin.gov or 608-261-0658.

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

State Council on Alcohol and Other Drug Abuse (SCAODA) Planning and Funding Committee

February 21, 2024

9:30 am to 12:30 pm

Meeting held via Zoom

DRAFT MINUTES

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

Guests: Sarah Johnson, Hannah Huffman

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

1. Call to Order and Roll Call

C. Ullstrup called the meeting to order at 9:32 a.m.

2. Discussion with Department of Health Services (DHS) Medicaid Director

Bill Hanna, DHS Medicaid Director, was invited for Q&A with the Committee regarding 1115 Waiver. 1115 gives the Health and Human Services Secretary the ability to waive certain requirements in a standard 1902 Medicaid state plan. The waiver allows federal participation for costs that might not otherwise be covered or matched. There are however caveats, given that 1115 is a negotiation between the state and the Centers for Medicare & Medicaid Services (CMS). Currently there are two 1115 waivers in place. One being within Badger Care, which includes SUD benefit. This waiver was put in place in 2015 during Affordable Care Act (ACA) when Wisconsin did not take the expansion, waiver was a way to negotiate with CMS to cover adults. The second waiver is a senior care benefit.

CMS Medicaid did not approve a 90-day post-partum coverage. The waiver was not approved due to the ability to cover up to 12 months outside of 1115 waiver. 1115 Waiver must be cost neutral, in that you must be able to prove that the cost to the federal government is not greater with a waiver, compared to costs without waiver.

B. Hanna explained that while flexible, 1115 waivers are administratively complex with special terms and conditions. Generally, if we have a different pathway available, we start there first. Additionally, we do not have the resources to make sure services are being offered to fidelity. Regarding new waivers, there is

legislation passed in State and Assembly, awaiting the Governor’s review, for a mental health facility benefit to receive federal benefit for behavioral health services.

C. Ullstrup asked if the reason Medicaid pursued 1115 goes back to Institutions for Mental Disease (IMD). B. Hanna explained that federal language prohibits match for IMD. CMS gave states guidance to do this through 1115 waiver. Another example is that CMS has pushed for how to get services to justice-involved individuals pre-release. IMD are prohibited unless you have a waiver. Specifically for SUD, we do not have waiver for standalone psychiatric hospitals. SUD services need to be connected to larger service hospital. Short psychiatric stays can be approved, but many states have 60–90-day limits on what the federal government will pay for.

Another piece required for 1115 is evaluation. The evaluation framework and model is posted in the 1115 application online, as well as linked [here](#). The evaluation is being done by UW as a contracted 3rd party evaluator and will be shared once completed in the summer (July).

C. Ullstrup asked about adding room and board to SUD. B. Hanna explained that CMS was asked but did not approve. Instead, DHS is pursuing a housing benefit, but not one that would cover facilities. S. Weix explained that in sober housing, she’s seen outpatient services being provided in nearby spaces. S. Weix advocates expanding on this model.

B. Hanna left the meeting and committee continued conversation, communicating interest to stay in touch.

The committee discussed that standalone behavioral health centers are awaiting legislative approval.. A bill passed the Assembly and is in the Senate that would designate \$10 million for DHS to support regional behavioral health centers.

The committee discussed the information collected in October 2023 listening session with providers, to hear how the benefit is going. C. Ullstrup asked for notes to be circulated amongst committee members to add to prior to sending to DHS Medicaid.

3. Review January 17, 2024, Meeting Minutes

K. Florek moved to approve the minutes.

B. Collier seconded the motion.

Motion carried unanimously; minutes approved.

4. Public Comment

No public comment was made. K. Florek raised issue regarding continued challenges with hiring credentialed staff, particularly a diverse staff representative of the population.

5. Discussion on Committee Membership

C. Ullstrup encouraged committee members to recommend any potential applicants interested in applying for open seats. Committee engagement will be discussed at upcoming SCAODA council meeting.

6. Department of Health Services (DHS) Updates

K. Dawson shared about opportunities to utilize DHS communications for SCAODA Council and Committee engagement. DHS Communications often posts to promote open seats on boards and councils. If the committee has any membership openings, the committee can utilize DHS social media to promote applications. DHS Communications does not have much of a history of promoting meetings for boards and councils, however, communications is open to this for SCAODA Council meetings. Individual committee meeting promotion would be too frequent and would be information overload if all committees DHS supports decided to follow suit. DHS can also promote meetings via social media and email blasts. Boards and councils associated with DHS cannot have their own social media but DHS staff can support councils by submitting posts through DHS social media. Members can promote on their own social media their involvement with boards and councils. If the committee has any in-person meetings, this is a good photo opportunity to make a social media post. There is room to explore how might the SCAODA website better be use for promotion. DHS staff are taking steps to ensure the meeting schedule and open membership applications are highly visible. It is also an option to use Google analytics to better understand foot-traffic on website and most frequently visited SCAODA sub-pages. There is room for DHS Communications to explore how better to promote public notice website in general, so that members of the public are better aware of upcoming SCAODA council meetings, but also all public meetings.

The committee discussed the SCAODA website having graphics and more color on the webpage. Particularly interested in a visual that depicts how the committees are related to SCAODA Council. Committee advocates plugging SCAODA in multiple channels to direct individuals to the site and meetings. Committee members also encouraged promoting within their own agencies.

R. Stachoviak shared DHS staffing updates, including Janet Fleege leaving her role, Anne Vulpas starting in Harm Reduction Unit Supervisor, and that Unit Supervisor positions are for the most part filled. A new State Opioid Treatment Authority (SOTA) has not yet been named. The committee inquired about an org chart, and R. Stachoviak shared that a public-facing version of the chart is being prepared and will be shared once available.

S. Johnson shared update that Paul Krupski's position has been filled by Michelle Haese. Paul will continue to represent DHS on the SCAODA, whereas Michelle will represent on opioid specific content. Michelle was hired about a month ago and is planning on attending the upcoming SCAODA Council.

R. Stachoviak confirmed that Nancy Michaud will present on Synar report and non-compliance with federal Tobacco 21 law at SCAODA Council meeting. Recently, SAMHSA communicated that states not in compliance by the end of 2024 will receive a penalty. Committee considered making a motion to encourage legislation for raising the legal age for purchasing tobacco, as Planning and Funding committee recognizes the potential impact of lost funds due to non-compliance penalty.

J. Gamez moved for the committee to request SCAODA to encourages legislation to raise legal age for purchasing tobacco to 21.

B. Collier seconded the motion.

Motion carried unanimously.

S. Weix asked if the block grant penalty would be one-time or ongoing. DHS staff responded that we have limited information in writing, however based on verbal communication we anticipate this penalty to be enforced every year not in compliance. S. Weix recommends communicating this, and that programs likely to experience cuts are not programs likely eligible for opioid settlement funds. B. Collier notes that even once in compliance, it can be difficult to resume full funding. Committee asked DHS to touch base with Prevention Committee to gauge interest in also making a motion at SCAODA Council, to strengthen the issue.

C. Ullstrup inquired about DHS Staff reporting about SUBG report at upcoming SCAODA Council.

7. Review of SCAODA Strategic Goals and Committee workplan

The committee reviewed, discussed, and made edits to the committee's work plan. The committee discussed encouraging officials to draft support for Medicaid funding 75.57, but are unsure whether needing to go to Medicaid or State legislators. The committee members will further investigate the topic, and then determine where to intervene. Consideration to bring a motion to SCAODA Council at June meeting.

8. Agenda for April

The following agenda items were noted by committee members:

- Continue building on Committee's 2023-2024 Work plan – Invite Jennifer Stegall
- Explore JUUL settlement and how dollars are being used – Invite Michelle Haese
- Encourage officials to draft support for Medicaid funding 75.57

9. Adjournment

J. Gamez moved to adjourn the meeting.

L. Van Tol seconded the motion to adjourn.

Motion carried, meeting adjourned at 11:50 a.m.

SCAODA Motion Introduction

Committee Introducing Motion: SCAODA Planning & Funding Committee
Motion: Requesting SCAODA to encourage legislation to raise legal age for selling tobacco to 21
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 2(b): Promote environmental policies to reduce substance use and create more support and understanding of those in recovery and those who need treatment.
<p>Background: On December 20, 2019, the Federal Government enacted the Tobacco 21 law raising the legal sales age to 21. The State of Wisconsin has yet to amend existing state law to raise the legal age from 18 years old, leading to a discordance with federal law.</p> <p>Recently, the Substance Abuse and Mental Health Services Administration (SAMHSA), the agency within the U.S. Department of Health and Human Services that administers state funding for substance use prevention, treatment and recovery via block grants (SUBG), announced that states that are non-compliant with the federal Tobacco 21 law by the end of December 20, 2024 will be subject to an ongoing yearly fiscal penalty. Wisconsin receives approximately \$27 million in yearly block grant funding. SUBG funding is crucial for the state of Wisconsin. Failure to align Wisconsin state law with the federal Tobacco 21 law risks the loss of SUBG funding, which is vital for implementing effective substance use prevention, treatment and recovery programs in our communities.</p> <ul style="list-style-type: none">• Positive impact: Raising the legal age for selling tobacco to 21 has been shown to be an effective strategy in reducing youth access to tobacco products, decreasing smoking rates among young adults, and ultimately reducing the burden of tobacco-related illnesses and healthcare costs. Additionally, aligning the state legal tobacco selling age with federal law supports Wisconsin's ability to maintain fully funded SUBG awards, without penalty. Lastly, removing the discordance between state and federal law reduces confusion amongst the public and tobacco retailers, therefore aiding in improved selling and purchasing compliance.• Potential Opposition: Some individual liberties advocacy groups may argue that adults aged 18 and older should have the freedom to make their own choices regarding tobacco use, including purchasing tobacco products. They might see the legislation as infringing upon personal freedoms and autonomy. Additionally, tobacco retailers and businesses that rely on tobacco sales may oppose the legislation due to concerns about potential revenue losses.
<p>Rationale for Supporting Motion: Encouraging legislation to raise the legal age for selling tobacco to 21 in Wisconsin is important for several reasons:</p> <ol style="list-style-type: none">1. Public Health Impact: Raising the legal age for selling tobacco to 21 has been proven to reduce youth access to tobacco products, lower smoking rates among young adults, and decrease the prevalence of tobacco-related illnesses, thus benefiting public health.2 Alignment with Federal Standards: Currently there is considerable confusion amongst the public, as well as tobacco retailers, regarding the legal age for tobacco sale. This has led to

significant challenges with enforcement, and SUBG funds being spent on awareness campaigns to educate on compliance issues.

3. Maintenance of SUBG Funding: Aligning Wisconsin state law with federal Tobacco 21 law by December 20, 2024, is crucial in order to avoid a loss of SUBG funding. Every year Wisconsin is out of compliance, a penalty will be applied, and Wisconsin risks significant cuts that are essential for implementing effective substance use prevention, treatment and recovery programs.

CONCLUSION:

The SCAODA Planning and Funding Committee strongly encourages SCAODA to advocate for and support legislation to change the legal age for selling tobacco products to 21 in the state of Wisconsin in order to maintain eligibility for SUBG funding and to promote public health.

SCAODA Planning & Funding Committee Work Plan 2023 - 2024

<p>SCAODA Goal #3: <i>Advocate for policies, adequate funding, capacity, and infrastructure to implement effective outreach, prevention, harm reduction, treatment, and recovery services for all in need.</i></p>		
<p>Objective A: Analyze SUD and prevention needs in counties, tribes, and regions across the state, where public funds are distributed across the state, and recommend approaches to ensure that funds are meeting specific needs of counties, tribes and regions.</p>		
<p>Task #1: Review reports produced by SCAODA and other sources to gain information on possible funding needs across the state for the full continuum of treatment and prevention services, and make recommendations to DCTS.</p>	<p>Who: Committee Members</p>	<p>Status: Ongoing</p>
<p>Task #2: Review reports from DCTS on any Federal Block Grant dollars and other funds coming into the state and monitor GFOs.</p>	<p>Who: Committee members</p>	<p>Status: Ongoing</p>
<p>Task #3: Support the use of federal and state funds to improve prevention strategies and access to comprehensive treatment (gender specific, parents, pregnant and post-partum women, harm reduction, etc.) for all substance use disorders.</p>	<p>Who: Committee Members</p>	<p>Status: Ongoing</p>
<p>Task #4: Advocating, monitoring, and coordinating recommendations for substance-related settlement dollars.</p>	<p>Who: Committee Members</p>	<p>Status: Ongoing</p> <p><i>Opioid:</i> Plan to invite Michelle H. to speak on opioid settlement dollars</p> <p><i>JUUL:</i> You Spoke, We Listened: JUUL Settlement in Wisconsin, Listening Sessions</p>

<p>Objective B: Review features and challenges of WI Medicaid, CMS and other system benefits and explore promising new practices related to payment systems by studying innovative funding strategies.</p>		
<p>Task #1: Advocate for increased Medicaid reimbursement to ensure sustainability, expansion, and greater access to care, and explore supporting Evidence-Based Practices and promoting Value-Based Care via Medicaid.</p> <ul style="list-style-type: none"> a. https://www.chcs.org/resource/behavioral-health-provider-participation-in-medicaid-value-based-payment-models-an-environmental-scan-and-policy/ b. http://files.kff.org/attachment/INFOGRAPHIC-MEDICAIDS-ROLE-IN-ADDRESSING-THE-OPIOID-EPIDEMIC.pdf c. https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/ 	<p>Who: Committee Members/possible subgroup</p>	<p>Status: Ongoing. Invited Bill Hanna to 2/21 meeting; continuing discussions.</p>
<p>Task #2: Support the use of SUD residential treatment services when appropriate for consumers, particularly in areas of the state where residential treatment beds are available.</p> <ul style="list-style-type: none"> • <u>Explore</u> with DHS and the state available funding options to cover room and board costs, including 1115 waiver, Minnesota example, other state examples • <u>Solicit</u> feedback from providers on the RSUD benefit • <u>Identify</u> issues within residential treatment through smaller workgroup discussion, including review of CCS 	<p>Who: Committee Members</p>	<p>Status: Ongoing. Opioid settlement funds were distributed to counties to help support coverage of room and board. Committee included room and board support as a budget recommendation. Survey went out to providers but had poor response rate. Survey tabled at this time. Dr.Elizabeth Salisbury-Afshar, SCAODA DPH Designee to discuss other state examples.</p> <p>Had meeting 2/21 to clarify 1115 waiver is not an option for room & board. Gathered provider feedback at SUDMH conference Oct 2023. Gathering additional feedback from providers in P&F committee, to get to Bill Hanna.</p>
<p>Task # 3: Explore new Medicare benefits for SUD TX.</p>	<p>Who: Committee Members</p>	<p>Plan to ask Jennifer Stegall who we can reach out and find out if there are complaints about parity and lack of SU providers for Medicare</p>

		<p>patients and who can provide technical assistance to providers.</p> <p>Committee to look at ways to suggest how training and TA could be provided; reach out to Connect.</p> <p>ITC to be aware since ITC compiled SCAODA report about serving aging population.</p>
Task #4: Explore using CCS amongst more levels of care.	Who: Committee Members	Status: invite state expert on CCS to obtain information. County interpretations vary.
Task #5: Explore Medicaid funding for 75.57.		Status: To ask Bill Hanna, and then decide whether to bring a motion to SCAODA Council at June meeting.
Objective C: Review and support legislation promoting SUD services that adopt evidence-based practices and promote prevention and recovery support as part of the full continuum of recovery.		
Task #1: Use updates from available sources to track and discuss legislative updates.	Who: Committee Members	Status: Ongoing
Objective D: Investigate mechanisms for agencies to expand and grow.		
Task #1: Review 5 percent allowable profit for treatment providers from the county.	Who: Committee Members and relevant DHS staff	Status: Ongoing. (Jill and Michelle to get us more info on this)
Task #2: Advocate for providers to have direct access to state opioid settlement funding and other funding via GFOs, RFAs, or other opportunities.	Who: Committee Members	Status: Ongoing
Objective E: Advocate for platform that would provide real-time tracking of treatment capacity and workforce.		
Task #1: Put forth a motion to full Council for DHS to develop system mechanism to collect system-level capacity for DHS 75 certified	Who: Committee Members	Status: Completed. Amended motion passed at September 2022 meeting.

entities, including service level and workforce, across the state for planning and creation of a public facing system.		
Task #2: Invite BPTR leadership to continue discussion around progress of real-time treatment tracking system.	Who: Committee Members	Status: Ongoing/pending response from BPTR leadership.
Task #3: Explore opportunities to utilize ATLAS to collect system-level capacity for DHS 75 certified entities.	Who: Committee Members	Status: Invite BPTR leadership to discuss opportunities within ATLAS contracting.
Task #4: Continue discussions with Division of Quality Assurance (DQA) around licensure process to enhance capacity tracking, including potential system updates and related funding.	Who: Committee Members and DQA Staff	Status: Ongoing.

OPEN MEETING MINUTES

Name of Governmental Body: SCAODA prevention committee		Attending: Chris Wardlow, Kathy Asper, Melissa Moore, Meagan Barnett, Felice Borisy-Rudin, Maureen Busalacchi, Kat Becker, Jodie Sorenson, Alex Berg, Danielle Luther, Hannah Lepper, Margarita Northrop, Emily Holder. Staff: Annie Short, Yolanda Candler, Janet Fleege.
Date: 10/19/2023	Time Started: 9:30 AM Time Ended: 12:08PM	
Location: virtual zoom		Presiding Officer: Chris Wardlow, Stacy Stone
Minutes		

Call to Order:

Meeting called to order at 9:33 by Chris Wardlow. Quorum confirmed to conduct council business.

Members introduced themselves.

Chris proposed to move public comments first as Yolanda wanted to present an item but needs to leave early. It was accepted by members.

Public Input:

Yolanda Candler shared that DHS has received a PDO grant which is focused on addressing prescription drug, opioids, and overdoses among the Tribes. As part of the grant it is required to have an Advisory Board. To avoid duplication Yolanda is proposing to bring members from the tribes into the SCAODA Prevention Committee and adding to the agenda time to share updates and discussions needed for the grant. Yolanda believes we would add four members.

The Committee seemed open to this and Chris stated he would connect with Kevin to determine appropriate procedures to adopt this addition.

Approval of July 20, 2023 minutes:

Kathy Asper moved to approve the minutes of July 20, 2023.
Jodie Sorenson seconded the motion to approve the minutes.
Felice brought forth corrections of spelling and one for clarification. Changes were made.
Meeting minutes were approved unanimously.

SCAODA 2023-2027 Strategic Plan.

SCAODA workgroup met to review the strategic plan for the next five years. The workplan objectives did not change so much, but the language in the document has been updated and thanks to the work of this group the plan is more comprehensive to include a prevention focus. The plan will be presented at the SCAODA December meeting. If approved, then in January we will be able to identify our priority objectives that we will want to focus on in the first year or two.

SCAODA Listening Session at the Prevention Conference.

There were 22 people in attendance. Chris Wardlow led the meeting and Annie Short was present to take notes. Following were some of the key discussions from the listening session and discussion at this meeting:

- **Opioid Settlement dollars.** One participant shared the disappointment that more was not allocated to prevention. Others shared the frustration of the limited dollars and focus on prevention. Chris shared at that meeting the plan for the dollars had to go through the Joint Finance Committee but does not discount that prevention often gets overlooked.
- **YRBS challenges.** It was shared that it has been more difficult to collect and receive the data. Chris shared that at that meeting he knows there has been turnover at DPI. Discussion at the listening session was how to expedite the results and if maybe UW Pop Health would have a greater capacity for this type of data set. Chris mentioned he would bring it before this group and maybe it is an agenda item for our Prevention Committee to keep it on the radar. Kathy A. appreciated that he did bring it to the Prevention Committee and agreed with this decision to keep it on this Prevention Committee agenda. Chris said we may need to look at funding more positions to build capacity for YRBS. Maureen B. mentioned that there are some trying to limit how many schools need to participate. Melissa M. shared that due to the delay in results, some schools are looking to do their own, but this limits our state response. Chris closed by saying there seem to be many concerns and it would be best to try and get representation here in January to better understand the challenges and how this committee can advocate for the things needed.
- **Hemp Derivatives** were another concern and the number of products and ease of access since there is no legislation for these products. Chris shared at the listening session the proposal that was sent to the full SCAODA and the hope to establish an ad-hoc committee to help establish best practices.
- **Prevention vs. Harm Reduction** was also mentioned and it feels as if the lines are again being blurred, some because of federal dollars. Yet the concern was again that there are dollars poured into harm reduction, but the state is not recognizing and supporting the value and power of prevention. Kathy shared her appreciation for this topic to be discussed as her staff also think prevention and harm reduction are the same thing. Kathy felt that one of the keynote speakers at the State Prevention Conference explained it well, by stating, "Prevention and harm reduction are not the same." He explained that if you don't keep doing primary prevention you will have more people using, so we can't quit that and need both. Kathy continued to say it is something that needs to be clarified. Margarita said she explains it using the metaphor of the wave. If we don't address it at the beginning, the wave it is going to hit our treatment and care services in bigger ways. Chris closed by saying this is another discussion we should keep on our radar to determine how to clarify roles and the continued need for funding for prevention.

State Health Improvement Plan /Alcohol Action Team

The Alcohol Implementation Report is still being reviewed by their Communication Team and waiting for full approval. So we continue to be hopeful to have this soon. The Report will have strategies featured around substance prevention and treatment and show how this is prevalent in so many priority areas such as mental health and safety. We also have hired a new support staff member to assist with community engagement and engagement with partners and will bring her to the next meeting to meet each of you and to see what kind of support can be offered.

WisAPP

- The Alcohol Age Compliance manual is now completed. They had 91 collaborators. The manual will be available online and we are hoping for it to be live on November 1 or close to that. We had coalitions assist with this but also law enforcement. We will now be working on how to roll this out to the communities. Our thought is to start with an internal roll-out through groups like the SCAODA Prevention Committee, and Alliance for Wisconsin Youth. We will also host a few trainings both on the tech side and how to implement. It is part of the alcohol data inspector, which we are excited about as that will be made available statewide for no cost. This was funded through a DHS grant so how to sustain this will be of consideration. Then for the external roll-out to expand this so we can get more communities doing the data collection. The hope would then do a survey of all the counties and in particular the Sheriff's departments so that in six to nine months we could have the data showing the results. We are gathering endorsements from coalitions, public health, and Human Service departments. Chris recommended that the SCAODA Prevention Committee endorse it. Maureen appreciated that and will prepare an overview of the report for the Committee to know what they are endorsing. This can be presented for approval at the January meeting.
- WisAPP is also working on a logic model to have a better plan of how we will reduce excessive alcohol. Maureen proposed to present this at the January meeting for input and feedback to ensure it aligns with the Prevention Committee and the Alliance for WI Youth efforts.
- The Alcohol Policy Seminar Planning Committee will kick off in early December and has had a great response in terms of volunteers.
- Legislative updates – AB 127/SB130 (Home Delivery) has not moved. AB260/SB262 (Open containers for ATV) can be scheduled in the senate, but there hasn't been movement in the assembly. AB286/SB479 (14-17 year old ability to serve alcohol) has not moved from the State Affairs Committee nor a public hearing.

Tobacco 21

No one in attendance to present.

Ad-hoc on hemp-derived, psychotropic cannabis products

SCAODA did approve for the Prevention Committee to form an ad hoc committee to explore and then make recommendations for evidence, informed policies to regulate the hemp-derived Cannabis products. This committee will be unstaffed because of staffing shortages. If anyone is interested in being a part of the committee reach out to Chris Wardlow and copy Annie Short in on the email.

We did also put forth a motion to SCAODA to urge agencies and association to urge legislators to pass an age restriction of these products. This was approved, so we will have to determine how or if that has impact in the ad hoc work.

It is important to not that there was a new bill introduced (SB486 and AB506) to legalize marijuana. The bill was just read and referred to committee and right now partisan lead.

Danielle shared that she had heard of potential talk to close some of the loop holes in the hemp farm bill which would include age restrictions to the products. No more details but something to watch.

Equity and Inclusion.

No action as committee has not been meeting. However DHS has staff focused on this and may be valuable to include them for updates.

Member/Agency Updates

- Emily Holder shared that about 23 school districts and private schools received funding for AODA curriculum and 46 projects received funding. We also have the AODA mini-grants available again this year and will hopefully be awarded before the end of the year. Plus we have the Stronger Connections grant which is out for competition and due November 15. A reminder of the Heart of Successful School Conference with pre-conferences beginning December 6.
- Meagan Barnett shared that the Alliance for Wisconsin Youth Regional Prevention Centers have been announced for the next five years. Marshfield Clinic will serve the Western and Northern regions; Northeastern WI Area Health Education Center will serve the Northeastern and Southern regions; Community Advocates will serve the South East region.
- Danielle Luther shared that the Family Health Center is now independent of Marshfield Clinic Health System and is a Federally Qualified Health Center. They also have a Trauma-Informed Workplace 2-part session available in November and will send out a flyer. ‘
- Melissa Moore shared that Taylor County has been doing some great training and recording them and are available for viewing. Their Latino Community Sessions have been going over well and are also available for viewing.
- Janet Fleege shared continued transition and open staff positions. DHS hired a treatment coordinator. Plus a unit supervisor in the substance use services section. Jason Cram has been named the new Deputy Director for the Bureau of Prevention, Treatment, and Recovery, replacing Andera Jacob. We also just closed Narcan Direct applications. We are also starting Fentanyl test strips.
- Annie Short shared that more resources are available on the Dose of Reality and Real Talks websites including information on distributing Nasal Naloxone.

Meeting Adjourned.

Meeting was adjourned at 11:23.

Prepared by: Annie Short on 11/22/2023.

These minutes were approved by the governmental body on: 1/18/2024.



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

OPEN MEETING NOTICE

Prevention Committee

Zoom link

<https://dhswi.zoomgov.com/j/1618373026>

Thursday, January 19th, 2023
9:30 a.m. to Noon

MEETING AGENDA

1. Welcome and Introductions..... Stacy Stone, Chair, and Chris Wardlow
2. Public Comment: The committee will accept comments from the public relating to any committee business..... Stacy Stone, Chair, and Chris Wardlow
3. Approve Minutes from July 2022 Meeting..... Stacy Stone, Chair, and Chris Wardlow
4. Approve Minutes from November 2022 Meeting..... Stacy Stone, Chair, and Chris Wardlow
5. WisAPP updates.....Maureen Busalacchi and Felice Borisy-Rudin
6. State Health Improvement Plan and serving as Alcohol Action Team..... Maggie Northrop
7. Advocating for state regulation of hemp-derived cannabinoids Committee Members
8. Equity and Inclusion ad hoc Workgroup and Prevention..... Meagan Pichler
9. Agency Updates..... Committee Members
10. CADCA/Opioid Academies overview....General Barrye L. Price, Ph.D., President and CEO, CADCA
11. Future Agenda Items..... Committee Members

Next meeting is Thursday, January 19, 2023.

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

<https://scaoda.wisconsin.gov>

DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, if you need an interpreter or translator, or if you need this material in another language or in alternative format, you may request assistance to participate by contacting Allison Weber at allison.weber@dhs.wisconsin.gov.

OPEN MEETING NOTICE



SCAODA 2024 Meeting Dates

March 8, 2024 (Via Zoom)

June 7, 2024 (Via Zoom)

September 6, 2024 (Via Zoom)

December 6, 2024 (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.