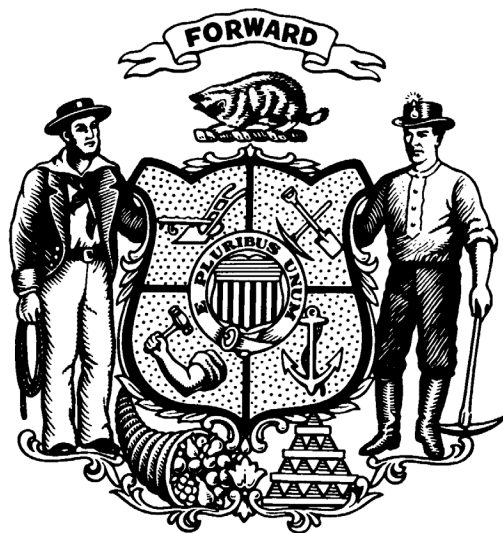


WISCONSIN STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



December 3, 2021
VIRTUAL MEETING
(via Zoom)

Roger Frings
Chairperson

TONY EVERS
Governor

Tony Evers
Governor



Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Kevin Florek
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)
December 3, 2021
9:30 AM to 1:00 PM**

<https://dhs.wi.zoomgov.com/j/1605246448>

Phone: 1-669-254-5252

Meeting ID: 160 524 6448

MEETING AGENDA

1. Welcome and introductions.....Roger Frings, SCAODA Chairperson
2. Approval of September 10, 2021 meeting minutes.....Council Members p. 5 - 10
3. Public input.....SCAODA Chairperson
4. Latest Provider Updates on Services during COVID-19.....Council Members & Guests
5. Presentation: Hub and Spoke..... Vaughn Brandt and Dr. Dean Krahn p. 11 - 41
Wisconsin Department of Health Services
6. Committee Updates:
 - Executive CommitteeRoger Frings p. 42 - 45
 ✓ Council Membership status
 - Diversity CommitteeHarold Gates
 ✓ Equity & Inclusion ad hoc Workgroup Update
 - Intervention & Treatment CommitteeRoger Frings p. 46 - 57
 - Planning & Funding CommitteeChristine Ullstrup p. 58 - 67
 - Prevention CommitteeChris Wardlow p. 68 - 83
 ✓ Alcohol Prevention ad hoc Workgroup Update

- ✓ Wisconsin Works: Policies and Strategies to Prevent and Reduce Excessive Alcohol Use in Wisconsin.....Maureen Busalacchi p. 84 – 140
- ✓ Motion to review and adopt the Alcohol Prevention Report.....p. 141 - 142

7. Agency Reports:

- Department of Health Services..... Paul Krupski
- Other Agencies.....Agency Designees

8. Bureau of Prevention Treatment and Recovery Update.....Teresa Steinmetz, DHS

9. Report from Wisconsin Council on Mental Health.....WCMH Representative

10. Agenda Items for March 11, 2022 Meeting.....Council Members

11. Meeting Adjournment.....Council 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.

If you need accommodations because of a disability, need an interpreter or translator, or need this material in another language or format, you may request assistance to participate by contacting Sarah Boulton at sarah.boulton@dhs.wisconsin.gov. See also <https://www.dhs.wisconsin.gov/scaoda/index.htm> for instructions on joining by phone or Zoom.

OPEN MEETING MINUTES

Name of Governmental Body: State Council on Alcohol and Other Drug Abuse		Attending: Members in Attendance: Roger Frings, Subadeep Barman, Christine Ullstrup, Kevin Florek, Autumn Lacy, Chandra Munroe (Office of Rep. Billings), Tina Virgil, Christina Malone, Representative Jesse James, Angela Bins, Ann DeGarmo, Colleen Rinken, Fil Clissa, Kenyon Kies, Mark Wegner, Terry Schemenauer, Brian Dean, Jan Grebel, Sandy Hardie, Mary Ann Gerrard, Nichol Wienkes, Senator Jeff Smith, Julie Willems Van Dijk Guests: Lynn Harrington, Eugenia Sousa, Chris Wardlow, Rick Immler, Dave Macmaster, Amy Miles, Amy Schellpfeffer, Elyssa Kenagy, Jamie Schrandt, Meagan Sulikowski, Michael Kemp, MJ Griggs, Sheila Weix, Beau Stafford, Derek Veitenheimer, Starr Moss, Danielle Long, Denise Johnson Department of Health Services Staff in Attendance: Allison Budzinski, Amy Anderson, Andrea Jacobson, Teresa Steinmetz, Paul Krupski, Maddie Johnson, Allison Weber, Annie Larson, Mai Zong Vue, Raina Haralampopoulos, Gary Roth, Lindsey Emer, Sarah Coyle, Elizabeth Adams, Saima Chauhan, Daniel Bizjak, Dennis Radloff, Jamie McCarville, Katie Behl, Michelle Lund, Thomas Bentley, Wesley Van Epps, Amanda Lake, Tray K (Interpreter), Amy S (Interpreter)
Date: 9/10/2021	Time Started: 9:30am	Time Ended: 12:44pm
Location: Online via Zoom		Presiding Officer: Roger Frings
Minutes		

1. Welcome and introductions

Roger Frings introduced himself as chair.

Introductions of new members: Christina Malone, therapist at Meriter New Start; Kevin Florek- reappointed, Micheal Knetzger- reappointed.

Confirmation of a quorum and ability to conduct business.

2. Approval of June 4, 2021 meeting minutes

Tina Virgil moved to approve the minutes of June 4, 2021.

Christine Ullstrup seconded the motion to approve the minutes.

All in favor, no abstentions or discussion. Meeting minutes were approved.

3. Public input

Michael Kemp, addiction professional in WI, member of SCAODA ITC, active in NAADAC, clinical supervisor, adjunct professor at Fox Valley Community College- In a recent survey of treatment services participants in Washington County—over 75% said that greatest need to enhance recovery is family support; Urging council to support 2021 Family Support Services for Addiction Act (<https://www.congress.gov/bill/117th-congress/house-bill/433>), which has been passed by the house, to provide \$25 million to provide services to individuals and families impacted by addiction; Asking the council to send a letter of support to Senator Baldwin to move it forward. Also requesting support for Medicaid re-entry act for individuals being released from incarceration, as well as reintroducing CARES 3.0; Encouraging contact with Senator Johnson as well; Reminds council September 20th- Addiction Professionals Day- celebrate with coworkers and

people who do this great work; and September is National Recovery Month- please lift up these opportunities to support our addiction workforce and persons in recovery.

Elyssa Kenagy, outpatient SU and MH therapist at Meta house in Milwaukee – Waiting to hear back from DSPS for the past 6 months regarding LPC, sent in March 5th. Have documentation of communications, SAC application was finally posted in May. E-mailed DSPS on July 15th, July 22nd heard nothing, August 11th on hold for 4 hours and had to leave a message, has been over 6 months and am losing wages and benefits, sole breadwinner for my household, can't be utilized to perform services for my agency at this time due to the wait times with DSPS. Seeking support for SCAODA as a last resort to address this problem.

4. SCAODA leadership nomination and approval

Christine Ullstrup opened nominations for 3 administration leadership positions within SCAODA- president, vice president, secretary.

For President: Roger Frings, nominated by Tina Virgil, second by Kevin Florek.

For Vice President: Sandi Hardie, nominated by Tina Virgil, second by Roger Frings.

For Secretary: Kevin Florek, nominated by Tina Virgil, second by Roger Frings.

In agreement votes: Kevin Florek, Brian Dean, Sub Barman, Roger Frings, Tina Virgil, Jan Grebel, Julie Willems Van Dijk, Christina Malone, Christine Ullstrup, Autumn Lacy, Terry Schemenauer

Nay: None

Abstain: None

Motion for one year terms for Roger, Sandie, Kevin is approved.

Congratulations and thank you from Roger.

5. Latest provider updates on services during COVID-19

Julie Willems Van Dijk- had hoped we'd be in a different place; WI and nation seeing surge in COVID cases, majority of cases seeing are in people that are not vaccinated; delta variant is a further complication, much more infectious than original- if you had original COVID you'd spread to 2 people, Delta- each person spreads to five, multiple by hundreds and see why we surged so quickly. Variants – look very effective at finding most susceptible, 16% of WI pop are children and have no choice of their exposure, sitting with highest rate of infection to date, highest age group currently being infected, Gives me great pause, as some children are hospitalized and may die. We don't know impacts of long COVID. 1. Wear a mask. 2. Get vaccinated. 3. If you are sick, stay home and get tested. Those of us who are vaccinated can spread Delta virus. 4. Maintain physical distancing as much as possible.

Julie Willems Van Dijk also shared with the council regarding her retirement from DHS, as today is her last day with the department. Julie's replacement will be Deb Standridge, who begins work with the department on Monday. DHS has also hired Paula Tran as the new state health officer. Julie thanked SCAODA for their work and service.

Christine Ullstrup asked about mandated vaccines for Medicaid providers: CMS mandated vaccines for Medicaid providers- any healthcare entity that receives Medicaid/Medicare; basic workforce shortages, level playing field so that one provider cannot hire people who don't want to be vaccinated.

Denise Johnson recommended ASL video to explain COVID and Delta. Denise also asked about COVID booster shot information and updates: White House indicated in last month that they were preparing for nation to receive booster shots, 8 months after you received your second shot. FDA, CDC's advisory board, process under way, ACIP meeting Sept 17th to look at further data, make booster decision based on science, relying on emerging science throughout pandemic and respects what they are doing. Studies she has seen, Immunocompromised and older adults might have waning immunity, further evidence of younger people, highly anticipate a booster recommendation.

6. Committee Updates

Executive Committee

Roger Frings: Met on August 9th to set agenda for today, we usually meet about month before SCAODA to set agenda, as FYI if there are items you'd like to see, send to Roger, Kevin, or Sandy to get them beforehand for December council meeting.

Diversity Committee

Sandy Hardie: No report on equity and inclusion, no meetings recently, looking to get that going again. On August 27th – diversity committee got together for strategic planning; what will they do, good direction and input for those in attendance and came up with some positive steps for those in the next year.

Intervention and Treatment Committee

Saima Chauhan: ITC continues to have discussions around COVID and accessibility to individuals in rural areas. Internet connectivity in rural areas continues to be an issue. Discussion of gaps in youth SUD treatment, how to support CYF subcommittee. Amy Miles, from medical college, speaking at upcoming meeting to provide better understanding of delta 8, kratom, and cannabis.

Planning and Funding Committee

Christine Ullstrup: PFC conducting survey of RSUD providers about impact of new benefit to be shared with SCAODA in December. Seeking new members. Hope to hear from DHS about opioid settlement funds at an upcoming meeting- especially room and board funding. Want to continue to push for the need for Medicaid room and board coverage for residential treatment providers. Thank you Michael for Addiction Action Act and will bring to PFC's upcoming meeting.

Prevention Committee

Chris Wardlow – PC last met on July 29th Members discussed updating the 2021-22 work plan to include some new goals and objectives:

- 3(d) Continue supporting and advocating the use of SBIRT models throughout schools and communities.
- 3(f) Increase the excise tax on fermented beverages to meet the average tax of all states, and increase the portion of excise tax revenue apportioned to SUD programs.
- 1(a) Reduce public stigma attached to seeking and obtaining SUD treatment and mental health services.
- 4(b) Expand focus beyond services targeting needs of cultural/ethnic population groups to include the needs of socio-economic groups and geographic areas.

Alcohol Prevention ad Hoc Workgroup provided updates:

- Continued to meet monthly. In August, the Workgroup reviewed the tabled recommendations and were able to vote on them. There are over 60 recommendations that will be broken out by the “implementing agency” – the agency that would implement the recommendation. Some examples are School Districts, WI Legislature, State Departments, Health Care Field, Law Enforcement etc. They are then sorted a second time by the recommendation's goal and some examples are “availability, regulation, surveillance”.
- The workgroup has been discussion a dissemination plan of the recommendation report. After October it is their intention to meet with members of SCAODA to discuss recommendations so members will be comfortable voting at the full Council meeting in December. Also, they will be meeting with state agency leaders so they are aware of the recommendation ahead of time. This is a timely report given the recent media about alcohol taxes and we are anticipating updated alcohol use and consequence data to be included in the report.
- Chris expressed thanks to Raina and the department for supporting the work.

7. Presentation on Wisconsin OFR Project and PDMP Data

Derek Veitenheimer, Starr Moss, and Danielle Long from WI Department of Justice presented on Wisconsin OFR Project and PDMP Data:

OFR: Joint project with DHS and DOJ, funded through DHS-OD2A grant and BJA-COSSAP grant; training and TA provided by MCW; Goals: use data to understand nature of OD fatalities, develop proactive responses, focus strategic interventions on identifiable risks. 14 participating counties (one tri-county area). OFR team share information regarding OD fatalities, housed in Redcap at DHS, identify themes to prevent future OD deaths. DHS provides teams with PDMP data and hospital data to identify additional opportunities.

Statewide OD death data: Starr shared data related to trends in OD death from 2017 to 2020, by substance identified. Frequency of substances, substances used in combination. How PDMP data is used: Local teams enter care, DOJ sends case info to DHS, DHS cross-references data and shares back to DOJ/team. Plotting PDMP data along timelines for teams to identify opportunities for intervention. Prescription Behavior Surveillance System (CDC)- measures prescribing behavioral at local level, over-arching goal to track inappropriate prescribing behavior. 58% of OFR cases have records in PDMP, 58% received Rx opioids within 2 years prior to death, 30% received MAT medications prior to death. Opioids and benzodiazepines were the most frequent medications (1 in 5 OFR cases had overlapping OPI/BZO prescribing within 2 years prior to death).

Created OFR advisory group to promote OFR to local communities, address data-sharing barriers, receive/promote/and implement recommendations from local teams and state agencies.

Future goals: linking with criminal justice and state crime lab data to identify relationship between drug seizures and overdose fatalities.

Question from Amy Miles from state lab- how do you normalize the toxicology results compare the various OFRs when counties are not sending samples to the same lab? Not all labs are testing the same things – wide range of what is collected, polysubstance general categories, make due with what we have, but some of it seems very detailed.

Danielle Long – Using PDMP data to look at policy related to substances involved in OD deaths. 2021 Senate Bill 352- aligns possession and distribution penalties for fentanyl and analogs with stricter penalties for heroin and other illegal opioids. Seeing a decrease in law enforcement alerts submitted into PDMP. Working with DSPS to present on PDMP for LE groups. Working with AG on letter to LE agencies to promote use of PDMP. Also manage WI Drug Take Back program- exploring ways to increase collection locations in northern and rural areas of the state. Entire box of fentanyl patches collected at recent DTB day. 60,000 lbs of medications collected and transported for disposal. Dose of Reality- search for drug drop boxes online as well as events in your area for DTB day. National DEA stats- WI has the highest number of WI LE agencies participating. WI continues to rate as #1 or #2 in the country for medications collected. WI DOJ received a grant for Inst. For Inter Gov Research drug disposal. Purchased 16,400 drug disposal products and distributing to agencies and services across WI. Updates coming soon to Dose of Reality campaign- partnership with DHS- expansion to include other substances, updated information and messaging.

8. State Agency reports

DHS – Paul Krupski:

Updates on governor's budget- strong investment in BH and SUD services, increased investment in crisis system of care (\$10 mil), CIT for LE (\$1 mil per biennium), psychiatric hospital bed tracker (\$80k increase, expands to respite and crisis

stab beds), MAT initiatives (higher reimbursement 5%, mobile MAT, \$500K in FY22 and \$1 mil in FY23), methamphetamine treatment (\$300K for treatment platform), Children and adolescent day treatment services and outpatient MH and SUD services (15% increase in reimbursement). DHS must request funds through JFC.

Hub and Spoke: Using Medicaid health home model to provide services for individuals with SUD and one other health disorder. Shift from episodic approach to care to long-term care approach. Benefit includes 6 core services: comprehensive care management, care coordination, health promotion, individual and family support, referral to community services. Increased access to MAT, better coordination of BH and physical health, improved care coordination. Excited about pilot project- 3 locations: Oneida Nation (Oneida nation, Brown County and Outagamie County), FHC Marshfield/ Alcohol and Drug Recovery Center in Minocqua (serving Forest, Iron, Oneida, Price, and Vilas counties, and Forest Co Potawatomi, Sokaogon Chippewa), and WCS Milwaukee (Milwaukee county). RFA last fall received 17 applications. Diversity of sites should give good perspective on outcomes of sites.

Opioid Settlement Information: A lot of information in the news about opioid settlement funds. McKinsey settlement has been announced- DHS press release details 4 initiatives: covering room and board for residential treatment, harm reduction response teams, housing costs for recovery residences (DOA housing voucher program), prevention programming directed at African American and Native American communities. Additional opioid settlements are still ongoing- there is no finalized information about these settlements at this time. Interested in hearing from stakeholders and partners about needs related to possible future opioid settlement funds.

DWD- MJ Griggs, policy and program analyst, manager for DOL grant Support to Communities: Fostering Opioid Recovery through Workforce Dev. 5 regions participating have already achieved greater than 50% of enrollment- seeking to address opioid and SUD's through establishing relationships with employers and treatment providers, provide career training and employment services for enrolled individuals. Eligibility criteria- individual that has been impacted by SUD through themselves or family member/friend- seek to serve those that want to transition into professions with SUDs. Expand training list for degree programs for certification.

No other agency updates were provided.

9. Bureau of Prevention Treatment and Recovery (BPTR) update

Teresa Steinmetz: BPTR will be re-organizing and adding 9 additional positions utilizing ARPA funding, 5 permanent and 4 project positions. Bureau will increase to 75 staff and add a sixth section focused on Prevention, Intervention, and Recovery services.

Amanda Lake: Wes Van Epps joined the bureau as the Harm-Reduction and Treatment Coordinator, Elizabeth Adams joined the bureau as Prevention Outreach Specialist, and Lindsey Emer joined the bureau as State Opioid Response Analyst. The new SUD women's treatment coordinator will be coming on board soon.

Andrea Jacobson: Substance Abuse block grant planner, Sarah Boulton, will be coming on-board soon.

Teresa Steinmetz: Substance Abuse block grant – submitted, ARPA supplemental started Sept 1st, ends Sept 2025. Majority going to individual counties and tribes, couple million dollars focused on crisis, harm reduction, 3.5 million on primary prevention activities, data needs.

Andrea Jacobson: DHS 75 has been completed- assembly committee, senate committee on health and joint committee on rules have all moved forward. The rule is currently with the legislative reference bureau for publication. No date on when it will be published, expect it coming in next month or two. Rule does have delayed effective date.

10. Report from Wisconsin Council on Mental Health (WCMH)

Rick Immler- support for Medicaid expansion, outreach to diverse communities, focus on MHBG- letter to SAMHSA with application, looking at data and areas where WI underperforms compared to neighboring states- attention to BIPOC individuals being underserved, disparate crisis and hospitalization data, and co-occurring disorder identification and treatment. BPTR under-funded with MHBG and requirements to focus on SMI and FEP limits funding for mental health promotion and prevention. Next meeting on 9/16 for DCTS to provide facilities update.

11. Agenda items for future SCAODA meetings

David Macmaster: change in leadership at WI Voices for Recovery, presentation of new website for WVFR.

Roger Frings: presentation from Amy Miles of WI crime lab.

Saima Chauhan: DSPS representative.

Paul Krupski: staff to present on hub and spoke

COVID-19 updates and service impacts

12. Meeting adjournment

Sandy Hardie moved to adjourn.

Terry Schemenauer seconded the motion.

Motion carried.

Meeting adjourned at 12:44pm.

Prepared by: Amanda Lake and Elizabeth Adams on 9/10/2021.

These minutes are in draft form. They will be presented for approval by the governmental body on: 12/3/2021

Integrated Recovery Support Services

Wisconsin's Integration of Hub and Spoke and
Health Home Models for People with SUD

Vaughn Brandt, Behavioral Health Policy Specialist
Division of Medicaid Services

Dr. Dean Krahn, Addiction Psychiatrist
Division of Care and Treatment Services

December 3, 2021



Introduction

- The department is launching a new model to improve behavioral health integration and treatment for people with substance use disorders and other co-occurring conditions.
- A core team developed a concept paper, a request for applications (RFA) and worked with three selected applicants to develop this new model.

Governor's Task Force on Opioid Abuse – Policy Recommendations

- In 2017, the Pew Foundation conducted a full system review of Wisconsin's substance use disorder (SUD) treatment system.
- The final report of findings recommended creation of a new treatment model, based on Vermont's hub-and-spoke approach.
- Enhancing access to Medication Assisted Treatment (MAT) services

2019-2021 Budget Request

Wisconsin's 2019-21 biennial budget included an allocation for a substance abuse hub-and-spoke treatment model, to be delivered under the Medicaid health home benefit for persons with substance use disorders.

A State Plan Amendment was submitted and approved by the Center for Medicaid Services for Wisconsin to provide this new benefit.

Medicaid Health Homes

A Medicaid Health Home coordinates care for Medicaid members with **chronic conditions**.

Care is coordinated for all primary, acute, behavioral health, and long-term services related to the member's chronic condition.

Health Homes often target specific geographic regions rather than state-wide care.

SUD Health Homes

- Some states have used the Medicaid Health Home benefit to create Substance Use Disorder (SUD) Health Homes.
- SUD Health Homes serve individuals whose addiction challenges are complex, chronic, or present significant health risks.

Hub-and-Spoke Coordination

- Hubs are to provide regionally-based specialty addiction treatment to address complex care needs.
- Hubs support locally-based Spokes via consultation and training to care for less complex patients.
- Together, Hubs and Spokes expand the capacity to provide quality care for addiction.

Wisconsin's Integrated Recovery Support Services for SUDs

- Harness the **expertise** of specialty addiction providers and build the **capacity** of local providers to increase access to quality care
- Provide specialized care for individuals with a **variety of addiction** challenges (such as opiates, alcohol, methamphetamines)

Target Population

Medicaid-eligible youth and adults who have substance use disorders (SUD) and are experiencing or at a high risk for experiencing chronic associated physical and behavioral health conditions are eligible.

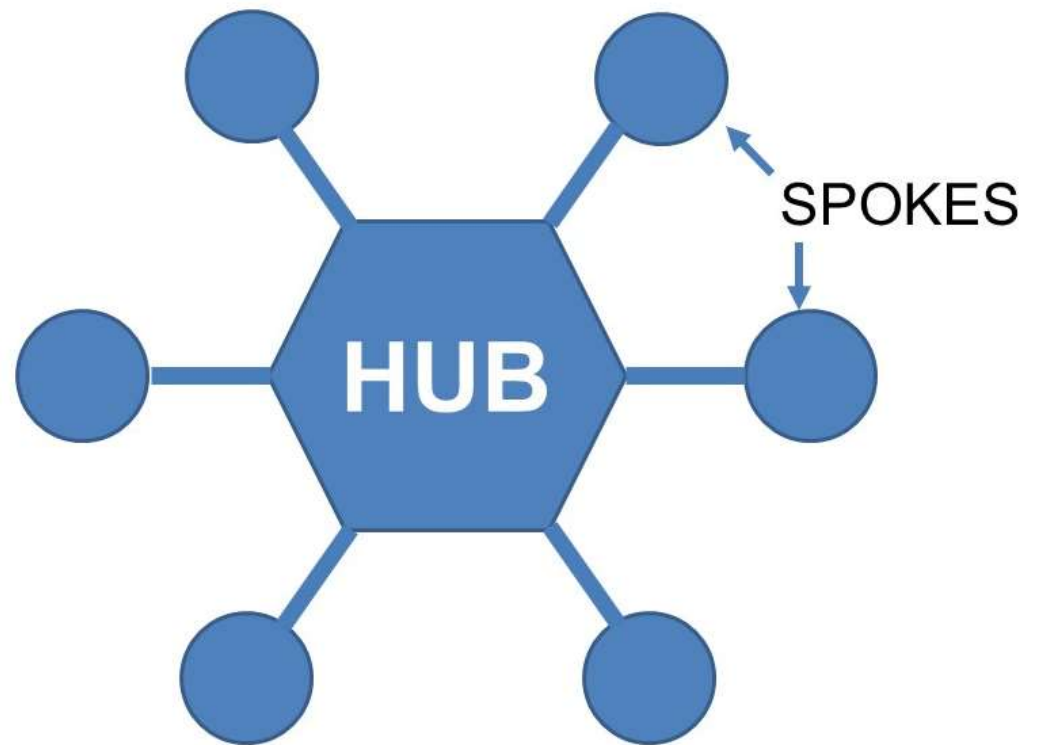
Generally, people with a moderate or severe SUD to any substance other than tobacco are the intended target population, and participation is voluntary.

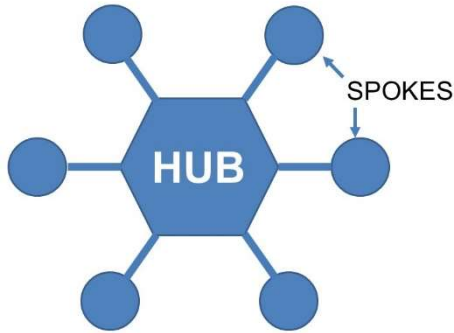
Whole-Person Integrated Care

SUD Health Homes serve people with addiction issues, but team-based care should address whole-person needs, such as:

- HIV/TB/Hepatitis screening & treatment
- Chronic co-morbid conditions
- Smoking cessation
- Obesity reduction
- Family relations & re-engagement
- Personal recovery goals
- Community integration

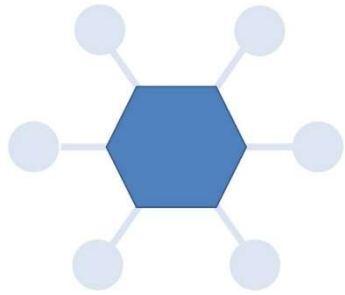
Beginning in July, 2021, Wisconsin Medicaid is piloting a hub-and-spoke health home benefit in three locations around the state for members with substance use disorders and co-occurring needs





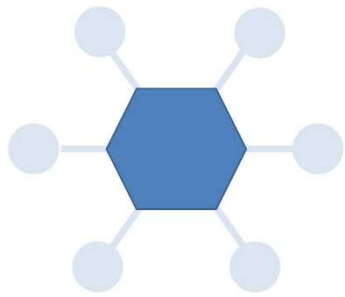
Hubs and Spokes will serve people who come to them via a wide range of referral sources.

Hub provider staff meet people outside the clinic walls, as a mobile community based service, or at Spoke sites to support follow up and coordinated service delivery.



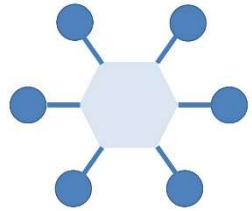
Hub Services

- Offer variable service intensity to support individuals with significant needs throughout their recovery
- Emphasize rapid engagement and retention in treatment and other services
- Transfer primary care collaboration to or from a spoke when indicated by the patient's assessed level of care and patient choice



Hub Staffing

- Program Director
- Multidisciplinary Assessment Team (SUD, physical health, mental health)
- Addiction psychiatrist or psychologist
- Nursing services
- **Care Coordinators**
- SUD Counselors
- Waived MAT providers
- Methadone dispensing providers
- **Certified Peer Specialists/Recovery Coaches**



Spoke Services

- Monitor adherence to treatment and coordinate access to counseling, recovery supports, and local resources
- For primary care providers, integrate management of the patient's addiction care into general medical care
- For OUD, include professionals waived to prescribe buprenorphine

Health Home Services

Comprehensive
Care
Management

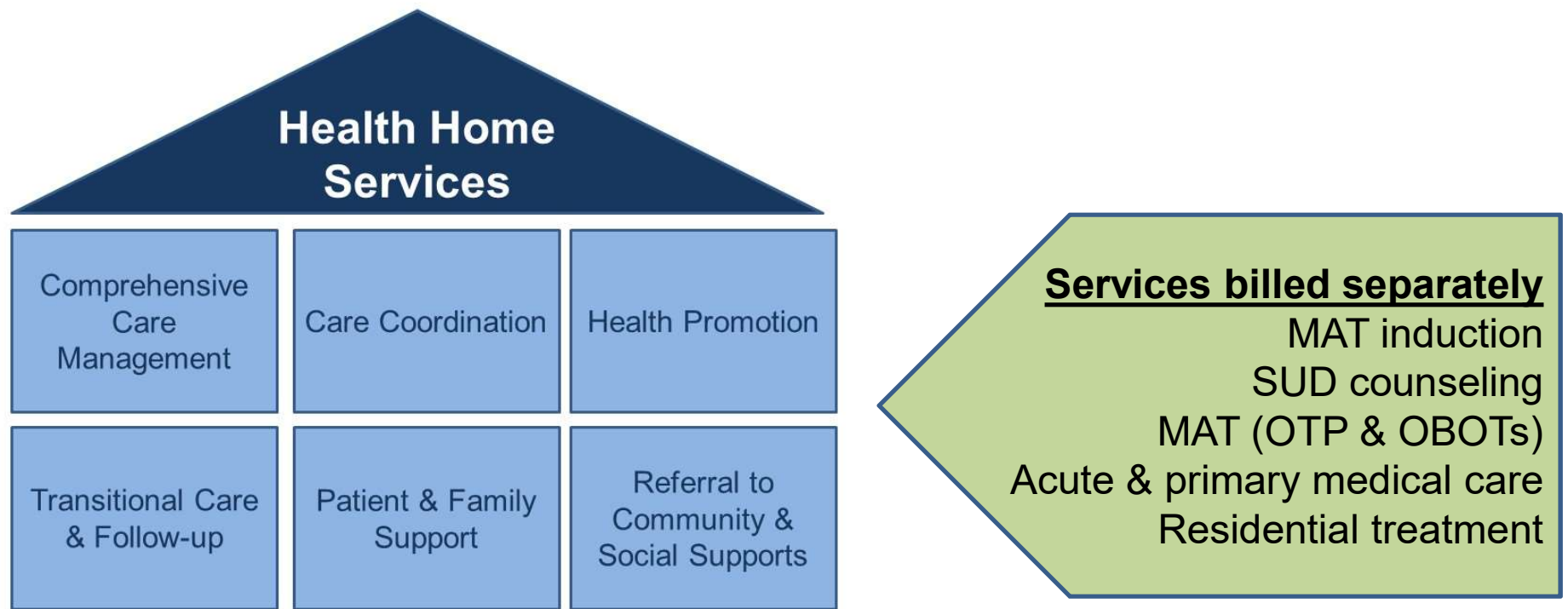
Care Coordination

Health Promotion

Transitional Care
& Follow-up

Patient & Family
Support

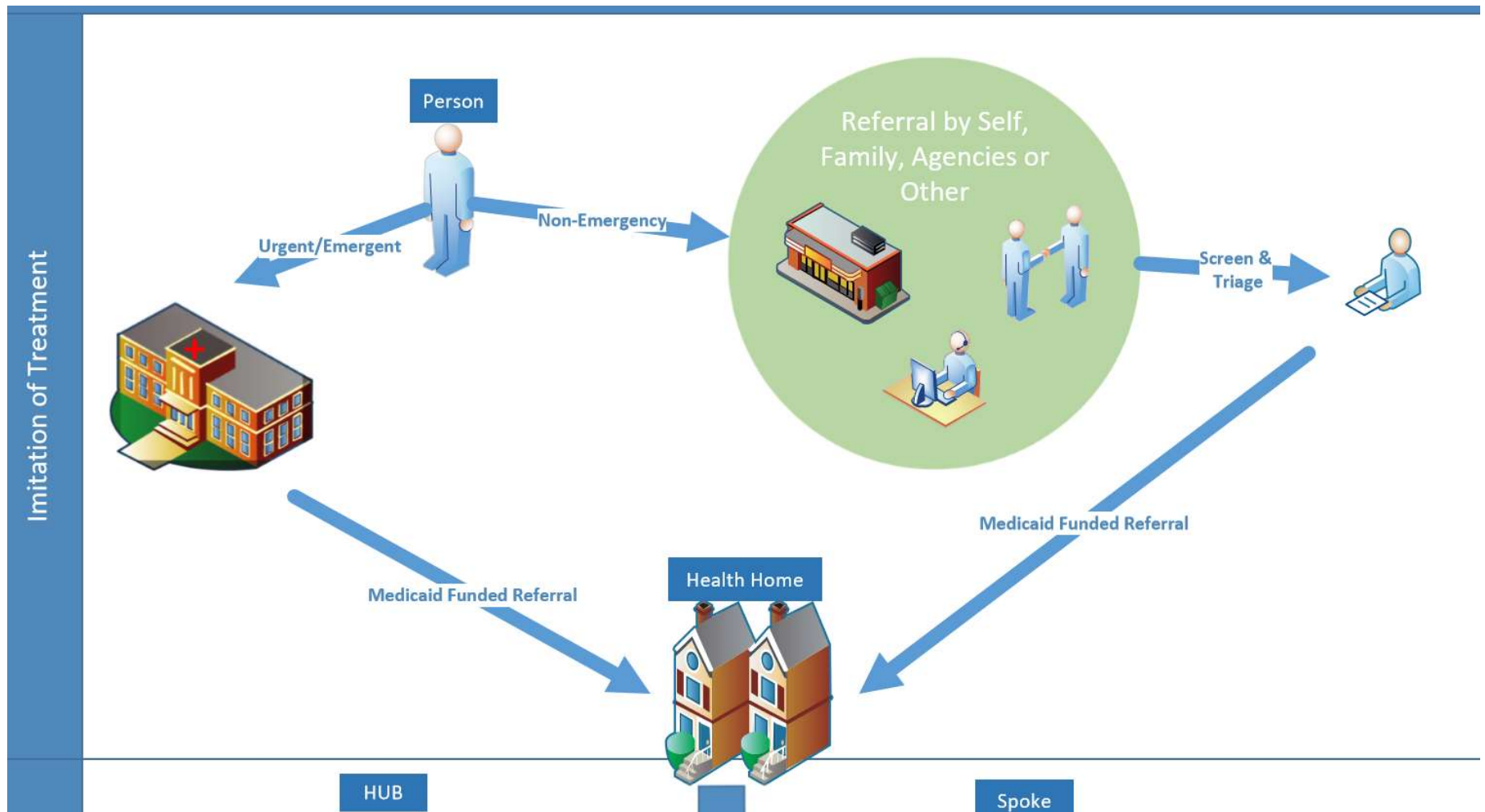
Referral to
Community &
Social Supports



Medicaid Health Home services focus on care coordination and management.

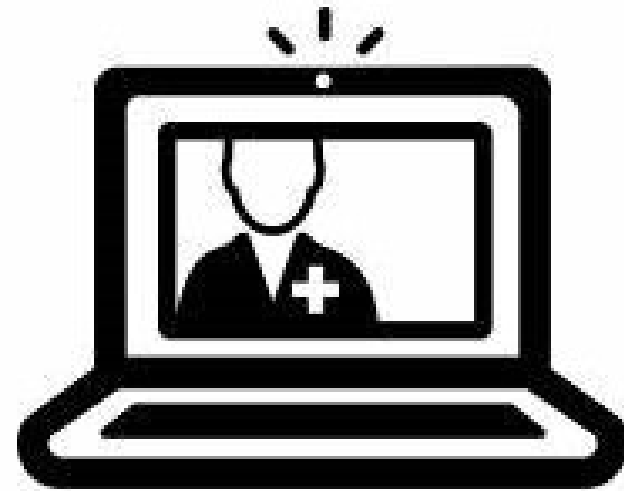
Other services coordinated by the Health Home are provided and reimbursed as usual.

Clinical Flow: Initiation



Telehealth as a Tool

- Comprehensive reform of telehealth policy will simplify and streamline consultation and communication between hubs and spokes, as well as other providers and housing supports.



Three Pilot Sites

- **The Family Health Center (FHC) of Marshfield, Inc.**, a federally qualified health center, will provide services through the FHC Minocqua Alcohol and Drug Recovery Center, for Forest, Iron, Oneida, Price, and Vilas Counties, as well as the Forest County Potawatomi Community, the Lac du Flambeau Band of Lake Superior Chippewa, and the Sokaogon Chippewa Community.
- **The Oneida Nation Behavioral Health Center**, a federally qualified health center, will provide services to any federally enrolled Native American in the Oneida Nation, and Brown and Outagamie Counties.
- **Wisconsin Community Services, Inc.**, a non-profit community based organization, will provide services in Milwaukee County.

Program Evaluation

- All three Hub sites will provide comprehensive data reporting to the Department on quarterly basis for each member, to include:
 - ◆ Socio-demographic stratification
 - ◆ Member complexity scale
 - ◆ Monthly Brief Addiction Monitor data
 - ◆ Treatment and services provided by professional and para-professional staff

University of Wisconsin Independent Program Evaluation

- An independent evaluation will occur to understand qualitative and quantitative program outcomes related to:
 - ◆ Member Social Determinants of Health
 - ◆ Diversity, equity, and inclusion
 - ◆ Member substance use and other outcomes
 - ◆ Access and consistency with Medication Assisted Treatment
 - ◆ Tobacco cessation or reduction outcomes
 - ◆ The function of Peer Supports as a provider

Additional information:

DHS H&S web page:

<https://www.dhs.wisconsin.gov/aoda/hubandspoke-sud-hh.htm>

ForwardHealth Update:

<https://www.forwardhealth.wi.gov/kw/pdf/2021-27.pdf>

Initiative Lead Contact:

Vaughn.Brandt@dhs.wisconsin.gov

Thank you!



Hub and Spoke Health Home Pilot Program

The Wisconsin Department of Health Services (DHS) is collaborating with three sites in different areas of the state to pilot a new model to treat eligible BadgerCare Plus and Medicaid members who have substance use disorders and at least one other health condition.

The new benefit these sites are providing is called the Integrated Recovery Support Services benefit. It will not only support services to treat members' substance use disorders (SUDs) but also care for the other physical and behavioral health issues that challenge their efforts in recovery. The benefit coordinates access to mental health treatment, primary care, and a range of other supports that may be needed.

The pilot uses a hub and spoke health home approach to help provide eligible members the new Integrated Recovery Support Services benefit.

- A health home is not a building or a place. It's a program that can help manage and coordinate the different kinds of care a person needs.
- In Wisconsin's pilot, different providers will work together to address the member's needs. The lead agency, or hub, provides access to specialized SUD treatment and supports, including assessment, medication-assisted treatment, behavioral health care, and help with other life circumstances.
- The spokes are community partners that work with the hub sites to provide additional support services and care management. The spokes also help people reconnect with their own self-defined support system.

As a pilot program, the Integrated Recovery Support services benefit is available to a limited number of eligible BadgerCare and Medicaid members who have access to one of the pilot regions. The pilot sites collect and report outcome data, which DHS will use to decide whether to expand the benefit to serve more members in more parts of the state.



Inclusion and respect

People with substance use disorders have historically experienced health disparities due to bias and exclusion, including systemic racism. Wisconsin's Integrated Recovery Support Services benefit uses culturally respectful approaches to enhance substance use disorder treatment and address each person's unique needs.



Person-centered treatment

The Integrated Recovery Support Services benefit uses person-centered treatment planning to help members get and stay healthy. [Learn more about person-centered planning.](#)

Pilot sites and locations

The three hub sites, chosen from a field of 17 applicants from across the state, will pilot the new benefit in three different regions. The sites represent one rural site, one tribal site, and one urban site selected deliberately to help Wisconsin understand how this care coordination model will work in a variety of contexts, to inform a future statewide approach.

- The Family Health Center (FHC) of Marshfield, Inc., a federally qualified health center, will provide services through the FHC Minocqua Alcohol and Drug Recovery Center for Forest, Iron, Oneida, Price, and Vilas Counties, as well as the Forest County Potawatomi, the Lac du Flambeau Band of Lake Superior Chippewa, and the Sokaogon Chippewa Tribal Nations.
- The Oneida Nation Behavioral Health Center, a federally qualified health center, will provide services to any federally enrolled Native American in the Oneida Nation, and Brown and Outagamie Counties.
- Wisconsin Community Services, Inc., a non-profit community based organization, will provide services in Milwaukee County.

Program eligibility and services

Who is eligible?

Because it is a pilot program, enrollment is limited to members who have access to one of the pilot regions. With a referral, a Medicaid-eligible youth or adult who has such access is eligible to participate in the program if they have a substance use disorder and at least one other health condition. Enrollment in this benefit is voluntary.

How can I be referred to the program?

The goal of the program is to facilitate a seamless transition into services from wherever a person's treatment begins, such as a hospital, emergency room, clinic, health center, county program, correctional facility, or other treatment setting.

Once you are referred from one of those locations, you will be connected to a hub site. From there you will have access to timely, local follow-up services to promote your recovery and wellness.

What kinds of services will be provided under this benefit?

Comprehensive Care Management: Identifying members for treatment, conducting initial assessments, and creating individualized care plans with the member.

Care Coordination: Implementing the plan of care through connections, referrals, coordination, and follow-up across treatment settings and providers.

Health Promotion: Encouraging activities that empower the member to pursue healthy behaviors and self-manage their physical, behavioral, and SUD conditions.

Comprehensive Transitional Care: Streamlining movement from one treatment setting to another, between levels of care, and between health care providers.

Individual and Family Support: Advocating on the member's behalf and engaging their social support network.

Referral to Community and Social Support Services: Connecting the member to medical, behavioral, educational, community, and social support services to support their ongoing recovery.

Program background

In January 2018, [Executive Order #274](#) (PDF) created the Commission on Substance Abuse Treatment Delivery (CSAT) to research hub-and-spoke delivery models for opioid use disorder. CSAT [issued a report](#) later that year outlining evidence in support of the hub-and-spoke model.

CSAT recommended that Wisconsin adopt a hub-and-spoke model similar to Vermont's, which had helped increase treatment capacity for opioid use disorder to the [highest level in the United States](#). Wisconsin's model builds on that approach by coordinating care for all substance use disorders.

This approach aims to address some of the biggest challenges facing Wisconsin's SUD treatment system. Goals include improving access to specialty treatment in rural areas; integrating services between SUD treatment providers and other health care professionals; and promoting patient engagement through the entire care process.

Last Revised: September 8, 2021

ForwardHealth UPDATE

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NEW PILOT BENEFIT FOR MEMBERS WITH SUBSTANCE USE DISORDERS

In response to the increasing prevalence of substance use disorders (SUDs) and co-occurring physical or mental health conditions in Wisconsin, on July 1, 2021, selected provider agencies began piloting a new treatment model for integrated SUD treatment services. These provider agencies were selected through a request-for-application process. Provider agencies enrolled in the Integrated Recovery Support Services benefit will use a specialized approach to manage and coordinate care for BadgerCare Plus and Medicaid-eligible youth and adults with SUDs and co-occurring treatment needs.

The goal of the pilot benefit is to provide an integrated care approach that helps members with SUDs access the supports they need to assist their recovery, including addiction and mental health treatment, primary health care, and other supports.

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

All Providers, HMOs and Other Managed Care Programs

The information provided in this ForwardHealth Update is published in accordance with 42 U.S.C. § 1396w-4.

Treatment Model

The Integrated Recovery Support Services benefit is based on a patient-centered Medicaid health home model described under Social Security Act § 1945. Health homes provide comprehensive care coordination for members with chronic conditions and support members' other health and social support needs. Health home providers coordinate care across all health care settings, including medical, behavioral, dental, pharmaceutical, and institutional. They also coordinate care between health and community care settings.

The benefit incorporates a hub-and-spoke treatment model. In this model, hub sites serve members with SUD treatment needs and other co-occurring conditions to quickly stabilize and initiate treatment for the member. The hub sites work with a network of spoke sites to provide physical and behavioral health services along with specialized services, such as medication-assisted treatment and peer-based services. Behavioral health includes mental health, SUD conditions, and wellness.

Hub sites and spoke sites also enlist community and social supports to promote holistic recovery. Hub sites take the lead role in stabilizing and planning services for members. Spoke sites provide access to existing BadgerCare Plus and Medicaid services. Spoke sites may develop strong relationships with the hub sites to also provide the enhanced SUD health home services.

The hub team supervisor will direct care coordinators and peer supports, along with other specialized health home providers, to enhance services to meet the person's needs and work with other providers to develop an integrated plan of care.

This model of care assumes members with behavioral health challenges can improve by learning to manage their conditions, making healthy lifestyle choices, and using integrated supports for making those decisions.

Three selected sites will function as hub sites for the new benefit. The capacity for member referrals is currently limited because this treatment model is part of a pilot benefit.

REMINDER

The capacity for member referrals is currently limited because this treatment model is part of a pilot program.

Co-Occurring Conditions

To be eligible for the new benefit, a member must have an SUD and a co-occurring condition **or** be at high risk of another co-occurring condition that is not yet diagnosed. Hub sites will determine member eligibility for the benefit on a case-by-case basis. Detailed documentation on determinations must be retained in the member's record.

Covered Services

Covered services are provided and billed by hub sites and may be contracted for provision through the spoke sites. Covered services for the new benefit include the following six areas of service, which are used together in one integrated approach:

- **Comprehensive care management** involves identifying members for treatment, conducting initial assessments, and creating individual plans of care.
- **Care coordination** involves implementing the plan of care through connections with care team members, referrals, and coordinating and following up across treatment and human service settings and providers.
- **Health promotion** involves activities that encourage the member to pursue healthy behaviors and manage their physical health and behavioral health, which includes mental health, SUD conditions, and wellness.
- **Comprehensive transitional care** streamlines the movement of members from one treatment setting to another, between levels of care, and between physical health and behavioral health service providers.
- **Social and family support** includes activities related to advocating on the member's behalf and engaging their natural support network.
- **Referral to community and social support services** connects the member to medical, behavioral, educational, community, and social support services to support their ongoing recovery.

Geographic Limitations

Because this is a limited pilot benefit provided through the selected hub sites, it will only be available to members who have access to the following counties or who belong to the following tribal nations:

- Milwaukee County
- Family Health Center of Minocqua regional consortium:
 - Forest County
 - Forest County Potawatomi Tribal Nation

The information provided in this ForwardHealth Update is published in accordance with 42 U.S.C. § 1396w-4.

- Iron County
- Lac du Flambeau Chippewa Tribal Nation
- Oneida County
- Price County
- Sokaogon Chippewa Tribal Nation
- Vilas County
- Oneida Tribal Nation:
 - Outagamie County tribal members
 - Brown County tribal members

The information provided in this ForwardHealth Update is published in accordance with 42 U.S.C. § 1396w-4.

The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Executive Committee of the State Council on Alcohol and Other Drug Abuse			Attending: Roger Frings, Sandy Hardie, Kevin Florek, Ryan Stachoviak
Date: 8/9/2021	Time Started: 1:30pm	Time Ended: 2:30pm	
Location: Meeting held on Zoom			Presiding Officer: Roger Frings

Minutes

1. Call to Order

R. Frings called meeting to order at 1:34pm.

2. Review of May 6, 2021 Meeting Minutes

S. Hardie moved to approve.

K. Florek seconded the motion.

Minutes approved unanimously.

3. Setting Agenda for September 10, 2021 Council Meeting

Members of the SCAODA Executive Committee discussed and planned the agenda for the September 10, 2021 State Council on Alcohol and Other Drug Abuse (SCAODA) meeting. Members of the Executive Committee discussed membership of the SCOADA Committees.

4. Adjournment

S. Hardie moved to adjourn.

K. Florek seconded.

Motion carried, meeting adjourned at 2:11pm.

Prepared by: Ryan Stachoviak on 8/9/2021.

Executive Committee reviewed and approved these minutes at its 11/10/2021 meeting.



Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Kevin Florek
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

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

November 10, 2021

1:30pm-2:30pm

Meeting to be held via Zoom

Meeting URL: <https://dhs.wi.zoomgov.com/j/1607791965>

Meeting ID: 160 779 1965

Conference Call: 669-254-5252

AGENDA

- 1. Call to OrderRoger Frings
- 2. Review of August 9, 2021 Meeting Minutes.....Roger Frings
- 3. Public Comment.....Roger Frings
- 4. Setting Agenda for December 3, 2021 Council MeetingExecutive Committee
- 5. Adjournment.....Roger Frings

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.

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OPEN MEETING MINUTES

Name of Governmental Body: SCAODA Executive Committee			Attending: Roger Frings, Sandy Hardie, Kevin Florek, Ryan Stachoviak - DHS Staff, Sarah Boulton - DHS Staff
Date: 11/10/2021	Time Started: 1:36PM	Time Ended: 2:11PM	
Location: Zoom			Presiding Officer: Roger Frings, Committee Chair

Minutes

1. Call Executive Committee to Order

The meeting was called to order at 1:36pm by Roger Frings.

2. Review of August 9, 2021 Meeting Minutes

K. Florek moved to approve the Committee's draft meeting minutes of August 9, 2021.

S. Hardie seconded.

No discussion or changes mentioned.

Motion to approve the minutes carried unanimously.

Minutes were approved.

3. Public Comment

None.

4. Setting Agenda for December 3, 2021 Council Meeting

Members of the Executive Committee discussed plans and reviewed the draft agenda for the upcoming December 3rd SCAODA meeting. Members discussed the need for chair for the Equity and Inclusion Ad Hoc workgroup and Prevention Committee. The Intervention and Treatment Committee reached out to the Prevention Committee in the hopes on collaborating on issues related to kratom and marijuana. Potentially efforts could address levels of THC in products. R. Frings will reach out to staff at the Wisconsin State Lab of Hygiene to see if there could be a presentation on THC toxicity. The Planning and Funding Committee sent surveys to providers related to the RSUD Medicaid benefit and may have preliminary survey data to present. Committee discussed need for updates from DSPS and council discussion on the impacts of COVID. Per Committee, updates needed on the transition period between old DHS 75 and new DHS 75, specifically for facilities that will have a review in the interim.

5. Adjourn

Meeting adjourned at 2:11PM with a motion from S. Hardie and second by K. Florek.

Prepared by: Sarah Boulton on 11/10/2021.

These minutes are in draft form. They will be presented for approval by the governmental body on: 11/17/2021

OPEN MEETING MINUTES

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Roger Frings, David Macmaster, Sandra Adams, Amy Anderson, Sheila Weix, Michael Kemp, Jill Gamez, Jessica Geschke, Holly Stanelle DHS: Saima Chauhan, Anne Larson. Beth left early for another meeting) . DMS: Marjorie Blaschko. Guests: None present.
Date: 8/10/2021	Time Started: 10:02 AM	Time Ended: PM	
Location: virtual meeting occurred via Zoom platform			Presiding Officer: Roger Frings, Chairperson

Minutes

- Roger Frings called the meeting to order at 10:02 AM.
 Comments or Announcements: Quorum confirmed by Saima Chauha.
- Review and approval of 8/10/2021 meeting minutes.** Move to approve by Sandy Adams, Second by Sheila Weix. No comments. No opposition. Approved unanimously.
- Discussion of COVID-19 and considerations for substance use services.**
Sheila Weix – Delta variant creating ambiguity. They had started to push to get people back in the office but now evaluating the use of telehealth on a case by case base due to connectivity/technology issues. Continuing to use telehealth as a great option for parents of young children who have barriers to office-based care. Mandated vaccine for staff- 99% are vaccinated. Limit is now one visitor per patient. Also seeing increases with 33 new admissions in July. Pair fully credentialed clinician with an LPC-IT. Relocating 2 clinics to accommodate increased space needs (pandemic restrictions and increased referrals). Also have a new psychiatrist on staff.
Sandy Adams- Not mandating vaccines- masks are mandated- had increased number of people coming back e.g. 12-14 people for groups but too many people in a room. Don't want to send people home- Numbers have been high but will likely drop due to Delta. They still have some people fighting mask mandate with rude behaviors. Saima- recommendation of variant waiver request. Discussion RE: increasing coverage by pairing a fully credentialed person with LPC-IT with group experience. Fully credentialed person signs off on note.
Jill Gamez- when they stopped offering Day Treatment they saw an increase in referrals to intensive OP. They increased capacity and access by going to 2 groups: 1 in AM, 1 in evening.
 Arbor Place is doing about 65% individual sessions via telehealth. All groups are in person. Do have a larger room available to safely accommodate groups.
 Concerns RE: Residential. Doing daily screening, testing, and masking but transitional clients are going out to the community and returning. Hoping precautions mitigate transitional client exposure risks.
 76% of staff are vaccinated; offered small stipend as an incentive for staff to get vaccinated.
 Thinking of an incentive for clients as well (e.g. drawing for \$50-100)
 Roger- continue to keep Covid updates on the agenda.
 Saima- encouraged members to keep us SCAODA informed of strategies that are working.
- SCAODA Planning and Funding Committee-** (Jill Gamez)- Standing Committee- Chair is Christine Allstrup
 Last 1 ½ years- focus on MA Residential Benefit; ensuring public comment- SCAODA motion re Room and Board- Wanting more information on the number of counties that have funded residential treatment and are willing to fund the room and board portion.
 Survey ready to go out to providers to assess the capacity of covering residential services.
 Routinely review any proposed legislation that has an impact on SU treatment and funding.
 Previously Facilitated listening session re SCAODA at the MHSA conference each fall.
 Seek to review and give input on any grant opportunities at state and federal levels.
 Mike Derr was staff to the committee- facilitated SABG information on the needs assessment and allocations.
 Work plan- routinely review data and needs assessment info on DHS Dashboards

Value data dashboards and offer input when able.

Upcoming Priorities-Haven't yet- looked at different Medicaid strategies in different states- innovative funding strategies. The committee looked at a small state on East coast that offers incentives for EBPS- linking funding to effective strategies and reporting.

Work plan also notes Challenges to address in the future such as billing, prior authorizations, HMO requirements, delays, limits on clinicians, parity issues, etc.

Mac noted successful collaboration to move the Tobacco Use Disorder integration and implementation resolution forward.

Sheila- Announced there will be a press release soon regarding awards to implement the Hub and Spoke 2 year pilot. Her site was chosen as a Hub and Spoke location. The increased benefits will only be open to providers within the pilot. Focus BH Medical Home model and social determinants of health, (services will include wraparound supports for high need clients such as recovery coaches, case management, peer supports.

5. **Legislative updates:** *(Roger Frings & Mike Kemp)*

Invitation to offer Feedback to Mike RE Schumer Bill RE decriminalization of cannabis. Unlikely to have the votes. NADAC Advocacy Conference planned for March 2-3. 2022 in DC.

House passed appropriations and NAADAC requests were met or exceeded including funding for the minority fellowship program, SAMHSA, etc.

<https://appropriations.house.gov/news/press-releases/appropriations-subcommittee-approves-fiscal-year-2022-labor-health-and-human>

Sen Mansion> Virginia vocal about supporting Peer supports including reimbursement

Mike Kemp NADAC- white paper with recommendations regarding decriminalization as well as information for states that have already legalized marijuana/cannabis.

Survey coming out RE: priorities for spending Opioid dollars.

Mac- offered observations RE: legalized marijuana during his visit to Canada.

Mike commented on the legalization of cannabis in Oregon.

Oregon voted to decriminalize other substances but there isn't funding to support infrastructure for treatment. Currently our criminal justice system is a primary access point to SU treatment.

Sheila pointed out that Wisconsin has "porous borders" with cannabis entering our state from Michigan and Illinois. Seeing increased use and access to edibles such as gummies (seeing overdoses in very young children.) Also, Delta 8 is widely available in Wisconsin.

At legalization-initial spike in cannabis use by adolescents then it drops back down to pre-legalization levels.

Saima mentioned a 25-year study paper out of Denmark discussing an increase in schizophrenia tied to early cannabis use. The developing brain is at most risk for mental health conditions tied to early cannabis use. Wisconsin needs additional outreach and education about the long-term impact of early cannabis use.

Mike mentioned the NAADAC Cannabis paper and information showing adolescent use-patterns after legalization. There is an initial spike in use then drops down to pre legalization levels.

<https://www.democrats.senate.gov/imo/media/doc/Cannabis%20Administration%20and%20Opportunity%20Act.pdf>

<https://www.democrats.senate.gov/imo/media/doc/CAOA%20Detailed%20Summary%20-.pdf>

6. **Ad Hoc Equity and Inclusion Committee**

Ad hoc Equity and Inclusion Committee has not met since the last meeting

Plan to meet in the next couple of weeks.

Committee will give an update at the 9/10 SCAODA meeting

Jessie, Mac and Mike currently on the committee. Workgroup looking for additional members. In interested, let Roger know and he will contact Harold.

7. **Child, youth and Family Subcommittee Update -Jill Gamez**

The SCAODA Bylaws-Article 4-Section 1 RE: Committee Structure “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.”

Jill shared a document highlighting ideas generated at the April CYF Subcommittee brainstorming session. She clarified that she is not the current chair of the subcommittee but has attended the 2 meetings held this year.

CYF subcommittee members brainstormed around a project to increase interest in the CYF work. Focus of project to do fact finding and create a paper about the state of SUD treatment for youth and families. Use an “ad hoc” group model to engage people on the issues. The subcommittee created a plan to move forward. Subcommittee members also brainstormed potential participants and types of representatives to include in the assessment of the service array. The gaps in the youth system are significant and this seems like a good way to bring the issues forward.

Last year there was a discussion at ITC meeting regarding how to rejuvenate the committee. There has been a long term struggle to retain leadership for this subcommittee.

Anne Larson (currently assigned as DHS staff to the subcommittee) noted that the CYF Subcommittee has been without a chair for a minimum of 2 years. DHS staff are available to support committee chairs but are not able to chair committees, set agendas, nor lead the work of the committees.

In the last 4 years the primary agenda item has been an update on the status of the *Youth Treatment Initiative* which provided funds to develop MDFT programs at Arbor Place, UW-Madison BH and Outreach Community Health Center in Milwaukee. This grant will end on 9/28/2021.

Jason Cram (CYFT Section Chief) is planning to meet with Roger to discuss the history of the committee and to strategize a way forward. Jill will forward the CYF Subcommittee priority list to Roger for reference.

The next CYF meeting is scheduled for October 4th. Please keep on agenda for future ITC Meeting.

Sheila-recognized Jill’s long-term commitment to these issues.

Is there a federal grant that could bring people together to increase focus? Discussion about Project Freshlight many years ago- no real movement since.

Michael noted that NAADAC has a very active adolescent treatment committee- look at other states- Adolescent services lacking; Winnebago –but state hospitals are not an ideal setting for youth.

Mac-noted ongoing frustration regarding the lack of responsibility and accountability for treatment outcomes for youth and families including adequate residential SU services. Need to identify and plan that identifies someone who is responsible for specific objectives for adolescent the continuum of care.

Jill asked if BPTR could offer information at a future ITC meeting that shows the current funding streams for adolescent (TAY) substance use treatment (ages 12-25). What entities are funded to do this work?

Sheila-getting paid for residential services has always been an issue. Libertas-stopped

Mike stated that youth referrals are often made to the Rosencrantz program in Illinois-and they have a wait list. Questions re efficiency and effectiveness of residential treatment for adolescents.

Baldwin- Family Support Services Addiction Act in Committee- addresses wraparound services and expansion of addiction prevention and treatment supporting the whole family.

<https://www.congress.gov/bill/116th-congress/senate-bill/3179/all-info>

Sheila noted funding for the Neonatal Abstinence Syndrome (NAS) grant that incorporates funding to support the whole family.

8. **DHS 75 revision-(Amanda Lake)- Saima for Amanda**

The revision is currently in the Joint Committee for Review of Administrative Rules. Should be out to the public by Friday, August 13th. Once published there should be a year to get in compliance with the new rules.

The clearing house rule page has the most current information.

https://docs.legis.wisconsin.gov/code/chr/all/cr_20_047

9. Opioid Treatment Update/Announcements (*Beth Collier-unable to attend*)

Beth relayed a message that there are no updates at this time.

DCTS will provide updates on new funding at the September 10th SCAODA meeting.

Saima sent ITC members a copy of the final state budget that has been published.

10. Update on Tobacco Integration- (*David "Mac" Macmaster*)

Mac provided a written progress report. Next Steps:

- Ask SCAODA to support the implementation of evidence-based Tobacco Use Disorder in SUD treatment as a priority for 2022 – 2025
- Ask the Division of Care and Treatment and Bureau of Prevention, Treatment and Recovery to also establish TUD integration and implementation as one of their priorities as DHS75 revision is promulgated and becomes a new standard of practice that must be applied under state law.
- Continue strategic planning for tobacco integration as one of our ITC and PFC objectives in our strategic plans

WINTIP will participate in a series of round tables in October to discuss the following question: "With our data and support, why are we stuck in tobacco integration in behavioral health and specifically in SUD treatment?"

WINTIP/CTRI will be providing training and technical support to 10 Hub and Spoke behavioral health provider grantees who will be working to integrate tobacco in their programs.

Sheila- will use Hub and Spoke grant funds to survey providers regarding barriers to implementing tobacco integration. This may produce regional data to support the tobacco integration effort.

Sheila also noted that the concept of integration is much more comprehensive in Community Health Centers (CHCs). Look to the FQHCs (HRSA funded CHCs) who may be providing prevention and integrated SA/MH treatment in primary care settings.

Mac noted that the CTRI survey to state providers had a very small response rate.

Roger asked Mac to provide him with language regarding specific requests for SCAODA.

11. Public comments

No public members were present.

12. Future meeting dates, agenda topics, and other announcements

Jessie wants to include Fentanyl testing strips in the Narcan Direct boxes she places around the state. The strips are seen as illegal in Wisconsin and are interpreted to be drug paraphernalia.

Senator Taylor-actively pursuing change of wording to view the testing strips as a harm reduction tool.

Sheila stated that the Recovery Advocacy Project is starting a petition to support legal use of Fentanyl testing strips.

Saima will contact Beth to get a status report from Paul Krupski

13. Announcements:

Roger- ITC is one of 4 standing committees without a co-chair. Would like volunteers for co-chair. Sheila volunteered.

Nominations: Sheila Weix. Michael Kemp interested as well but in support of Sheila as co-chair - motion to select Sheila as Co-chair, **Sandy Adams** provided the second. Committee members offered support and appreciation for Sheila's contributions to the field and experience medical and clinical history in the field. Vote-

All in favor, no abstentions, no opposition. Sheila named as co-Chair of the ITC.

Future Agenda Items

Roger noted he will be out of the office 8/18-8/23.

No September ITC meeting.

Saima- DHS 35 and 75 provider meeting is Friday, the 13th from 11:45-1:00.

ASAM ECHO training 8/17 with a discussion on LOC when not available.

RSUD Brochure from Forwardhealth was distributed to the group.

October Meeting Topics

Budget update-new budget started 7/1. Equity and Inclusion workgroup; Continue discussion of COVID-19; DHS 75 status update; update from MAC RE: tobacco/nicotine initiative; legislative session.

Hub and Spoke Model Update.

Possibly invite:

Would like to have a presentation by Amy Miles- Dir of Forensic Toxicology at **State Lab of Hygiene regarding** what they are seeing including Kratom. Also request information on Delta 8. Prefer to have her at full SCAODA meeting in September as well as the October ITC.

Also invite Dr. Egan- UW Health- Hepatitis C- can be treated by primary care (presented at Hope Conference).

Additional agenda items should be forwarded to Saima Chauhan.

- 14.** The meeting was **adjourned** at 12:08 PM following a motion by Michael Kemp and a second by Sheila Weix ; no opposition, approved unanimously.

***Next scheduled ITC Meetings:** October 12, 2021, November 9, 2021

SCAODA Meetings: September 10, 2021, December 3, 2021

Prepared by: Anne Larson on 8/27/2021.

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)

Time: October 12, 2021 10:00 AM Central Time (US and Canada)

This meeting will be held via teleconference.

Join Zoom Meeting

<https://dhs.wi.zoom.us/j/85070313911>

+1-312-626-6799

Meeting ID: 850 7031 3911

AGENDA

1. Call to order and roll call
2. Review and approval of 8/10/2021 meeting minutes
3. Speaker: Amy Miles is the Director of Forensic Toxicology, Wisconsin State Lab of Hygiene, UW School of Medicine and Public Health- Speaking on Cannabis, Kratom & Delta 8
4. Discussion of COVID-19 and considerations for substance use services
5. Legislative updates: (*Roger Frings & Mike Kemp*)
6. Bill 2021-LRB-4466/1 & LRB-4938/1, advanced practice social workers and independent social workers treating substance use disorder as a specialty (*Sheila Weix*)
7. SCAODA Ad Hoc Equity and Inclusion workgroup update (*Roger Frings*)
8. CYFT Update (*Jill Gamez & Anne Larson*) Appointing a Chair for the CYF Subcommittee
9. DHS 75 revision-(*Amanda Lake*)
10. Opioid Treatment Update/Announcements (*Beth Collier*)
11. Hub & Spoke Update (*Sheila Weix*)
12. Update on Tobacco Integration- (*David "Mac" Macmaster*)
13. Public comments
14. Future meeting dates, future agenda topics, and other announcements
15. 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 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: **November 9, 2021** & SCAODA: December 3, 2021

OPEN MEETING MINUTES

Name of Governmental Body: Intervention and Treatment Committee of SCAODA			Attending: Roger Frings, David Macmaster, Sandra Adams, Amy Anderson, Sheila Weix, Michael Kemp, Jill Gamez, Jessica Geschke, Holly Stanelle, Alisha Kraus, DHS: Anne Larson, Beth Collier, Jason Cram, Amanda Lake joined the meeting at 11:05. Guests: Amy Miles-WI State Lab of Hygiene
Date: 10/12/2021	Time Started: 10:02 AM	Time Ended: 12:55 PM	
Location: virtual meeting occurred via Zoom platform			Presiding Officer: Roger Frings, Chairperson
Minutes			

1. Roger Frings called the meeting to order at 10:02 AM.
Comments or Announcements: Quorum confirmed by Roger Holly, Sandy.
2. **Review and approval of 8/10/2021 meeting minutes.** Move to approve by Holly Stanelle, Second by Sandy Adams. No comments. No opposition. Approved unanimously.
3. **Speaker: Amy Miles is the Director of Forensic Toxicology, Wisconsin State Lab of Hygiene, UW School of Medicine and Public Health- Speaking on Cannabis, Kratom & Delta 8.** Forensic Toxicology defined: The use of toxicology (analytical chemistry, pharmacology and clinical chemistry) to aid medical or legal investigations. Forensic Toxicology does not measure impairment-which is measured by observation. The lab has unique role as the only forensic lab within a public lab within a university. The lab is not a part of a criminal justice agency. Identify- so person can be appropriately assessed

 DUID Drug Impaired driving- alcohol and other substances. Lab staff receive samples, perform analytical testing, interpret results and testify in court.
 Forensic Toxicology evaluates 22,000 cases/yr. This number does not include 10,000 field breath evaluations nor tests conducted by the state crime lab-(2000) which is focused on crime.
 Medical Examiner casework is similar to DUID but provides answers in collaboration with Forensic Pathologist.

 Copies of the slides were sent to committee members. The presentation included challenges in the field, novel psychoactive substances; stats on various substances including alcohol, meth, opioids, THC, CBD, CDD, Delta-6, 7, 8 and 10, Kratom, Modafinil and combinations of various substances.

 For further information: Amy.miles@slh.wisc.edu
4. **Discussion of COVID-19 and considerations for substance use services.**
Sheila Weix – Surge of Covid very present in Northern areas; lessons learned from the last year and a half-Must continue to have a fluid response- hybrid, and telephone, in clinic. Plenty of intakes and restarted in-person groups.
Sandy Adams –Doing rapid tests at home and in office; exposures have increased- not back to live staff meetings but are doing groups and in person appointments.
Dave- NA/AA- were having outside meetings; indoor meetings are using masks. Virtual 12 step meetings still happening. Attended a Convention in the Dells over the weekend- 600 attendees but few were wearing masks.
Jessica- at a National conference in Vegas over the weekend- 500 people attended and they did onsite testing of everyone in attendance. Patrick Kennedy presented People were hugging and anxious to make human connections. There was a Concert at the end of the conference.
5. **Legislative updates: (Roger Frings & Mike Kemp)**

Federal Update: 3.5 trillion infrastructure proposal on the table.

Legislation- decriminalization passed the judiciary committee of the house; Senate will introduce the same bill when back in session.

NADAAC Cannabis paper- approved and now available for distribution. Focus on decriminalization, social justice issues, recommends opposition. Michael new Chair-elect of the National Certification Commission- recovery coach, beginning, advanced, peer supervisor.

Links to updates:

<https://appropriations.house.gov/news/press-releases/appropriations-subcommittee-approves-fiscal-year-2022-labor-health-and-human>

<https://www.democrats.senate.gov/imo/media/doc/Cannabis%20Administration%20and%20Opportunity%20Act.pdf>

<https://www.democrats.senate.gov/imo/media/doc/CAOA%20Detailed%20Summary%20-.pdf>

6. **Bill 2021-LRB-4466/1 & LRB-4938/1**, advanced practice social workers and independent social workers treating substance use disorder as a specialty (*Sheila Weix*)
Bill RE amendment- Sheila- correction to Act 122- Not sure re LPC ITs; no standardization of substance use disorder treatment; may refer to themselves as SU Counselor. Recommend pushing back on ACT 262- training is essential- High potential for legal issues for practicing outside of scope of practice.

7. **Ad Hoc Equity and Inclusion Committee**

Harold- chairing- Ad hoc Equity and Inclusion Committee has not met since the last meeting

The most recent update was presented in June. Final recommendations may be presented at the December meeting.

8. **Child, youth and Family Subcommittee Update -Jill Gamez**

The SCAODA Bylaws-Article 4-Section 1 RE: Committee Structure “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.”

Section 1.2 Subcommittees are a subset of a standing committee. Subcommittees are standing committees, which by another name is a permanent committee.

Section 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.

Jason- BPTR provided an internal 3-part training on how to staff committees. The Office of Legal Counsel clarified roles and responsibilities. DHS staff are available to provide behind the scenes agenda setting and logistics.

Jason provided context in terms of the makeup of the CYF Subcommittee. In recent years the committee served as a venue to hear required Youth Treatment Initiative grant updates. This grant ended on 9/28/2021.

Roger- next 2 weeks- solicited- input subject line CYFT- Description? Duties- expectations.

Dave recommended-hiring a person- in statute- Jason offered clarification of the committee as a volunteer state committee separate from DHS.

Jill-wondered what other grants for adolescents (e.g. juvenile justice, dpi, crisis services) may benefit from support of the CYF Subcommittee.

Roger- perhaps we can name an interim chair to focus on recruitment; goal 6 new members?

Amy noted that CPS and CCS programs might be a source of volunteers.

9. **DHS 75 revision** (*Amanda Lake*)- *Saima for Amanda*

Amanda- draft of revised rule on line. Anticipate publication October 25th. In effect by October 1, 2022.

Sheila wondered about maintaining the old rules while implementing the approved revisions. There can only be one rule in place at a time.

Once the rule is published there will be a GovD notice and updates to the DHS web site; training announcements, possible FAQs, etc.

The clearing house rule page has the most current information.

https://docs.legis.wisconsin.gov/code/chr/all/cr_20_047

10. **Opioid Treatment Update/Announcements** (*Beth Collier-unable to attend*)

OTPs- Medication units on wheels-. DEA said no inductions and no counseling. Mobile or medication unit-

SAMHSA would like to move forward with full treatment options in mobile Outpatient treatment vehicles.

Beth Collier has a new role as the Lead Treatment Coordinator-in the SU Section.

11. **Hub & Spoke Update** (*Sheila Weix*)

The three pilot hub sites, chosen from a field of 17 applicants from across the state, will pilot the new benefit in three different regions. The sites represent one rural site, one tribal site, and one urban site selected deliberately to help Wisconsin understand how this care coordination model will work in a variety of contexts, to inform a future statewide approach. The Hub and Spoke model utilizes the integrated behavioral health medical home model (not the Vermont model). The sites will treat all substance use disorders and is funded under Medicaid. Tobacco integration is a required component but tobacco cannot be the only substance use disorder. The 3 sites include:

- Family Health Center (FHC) of Marshfield, Inc., a federally qualified health center, will provide services through the FHC Minocqua Alcohol and Drug Recovery Center for Forest, Iron, Oneida, Price, and Vilas Counties, as well as the Forest County Potawatomi, the Lac du Flambeau Band of Lake Superior Chippewa, and the Sokaogon Chippewa Tribal Nations.
- The Oneida Nation Behavioral Health Center, a federally qualified health center, will provide services to any federally enrolled Native American in the Oneida Nation, and Brown and Outagamie Counties.
- Wisconsin Community Services, Inc., a non-profit community based organization, will provide service. Participation in pilot- uses BAM- Behavioral Assessment Monitoring.

12. **Update on Tobacco Integration-** (*David "Mac" Macmaster*)

Mac provided a written progress report.

Proposed WINTIP/CTRI Motion to Prioritize TUD in SUD for SCAODA ITC, PFC consideration at the December Quarterly SCAODA meeting

MOTION: The SCAODA Intervention and Treatment Committee requests that SCAODA and the Bureau of Prevention, Treatment and Recovery within the Division of Care and Treatment establish a 2-year transition period to facilitate the inclusion of tobacco use disorders in Wisconsin substance use disorder treatment and related services as one of the new priorities associated with the revised DHS75 rule with the same level of commitment applied to the treatment of other substance use disorders standards of practice.

Further, the SCAODA ITC requests Bureau of Prevention and Treatment within the Division of Care and Treatment acquire the necessary staffing and funding resources that successfully facilitates the transition to TUD in SUD so this new standard of SUD practice can be sustained.

The summary report (dated 10/4/2021) from Mac outlined history of the initiative, related SCAODA goals, positive impact, potential opposition and rationale for support of the motion.

13. Public comments

No public members were present.

14. Future meeting dates, agenda topics, and other announcements

Future Agenda Items:

- Covid updates; revisit
- Tobacco Integration Motion brought forward by Mac.
- Committee updates:
- Equity and Inclusion ad hoc update;
- Hub and Spoke update;
- 75;
- Legislative updates;
- DSPS workforce development- paperwork is not timely and people are losing jobs. Tech College- work force issues. Governor's office contacted Mike after he noted his concerns. Amy Anderson- issues as well- RE: impaired professional; Sheila noted delays in case assignments for impaired providers.

Future presentation ideas: Meth addiction treatment options- Jan and February- Vivitrol.

15. The meeting was **adjourned** at 12:55 PM following a motion by Michael Kemp and a second by Sheila Weix; no opposition, approved unanimously.

***Next scheduled ITC Meetings:** November 9, 2021

SCAODA Meetings: December 3, 2021

Prepared by: Anne Larson on 11/5/2021.

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)

Time: November 9, 2021 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/1600931057?pwd=YUQwckNhY3Fqd3Naakl4VFRiNFpuUT09>

Meeting ID: 160 093 1057

Passcode: 518071

Dial: 1 669 254 5252 Meeting ID: 160 093 1057

AGENDA

1. Call to order and roll call
2. Review and approval of 10/12/2021 meeting minutes
3. Discussion of COVID-19 and considerations for substance use services
4. Legislative updates: *(Roger Frings & Mike Kemp)*
5. **Proposal: [SB657](#)**- relating to: advanced practice social workers and independent social workers treating substance use disorder as a specialty. *(Sheila Weix)*
Proposal: [SB600/AB619](#)- relating to: decriminalizing fentanyl testing strips.
Proposal: [SB545](#) -relating to: legalizing recreational marijuana, granting rule-making authority, making an appropriation, and providing a penalty.
Proposal: [AB599 \(-3796\)](#) [View Bill History](#)
relating to: regulating kratom products, granting rule-making authority, and providing a penalty.
6. SCAODA Ad Hoc Equity and Inclusion workgroup update *(Roger Frings)*
7. CYFT Update *(Jill Gamez & Anne Larson)*
8. DHS 75 revision-*(Amanda Lake)*
9. Opioid Treatment Update/Announcements *(Beth Collier)*
10. Hub & Spoke Update *(Sheila Weix)*
11. Update on Tobacco Integration- *(David "Mac" Macmaster)*
12. Public comments
13. Future meeting dates, future agenda topics, and other announcements
14. 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 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 11, 2022** & SCAODA: December 3, 2021



State of Wisconsin

State Council on Alcohol and Other Drug Abuse

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

Agenda and Meeting Notice Planning and Funding Committee
October 20, 2021 9:30am to 12:30pm

- | | | |
|-----|---|-------------------------------|
| 1. | Call to order | Christine Ullstrup |
| 2. | Review minutes from July 2021 | Christine Ullstrup |
| 3. | Public Comment | Christine Ullstrup |
| 4. | Funding Update | DHS staff |
| 5. | Update on Survey on RSUD Medicaid Benefit
Ullstrup | Kevin Florek, Jill Gamez, C. |
| 6. | Revisit our Strategic plan | Christine Ullstrup –Committee |
| 7. | New members | Christine Ullstrup |
| 8. | Agenda for November, 20th (zoom/or in-person) | Committee Members |
| 9. | Covid Impact | all |
| 10. | 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 Jamie McCarville at 608-267-7712 or jamie.mccarville@dhs.wisconsin.gov

OPEN MEETING MINUTES

Name of Governmental Body: SCAODA Planning and Funding Committee			Attending: Christine Ullstrup, Jill Gamez, Brian Dean, Kellie Blechinger, Michelle Devine Giese
Date: 10/20/2021	Time Started: 9:40AM	Time Ended: 11:45AM	DHS Staff: Jamie McCarville, Sarah Boulton guests: Sandra Westerman, Roger Frings
Location: Zoom			Presiding Officer: Christine Ullstrup
Minutes			

1. Call Planning and Funding Committee to Order

The meeting was called to order at 9:40AM by Christine Ullstrup.

2. Public Comment

None.

3. Funding Update

Paul Krupski unable to attend today due to all-staff bureau meeting. DHS staff member Jamie McCarville provided updates from presentation given by Paul at the WCMH Criminal Justice Committee meeting 10/13/2021. Details related to McKinsey settlement dollars were shared through a press release that the Department of Health services issued on August 10, 2021. Through the McKinsey settlement, DHS will receive funds across five years beginning in May 2021. Funding will go towards housing vouchers for people in recovery and room and board costs for people in residential treatment settings. There is a long list of things to do and consider as more settlement money comes in. Within the WCMH Criminal Justice Committee meeting, Dr. Rick Immler, Chair of the Wisconsin Council on Mental Health Council, shared that he appreciated staff, but the county chapter 51 system is a 50 year old model and DHS should fund where the people receive services.

Committee members had several questions related to Opioid Settlement Dollars:

- Is it certain that all service funding will go towards substance use?
- Will room and board costs be covered by counties?
- How were housing vouchers discussed?
- What is the explicit timeline for funds? Have funds already been received for this year?

Michelle Devine Giese, who also attended presentation, stated information provided was vague.

Sandra Westerman, who also attended presentation, shared that in the next month or so, Counties and tribes could see dollars. Per Sandra, plan due 4/1 each year to the Joint Finance Committee.

Roger Frings shared that this is likely following Statute 16.515, which requires passive review of plan. Plan can be held up or delayed if there are questions and/or if a hearing is needed. Plan would be reviewed in April for fund disbursement in May.

Jill Gamez stated that it would be helpful to have more input on/dialogue around some of these things, for example that DSPS needs more staff and room and board costs. Jill noted that with so much money coming down it's important to ask if we have the capacity and infrastructure that is needed. Jill asked what do our systems look like to implement these things?

Karen Kinsey stated that the committee is out of the loop for planning and funding. Per Karen, feedback from community and providers used to be valued.

The committee raised the following questions/concerns

- How can the committee be more involved/have more influence?
- How does the committee keep ahead of things?
- How, besides press releases, does the committee get informed on things?

Jill Gamez shared that it's great there is so much funding, but we need to address capacity. Per Jill, the input of the committee is an important part of the puzzle that's currently being missed.

Karen Kinsey states that there should be planning around where dollars are going. Karen asks what is the planning process?

Per Christine Ullstrup, committee should be more involved in the big picture planning.

4. **Update on Survey on RSUD Medicaid Benefit**

Jill and Raenna developed survey. Survey will go out to 75.11 and 75.14 licensed agencies. Spreadsheet has contact information for disbursement. Survey to be emailed through Tellurion team. Kevin Florek will need verbiage to include along with emailed survey. Jill Gamez will work on developing this. Per Christine Ullstrup, there may need to be multiple reminders. Committee agreed to review some survey results at next committee meeting.

Jill Gamez asked that DHS staff gather information about what assessments are being done on the State level around capacity. For example, there are data dashboards on need/use but there are not data dashboards for capacity. Medicaid surveyed providers when launching residential treatment benefit, but not since.

5. **New Members**

DHS staff member Jamie McCarville has been active in recruiting members. There is a need for diverse representation from multiple backgrounds on the Planning and Funding Committee. Jamie McCarville has recruited Melissa Moore, who works in prevention. Melissa Moore was unable to attend today. Michelle Devine Giese stated that she has worked with Melissa Moore. Jill Gamez stated that she is also familiar with Melissa Moore and that having someone with the primary hat of prevention on the committee would be helpful.

Jill Gamez made a motion to invite Melissa Moore to next committee meeting and, if she is interested, invite her to join.

Michelle Devine Giese seconded the motion.

The motion passed unanimously.

Christine Ullstrup to email Melissa Moore to invite her to next committee meeting.

Darryl Anderson is other potential candidate identified by DHS staff member Jamie McCarville. Jamie to connect Christine Ullstrup and Daryl Anderson to ensure that he has information about committee membership. Other considerations of potential new members discussed, including someone with tribal connections, contacting the Department of Administration's Division of Intergovernmental Relations, and recruiting members that are interested in planning.

6. **Revisit Strategic Plan**

Christine Ullstrup shared the Planning & Funding Committee Work Plan 2020. Strategic Plan to be reviewed next meeting after committee has had the opportunity to review.

7. **COVID Impact**

Members shared latest COVID impacts, including challenges when staff are out of office due to COVID, vaccination of program staff, potential vaccine mandates, and related requirements for COVID testing for those that are unvaccinated. The committee discussed that all state agencies are following guidelines from the Department of Administration. Jill Gamez shared that they've given staff incentives for vaccines and that they've used guidelines from Assisted Living. Committee discussed updates to quarantine requirements. Brian Dean shared that schools have local authority and are making their own decisions related to masking and vaccines.

8. **Agenda for Next Meeting November 17, 2021 (via zoom)**

Agenda items for next committee meeting:

- Strategic planning (review and update plan for 2018 – 2022)
 - o Identifying the key points in time to provide guidance and recommendations. Determine when the committee should provide input and to whom.
- Updates for latest settlement funding: invite Paul Krupski to speak to committee
- Review preliminary survey data from RSUD Survey
- Updates for DSPS
- Attendance of potential new members: Melissa Moore and possibly Darryl Anderson

9. **Review of July 2021 Minutes**

Kellie Blechinger made a motion to approve the minutes of 8/18/21.

Brian Dean seconded the motion.

The motion passed unanimously.

10. Adjourn

Meeting adjourned at 11:45AM with a motion from Brian Dean and second by Jill Gamez.

Prepared by: Sarah Boulton on 10/20/2021.

Planning and Funding Committee reviewed and approved these minutes at its 11/17/2021 meeting.

Tony Evers
Governor



Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Kevin Florek
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

Planning and Funding Committee

November 17, 2021

9:30am to 12:30pm

Meeting to be held via Zoom

Meeting URL: <https://dhs.wi.zoomgov.com/j/1602604414>

Meeting ID: 160 260 4414

Conference Call: 669-254-5252

Agenda

- | | | |
|-----|---|---------------------------|
| 1. | Call to Order and Roll Call | Christine Ullstrup, Chair |
| 2. | Review October 20, 2021 Meeting Minutes | Christine Ullstrup |
| 3. | Public Comment | Christine Ullstrup |
| 4. | Opioid Settlement Questions | Committee |
| 5. | Opioid Settlement Update | Paul Krupski, DHS |
| 6. | Review Preliminary RSUD Survey Data | Committee Members |
| 7. | Funding Updates | Sarah Boulton, DHS |
| 8. | Revisit Strategic Plan | Committee Members |
| 9. | COVID Impact | Committee Members |
| 10. | Agenda for January (zoom) | Committee Members |
| 11. | 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 Sarah Boulton at 608.590.8598 or Sarah.Boulton@dhs.wisconsin.gov.

OPEN MEETING MINUTES

Name of Governmental Body: SCAODA Planning and Funding Committee			Attending: Christine Ullstrup, Jill Gamez, Brian Dean, Kellie Blechinger, Michelle Devine Giese, Kevin Florek, Karen Kinsey DHS Staff: Sarah Boulton guests: Sandra Westerman
Date: 11/17/2021	Time Started: 9:35AM	Time Ended: 11:45AM	
Location: Zoom			Presiding Officer: Christine Ullstrup

Minutes

1. Call Planning and Funding Committee to Order

The meeting was called to order at 9:35AM by Christine Ullstrup.

2. Review of October 2021 Minutes

Michelle Devine Giese made a motion to approve the minutes of 10.20.21.

Kevin Florek seconded the motion.

No discussion or changes mentioned

Motion to approve the minute carried unanimously.

Minutes were approved.

3. Public Comment

None.

4. Review Preliminary RSUD Survey Data

Kevin Florek provided an update on the RSUD Medicaid Benefit Provider Survey, sent via Survey Monkey. Per Kevin, there are 13 respondents who have completed the survey so far. Kevin reported the following initial survey findings:

- More than half of respondents reported that room & board was approved by counties and tribes where they are providing services
- Majority of respondents indicated that more clarification around SABG allowable expenses would be helpful
- Majority of respondents indicated that more time/staffing is required for the Medicaid approval process
- An average of 32 beds per program were reported

The committee reviewed the list of providers that the survey was sent to. List was generated by DHS. Per Kevin Florek, only one email bounced back. Committee agreed that survey should be re-sent to solicit additional responses. Committee brainstormed email titles to grab recipients' attention. Committee agreed on a new email title of 'Important – Your Help is Needed.' Committee agreed that Kevin Florek should resend survey on December 1st.

Committee members discussed licensing issue. Per Karen Kinsey, DSPS Surveyor suggested that they may be able to do a variance and/or exception for licensing requirements. Kevin Florek reports that they've been dealing with the same issue. Michelle Devine Giese reports that they applied for an exemption four months ago and are still awaiting approval. Committee members agreed that it would be helpful to have an update from DSPS at the upcoming SCAODA meeting.

5. Opioid Settlement Questions

Committee members reviewed previous meeting minutes for questions and discussed additional concerns related to opioid settlement dollars. Committee generated several questions and concerns to relay.

Jill Gamez reports that some counties are covering care in a very prescriptive way, e.g. stuck in a paradigm of covering 21 days of care. Jill asked if other committee members are running into this same issue. Christine Ullstrup reports that they have not experienced this in Milwaukee County – as long as Medicaid is approving it then counties are.

6. Opioid Settlement Update

Paul Krupski, Director of Opioid Initiatives, joined the Planning & Funding Committee to provide an update on opioid settlement dollars. Paul provided a brief update regarding staffing in the Secretary's Office, including that Deb Standridge has been named Deputy Secretary.

Paul provided the following updates related to the McKinsey settlement:

- Only settlement to be reached so far
- \$10.4 million across 5 years. 80 percent received up front, with remainder to be disbursed over next four years on May 1st of each year
- Four areas of focus for these dollars
 - o Prevention programming for communities disproportionately impacted by the opioid impact
 - o Mobile Harm Reduction teams
 - o Room and board costs for residential treatment settings
 - o Short and long-term housing for people in recovery via housing voucher program
- Residential room and board costs will remain consistent with what has previously been negotiated with providers.
- Paul is working with DOA on housing voucher specifically for people who are in recovery
- RFAs are currently being drafted for prevention and r&b
- Supplies are being purchased for the mobile Harm Reduction teams
- Hoping to roll out housing voucher program in Q1 of 2022

Karen Kinsey asked if state will manage harm reduction mobile teams. Paul responded that yes, initially state will manage these, but the hope is that the program will expand and fund providers. Paul reminded the committee that funding must be focused on opioid abatement, for example, individuals must have a diagnosis of OUD to be eligible for room and board coverage, and individuals must have a history of opioid misuse to be eligible for the housing voucher.

Karen Kinsey asked if the mobile harm reduction teams will include a SUDS professional. Per Paul, the teams will primarily be focused on triaging with assessments, distribution of naloxone/narcan, wound care, and referral to specialized care, as needed.

Jill Gamez asked if housing vouchers are specifically for residences. Paul confirmed that they must be on the state's registry.

Christine Ullstrup asked how much money will go to each county. Per Paul, funding mechanism was similar to Unmet Treatment Needs Program wherein an overall amount is listed in the RFA and counties could apply with a dollar amount within that.

Christine Ullstrup pointed out that counties that are interested in supporting care and services are likely to apply, while counties who do not see the importance of these services likely will not apply. Paul reports that they have encouraged everyone to apply.

Christine Ullstrup suggested that a pot of money is kept aside for individuals to apply, or treatment agency, if they are in a county that has not applied.

Jill Gamez noted that they have 30 people on a waitlist and another 30 people who are looking for coverage. Jill notes that the requirement that individuals have to be involved with county services can be stigmatizing. Jill recommends that treatment providers be involved in the RFA process.

Paul notes that the state is getting out dollars as quickly as possible and that it would be challenging for the state to set one rate room and board when it varies so significantly from region to region.

Christine Ullstrup asked how much will go to the housing voucher program and towards room and board. Per Paul, this is to be announced via RFAs and press release.

The committee discussed COVID-relief dollars. Paul notes that some COVID relief dollars have block grant restrictions. Christine Ullstrup suggested that the committee invite Teresa Steinmetz back to speak about COVID-relief funding.

Jill Gamez noted that a lot of money is coming out but that concerns around capacity to provide these services remain. Jill asked where does planning come into play to ensure there aren't continued gaps in care.

Paul notes that these are challenges that are absolutely recognized. Per Paul, COVID relief is going towards workforce development.

Paul provided the following updates regarding additional settlements:

- Wisconsin is actively involved in four additional settlements
- Unlike McKinsey Settlement, remaining settlements will involve, states, counties and municipalities. 30 percent will go to states and the remaining amount will go to counties and municipalities. In Wisconsin, all but one county filed.
- Unclear when these dollars will be available.

- DHS will be implementing planning process for additional settlement dollars, including engagement and feedback with stakeholders
- It will not be a lump sum. To be determined what amount and over what amount of time but funding will be specific to opioids.
- DHS will be communicating and planning with counties since they will be getting their own settlement dollars.

Karen Kinsey noted that the Planning and Funding committee is well positioned to provide general feedback from community members and providers. Karen encouraged Paul to keep the committee in mind in the planning process.

Per Paul, annual plan will be submitted to Joint Finance in April of each year. Since settlement is still being reached, it is unlikely that a plan will be submitted in 2022. An outreach plan is being developed to solicit feedback on a regular and ongoing basis.

The committee thanked Paul for attending. The committee reflected on the updates.

Karen Kinsey expressed concern about mobile harm reduction teams due to the lack of recovery coaches in parts of the state.

Jill Gamez notes that a lot of good things are happening and that the committee should start putting together and synthesizing their thoughts so that they are ready. Jill agrees that recovery coaches are not available across the state and that this is an important planning piece. Jill asks how can the committee poise itself so they are ready to give priority areas and don't wait around until after funding has been announced.

Kellie Blechinger expressed that these dollars may help build sustainability. Kellie reports that she agrees with Jill that we should have a plan in place. Per Kellie, they are using block grant dollars for certified peer support specialists in southwest region. This service is not available across the state; how do we expand it?

Michelle Devine Giese stated that she agrees with Jill that we need to assess resources and capacity. Per Michelle, sometimes systems are looking to create something new rather than build on what's already working in our communities and that sometimes it doesn't seem our voices are heard.

Jill Gamez stated that bridging is needed to take what's working and expanding it.

Christine Ullstrup noted that this should be included in the committee's strategic plan.

Karen Kinsey stated that typically the state won't review a plan until money is in hand. The committee could give feedback on the McKinsey plan now and can develop a plan for future settlements but it may not be heard yet. Karen expressed concern that since the mobile harm reduction team has braided funding with public health taking the lead that substance use may be lost.

Committee members suggested follow up, including having Andrea Jacobson update the committee about Urban Rural Women and more funding potentially going into it and having Teresa Steinmetz update the committee on COVID-relief. The committee agreed to prepare for this in January and invite Teresa for February.

7. Funding Updates

DHS Staff, Sarah Boulton, provided a brief update regarding funding. Committee members received a list of SABG funded contracts as of November 2021.

8. Revisit Strategic Plan

Committee reviewed the Planning and Funding Strategic Plan and updated strategies and objectives. Updated plan attached to meeting minutes. Committee agrees to revisit Strategic Plan at the top of the next meeting.

9. COVID Impact

Members shared latest COVID impacts. Karen Kinsey noted that there are vaccine mandates across multiple sectors and that some have been challenged/suspended and asked how the group is dealing with this. Christine Ullstrup reports that their staff is fully vaccinated and expectation for staff was to be fully vaccinated by November 12. Per Christine, two staff members lost employment as a result of the vaccine requirement. Karen Kinsey stated that employers are concerned that staffing will be impacted by a vaccine mandate. Jill Gamez noted that a memo went out around Wisconsin Medicaid agencies and that many providers are not contracted with Medicaid federally and are therefore not required to meet the vaccine requirement for federal contracted providers. Michelle Devine Giese reported that they have individually followed up with unvaccinated staff members. Karen Kinsey asked the group if they are requiring clients to be vaccinated. Christine Ullstrup reported that they do not require client to be vaccinated. Kellie Blechinger notes that there was a vaccination process for those incarcerated and that announcements have gone out for community released folks.

10. Agenda for Next Meeting January 19, 2022 (via zoom)

Agenda items for next committee meeting:

- Strategic planning (continue plan updates)
- RSUD Survey update
- Discuss new members

11. Adjourn

Meeting adjourned at 12:29PM with a motion from Jill Gamez and second by Kellie Blechinger.

Prepared by: Sarah Boulton on 11/19/2021.

These minutes are in draft form. They will be presented for approval by the governmental body on: 1/19/2022

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Prevention Committee, State Council on Alcohol and Other Drug Abuse			Attending: Members: Emily Holder, Chris Wardlow, Julia Sherman, Hannah Lepper on behalf of Kari Southern, Sarah Johnson, Faith Price, Annie Short, Meagan Pichler, Jenny Hallet, Alex Berg, Frank Buress Ex-Officio Members: Sarah Linnan, Maggie Northrop, Christy Niemuth, Linda Koenen, Daniel Ruland DHS Staff: Liz Adams, Allison Weber, Raina Haralampopoulos
Date: 7/29/2021	Time Started: 9:30 am	Time Ended: 12:00 pm	
Location: Via Zoom			Presiding Officer: Chris Wardlow, Interim Chair

Minutes

1. Welcome and Introductions.....Chris Wardlow, Interim Chair

Chris Wardlow, Interim Chair welcomed everyone, called the meeting to order at 9:51 a.m. asked them to introduce themselves.

2. Public Comment: The committee will accept comments from the public relating to any committee business.....Chris Wardlow

Interim Chair opened the floor for public comment. No public comment.

3. Approve Minutes from April Meeting..... Chris Wardlow, Interim Chair

Chris thanked Raina Haralampopoulos for the draft meeting minutes. Chris requested the Committee to review them and will entertain a motion. Julia Sherman made a motion to approve the meeting minutes as presented, Meagan Pichler seconded the motion, no discussion, and motion passed unanimously.

4. Alcohol Prevention ad hoc Workgroup Review and Approval of RecommendationsChris Wardlow and ad hoc Workgroup Members

Julia Sherman provided an overview of the work that started last October. Membership had new sectors represented and it will be more expansive than the previous workgroup in 2009/10. There were six different panels that broke into smaller discussion groups with fluid membership and operated by consensus. The recommendations that are presented to Members and Guests were voted on by the ad hoc Workgroup. The Workgroup was careful to stick to the Charge and some of the harm reduction, relapse prevention, and secondary prevention were included because the Charge included reducing alcohol related deaths. Julia and Sarah Johnson discussed the recommendation draft document and provided background information on how to read and navigate it. Specific recommendations were reviewed and more context was provided to clarify.

Motion by Sarah Johnson to accept the recommendations presented today by Julia Sherman, Frank Buress seconded the motion, discussion continued about how this report is different from the 2010 *Alcohol Culture and Environment* (also known as the ACE Report). The intent of this report is to be more “evergreen” and will benefit Wisconsin currently and into the future.

5. Discussion, Review, and Approval of the SCAODA Strategic Plan and Goals with Prevention Committee’s Program.....Chris Wardlow, Interim Chair

Members and Guests reviewed the Strategic Plan and updated objectives for the upcoming year. Frank Buress made a motion to accept the revised strategic plan for the year, seconded by Julia Sherman, no discussion, and motion passed unanimously.

6. Equity and Inclusion ad hoc Workgroup.....Meagan Pichler, Marshfield Clinic

Meagan P. shared the Prevention goal that was updated and proposed in June to the Workgroup:

Increase capacity to strengthen and support substance use prevention coalitions and agencies to enhance organizational access and opportunities, to prioritize cultural responsiveness to be reflective of diversity, equity, and inclusion within prevention efforts.

Meagan Pichler made motion to have the Equity and Inclusion as a standing agenda item to ensure the work will be completed, seconded by Hannah Lepper, motion passed.

7. Updates on Prevention Grants (PFS15, PDO, SPF Rx, and SOR 2)Raina Haralampopoulos, DCTS/DHS

8. Agency Member Updates.....Committee Members

- Frank B. shared information about the federal farm bill that excluded Delta-9, THC, in hemp production, which has been known since 1973. Delta-8 is also excluded in this bill. Discussed regulations, enforcement, and authority issues that arise with this loophole. Meagan P. and Raina H. will send Frank B. the information he requested.
- Faith Price, Dept. of Children and Families (DCF) shared that the Brighter Futures Initiatives’ grant funding announcement will be out in late summer or early fall.
- Alex Berg shared information about the Fond du lac SHIP (Strategic Health Improvement Plan).

9. Future Agenda Items.....Committee Members

- Delta 8, Cannabis, and Environmental Scans

Prepared by: M. Raina Haralampopoulos on 10/20/2021.

Minutes approved by the Prevention Committee at its (10/21/2021) meeting.

Tony Evers
Governor



Roger Frings
Chairperson

Sandy Hardie
Vice Chairperson

Kevin Florek
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
Prevention Committee**

October 21, 2021

9:30 AM to Noon

<https://dhs.wi.zoom.us/j/88112896417>

MEETING AGENDA

1. Welcome and Introductions.....Chris Wardlow, Interim Chair
2. Public Comment: The committee will accept comments from the public relating to any committee business.....Chris Wardlow
3. Approve Minutes from July Meeting..... Chris Wardlow
4. Alcohol Prevention ad hoc Workgroup Review and Approval of Recommendations Part 2.....Chris Wardlow, ad hoc Workgroup Chair, and Members
5. Delta-8 Environmental ScanDorothy Chaney
6. Equity and Inclusion ad hoc Workgroup Update..... Meagan Pichler, Marshfield Clinic
7. Agency Member Updates.....Committee Members
8. Future Agenda Items.....Committee Members

Next meeting is Thursday, January 23, 2022.

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.

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

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Prevention Committee, State Council on Alcohol and Other Drug Abuse			Attending: Members: Chris Wardlow, Sarah Johnson, Meagan Pichler, Jenny Hallett, Frank Buress, Kari Southern. Dorothy Chaney on behalf of Annie Short, Emily Holder, Danielle Luther, Maureen Busalacchi Ex-Efficio: Daniel Ruland, Sarah Linnan, Maggie Northrop, Christy Niemuth, Felice Borisy-Rudin, Felice Borisy-Rudin DHS Staff: Raina Haralampopoulos, Allison Weber, Liz Adams, Sarah Boulton
Date: 10/21/2021	Time Started: 9:30 am	Time Ended: 12:00 pm	
Location: Via Zoom			Presiding Officer: Chris Wardlow, Interim Chair

Minutes

1. Welcome and Introductions.....Chris Wardlow, Interim Chair

Chris Wardlow, Interim Chair welcomed everyone, called the meeting to order at 9: 33 a.m. asked attendees to introduce themselves.

2. Public Comment: The committee will accept comments from the public relating to any committee business.....Chris Wardlow

Interim Chair opened opened the floor for public comments. No public comments.

3. Approve Minutes from July Meeting..... Chris Wardlow

Chris requested the members to review the draft meeting notes and then will entertain a motion. Sarah Johnson made a motion to approve the meeting minutes as presented, Kari Southern seconded the motion, no discussion, and motion passed unanimously.

4. Alcohol Prevention ad hoc Workgroup Review and Approval of Recommendations Part 2.....Chris Wardlow, ad hoc Workgroup Chair, and Members

Maureen Busalacchi introduced the last seven recommendations from the ad hoc workgroup that need approval from the prevention committee. She summarized the recommendations and why they were written for this report. Chris Wardlow recommended to break recommendation # 52 into two recommendations. Kari Southern made a motion to approve the last set of recommendations for the alcohol prevention ad hoc report, Jenny Hallett seconded the motion, no discussion, and motion passed unanimously.

Sarah Johnson made a motion to approve the full set of recommendations together, Megan Pichler seconded the motion, no discussion, and motion passed unanimously.

Maureen provided an update on the report format. Report will be organized with categories and subcategories so users can pull out relevant sections to use. The Medical College of Wisconsin hopes to put the recommendations on a website where users can query the recommendations as well.

The next step is to work on the narrative and building context into the report. Workgroup will be working on this. Discussion continued on how the Committee wanted to move forward with reviewing and approving the recommendations report. The Prevention Committee will meet November 15 to review any edits and feedback and make a motion to approve the draft report to go to the full Council meeting in December. All comments and edits on the narrative and background should be sent to Maureen by the 12:00 p.m. on November 12.

5. Delta-8 Environmental ScanDorothy Chaney

Dorothy Chaney and Kim MacGregor presented the delta-8 environmental scan and infographic from the Alliance for Wisconsin Youth (AWY) coalitions. Environmental scan was adapted from a tobacco scan and was completed throughout June 2021 – August 2021 across Wisconsin. The documents will be emailed to Members

and Guests after the meeting. Discussion about delta-8 and potential prevention and public health opportunities in Wisconsin continued.

Discussion moved to the proposed Kratom legislation and prevention opportunities in Wisconsin. The Committee discussed how to be proactive and provide prevention recommendations for substances. Raina Haralampopoulos shared that prevention partners and addictionologists from the Wisconsin Society of Addiction Medicine (WISAM) have been advocating against this bill. The Intervention and Treatment Committee (ITC) is looking at Kratom and THC and had a presentation at their last meeting from a person at the Wisconsin State Lab of Hygiene. Sarah Johnson reminded members and guest that we need to continue to focus and center this work on equity.

Resources shared:

- <https://www.fda.gov/consumers/consumer-updates/5-things-know-about-delta-8-tetrahydrocannabinol-delta-8-thc>
- https://www.emcdda.europa.eu/publications/drug-profiles/kratom_en
- <http://wisam-asam.org/News/10761339>

6. Equity and Inclusion ad hoc Workgroup Update..... Meagan Pichler, Marshfield Clinic

Megan gave background on the equity and inclusion ad hoc workgroup and the importance that we prioritize this work in these meetings. Raina will send out the goals to the members again.

7. Agency Member Updates.....Committee Members

Danielle Luther shared the Family Health Center will be a Hub and Spoke participating program for Medicaid recovery services benefit. Also, there is a new rapid response hotline for family, persons that are pregnant or considering being pregnant to be connected to services. The HOPE Consortium conference occurred virtually in August with a record number of participants (144).

Emily Holder, shared by email updates from the Department of Public Instruction.

- 48 State AODA Prevention grants have been awarded for 2021-23. A list of grantees can be viewed here <https://dpi.wi.gov/sspw/aoda>
- The student AODA mini-grants are in external review and will be announced in December.
- DPI is also running a peer-to-peer suicide prevention grant competition again this year. These are \$1,000 grants available to all high schools to implement new or existing peer-to-peer suicide prevention programs. <https://dpi.wi.gov/sspw/mental-health/youth-suicide-prevention>
- Registration for the Building the Heart of Successful Schools Conference is open. More information is available here <https://www.wishschools.org/resources/BHSS.cfm>
- Approximately 50 new and returning schools will be participating in the state SBIRT project <https://www.wishschools.org/resources/schoolsbirt.cfm>
- Bullying also came up in our discussion today. Below are some new resources that have been released to support schools. Raina will be emailing these resources to the Members and Guests.

8. Future Agenda Items.....Committee Members

- Presentation about THC and Kratom

Prepared by: M. Raina Haralampopoulos on 11/12/2021.

Minutes approved by the Prevention Committee at its 11-15-2021 meeting.



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**

Monday, November 15, 2021

9:00 am to 10:00 am

<https://dhs.wi.zoomgov.com/j/1602352423?pwd=NVNQeXRkUHczSHA5L0cybkVqMFIDZz09>

[Join Zoom Meeting](#)

MEETING AGENDA

1. Welcome and Introductions.....Chris Wardlow, Interim Chair
2. Public Comment: The committee will accept comments from the public relating to any committee business.....Chris Wardlow
3. Approve Minutes from October Meeting..... Chris Wardlow
4. Review and Discuss Alcohol Prevention ad hoc Workgroup Recommendations Draft Report.....Maureen Busalacchi, Workgroup Chair
5. Future Agenda Items.....Committee Members

Next meeting is Thursday, January 21, 2022.

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.

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

OPEN MEETING MINUTES

Name of Governmental Body: Alcohol Prevention ad hoc Workgroup			Attending: David Houghton, Sarah Johnson, Sara Kohlbeck, Vaughn Bowles, Father David Reith, Ann DeGarmo, Chief Aaron Chapin, Julia Sherman, Jenny Hallet, Maureen Busalacchi, Felice Borisy-Rudin Staff: Liz Adams, Morgan Bloch, and Raina Haralampopoulos
Date: 7/23/2021	Time Started: 9:30am	Time Ended: 12:00pm	
Location: Virtually by Zoom			Presiding Officer: Maureen Busalacchi
Minutes			

1. Welcome and Introductions.....Maureen Busalacchi, Chair

Maureen Busalacchi called the meeting to order and welcomed everyone. Maureen welcomed Liz Adams, Outreach Specialist with the Population Health Institute and the Department. She thanked everyone for their time and work on the recommendations. Maureen thanked Julia Sherman and Felice Borsiy-Rudin for their time and research on the recommendations, along with Morgan Bloch and Raina Haralampopoulos for their work with the Discussion Groups and the Workgroup.

2. Public Comment: The workgroup will accept comments from the public relating to any workgroup business..... Maureen Busalacchi, Chair

Maureen opened up the public comment and requested that if anyone was from the public and wanted to give a statement that this was the time. Maureen gave a second call for comments from the public; and hearing none the public comment section closed.

3. Review and Approve Meeting Minutes from June 18, 2021.....Maureen Busalacchi, Chair

This agenda item was passed and at the next meeting on August 20 the Chair will ask for a motion to approve the June and July meeting minutes.

4. Review and Voting of the Recommendations.....Maureen Busalacchi, Chair

Maureen shared that the Workgroup still has a way to go with the recommendations and the final reports. She shared that Recommendations may be repeated if they relate to different areas and are applicable. Time will be spent during the next meeting to create a strong dissemination plan for the final report. Maureen noted that she would like to that the Governor, Legislature, communities, and any and all community decision makers receive the report. Also, receiving the report would be local public health clinics and human service departments and it would be critical that they receive it. Maureen requested members start thinking about ways to get this report into the public’s hands and raise awareness about the report.

A question was asked about the structure of the recommendations and that some recommendations have more of a narrative and context and some are the recommendation with no supporting language. Maureen clarified and stated that the recommendations are not set in stone, they will change and that they are not in their final state.

Maureen asked Julia Sherman to briefly share with members about the recommendations document and how it was formatted. Maureen will be asking members to make a motion to accept, or not accept the recommendation and amendments could be made to the recommendation.

Recommendations:

#47 – David Houghton made the motion to approve the recommendation, Sara Kohlbeck seconded, no discussion, passed.

#43 – Sarah Johnson made a motion to amend the motion and make the age 12, and add language “outside the presence of their guardian”, and that recommendation #45’s language would match, Chief Aaron Chapin seconded, no discussion and it passed. David Houghton made the motion to approve the amended recommendation, Sara Kohlbeck seconded, no discussion, and the motion passed.

#1 – Sarah J. requested the friendly amendment, “The sale of alcohol and gasoline at the same location is incompatible and continues to pose a serious threat to public safety.” which is the line from the previous ACE report. Friendly amendment with no objections. Motion to approve the recommendation with the friendly amendment was made by Chief Aaron C., seconded by Sarah J. no discussion, and the motion passed.

#2 – Sarah J. made the friendly amendment to change “or” to “of” and questioned in part 4 of the recommendation what was the system, David H. said that they Discussion Group wanted to keep it vague, there

were lots of ways to go and that the municipality could make that decision. David H. made the motion to approve the recommendation, Sara K. seconded, no discussion, and motion carried.

#3 – Motion to approve the recommendation was made by Sara K., seconded by Julia S., no discussion, and the motion carried.

#4 – Motion to approve the recommendation was made by David H., seconded by Sara K., no discussion, and the motion carried.

#7- Motion to approve the recommendation was made by David H., seconded by Jenny H., no discussion, and the motion carried.

#9- Motion to approve the recommendation was made by Sara K., seconded by David H., no discussion, and the motion carried.

#10 – Friendly amendment was requested to add “in transit systems” in the second paragraph. Motion to approve the recommendation with the friendly amendment was made by Sara K., seconded by Jenny H., no discussion, and motion carried.

#14 – Motion to approve the recommendation was made by Julia S., seconded by Sara K., no discussion, and the motion carried.

#15- Motion to approve the recommendation was made by Jenny H., seconded by Chief Aaron C., no discussion, and the motion carried.

#16 – Motion to approve the recommendation was made by Chief Aaron C., seconded by Sara K., no discussion, and the motion carried.

#22 – Friendly amendments were to add recreational “areas” and change consume to “be around” with no objections. Motion to approve the recommendation with the friendly amendments was made by Father David Reith, seconded by David H., no discussion, and the motion carried.

#41 – Motion to approve the recommendation was made by David H., seconded by Julia S., no discussion, and the motion carried.

#58 – There was a request to clarify adding conditions to a licensee and the Julia S. pointed out that this recommendation is about new Class A licenses. Motion to approve the recommendation was made by Sarah J., seconded by Jenny H., no discussion, and the motion carried.

#59 – Motion to approve the recommendation was made by David H., seconded by Sara K., no discussion, and the motion carried.

#65 – Motion to approve the recommendation was made by Julia S., seconded by Chief Aaron C., no discussion, and the motion carried.

#68 – Discussion proceed about the differences in recommendations 68 and 12. Sarah J. motions to approve the recommendation with the removal of “and in homes” and combine it with recommendation #12’s language to read as “Municipalities should adopt ordinances banning the use of beer bong and similar devices or competitions and games in licensed establishments. These devices and events are designed to force the rapid consumption of alcohol and can lead to dangerous levels of intoxication.” Seconded by Chief Aaron C., no discussion, and the motion is carried.

#6 – Motion to approve the recommendation was made by Chief Aaron C., seconded by Jenny H., no discussion, and the motion carried.

#5 – Motion to approve the recommendation was made by Chief Aaron C., seconded by Jenny H., no discussion, and the motion carried.

#11 – Motion to approve the recommendation was made by Julia S., seconded by Sara K., no discussion, and the motion carried.

#62 – Motion to approve the recommendation was made by Julia S., seconded by David H., no discussion, and the motion carried.

#40 – Motion to approve the recommendation was made by David H., seconded by Julia S., no discussion, and the motion carried.

#8 – Motion to approve the recommendation was made by Chief Aaron C., seconded by Sara K., no discussion, and the motion carried.

#67 – Motion to approve the recommendation was made by David H., seconded by Julia S., no discussion, and the motion carried.

#36 – Motion to approve the recommendation was made by Julia S., seconded by Sara K., no discussion, and the motion carried.

- #37 – Discussion about adding in language to define “local referral”. Motion to approve the recommendation with the amended language “...resources and providers for intervention and treatment services.” was made by David H., seconded by Sara K., no discussion, and the motion carried.
- #38 – Motion to approve the recommendation was made by Jenny H., seconded by Julia S., no discussion, and the motion carried.
- #39 – Motion to approve the recommendation was made by Jenny H., seconded by Julia S., no discussion, and the motion carried.
- #42 – Motion to approve the recommendation was made by Julia S., seconded by Jenny H., no discussion, and the motion carried.
- #17 - Motion to approve the recommendation was made by Jenny H., seconded by Julia S., no discussion, and the motion carried.
- #33. Issued by municipality it’s a license, JS will double check license, combining 68 and 63 – statutory change in #68 is liked. RECOMMENDATION: WI should amend Wis. Stat. sec. 125.18 to require Responsible Beverage Server training within the past two years as a requirement to receive a manager's license. This recommendation does not need to be discussed.
- #34 – Motion to approve the recommendation was made by Chief Aaron C., seconded by David H., no discussion, and the motion carried.
- #63 – Maureen would like clarification on who is making the violation and what is the violation. Motion to approve the recommendation with contextual language added was made by Julia S., seconded by David H., no discussion, and the motion carried.
- #48 – Do we want to limit it to DHS? No issues arose. Motion to approve the recommendation was made by David H., seconded by Julia S., no discussion, and the motion carried.
- #50 – Sarah J. made a motion exclude from the report. She reached out to Dane County Data Analyst who is also a paramedic in the field. The Data Analyst stated that there is already data that could be analyzed. Discussion continued. Julia S. made a motion to table the recommendation, seconded by Chief Aaron C., no discussion, and motion carries.
- #51 – Sarah J. shared that this recommendation was already being done on the data dashboards. Members viewed the dashboard technical notes. Motion to exclude this recommendation since it is already done was made by Sarah J., seconded by Chief Aaron C., no discussion, Julia S. and Jenny H. both voted opposed, and motion carries.
- #49 – Motion to approve the recommendation was made by Chief Aaron C., seconded by Sarah J., no discussion, and the motion carried.
- #30 – Motion to approve the recommendation was made by Chief Aaron C., seconded by David H., no discussion, and the motion carried.
- #53 – Felice wrote the language, the introductory paragraph and not the recommendation, add “Currently, a brewer may operate” AC, DH, motion carries
- #56 – Motion to approve the recommendation was made by Jenny H., seconded by Julia S., no discussion, and the motion carried.
- #60 – Motion to approve the recommendation was made by David H., seconded by Chief Aaron C., no discussion, and the motion carried.
- #64 – Friendly amendment to change the “implementing organization” to municipalities and law enforcement. Motion to approve the recommendation was made by Sarah J., seconded by Chief Aaron C., no discussion, and the motion carried.
- #61 - Motion to approve the recommendation was made by Julia S., seconded by David H., no discussion, and the motion carried.
- #19 – Motion to approve the recommendation was made by David H., seconded by Julia S., no discussion, and the motion carried.
- #29 – Chief Aaron C., stated that this recommendation is the same as recommendation #53 and the suggestion was to add “2, 6/7” to the Discussion Group numbering. The motion was made to strike one of these recommendations and use the language in the final report as context to the other recommendation. This motion was made by Chief Aaron C., seconded by Julia S., no discussion, and the motion carried.
- #46 – Motion to approve the recommendation was made by Julia S., seconded by Chief Aaron C., no discussion, and the motion carried.
- #23 –The recommendation was from the previous report, and a friendly amendment to include “repeal existing statutory” and include the citation, along with a friendly amendment from Maureen to spell out acronyms. Motion

- to approve the recommendation with friendly amendments was made by Julia S., seconded by Jenny H., no discussion, and the motion carried.
- #24 – Friendly amendment to change “needs” to “should” and motion to approve was made by Jenny H., seconded by Julia S., no discussion, and motion carries.
- #26 – Recommendation will be combined with recommendation #55. “The Wisconsin Legislature should not enact any legislation to expand Direct to Consumer...” will be added to the recommendation and the motion was made by Chief Aaron C., seconded by Julia S., no discussion, and motion carries.
- #28 – Motion to approve the recommendation was made by Chief Aaron C., seconded by Julia S., no discussion, and the motion carried.
- #32- Motion to approve the recommendation was made by Sarah J., seconded by Julia S., no discussion, and the motion carried.
- #55 – Motion to strike recommendation was made by Sarah J., seconded by Chief Aaron C., no discussion, and motion carries.
- #13 – Motion to approve the recommendation was made by David H., seconded by Julia S., no discussion, and the motion carried.
- #54 – Motion to approve with contextual language added was made by Chief Aaron C., seconded by Julia S., no discussion, and motion carries.
- #31- It was clarified that this recommendation would freeze a quota at the next census count and would not get higher. Motion to approve the recommendation was made by Jenny H., seconded by Julia S., no discussion, and the motion carried.
- #66 – Recommendation was already discussed.
- #57 – Wisconsin’s requirements for face-to-face alcohol sales on alcohol, recommend keeping face-to-face alcohol sales, if there are changes, then these would be the pieces that need to be in place to protect our youth. Motion to approve the recommendation was made by David H., seconded by Julia S., no discussion, and the motion carried.
- #18 – Motion to approve the recommendation was made by Chief Aaron C., seconded by Julia S., no discussion, and the motion carried.
- #21 – Discussion about the recommendation and the Workgroup’s Charge alignment. Motion to table recommendation by Chief Aaron C., seconded by Julia Sherman, no discussion, and motion carries.

Prepared by: Raina Haralampopoulos on 8/16/2021.

These minutes are in draft form. They will be presented for approval by the governmental body on: 8/20/2021



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
Alcohol Prevention ad hoc Workgroup**

Join Zoom Meeting: <https://dhs.wi.zoom.us/j/86006834113>

August 20, 2021

9:30 a.m. to 11:30 a.m.

MEETING AGENDA

1. Welcome and Introductions.....Maureen Busalacchi, Chair
2. Public Comment: The workgroup will accept comments from the public relating to any workgroup business.....Maureen Busalacchi, Chair
3. Review and Approve Meeting Minutes from July 23, 2021Maureen Busalacchi, Chair
4. Alcohol Ambulance Data Presentation.....Maureen Busalacchi, Chair
5. Review and Voting of the Recommendations.....Maureen Busalacchi, Chair
6. Dissemination Plan for the Report and Website.....Maureen Busalacchi, Chair
7. Next Steps.....Maureen Busalacchi, Chair

Next Full Workgroup Meeting: September 17, 2021 from 10:00 to 11:00 a.m.

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

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

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Alcohol Prevention ad hoc Workgroup			Attending: Members: Jenny Hallett, David Houghton, Sara Kohlbeck, Maggie Northrop (on behalf of Cecie Culp), Sarah Johnson, Julia Sherman, Dr. Hee Soo Jung, Lashwanda Maulson, Ann DeGarmo Not Present and Excused: Dawn Berney, Father David Reith Guests: Eric Anderson Staff: Morgan Bloch, Raina Haralampopoulos
Date: 8/20/2021	Time Started: 9:30 am	Time Ended: 11:30 pm	
Location: Via Zoom			Presiding Officer: Maureen Busalacchi, Chair

Minutes

1. Welcome and Introductions.....Maureen Busalacchi, Chair

Maureen Busalacchi, Chair welcomed everyone.

2. Public Comment: The committee will accept comments from the public relating to any committee business.....Maureen Busalacchi, Chair

Chair opened the public comment agenda item and requested comment. No public comment.

3. Review and Approve Minutes from July 23, 2021 Meeting..... Maureen Busalacchi, Chair

Maureen B. requested the Workgroup to review the meeting minutes and will entertain a motion. David Houghton made the motion to approve the meeting minutes. Julia Sherman seconded the motion, no discussion, and the motion passed unanimously.

4. Alcohol Ambulance Data Presentation.....Maureen Busalacchi, Chair

Maureen B. welcomed Eric Anderson to the Workgroup. Eric A. works in Dane County and with ambulance data. It has limited data fields and the alcohol question is required to be completed to submit the report. The six indicators on alcohol/drug use are, 1) alcohol container/paraphernalia at scene, 2) patient admits to alcohol use, 3) drug paraphernalia at scene, 4) patient admits of drug use, 5) smell of alcohol beverage on breath, and 6) positive level known from law enforcement or hospital record. There is a free text area however this can get very tedious when data mining. There is also a selection for alcohol withdrawal and alcohol use. Data is submitted to the state database through NEMSIS – National EMS Information System. Data also includes GPS coordinates, nine digit latitude and longitude information. Sometimes information about alcohol use is relayed by the 911 dispatcher or law enforcement. Eric provided email addresses if people are interested in ambulance data at the state and Dane County levels: Anderson.Eric@countyofdane.com and Emma.Brown@dhs.wisconsin.gov. Maureen thanked Eric for his time and presentation.

5. Review and Voting of RecommendationsMaureen Busalacchi, Chair

Maureen shared that the Prevention Committee had approved the recommendations. They had some ideas about the dissemination and layout of the report.

The Workgroup reviewed and voted on the remaining recommendations and made the following friendly amendments:

- Recommendation #50 - Discussion about how to move forward with this recommendation. Julia Sherman made a motion to amend the recommendation to add this information to the public facing alcohol data dashboards. Maggie Northrop seconded the motion, no discussion and the amendment passed. Vote on amended recommendation was made by Maureen B., with no discussion and the motion carried.
- Recommendation #44 – Julia S. motions to approve, Jenny Hallett seconded, no discussion, and motion is approved.

- Recommendation #21 – Discussion about the recommendation. Felice drafted the new recommendation to read as the following “The state, counties, and municipalities should conduct mandatory annual trainings for their elected and appointed government officials and committee members in the relevant ethics code from Wis. Stats. sec 19.45 (state public officials) or sec. 19.59 (local officials, employees & candidates), and in any applicable local ordinances. This training should not be limited to elected and appointed officials, but should also be given to all committee members of any committees making decisions on alcohol related matters, including licensing, permitting, and law-making.” David Houghton made the motion to approve the recommendation, seconded by Dr. Hee Soo Jung, no discussion, motion carried, and Ann DeGarmo abstains from voting.
- Recommendation #27 – Julia S. made a motion to approve, Sara Kohlbeck seconded, no discussion, and motion carried.
- Recommendation #20 – Recommendation is similar to Recommendation #64. Motion to strike recommendation by Sarah Johnson, seconded by Maggie N., no discussion, and motion carried.
- Recommendation #52 – Discussion about the recommendation and breaking it into two recommendations, one on licensing and one on screening. Motion to approve the recommendation with the friendly amendment was made by David H., seconded by Sara K., no discussion, and motion was approved.
- Recommendation #45 – Amendments added. Motion to approve the recommendation with the amendments was made by David H., seconded by Dr. Jung, no discussion, and motion was approved.
- Last one (not numbered) – friendly amendment. Motion to approve recommendation was made by Julia S., seconded by David H., no discussion, and amendment approved.

6. Dissemination Plan for the Report and Website.....Maureen Busalacchi

Maureen shared slides on the dissemination plan that outlined spokespersons and critical agencies that the Workgroup will be reaching out to that includes advocates (Alliance for Wisconsin Youth, Wisconsin Public Health Association, etc.), Governor’s Office and state agencies, and key legislators/committee chairs. It is proposed that after the report is released (hopefully) after December, the report would be disseminated to law enforcement, state agencies (Dept. of Children and Families), individuals that shared information with the Workgroup, health systems, and the Wisconsin Legislature. There are plans to make this report interactive on a website by the Medical College of Wisconsin.

7. Next Steps.....Maureen Busalacchi, Chair

Next meeting is September 17, 2021 at 10:00 am.

Prepared by: M. Raina Haralampopoulos on 9/15/2021.

Minutes approved by the Prevention Committee at its (9/17/2021) meeting.



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
Alcohol Prevention ad hoc Workgroup**

Join Zoom Meeting: <https://dhs.wi.zoom.us/j/81340080920>

September 17, 2021
10:00 a.m. to 11:00 a.m.

MEETING AGENDA

1. Welcome and Introductions.....Maureen Busalacchi, Chair
2. Public Comment: The workgroup will accept comments from the public relating to any workgroup business.....Maureen Busalacchi, Chair
3. Review and Approve Meeting Minutes from August 20, 2021.....Maureen Busalacchi, Chair
4. Discussion of Dissemination Plan.....Maureen Busalacchi, Chair
5. Review Recommendations and Final Vote.....Maureen Busalacchi, Chair

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Alcohol Prevention ad hoc Workgroup serves under the Prevention Committee of the State Council on Alcohol and Other Drug Abuse (SCAODA). The Workgroup's primary objective is to assist SCAODA with coordinating substance abuse prevention 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 Raina Haralampopoulos at 608-772-8865 or at Mary.Haralampopoulos@dhs.wisconsin.gov.

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

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Alcohol Prevention ad hoc Workgroup			Attending: Members: David Houghton, Sara Kohlbeck, Maggie Northrop, Sarah Johnson, Julia Sherman, Dr. Hee Soo Jung, Ann DeGarmo, Father David Reith, Lynne Cotter, Jenny Hallett Not Present and Excused: Aaron Chapin Staff: Raina Haralampopoulos
Date: 9/17/2021	Time Started: 10:00 am	Time Ended: 11:00 am	
Location: Via Zoom			Presiding Officer: Maureen Busalacchi, Chair

Minutes

1. Welcome and Introductions.....Maureen Busalacchi, Chair

Maureen Busalacchi welcomed everyone to the last meeting of the Alcohol Prevention ad hoc Workgroup.

2. Public Comment: The workgroup will accept comments from the public relating to any workgroup business.....Maureen Busalacchi, Chair

Maureen opened the public comment section, no public comment.

3. Review and Approve Meeting Minutes from August 20, 2021.....Maureen Busalacchi, Chair

Maureen asked members for a motion to approve the meeting minutes from the meeting on August 20. David Houghton moved to approve the meeting minutes, seconded by Sara Kohlbeck, no discussion, and motion passed.

4. Review Recommendations and Final Vote.....Maureen Busalacchi, Chair

Maureen requested to switch agenda items so next on the agenda is to review recommendations and final vote. Maureen clarified the two recommendations documents that were emailed out to members. She is requesting for a motion to approve the recommendations (from the two Word documents) as a slate.

Dr. Jung requested an edit on recommendation #45, changed ages 10 to 12. Motion moved to approve by David H., seconded by Julia S., discussion on the last recommendation on the recommendation document 8-23 needs to be changed from local public health departments to local human services departments, and motion was approved.

Motion to combine recommendations from the two Word documents labeled 8.16 and f8.23, as a slate forward to the Prevention Committee and SCAODA, moved by Julia S., seconded by Dr. Jung, no further discussion, and motion passes unanimously.

Motion to authorize members and staff to make changes in the recommendation report that to make it more user friendly and to prepare recommendation summaries and visual aids, Maggie Northrop, seconded by Sara Kohlbeck, no discussion, and motion passes.

Maureen is looking for volunteers to assist with the formatting of the recommendation report. There is still work that needs to happen because the current draft is not user friendly. The recommendations and their intent will not be changed. The smaller workgroup would assist in finalizing a draft recommendation report. Sarah Johnson, Jenny Hallett, and Dr. Jung offered to assist with the process. Sarah K. and Maggie N. offered to review and comment the draft report. Lynne C. offered to assist with getting some data together and work on graphics.

5. Discussion of Dissemination Plan.....Maureen Busalacchi, Chair

Maureen shared the next steps. She, along with staff and some members will be briefing the Council and other state agencies about the recommendations. Materials like PowerPoints, summaries, and visual aids will be created so the public will be prepared to share information with other key stakeholders. Maureen does not want any important key stakeholders to be “blind-sided” with the recommendations. Maggie N. will be working with Raina so that State Council on Alcohol and Other Drug Abuse (SCAODA) and the Department are aware of the recommendations.

There was a question about if the report receives “adverse reactions” and Raina shared past processes about how the public can share their information and thoughts about the recommendations. Maureen also said individuals who shared information with the Workgroup will be given notice about the recommendations and the recommendation report as common curtesy.

Raina Haralampopoulos shared a PowerPoint that had two slides describing the approval and endorsement process and the structure of SCAODA. She will be emailing the slides to members after the meeting.

Maureen concluded the meeting with sharing her appreciation for everyone’s work, time, and diplomacy and thanked them.

Prepared by: M. Raina Haralampopoulos on 9/17/2021.

Minutes will not be approved by the Alcohol Prevention ad hoc Workgroup since this is the last meeting.

Moving Forward: Policies and Strategies to Prevent and Reduce Excessive Alcohol Use in Wisconsin



Analysis and Recommendations for Addressing and Reducing Excessive Alcohol Use in Wisconsin

DECEMBER 2021

Wisconsin State Council on Alcohol and Other Drug Abuse
Prevention Committee
Alcohol Prevention Ad-Hoc Workgroup



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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Charge to the Alcohol Prevention Ad-Hoc Workgroup

Excessive alcohol use remains a significant threat to the health, safety, and prosperity of Wisconsin’s residents. Despite decreases in underage drinking, Wisconsin’s rate of underage drinking remains above the national average. Early alcohol use creates a vulnerability to later opiate misuse and dependence among our children, a risk that should trouble all residents. Unhealthy and dangerous drinking among Wisconsin’s adult population remains disturbingly high. Recent research suggests that even moderate alcohol use among the elderly carries more health and safety consequences than previously known. Given the broad scope of alcohol-related concerns in Wisconsin, this is a public health and safety concern that must be addressed at the population level.

There is a need for effective individual and population level interventions that can be implemented throughout Wisconsin. Since the 2010 release of the State Council on Alcohol and Other Drug Abuse’s (SCAODA) report on *Alcohol, Culture and Environment*, municipal interest and experience in implementing evidence-informed policies and practices that reduce alcohol misuse has increased dramatically. In the intervening decade, research into effective policies and practices has refined earlier options and suggested new interventions and policies. In addition, the increasing range of retailing options and alcohol products creates issues unanticipated by current statutes.

Across Wisconsin, communities are working to meet the three alcohol-related objectives in *Healthy Wisconsin*; 1) reducing underage drinking, 2) reducing heavy and binge drinking among adults and, 3) reducing alcohol-related deaths. These three goals will improve the quality of life in Wisconsin and can reduce the financial burden excessive alcohol consumption places on municipalities responsible for emergency services and law enforcement.

Accordingly, the Alcohol Prevention Ad Hoc Committee will review and recommend evidence-based and evidence-informed alcohol policies that support the objectives and strategies listed in *Healthy Wisconsin* and can be effectively implemented under Wisconsin’s alcohol policy framework.

The Ad Hoc Committee will:

- ❖ Identify barriers that slow progress towards the alcohol objectives in *Healthy Wisconsin*.
- ❖ Identify gaps in Chapter 125 statutory language that limit or prevent effective alcohol regulation.
- ❖ Identify the groups, organizations and professions that have roles in the adoption and implementation of identified strategies.
- ❖ Identify under-recognized alcohol-related health issues and the appropriate agency, organization, or profession best able to fill those gaps.
- ❖ Identify gaps in data collection that limit the ability of law enforcement, health care providers and educators to identify and implement effective policy or program options.
- ❖ Consider how all levels of government can support individuals in addiction recovery in their communities.



Alcohol Prevention Ad-Hoc Workgroup Membership

Dawn Berney, MPA

Executive Director, Jewish Social Services

Dan Nordstrom

Citizen Member

Vaughn Bowles, MHA, MBA

Public Information Officer, Menominee Tribal Clinic

Very Reverend David H. Reith

Vicar General, Catholic Charities of the Archdiocese of Milwaukee

Maureen Busalacchi (Committee Chair)

Director, Wisconsin Alcohol Policy Project, Comprehensive Injury Center, Medical College of Wisconsin

Julia Sherman

Founding Director of the Wisconsin Alcohol Policy Project – (Retired)

Chief Aaron Chapin

Chief of Police, Village of McFarland

Ex-Officio Members

Lynne Cotter, MPH, PhD Candidate

Research Scientist at the Wisconsin Department of Health Services (Former)

Felice Borisy-Rudin, JD, PhD

Policy Analyst, Wisconsin Alcohol Policy Project

Cecilia Culp, MS

Health Equity Program and Policy Analyst, Wisconsin Department of Health Services

Reverend Brian Mason

Former Pastor of the St. Mary Parish, Hales Corners

Anne DeGarmo

Legislative Advisor, Wisconsin Department of Revenue

Margarita Northrop, MPH, MIPA

Wisconsin Department of Health Services

Jenny Hallett

Impacted Citizen Member

Committee Staff

Elizabeth Adams, MPH

Prevention Outreach Specialist, Wisconsin Department of Health Services

David Houghton

Citizen Member

Morgan Bloch

Research Assistant, Wisconsin Alcohol Policy Project

Sarah Johnson

Community Health Education Specialist, Public Health Madison & Dane County

Mary Raina Haralampopoulos, MSW

Prevention Coordinator, Wisconsin Department of Health Services

Hee Soo Jung, MD

Associate Professor of Surgery, Department of Surgery, University of Wisconsin School of Medicine and Public Health

Sara Kohlbeck, MPH

Director, Division of Suicide Prevention Comprehensive Injury Center
PhD Candidate, Institute for Health and Equity
Medical College of Wisconsin

**Workgroup members and staff listed were contributors to this report. Individual recommendations in this report are not necessarily endorsed by the committee members, staff, or their employers.*

LaShawnda Maulson

Prevention Program Director, Lac du Flambeau Tribe



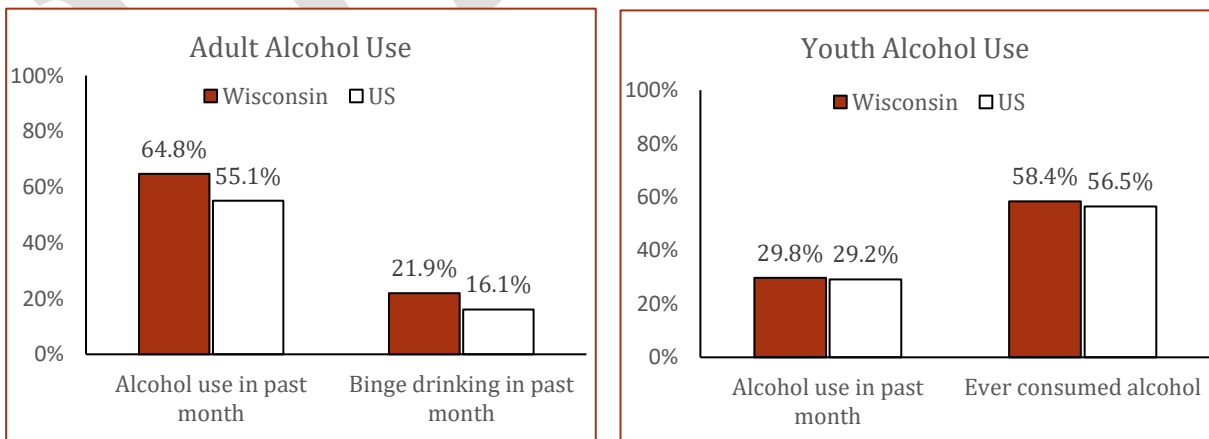
Background

The State Council on Alcohol and Other Drug Abuse’s 2010 report on *Alcohol, Culture, and Environment* created statewide interest and action towards reducing excessive alcohol use in Wisconsin through evidence-based and evidence-informed practices. Since 2010, Wisconsin has seen improvements in youth drinking behaviors that are comparable to the national trends. Between 2011 and 2019, the number of Wisconsin youth who had ever consumed alcohol decreased. In addition, the number of Wisconsin youth who consumed alcohol in the past month prior to answering the survey decreased by 24%. Wisconsin has also seen improvements in adult awareness about binge drinking; between 2013 and 2018, awareness of great risk of harm from weekly binge drinking increased 11%. Yet, this remains lower than the national average and behaviors of alcohol use and binge drinking by Wisconsin adults did not change significantly during 2013-2018. Alcohol-attributable deaths in Wisconsin have also increased 30% over the same period of time, and increased another 18% in 2020 during the Covid-19 pandemic. (Wisconsin Department of Health Services [WI DHS], 2019)

Healthiest Wisconsin 2020, the community-driven Wisconsin State Health Plan, designated alcohol as one of the five priority health issues that Wisconsin communities need to continue to address due to high rates of use (WI DHS, 2019). The use of alcohol by Wisconsin adults and youth (ages 12-18) consistently remains higher than the national average. According to WI DHS’ data dashboards, in 2019:

- ❖ 64.4% of adults in Wisconsin indicate they used alcohol in the past month compared to 55.1% of adults in the United States (US).
- ❖ 21.9% of adults in Wisconsin indicate binge drinking in the past month compared to 16.1% of adults in the US.
- ❖ 58.4% of youth in Wisconsin indicate they have ever consumed alcohol compared to 56.5% of youth in the US. 29.8% of youth in Wisconsin indicate they have used alcohol in the past month compared to 29.2% of youth in the US. That means that over approximately 150,000 high school students in Wisconsin had used alcohol in the past month.

Figure 1. Adult and Youth Alcohol Use in Wisconsin and the United States, 2019



Source: WI DHS Alcohol Adult Consumption Module and WI DHS Alcohol Youth Consumption Module. Available at <https://www.dhs.wisconsin.gov/alcohol/index.htm>. Accessed on 9/15/2021.

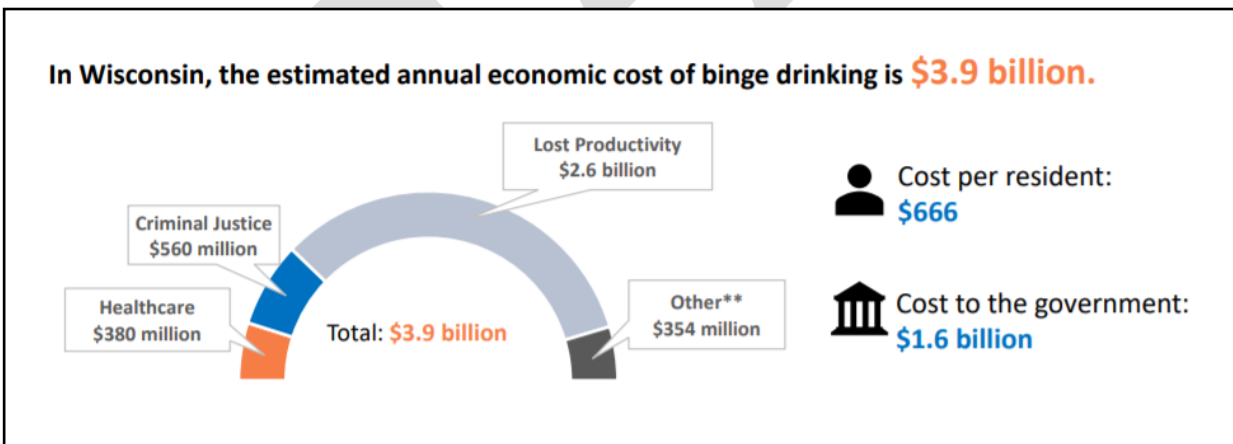


The high prevalence of unhealthy drinking behaviors negatively impacts individual disease and death. The most recent data in Wisconsin show that:

- ❖ Estimated deaths attributed to alcohol have increased each year since 2014. Most recently in 2020, there were an estimated 3,099 deaths attributed to alcohol (WI DHS).
- ❖ There were 36,925 emergency room visits in 2019 due to chronic alcohol use conditions (WI DHS).
- ❖ Alcohol is the most commonly found substance among suicide deaths between 2014-2017 (Prevent Suicide Wisconsin, 2020).
- ❖ Alcohol was the most common substance for individuals seeking substance use services in 2020. About 12,095 (46.9%) of individuals were served for alcohol related services (WI DHS).
- ❖ Drinking alcohol can increase a person’s risk for at least seven types of cancer and Wisconsin is above the national average of cases for three of them, including mouth and throat, larynx, and esophagus cancer (American Cancer Society, 2016).

In addition to individual burden, we know that the collective costs of health care, criminal justice involvement, lost productivity, and other factors due to excessive alcohol use create a large economic burden. Excessive alcohol use, which includes binge drinking, heavy drinking, and alcohol consumption by pregnant women and those under 21, is responsible for \$249 billion in economic costs (Sacks, Gonzales, Bouchery, Tomedi & Brewer, 2015). In Wisconsin, binge drinking specifically accounts for about 76% of the economic cost of excessive alcohol consumption. The graphic below shows how the estimated costs for binge drinking add up for Wisconsin’s residents and the government (Linnan, Paltzer & Skalitzky, 2019).

Figure 2. Economic Costs of Binge Drinking in Wisconsin



Source: The Burden of Binge Drinking in Wisconsin. Available at: <https://uwphi.pophealth.wisc.edu/publications-2/evaluation-reports-2/burden-of-binge-drinking/>. Accessed on 9/15/2021.

Alcohol remains a significant threat to the health, safety, and prosperity of individuals, communities, and society as a whole. Local governments, state agencies, organizations, and businesses have a role in preventing unhealthy alcohol use by enacting population-level changes to make Wisconsin a healthier place for all.



Using This Report

This report is designed to help the user find how they can be impactful regarding Wisconsin's alcohol environment in order to create a safe and healthier Wisconsin for all. The intent is the recommendations provided in this report will be used in your community, with coalitions looking to reduce harm of excessive use of alcohol; with healthcare systems, and providers; with municipalities, counties, and state government officials; and with decision makers and lawmakers of all types and levels of government so they all can make informed decisions to create safer and healthier communities.

The 61 recommendations in this report are listed under the organizations that should consider the recommendation. When a recommendation should be considered by multiple implementing organizations, the recommendation will appear in all appropriate sections and will have a note indicating where it is cross-listed. The report includes recommendations for the following implementing organizations:

1. **Local Government** (Counties; Tribes; Municipalities including Cities, Villages, and Towns; and their various departments, such as law enforcement, etc.)
2. **State Government and State Agencies**
3. **Civic, Community, Educational and Religious Organizations**
4. **Healthcare Systems and Providers**
5. **Alcohol Industry**

Each recommendation will also have a listed purpose. The purposes describe the methods in which the recommendation seeks to change the environment. Some recommendations will have multiple purposes listed. The purposes are defined below:

1. **Modify the drinking environment** - Recommendations focused on reducing the acceptability of underage, heavy and binge drinking
2. **Increase cost of alcohol** - Recommendations focused on the true cost of excessive alcohol use as well as evidenced-based recommendations that will also reduce youth consumption as well as reducing heavy and binge drinking.
3. **Reduce promotion of alcohol to youth** - Recommendations are focused on limiting attractiveness and advertising of alcohol to reduce excess consumption.
4. **Reduce availability of alcohol** - Recommendations are focused on reducing availability of alcohol to reduce consumption.
5. **Support evidence-based alcohol education** - Recommendations include evidenced-based policy and programming for educators and staff, k-12 education, school districts, higher education, and community groups especially for youth and parents.
6. **Engage in preventive health care** - Recommendations are focused on reversing alcohol-related disease and death trends.
7. **Enact laws and regulations** - Recommendations are focused on filling voids in the current alcohol regulatory system.
8. **Monitor and evaluate** - Recommendations are focused on improving data collection systems.

If you have questions about any of these recommendations, please contact: Maureen Busalacchi, mbusalacchi@mcw.edu.



Executive Summary

The goal of this report is to provide evidence-based research regarding policies to keep the health, safety, and prosperity of Wisconsin’s residents in good stead. Unhealthy and dangerous drinking among Wisconsin’s adult population remains disturbingly high. These actions create an environment that too often, our children and youth will model. It is critical we all work towards providing a safer environment for our families, friends, and neighbors. This is a public health and safety concern that must be addressed at the population level in order to create healthy and safe communities for all.

Wisconsin’s alcohol policy framework is framed around local control, though every level of government plays a role in how alcohol is made, distributed, sold and where it may be consumed in public. Wisconsin’s framework of policies in some communities has not been effective enough to create safer roads, downtowns, or neighborhoods. The more we know how evidence-based policies create better environments, the better Wisconsin can do as a whole to reduce the number of rankings that find Wisconsin on the wrong end of the scale (Bentley, 2021; Stebbins, 2021). Some aspects of Wisconsin’s approach to alcohol regulation has had the unintended consequence of encouraging excessive alcohol consumption. However, we can change this trend by adopting policies and practices in our community that do not contribute to alcohol environments that encourage vast overuse of alcohol. Localities everywhere in our state are working to develop economic growth; but success for every business does not necessarily include a license to sell alcohol (Centers of Disease and Control, 2019). Additional locations selling or serving alcohol can mean private profit at a social cost that inherently increases the tax levies in our local and state governments due to the damage done by overconsumption of alcohol for our employers, hospitals and clinics, law enforcement, and criminal justice system. It also increases violence in public and private homes (Linnan, Paltzer & Skalitzky, 2019). Many Wisconsin communities are creating safer, healthier communities by implementing policies and practices that reduce excessive alcohol consumption. By doing, they are ensuring that families, friends and neighbors can have fun and be safe while still having opportunities to enjoy alcohol socially and have their communities thrive.

Treatment for alcohol use disorders is not addressed in this report. This report contains recommendations relating to identifying and addressing alcohol misuse before alcohol use disorders come into play or before behavioral and or medical interventions are needed. With nearly one-quarter of Wisconsin’s adult population meeting the federal definition of binge drinking weekly, improving the alcohol environment is important not only for adults, but for our children who grow up in this environment of overconsumption. It will improve their health, safety, and well-being.

The bottom line is that this report recommends the strategies that have been found to work in Wisconsin, across the country and even in other parts of the world. While all recommendations have a place in reducing the burden of excessive alcohol use, the key recommendations are:

- ❖ Raising the price of alcohol (reduce youth consumption and binge, heavy drinkers);
- ❖ Reducing density of alcohol outlets;
- ❖ Alcohol Compliance checks to ensure outlets aren’t selling to children;
- ❖ Place of Last Drink (POLD) to help communities understand where excessive alcohol drinking is happening within their communities; and
- ❖ Screenings and brief interventions as evidence shows it can help reduce those who are binge drinking and also those who should be referred to treatment.



The Alcohol Prevention Ad-Hoc Workgroup would like to thank the following individuals and organizations for their assistance, guidance, and expertise in developing these recommendations:

- ❖ Eric Anderson, Data Analyst, Dane County Department of Emergency Management
- ❖ Jeremy Arney, PhD, Assistant Professor of Political Science and Public Administration, University of Wisconsin- La Crosse
- ❖ Scott Caldwell, SBIRT Coordinator, WI Department of Health Services
- ❖ Deborah Carey, Founder and President, New Glarus Brewing
- ❖ Jessica Ceella, Deputy City Clerk and License Division Manager, City of Milwaukee
- ❖ Jerry Deschane, Executive Director, League of Wisconsin Municipalities
- ❖ Zachary Dolan, Alcohol and Tobacco Specialist, Department of Revenue
- ❖ Raimée Eck, PhD, MPH, MPA, CPH, Advocacy Chair, Maryland Public Health Association
- ❖ Sheriff Chris Fitzgerald, Barron County Sheriff's Department
- ❖ Mark Flower, Certified Peer Specialist, Peer Recovery Coach, Emotional CPR, QPR Gatekeeper Trainer, Strategic Advisor at Growing Rural Outreach Through Veteran Engagement Center
- ❖ David Galbis-Reig, MD, Medical Director of Addiction Services, Ascension Wisconsin All Saints
- ❖ Jeffrey Glazer, JD, Clinical Associate Professor, University of Wisconsin Law School Law and Entrepreneurship Clinic
- ❖ Nicol Grathen, Behavioral Health Manager, Green Lake County, WI county human service association
- ❖ Catherine Kolkmeier, MS, Executive Director, La Crosse Medical Health Science Consortium
- ❖ Jason Kraemer, Excise Tax Lead Worker at Department of Revenue
- ❖ Peter Kammer, President at the Kammer Group, LLC, Wisconsin Beer Distributors
- ❖ Noelle LoConte, MD, Associate Professor of Medicine, University of Wisconsin Carbone Cancer Center
- ❖ Captain Jason Melby, Assistant Chief of Policy, LaCrosse Police Department
- ❖ Lucas Moore, LCSW, SUD, CSIT, ACS, Associate Lecturer, Sandra Rosenbaum School of Social Work; Psychotherapist and Director of Clinical Training, Westside Psychotherapy
- ❖ Jennifer Mueller, MBA, RHIA, FACHE, FAHIMA, Vice President and Privacy Officer, Wisconsin Hospital Association Information Center
- ❖ Karen Nash, MBA, Program Leader Injury Prevention and Death Review, Children's Health Alliance of Wisconsin
- ❖ Ann O'Rourke, MD, MPH, Trauma Medical Director, UW Health; Vice Chair, Wisconsin State Trauma Advisory Council
- ❖ Tyler Quam, Special Agent in Charge of Alcohol and Tobacco Enforcement Unit, Department of Revenue
- ❖ Lisa Rasmussen, Chairperson of the Public Health and Safety Commission, Wausau City Council
- ❖ Patrick Reilly, Person in Recovery
- ❖ Brenda Rooney, Ph.D, Epidemiologist, Gunderson Health System
- ❖ Nels Rude, Wisconsin Beer Distributors Association
- ❖ Brandon Scholz, President and CEO, Wisconsin Grocers Association
- ❖ Sara Smith, MS, Director, Alcohol and Other Drug Prevention and Education Programs at Marquette University
- ❖ Natasha Tynczuk, MPH, Data Project Manager, Children's Health Alliance of Wisconsin
- ❖ Charles Vear, MPH, Wisconsin Violent Death Reporting System Coordinator, Division of Public Health
- ❖ Reonda Washington, MPH, CHES, Alcohol and Other Drugs Prevention Coordinator, University of Wisconsin- Madison University Health Services



- ❖ Paul Williams, Councilmember and Chair of Alcohol License Advisory Committee, Janesville City Council
- ❖ Katie Wilson, MA, Health Educator, University of Wisconsin – Eau Clair
- ❖ Mike Wittenwyler, JD, Attorney, Wisconsin Beer Distributors Association and Wisconsin Wine and Spirit Institute

DRAFT



Local Government

The main responsibility for alcohol licensure and control falls on local governments in Wisconsin. Local governments can improve the alcohol environment through adoption and implementation of evidence based practices. This report recommends these specific changes in municipal policy that are proven to reduce excessive alcohol use including binge drinking, heavy drinking, and underage drinking. The definition of local government includes municipalities, counties, and tribes. For the purpose of alcohol beverage regulation, the Wisconsin Statutes define a municipality as “a city, village, or town.” Municipalities may license and regulate retail alcohol beverage sales. Only a municipality (city, village, or town) may grant an alcohol license. Counties do not have any power to grant alcohol licenses. Tribes may impose licensing requirements, but any alcohol beverage retailer operating on tribal land and selling to nonmembers must also be licensed by the applicable municipality. Municipalities, counties, and tribes may enact local laws (e.g. ordinances) for public safety purposes, and may enforce their laws within their boundaries against people who violate them.

Recommendation 1: Map alcohol outlet density.

Lead implementing organizations: Municipalities (cities, villages, and towns)

Purpose: Reduce availability of alcohol; Monitor and evaluate

Wisconsin has an excessive number of locations that sell and serve alcohol contributing to Wisconsin’s high rate of heavy and binge drinking. Wisconsin is the only state where the excessive drinking rate in every county exceeds the national average. The combination of readily available low-cost alcohol has unintentionally created circumstances that enable underage drinking, excessive consumption with the injuries, violence, disease and death that follow.

For years, municipal leaders operated under the now disproven belief that increasing the number of locations that sold or served alcohol would benefit the community. Within the last decade it has become clear that clusters and areas with an overconcentration of alcohol outlets increase the likelihood of alcohol related disorder and crime even when all the licensees are obeying the law. The Centers for Disease Control and Prevention recommend limiting alcohol outlet density to reduce and prevent alcohol-related problems.

Every Wisconsin community should map alcohol outlet locations, then working with law enforcement, public health and local leaders determine which areas of the community have too many alcohol outlets and which areas have developing clusters. Municipalities should use the Centers for Disease Control and Prevention’s methods that reveal outlet clusters simply and economically. Community leaders should consider enacting a moratorium on new alcohol outlets in areas with significant clusters and revise their alcohol licensing process to reduce the stress on these communities.

Given the research on alcohol outlet density and its relationship to alcohol-related disorder, crime, the number of adverse childhood experiences, and binge drinking, Wisconsin should suspend further increases in the permitted number of “Class B” licenses a municipality is allowed to issue based on population growth alone.

Alcohol outlet mapping has exposed equity issues in many communities. Related research has indicated that alcohol outlet location and even the products stocked in different branches of the



Local Government (continued)

same store vary with the ethnic, racial and economic makeup of each area. Municipal leaders can address these concerns with careful mapping to ameliorate clusters and thoughtful alcohol license conditions prior to licensing to include concerns about products and their marketing.

**Cross-listed in: State Government and State Agencies (Recommendation 1)*

Recommendation 2: Municipalities work with post-secondary schools.

Lead implementing organizations: Municipalities (cities, villages, and towns)

Purpose: Reduce availability of alcohol; Modify the drinking environment

Municipalities should work collaboratively with local post-secondary schools to limit the number of alcohol outlets near campuses, provide care for dangerously intoxicated individuals and take steps to reduce alcohol-related harassment of marginalized racial, ethnic and other minority groups.

**Cross-listed in: Civic, Community, Educational, and Religious Organizations (Recommendation 1)*

Recommendation 3: Universities and colleges work with the local government.

Lead implementing organizations: Municipalities (cities, villages, and towns)

Purpose: Reduce availability of alcohol

Because alcohol licensing is a municipal issue in Wisconsin, the leaders of Wisconsin's colleges and Universities should commit to working with local governments to limit the number of alcohol outlets near campus and enforce the minimum legal drinking age. Joint campus-community efforts to fund and deploy evidence-informed and evidence-based interventions including regular alcohol age compliance checks are both effective and sustainable.

**Cross-listed in: Civic, Community, Educational, and Religious Organizations (Recommendation 2)*

Recommendation 4: Compile and utilize place of last drink (POLD) data.

Lead implementing organizations: Counties, Municipalities (cities, villages and towns); Law Enforcement

Purpose: Reduce availability of alcohol; Monitor and evaluate

In the absence of a state coordinated Place of Last Drink (POLD) initiative, law enforcement agencies should regionally collaborate, with support from prevention professionals (public health, human services, and/or community coalitions) to compile and utilize POLD data. Place of Last Drink information is a valuable tool enabling law enforcement to monitor overserving by local licensees and work with those licensees to identify and remediate issues that may contribute to overserving. Originally compiled from OWI/DUI reports although expanded to include all arrests in some jurisdictions outside of Wisconsin, compiling POLD data provides useful information on licensees, their selling or serving policy and the proportion of police calls that are alcohol related. While most effective when compiled at the regional level, even small municipalities can benefit from compiling this data.



Local Government (continued)

Recommendation 5: Fund, train, and conduct Minimum Legal Drinking Age compliance checks.

Lead implementing organizations: Counties; Municipalities (cities, villages, and towns); Police Departments; Sheriff's Office

Purpose: Reduce availability of alcohol; Monitor and evaluate

Wisconsin’s rate of underage drinking is perennially above the national average. Medical research has revealed the serious long-term consequences of underage drinking including, higher rates of alcohol and other drug use throughout life, the causal relationship of alcohol consumption to seven different cancers and the possibly permanent loss of cognitive and analytical ability. In addition, alcohol use among youth is a significant factor in accidental injuries, drownings, sexual assault and gun violence.

To combat underage drinking by reducing youth access to alcohol, Wisconsin should designate the Department of Justice, Bureau of Training and Standards as the lead agency for enforcement of Minimum Legal Drinking Age (MLDA) establishing clear lines of authority and accountability in future efforts to reduce the illegal sale or provision of alcohol to underage youth. The biennial budget for the Wisconsin Department of Justice should include sufficient annual GPR funding for alcohol age compliance checks conducted by a certified law enforcement agency with citations issued for failures to comply. These funds must be administered by a certified law enforcement agency, with regional and multi-jurisdictional efforts encouraged.

Unlike many other states, Wisconsin does not provide any state funding for alcohol age compliance checks to reduce youth access to alcohol. The failure of that policy is clear, Wisconsin is the only state in the nation where every county has an excessive drinking rate higher than the national average.

- ❖ Wisconsin should designate the Department of Justice, Bureau of Training and Standards as the lead agency for training and enforcement of Minimum Legal Drinking Age (MLDA) for the purpose of establishing clear lines of authority and accountability in all efforts to reduce the illegal sale or provision of alcohol to underage youth.
- ❖ The Wisconsin Department of Justice should distribute funding for officer and staffing expenses to reduce the illegal sale or provision of alcohol to underage youth through alcohol age compliance checks. These funds should be awarded annually to Sheriff Departments and local law enforcement agencies for alcohol age compliance checks conducted by a certified law enforcement agency with citations issued when appropriate.
- ❖ All licensed alcohol retailers in Wisconsin should have alcohol age compliance checks conducted by a law enforcement agency twice annually until their county achieves a failure rate of 20%, or less. When achieved, annual compliance checks are sufficient.
- ❖ Both on-premises and off-premises licensees should have compliance checks.
- ❖ Compliance checks can be conducted by local law enforcement, Sheriff Departments or regional agreements.
- ❖ The Department of Justice, Bureau of Training and Standards should develop protocols and provide training for law enforcement agencies on the primary modes of retail alcohol sale including new modes as they are allowed or occur in the future.
- ❖ The Department of Justice should prepare a report annually indicating the number of jurisdictions conducting alcohol age compliance checks, the state failure rates, and listing the individual failure rates by county.

**Cross-listed in: State Government and State Agencies (Recommendation 5)*



Local Government (continued)

Recommendation 6: Regulate alcohol delivery.

Lead implementing organizations: Counties and Municipalities (cities, villages, and towns); Police Departments; Sherriff's Offices

Purpose: Reduce availability of alcohol

Wisconsin’s statutory requirement for face-to-face alcohol sales requires the retailer to interact with the customer, establish they are age 21 or older and not intoxicated. Proposals that allow for retailer delivery or third party delivery of alcohol remove this requirement and may not provide effective controls or a replacement. The experience of other states indicates allowing alcohol to be delivered increases the risk of underage drinking. It is imperative to carefully enumerate the responsibilities of all parties involved and to support local enforcement of those policies.

- ❖ The retailer and the delivery service are both separately responsible for determining that alcohol is only delivered to individuals who are age 21 or older and not intoxicated.
 - Either or both parties may be cited if IDs are not checked, or other required actions are not taken regardless of the means used to determine a violation.
 - Failure by either the retailer or delivery personnel to fulfill their responsibilities may be cited under 125.07.
 - Multiple failures by a licensee to package alcohol correctly or failing to indicate orders that contain alcohol are individual violations.
- ❖ The retailer must place a fluorescent-colored sticker, at least four inches in length or diameter that is readably visible on the exterior packaging of every box or bag containing alcohol. With the wording in all capital letters: *CONTAINS ALCOHOL: SIGNATURE OF PERSON AGED 21 YEARS OR OLDER REQUIRED FOR DELIVERY.*
 - Failure to place this required sticker is a violation of the alcohol license, multiple failures may constitute cause for non-renewal, suspension or revocation.
 - A purchaser’s assertion that they are age 21 or older does not absolve the retailer from other required steps.
- ❖ The delivery service is responsible for the conduct of its employees and contractors, including but not limited to requiring every delivery including alcohol must verify the age of the recipient by physically checking a government issued ID that also confirms the individual in the photo is the same person accepting delivery, the name on the credit card and ID are the same, and the individual is age 21 or older.
 - A signature following the ID check is required for every delivery with alcohol.
 - Delivery personnel must visually confirm the individual is not intoxicated.
- ❖ Packages with the fluorescent “Alcohol” sticker must be delivered to the named individual on the order. They may not be left on steps, porches or other exterior locations or otherwise unattended regardless of the instructions submitted by the customer.
 - Delivery firms and retailers may assess a reasonable fee to any order returned due to a failed ID check or failure to present an ID.

**Cross-listed in: State Government and State Agencies (Recommendation 12); Alcohol Industry (Recommendation 1)*

Recommendation 7: Ban alcohol advertising from municipal property.

Lead implementing organizations: Counties and Municipalities (cities, villages, and towns)

Purpose: Reduce promotion of alcohol to youth

Wisconsin municipalities should join the many publicly owned transit systems and municipalities including Philadelphia, San Francisco, Los Angeles and New York



Local Government (continued)

City banning alcohol advertising from municipal property. As the manager of public assets, Wisconsin's municipalities can ban alcohol advertising on that property, acting not as a censor, but as the steward of public resources.

Municipalities should not allow alcohol advertising on any municipal property such as recreation centers, athletic facilities, parks or publicly owned buildings, and transit systems.

Youth exposure to alcohol advertising is a proven factor in alcohol initiation (the age youth begin to drink) and the amount of alcohol they consume (drinking intensity).

Recommendation 8: Use sign codes to limit amount of advertising in windows.

Lead implementing organizations: Counties and Municipalities (cities, villages, and towns)

Purpose: Reduce promotion of alcohol to youth

Municipal and County sign codes should limit the amount of advertising that covers a large portion of the window. Sign codes should provide an explicit formula for calculating the portion of the window covered for clarity. Some examples of useful wording for such an ordinance follow: The total area of all signs placed in or on a window shall not be greater than (community standard) percent of the window.

- ❖ For the purposes of this ordinance, the total area of a sign shall be the sum of the areas of all spaces, whether covered or uncovered, that are within the exterior perimeter of the sign. For example, a sign that has a height of 2 feet and a width of 3 feet shall be measured as having an area of 6 square feet, regardless of how much of that sign is perforated, clear, or empty space.
- ❖ The area of a rectangular window sign shall be calculated by multiplying the vertical distance of the sign by the horizontal distance of the sign, where the vertical distance is the distance from the bottom of the sign to the top of the sign and the horizontal distance is the distance from the left edge of the sign to the right edge of the sign.
- ❖ The area of a circular window sign shall be calculated as the area of a circle, where the radius is calculated by measuring the distance from the center of the sign to the edge of the sign.

Recommendation 9: Prohibit placement of alcohol advertising on mass transit vehicles and property.

Lead implementing organizations: Counties; Municipalities (cities, villages, and towns); Local or Regional Public Transport Authority

Purpose: Reduce promotion of alcohol to youth

Mass transit, whether municipal or regional, or privately owned, should have policies that prohibit the placement of interior or exterior alcohol advertising for the express purpose of reducing youth exposure to alcohol advertising in the area.



Local Government (continued)

Recommendation 10: Prohibit sale of alcohol beverages at gas stations and vehicle charging stations.

Lead implementing organizations: Municipalities (cities, villages, and towns)

Purpose: Reduce availability of alcohol

The sale of alcohol and gasoline at the same location is incompatible and continues to pose a serious threat to public safety. Municipalities should enact ordinances prohibiting the sale of alcohol beverages at gas stations, vehicle filling stations, and vehicle charging stations. Municipalities that chose to allow alcohol sales where gasoline and motor fuel is sold should require the licensed premises to be narrowly written to limit where within the store alcohol can be displayed and stored, refusing to approve licensees that simply list the address.

Recommendation 11: Establish procedural guidelines for granting alcohol licenses that reflect community goals.

Lead implementing organizations:

Purpose: Reduce availability of alcohol of alcohol

Municipalities should establish procedural guidelines for awarding alcohol licenses that consider the municipality's long-range goals, citizen engagement and transparency in decision making. When the process is transparent and criteria for approval are followed, denied applicants are unlikely to litigate the decision and licensees are aware of the expectations for operation.

- ❖ Establish a set of guidelines that reflect the long-term goals of the community. Use the guidelines when evaluating every new applicant, even if the location was previously licensed.
 - Guidelines should identify areas that have a cluster or near cluster of alcohol outlets and direct applicants to underserved portions of the community.
 - Establish the type of outlet, what it will serve, when it is open, who is the target customer, and if it is compatible with the surrounding area.
- ❖ Require applicants to provide all the information required to evaluate applicants under local guidelines. That could include floor plans, business plans, marketing plans, security plans, menus, requested maximum occupancy and a brief description of the business and evidence of funding/capitalization.
 - Procedural guidelines should provide for advance notification of any new applications or a change in ownership, definition of premises or removal of any license condition.
 - Residents, neighborhood groups and customers in the general area should be made aware of the proposed changes by providing information on where additional information is available and when public comments on the change or application will be heard, well in advance of a vote.
 - Use municipal zoning ordinances to regulate the location and operation of outdoor licensees such as patios attached to Class B licensees and outdoor beer gardens.
 - Larger municipalities or groups of municipalities with shared boundaries should consider requiring a health or alcohol license impact statement that evaluates the alcohol outlet density of the immediate area and the likely consequences of another licensee.
- ❖ Use municipal zoning ordinance to regulate the location and operation of outdoor licensees such as patios attached to Class B licensees and outdoor beer gardens.



Local Government (continued)

- ❖ Create a system that:
 - Prioritizes citizen engagement with early notification through multiple communication channels.
 - Provides neighborhood groups and immediate neighbors with the opportunity to comment on the proposed application.
 - Determines the proposed licensee will most probably contribute to the social and economic goals of the community.
 - Determines that the licensee has the background, experience, and financial resources to operate the proposed establishment as presented.

Recommendation 12: Permit judges to order SBIRT.

Lead implementing organizations: Counties; Municipalities (cities, villages, and towns)

Purpose: Enact laws and regulation; Engage in preventive health

The State Legislature should amend Wis. Stat. sec. 125.07(4)(e)2. to permit judges to order a defendant to submit to SBIRT (Screening, Brief Intervention, and Referral to Treatment) by a healthcare provider, school, or other trained professional. The Director of State Courts should provide judges (both circuit court and municipal) with training on evidence-based or evidence-informed interventions for youth with underage drinking or other alcohol-related citations and encourage municipal judges to limit reductions in sanctions or dismissal to youth who participate. Local Human Services Departments should provide municipal judges with updated lists of local evidence-based or evidence-informed educational opportunities appropriate for youth with underage drinking and other alcohol-related citations.

**Cross-listed in: State Government and State Agencies (Recommendation 9)*

Recommendation 13: Adopt and enforce the social host statute as an ordinance.

Lead implementing organizations: Counties; Municipalities (cities, villages, and towns)

Purpose: Reduce availability of alcohol; Modify the drinking environment

Municipalities should adopt the social host statute WI.125.07(1)(a)3 as an ordinance and enforce forfeitures for adults (age 18+) who provide a location for underage drinking.

Recommendation 14: Regulate alcohol tasting in “Class A” establishments.

Lead implementing organizations: Municipalities (cities, villages and towns)

Purpose: Reduce availability of alcohol

Municipalities should regulate alcohol tasting in “Class A” establishments as allowed by state law. The scope of regulations may include:

- ❖ Cordoned, attended sampling area.
- ❖ Require ID check
- ❖ Limiting sampling to persons aged 21 & older.
- ❖ Locating the sampling area away from child-oriented products.
- ❖ Require interior alcohol promotions related to tasting events to be at least 36 inches off the floor.
- ❖ Presence of licensed operator within the sampling area.



Local Government (continued)

Recommendation 15: Append license conditions to all temporary licenses.

Lead implementing organizations: Municipalities (cities, villages and towns)

Purpose: Reduce availability of alcohol; Modify the drinking environment

Municipalities should append the following license conditions to all Class “B” Temporary [picnic] licenses (temporary tents, beer gardens, festivals, etc.) to reduce alcohol related injuries, disturbances and, prevent underage drinking.

Four practices that prevent and reduce underage drinking are:

- ❖ I.D. checks at the entrance to serving area.
- ❖ Wrist bands to identify attendees aged 21 or older.
- ❖ A secure perimeter (fence) around the serving area.
- ❖ Distinguishable cups that allow for easy identification of alcohol vs alcohol-free beverages.

Seven policies and practices that prevent and reduced excessive (binge) drinking are:

- ❖ Limiting the number of beverages that can be purchased at a time.
- ❖ Servings sized 12 oz. or smaller.
- ❖ No discount alcohol pricing.
- ❖ No sales to obviously intoxicated individuals.
- ❖ Prohibiting servers from drinking.
- ❖ Ending alcohol sales one hour before closing.
- ❖ Food and alcohol-free beverages available where alcohol is sold. (Alcohol Epidemiology Program, n.d)

Recommendation 16: Require best practice license conditions for all public events where alcohol is served.

Lead implementing organizations: Municipalities (cities, villages and towns)

Purpose: Reduce availability of alcohol

Municipalities should require the same “best practices” required of “Class B” Temporary licensees at all public events where alcohol is served. At public events such as concerts, plays or similar performances attended primarily by adults, alcohol sales are often handled by a licensee or permittee or the venue holds a retail license that may have special conditions attached.

Recommendation 17: Prohibit consumption-based drink specials.

Lead implementing organizations: Municipalities (cities, villages and towns)

Purpose: Reduce availability of alcohol; Modify the drinking environment

Municipalities should prohibit by ordinance consumption-based drink specials such as time limited pricing, specials which increase drink volume without increasing the price, and all-you-can-drink flat fee specials.

Recommendation 18: Adopt beer keg registration ordinances.

Lead implementing organizations: Municipalities (cities, villages and towns)

Purpose: Reduce availability of alcohol

Municipalities where retailers sell beer by the keg, barrel or half-barrels to the public should adopt beer keg registration ordinances as an effective tool to apprehend adults who provide alcohol to underage youth and to deter such purchases in the future.



Local Government (continued)

Recommendation 19: Designate alcohol-free recreational areas and parks.

Lead implementing organizations: Counties and Municipalities (cities, villages and towns)

Purpose: Reduce availability of alcohol; Modify drinking environment

Municipalities should designate specific recreational areas and parks within the community as alcohol-free areas that families, individuals in recovery, or those that simply do not want to be around alcohol can enjoy.

Recommendation 20: Require license conditions for all new Class A licenses.

Lead implementing organizations: Municipalities (cities, villages and towns)

Purpose: Reduce availability of alcohol

New Class A licenses should include license conditions that prohibit alcohol tasting events, requiring ID scanners, requiring separate coolers for alcohol beverages, forbidding the sale of single serving containers of alcohol, multi-serving single use cans (e.g., crowler) and other products identified by local law enforcement as a problem in the community, and making it clear that end caps or free-standing racks of alcohol beverages are not allowed.

Recommendation 21: Define and regulate the use of growlers.

Lead implementing organizations: Municipalities (cities, villages, and towns)

Purpose: Enact laws and regulation; Reduce availability of alcohol

Wisconsin should adopt a comprehensive definition of a “growler” that includes requirements for cleaning, labelling and sealing by licensees.

A growler is a metal, plastic, glass or ceramic container holding a maximum of 128 ounces having a lid or stopper that can be secured with a tamper proof seal, to be filled with fermented malt beverages at the time of sale at Class “B” licensees for off-premises consumption.

- ❖ A growler that has been filled in advance of sale is a bottle and must meet all state and federal tax and labeling requirements.
- ❖ Retailers may sell one-time use disposable growlers or multiple use growlers that conform to the definition.
- ❖ Any fermented malt beverage may fill a customer’s growler without regard for the brand or logo on the exterior of the container.
- ❖ After filling and capping with the lid or other stopper, the licensee must place a seal that will be visibly broken or torn when the container is opened.
- ❖ Cellophane tape, even if unique to the licensee, that can be removed and reapplied, is not a tamper proof seal.
- ❖ The licensee must apply a tag or sticker that provides the name and address of the brewer for the beverage filling a growler.
- ❖ Refillable growlers must be washed by the licensee prior to filling.
- ❖ A licensee may refuse to fill any growler they cannot seal or sanitize.
- ❖ A municipality may prohibit off-premises sales of growlers.

**Cross-listed in: State Government and State Agencies (Recommendation 15); Alcohol Industry (Recommendation 3)*



Local Government (continued)

Recommendation 22: Adopt a sober server ordinance.

Lead implementing organizations: Municipalities (cities, villages, and towns)

Purpose: Reduce availability of alcohol; Modify the drinking environment

Municipalities should adopt ordinances requiring those who sell or serve alcohol to be unimpaired and have a BAC under 0.04 while working. See Appendix A.

Recommendation 23: Apply license conditions to pharmacy alcohol licenses when possible.

Lead implementing organizations: Municipalities (cities, villages, and towns)

Purpose: Reduce availability of alcohol

Wisconsin communities should carefully consider the potential community concerns before granting an alcohol license to a pharmacy. If it appears a pharmacy will be licensed, the location and amount of space allocated to alcohol sales should be limited. Currently licensed pharmacies should have regular alcohol age compliance checks and failure to comply should trigger license conditions on the location of alcohol within the store, the amount of space allocated for alcohol sales and similar limitations.

Recommendation 24: Prevent party and nuisance houses and unruly gatherings.

Lead implementing organizations: Counties; Municipalities (cities, villages, and towns); Law Enforcement

Purpose: Reduce availability of alcohol; Modify the drinking environment

Law enforcement agencies in municipalities with post-secondary education campuses should establish ongoing liaison with the owners and managers of rental property to prevent party or nuisance houses, establish a protocol for securing and dispersing unruly gatherings and evicting tenants in violation of the lease for alcohol-related problems.

Recommendation 25: Apply and enforce license conditions to address problems.

Lead implementing organizations: Municipalities (cities, villages, and towns)

Purpose: Reduce availability of alcohol; Modify the drinking environment

Municipalities should consider using detailed license conditions to address specific issues, especially location specific amenity concerns such as trash disposal, staggered closing times, and drink specials that encourage excessive consumption.

When citations are issued to licensees, municipal authorities should consider whether acceptance of license conditions addressing the problem are more beneficial to both the licensee and community than a monetary forfeiture.

When license conditions are imposed or accepted, the municipality should be prepared to enforce those conditions if they are not respected by the licensee with suspensions, nonrenewal or revocation.



Local Government (continued)

Recommendation 26: Operate saturation patrols.

Lead implementing organizations: Counties; Municipalities (cities, villages, and towns)

Purpose: Enact laws and regulations

Municipalities individually, or as part of a multi-jurisdictional task force, should operate well publicized saturation patrols to discourage drunk driving.

Recommendation 27: Ban beer bong and drinking competitions.

Lead implementing organizations: Municipalities (cities, villages, and towns)

Purpose: Reduce Availability of Alcohol; Enact Laws and Regulations; Modify the Drinking Environment

Municipalities should adopt ordinances banning the use of beer bong and similar devices or competitions and games in licensed establishments. These devices and events are designed to force the rapid consumption of alcohol and can lead to dangerous levels of intoxication.

Recommendation 28: Provide municipalities with authority to assess application fees.

Lead implementing organizations: Municipalities (cities, villages, and towns)

Purpose: Enact laws and regulation; Increase cost of alcohol

The legislature should enact a statute providing clear authority for municipalities to assess application fees. This allows municipalities to recoup costs associated with processing alcohol license applications. Municipalities should be allowed to enact ordinances prescribing reasonable and proportional application fees for licensing activities related to issuing a new alcohol retail license or making a change to an existing alcohol retail license.

**Cross-listed in: State Government and State Agencies (Recommendation 19)*

Recommendation 29: Regulate brewer’s retail outlet and condition approval on conformity with all applicable law, including municipal.

Lead implementing organizations: Municipalities (cities, villages, and towns)

Purpose: Reduce availability of alcohol

A brewer may operate an offsite retail outlet to sell and serve fermented malt beverages for on and off-premises consumption. The brewer may apply to the DOR to change its offsite location as frequently as once a day. The brewer can fully operate the outlet as a tavern or a restaurant, can serve beer from taps in a movable truck, or can sell cans or bottles out of a cooler. The brewer can also provide free taste samples, without any limit as to quantity, at either of its retail locations. Currently nothing in the law ensures municipal notice or input into the process, although the DOR may consult with municipalities to determine whether the proposed location violates any ordinances.

The Wisconsin legislature should add a subsection to Wis. Stat. §125.29 to provide for more state and local control of a brewer’s offsite retail outlet, addressing the following issues:

- ❖ The brewer should only be allowed to establish and operate one off-site retail outlet on any day, regardless of the number of permits that the brewer has.
- ❖ The brewer should be required to describe the premises for both its on-site retail outlet and off-site retail outlet at the time that the brewer applies for a brewer’s permit.



Local Government (continued)

- ❖ The brewer should be required to apply to the DOR for a change to its off-site retail outlet location at least 30 days prior to operating at that location.
- ❖ The brewer should be required to provide a copy of the application to the municipality where the proposed off-site retail outlet will be located, at least 30 days prior to operating at that location.
- ❖ The municipality should be provided at least 10 business days to respond to notice of the application before any approval is granted, and approval should not be granted if the proposed premises fail to conform with all applicable federal, state, and local law, including all local ordinances and the comprehensive plan of the municipality where the brewer proposes to locate the off-site outlet.

**Cross-listed in: State Government and State Agencies (Recommendation 17)*

Recommendation 30: Conduct mandatory ethics code trainings for all who make government decisions on alcohol matters.

Lead implementing organizations: Counties; Municipalities (cities, villages, and towns)

Purpose: Enact laws and regulation

The state, counties, and municipalities should conduct mandatory annual trainings for their elected and appointed government officials and committee members in the relevant ethics code from Wis. Stats. sec 19.45 (state public officials) or sec. 19.59 (local officials, employees & candidates), and in any applicable local ordinances. This training should not be limited to elected and appointed officials, but should also be given to all committee members of any committees making decisions on alcohol related matters, including licensing, permitting, and law-making.”

**Cross-listed in: State Government and State Agencies (Recommendation 21)*



State Government and State Agencies

The Wisconsin State Legislature and Governor can approve action promoting public health and safety by ensuring a safer and improved alcohol environment. Wisconsin Statute Chapter 125 sets a framework for how alcohol is regulated in Wisconsin. It contains the laws that govern the 3-tier system for alcohol beverages production, distribution, and sales in Wisconsin. In addition, several state agencies play an important role in ensuring compliance with laws, providing information to the public, training and education to law enforcement and setting an appropriate regulatory environment

Recommendation 1: Map alcohol outlet density.

Lead implementing organizations: State of Wisconsin; Department of Revenue

Purpose: Reduce availability of alcohol

Wisconsin has an excessive number of locations that sell and serve alcohol contributing to Wisconsin's high rate of heavy and binge drinking. Wisconsin is the only state where the excessive drinking rate in every county exceeds the national average. The combination of readily available low-cost alcohol has unintentionally created circumstances that enable underage drinking, excessive consumption with the injuries, violence, disease and death that follow.

For years, municipal leaders operated under the now disproven belief that increasing the number of locations that sold or served alcohol would benefit the community. Within the last decade it has become clear that clusters and areas with an overconcentration of alcohol outlets increase the likelihood of alcohol related disorder and crime even when all the licensees are obeying the law. The Centers for Disease Control and Prevention recommend limiting alcohol outlet density to reduce and prevent alcohol-related problems.

Every Wisconsin community should map alcohol outlet locations, then working with law enforcement, public health and local leaders determine which areas of the community have too many alcohol outlets and which areas have developing clusters. Municipalities should use the Centers for Disease Control and Prevention's methods that reveal outlet clusters simply and economically. Community leaders should consider enacting a moratorium on new alcohol outlets in areas with significant clusters and revise their alcohol licensing process to reduce the stress on these communities.

Given the research on alcohol outlet density and its relationship to alcohol-related disorder, crime, the number of adverse childhood experiences, and binge drinking, Wisconsin should suspend further increases in the permitted number of "Class B" licenses a municipality is allowed to issue based on population growth alone.

Alcohol outlet mapping has exposed equity issues in many communities. Related research has indicated that alcohol outlet location and even the products stocked in different branches of the same store vary with the ethnic, racial and economic makeup of each area. Municipal leaders can address these concerns with careful mapping to ameliorate clusters and thoughtful alcohol license conditions prior to licensing to include concerns about products and their marketing.

**cross-listed in: Local Government (Recommendation 1)*



State Government and State Agencies (continued)

Recommendation 2: Suspend increases in “Class B” licenses.

Lead implementing organizations: State of Wisconsin; Legislature; Department of Revenue; Department of Administration

Purpose: Increase cost of alcohol; Reduce availability

Given the research on alcohol outlet density and its relationship to alcohol-related disorder, crime and the number of adverse childhood experiences and binge drinking, Wisconsin should suspend further increases in the permitted number of “Class B” licenses a municipality is allowed to issue based on population growth alone.

Recommendation 3: Increase alcohol tax.

Lead implementing organizations: State of Wisconsin; Legislature

Purpose: Increase cost of alcohol

Wisconsin’s excessive drinking costs residents approximately \$6.8 billion annually. Binge drinking alone is estimated to cost Wisconsin’s residents \$3.9 billion annually. Alcohol taxes do not begin to cover the financial cost alcohol abuse inflicts on individuals, families and communities. The effects of price on reducing underage drinking, college drinking, and binge drinking (including drinking among youth who show signs of alcohol use disorders) are considerable. There are also significant effects on youth traffic crashes, violence on college campuses, and crime among people under 21 (SAMHSA, 2018). State Performance and Best Practices for the Prevention and Reduction of Underage Drinking. In addition, increasing taxes on alcohol is the most effective regulatory policy to reduce excessive drinking and related harms. (Tobacconomics, 2020)

Wisconsin should increase the state levied tax on beer, wine and distilled spirits to the median tax level to reduce the burden alcohol abuse places on the average citizen. Alcohol is taxed by volume, not price. In addition, alcohol taxes should be indexed to the consumer price index so that the tax increases at a rate commensurate with the increased cost of living.

Tax estimate based on Facts & Figures 2021 published by the Tax Foundations 2021. The median amount is approximately \$5.98 per gallon for spirits, \$0.87 for Wine and \$0.26 per gallon of beer or \$8.02 per 31-gallon barrel.

Recommendation 4: Maintain 21 as Minimum Legal Drinking Age.

Lead implementing organizations: State of Wisconsin; Legislature

Purpose: Reduce availability of alcohol

The 21 Minimum Legal Drinking Age (MLDA) has effectively reduced youth access to alcohol and traffic fatalities among young adults. This effective public policy should not be repealed or amended.

Recommendation 5: Fund, train, and conduct Minimum Legal Drinking Age compliance checks.

Lead implementing organizations: State of Wisconsin; Legislature; Department of Justice

Purpose: Reduce availability of alcohol; Monitor and evaluate

Wisconsin’s rate of underage drinking is perennially above the national average. Medical research has revealed the serious long-term consequences of underage drinking including, higher rates of opiate and alcohol dependence throughout life, the causal relationship of alcohol consumption to



State Government and State Agencies (continued)

seven different cancers and the possibly permanent loss of cognitive and analytical ability. In addition, alcohol use among youth is a significant factor in accidental injuries, drownings, sexual assault and gun violence.

To combat underage drinking by reducing youth access to alcohol, Wisconsin should designate the Department of Justice, Bureau of Training and Standards as the lead agency for enforcement of Minimum Legal Drinking Age (MLDA) establishing clear lines of authority and accountability in future efforts to reduce the illegal sale or provision of alcohol to underage youth.

The biennial budget for the Wisconsin Department of Justice should include sufficient annual GPR funding for alcohol age compliance checks conducted by a certified law enforcement agency with citations issued for failures to comply. These funds must be administered by a certified law enforcement agency, with regional and multi-jurisdictional efforts encouraged.

Unlike many other states, Wisconsin does not provide any state funding for alcohol age compliance checks to reduce youth access to alcohol. The failure of that policy is clear, Wisconsin is the only state in the nation where every county has an excessive drinking rate higher than the national average.

- ❖ Wisconsin should designate the Department of Justice, Bureau of Training and Standards as the lead agency for training and enforcement of Minimum Legal Drinking Age (MLDA) for the purpose of establishing clear lines of authority and accountability in all efforts to reduce the illegal sale or provision of alcohol to underage youth.
- ❖ The Wisconsin Department of Justice should distribute funding for officer and staffing expenses to reduce the illegal sale or provision of alcohol to underage youth through alcohol age compliance checks. These funds should be awarded annually to Sheriff Departments and local law enforcement agencies for alcohol age compliance checks conducted by a certified law enforcement agency with citations issued when appropriate.
- ❖ All licensed alcohol retailers in Wisconsin should have alcohol age compliance checks conducted by a law enforcement agency twice annually until their county achieves a failure rate of 20%, or less. When achieved, annual compliance checks are sufficient.
- ❖ Both on-premises and off-premises licensees should have compliance checks.
- ❖ Compliance checks can be conducted by local law enforcement, Sheriff Departments or regional agreements.
- ❖ The Department of Justice, Bureau of Training and Standards should develop protocols and provide training for law enforcement agencies on the primary modes of retail alcohol sale including new modes as they are allowed or occur in the future.
- ❖ The Department of Justice should prepare a report annually indicating the number of jurisdictions conducting alcohol age compliance checks, the state failure rates, and listing the individual failure rates by county.

**Cross-listed in: Local Government (Recommendation 5)*

Recommendation 6: Revise Wis. Stat. sec. 125.07(1)(b)1.

Lead implementing organizations: State of Wisconsin

Purpose: Enact laws and regulation

Wis. Stat. 125.07(1) provides for enforcement of the Minimum Legal Drinking Age law against persons who provide alcohol beverages to underage persons. The penalty part of the law includes an escalating punishment scheme. While a first offense within 30 months may be only an ordinance



State Government and State Agencies (continued)

violation, any additional offenses within 30 months are crimes, with fines and jail time increasing depending on the number of previous violations within the past 30 months. As written, the statute counts all violations by an individual at one time as a single violation, even if multiple underage people are involved. To encourage compliance with the Minimum Legal Drinking Age law and to make enforcement of the Social Host statute stronger, each violation should be counted as a prior violation for purposes of the escalating penalty scheme. The Legislature should repeal the last sentence of 125.07(1)(b)1., which currently reads: “For the purpose of determining whether a previous violation has occurred, if more than one violation occurs at the same time all those violations shall be counted as one violation.”

Recommendation 7: Repeal language allowing licensees to sell to persons under the Minimum Legal Drinking Age in presence of a parent, guardian, or spouse.

Lead implementing organizations: State of Wisconsin; Legislature

Purpose: Reduce availability of alcohol; Modify the drinking environment

Wisconsin should repeal existing language allowing a licensee to sell alcohol to individuals younger than the minimum legal drinking age if a parent, guardian or legal aged spouse is present in WI.(125.07(1)(a).

Recommendation 8: Test and evaluate effectiveness of SBIRT in schools.

Lead implementing organizations: State of Wisconsin; Department of Public Instruction

Purpose: Support evidence-based alcohol education; Engage in preventive health care

Wisconsin’s SBIRT Implementation Study indicated SBIRT is a flexible, cost effective tool for identifying youth substance abuse. Where barriers to implementation are identified, efforts should be made to resolve those issues.

Wisconsin should continue to support efforts to evaluate the value of SBIRT in schools using the Global Appraisal of Individual Needs Short Screen.

The Department of Public Instructions should support further testing and evaluation of SBIRT as part of co-curricular screening and student discipline.

Recommendation 9: Permit Judges to order SBIRT.

Lead implementing organizations: State of Wisconsin; Legislature; State Courts

Purpose: Enact laws and regulation, Engage in preventive health

The State Legislature should amend Wis. Stat. sec. 125.07(4)(e)2. to permit judges to order a defendant to submit to SBIRT (Screening, Brief Intervention, and Referral to Treatment) by a healthcare provider, school, or other trained professional. The Director of State Courts should provide judges (both circuit court and municipal) with training on evidence-based or evidence-informed interventions for youth with underage drinking or other alcohol-related citations and encourage municipal judges to limit reductions in sanctions or dismissal to youth who participate. Local Human Services Departments should provide municipal judges with updated lists of local evidence-based or evidence-informed educational opportunities appropriate for youth with underage drinking and other alcohol-related citations.

**Cross-listed in: Local Government (Recommendation 12)*



State Government and State Agencies (continued)

Recommendation 10: Require medical providers to conduct SBIRT screens.

Lead implementing organizations: State of Wisconsin; Office of the Commissioner of Insurance; Department of Health Services

Purpose: Engage in preventive health care

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an effective approach to identifying individuals with alcohol use disorders and those at risk of developing a disorder. Research suggests SBIRT and training to conduct SBIRT can be effective by video link. As a widely adopted and covered practice we recommend that both forms of SBIRT be the required standard of care in every group health insurance plan offered in Wisconsin.

We further recommend:

- ❖ SBIRT should be incorporated into the treatment of all patients with alcohol-related injuries or illness, including those seen in the ambulatory, emergency department and hospital setting.
- ❖ Patients, age 12 and older, should be screened for alcohol use annually using SBIRT when visiting their primary care health professional.
- ❖ Remote administration of SBIRT by trained medical professionals should be expanded to reach underserved communities throughout the state.
- ❖ Emergency departments should incorporate SBIRT into treatment for patients with alcohol-related injuries or illness.
- ❖ Level 3, and 4 Trauma Centers should be encouraged (as Level 1 and 2 Trauma Centers are required) to screen all injured patients with a validated tool such as the AUDIT or CRAFFT for alcohol abuse. The anonymized data can be used as a further evidence or confirmation of public health surveillance surveys such as the NSDUH and BRFSS.
- ❖ The Wisconsin Department of Health Services, in collaboration with the Wisconsin Society of Addiction Medicine, should initiate a campaign to educate medical professionals on how to administer SBIRT, where it is effective and the available resources to support it.
- ❖ The Wisconsin Department of Health Services in collaboration with health care professionals should study and report on the efficacy of low cost SBIRT training for underserved areas.

**Cross-listed in: Healthcare Systems (Recommendation 1)*

Recommendation 11: Permit pharmacists to conduct screenings for substance use.

Lead implementing organizations: State of Wisconsin; Office of the Commissioner of Insurance

Purpose: Reduce availability of alcohol; Enact laws and regulation

A small-scale study suggests pharmacists may be able to effectively conduct brief screening for substance abuse within the store. If confirmed by additional research, appropriate reimbursement for pharmacy-based screenings for substance abuse should be established and covered as part of the standard of care in Wisconsin.

**Cross-listed in: Healthcare Systems (Recommendation 3)*

Recommendation 12: Regulate alcohol delivery.

Lead implementing organizations: State of Wisconsin; Legislature; Department of Revenue

Purpose: Reduce availability of alcohol

Wisconsin’s statutory requirement for face-to-face alcohol sales requires the retailer to interact with the customer, establish they are age 21 or older and not intoxicated. Proposals that allow for



State Government and State Agencies (continued)

retailer delivery or third party delivery of alcohol remove this requirement and may not provide effective controls or a replacement. The experience of other states indicates allowing alcohol to be delivered increases the risk of underage drinking. It is imperative to carefully enumerate the responsibilities of all parties involved and to support local enforcement of those policies.

- ❖ The retailer and the delivery service are both separately responsible for determining that alcohol is only delivered to individuals who are age 21 or older and not intoxicated.
 - Either or both parties may be cited if IDs are not checked, or other required actions are not taken regardless of the means used to determine a violation.
 - Failure by either the retailer or delivery personnel to fulfill their responsibilities may be cited under 125.07.
 - Multiple failures by a licensee to package alcohol correctly or failing to indicate orders that contain alcohol are individual violations.
- ❖ The retailer must place a fluorescent-colored sticker, at least four inches in length or diameter that is readably visible on the exterior packaging of every box or bag containing alcohol. With the wording in all capital letters: *CONTAINS ALCOHOL: SIGNATURE OF PERSON AGED 21 YEARS OR OLDER REQUIRED FOR DELIVERY.*
 - Failure to place this required sticker is a violation of the alcohol license, multiple failures may constitute cause for non-renewal, suspension or revocation.
 - A purchaser’s assertion that they are age 21 or older does not absolve the retailer from other required steps.
- ❖ The delivery service is responsible for the conduct of its employees and contractors, including but not limited to requiring every delivery including alcohol must verify the age of the recipient by physically checking a government issued ID that also confirms the individual in the photo is the same person accepting delivery, the name on the credit card and ID are the same, and the individual is age 21 or older.
 - A signature following the ID check is required for every delivery with alcohol.
 - Delivery personnel must visually confirm the individual is not intoxicated.
- ❖ Packages with the fluorescent “Alcohol” sticker must be delivered to the named individual on the order. They may not be left on steps, porches or other exterior locations or otherwise unattended regardless of the instructions submitted by the customer.
 - Delivery firms and retailers may assess a reasonable fee to any order returned due to a failed ID check or failure to present an ID.

**Cross-listed in: Local Government (Recommendation 6); Alcohol Industry (Recommendation 1)*

Recommendation 13: Amend Wis. Stat. sec. 125.32(2) and 125.68(2) to provide more effective supervision of unlicensed persons selling or serving alcohol to customers.

Lead implementing organizations: State of Wisconsin; Legislature; Department of Revenue

Purpose: Enact laws and regulations; Modify the drinking environment

Currently, a member of a licensee’s or permittee’s family who is an adult under the age of 21 may be the only person supervising sales or service of alcohol beverages at a retail outlet. In addition, supervisory requirements are vague and not clearly defined. Two changes could address this. The first change would only affect those members of the licensee’s or permittee’s immediate family (living in the licensee’s or permittee’s home) who are adults under the age of 21. However, it would ensure consistency in requiring all licensed operators to be age 21. The second change would add a definition of “immediate supervision”, using language provided by the Department of Revenue, and including language reflective of the employment conditions. This would explain what “immediate



State Government and State Agencies (continued)

supervision” means, and provide clear guidance as to minimal qualifications for meeting the legal requirements.

Wisconsin Statutes Sections 125.32(2) (for fermented malt beverages premises) and 125.68(2) (for intoxicating liquor premises) should be amended in two ways to provide more effective supervision of unlicensed persons selling or serving alcohol to customers:

- ❖ Require members of the licensee’s or permittee’s immediate family to have attained the legal drinking age to be considered the holder of an operator’s license; and
- ❖ Clearly define that “immediate supervision” means that the licensed operator is in the same room or area of the premises as the unlicensed person, close enough to see and talk with the unlicensed person, able to watch and supervise the unlicensed person and directly respond to the needs of the unlicensed person, and directly supervising the unlicensed person.

Recommendation 14: Provide DOR with authority to require wholesalers to collect hazardous products from retailers.

Lead implementing organizations: State of Wisconsin; Department of Revenue

Purpose: Reduce availability of alcohol; Enact laws and regulation

The state legislature should enact a statute to provide the Department of Revenue with the authority to require wholesalers to collect from retailers any alcohol products that are recalled by their producer, subject to a warning letter or enforcement action by the U.S. Food & Drug Administration (FDA), the Federal Trade Commission (FTC), or the Alcohol and Tobacco Tax and Trade Bureau (TTB), or subject to a finding of violating the Code of Responsible Practices or other voluntary standards of the alcohol industries, including, but not limited to, those of the Distilled Spirits Council of the United States, the Beer Institute, or the Wine Institute.

Recommendation 15: Define and regulate the use of growlers.

Lead implementing organizations: State of Wisconsin; Department of Revenue

Purpose: Enact laws and regulation; Reduce availability of alcohol

Wisconsin should adopt a comprehensive definition of a “growler” that includes requirements for cleaning, labelling and sealing by licensees.

A growler is a metal, plastic, glass or ceramic container holding a maximum of 128 ounces having a lid or stopper that can be secured with a tamper proof seal, to be filled with fermented malt beverages at the time of sale at Class “B” licensees for off-premises consumption.

- ❖ A growler that has been filled in advance of sale is a bottle and must meet all state and federal tax and labeling requirements.
- ❖ Retailers may sell one-time use disposable growlers or multiple use growlers that conform to the definition.
- ❖ Any fermented malt beverage may fill a customer’s growler without regard for the brand or logo on the exterior of the container.
- ❖ After filling and capping with the lid or other stopper, the licensee must place a seal that will be visibly broken or torn when the container is opened.
- ❖ Cellophane tape, even if unique to the licensee, that can be removed and reapplied, is not a tamper proof seal.
- ❖ The licensee must apply a tag or sticker that provides the name and address of the brewer for the beverage filling a growler.



State Government and State Agencies (continued)

- ❖ Refillable growlers must be washed by the licensee prior to filling.
- ❖ A licensee may refuse to fill any growler they cannot seal or sanitize.
- ❖ A municipality may prohibit off-premises sales of growlers.

**Cross-listed in: Local Government (Recommendation 21); Alcohol Industry (Recommendation 3)*

Recommendation 16: Create guidance and training for enforcement of alcohol delivery.

Lead implementing organizations: State of Wisconsin; Department of Revenue

Purpose: Reduce availability of alcohol; Enact laws & regulations

The Wisconsin Department of Revenue should create or contract for the creation of a protocol, like alcohol age compliance checks, that guides the enforcement of delivered alcohol. The Department will create or cause to be created necessary training materials for law enforcement on this protocol that are available for reading, viewing or printing on the Department website.

Recommendation 17: Regulate brewer’s retail outlet and condition approval on conformity with all applicable law, including municipal.

Lead implementing organizations: State of Wisconsin; Department of Revenue

Purpose: Reduce availability of alcohol; Enact laws & regulations

A brewer may operate an offsite retail outlet to sell and serve fermented malt beverages for on and off-premises consumption. The brewer may apply to the DOR to change its offsite location as frequently as once a day. The brewer can fully operate the outlet as a tavern or a restaurant, can serve beer from taps in a movable truck, or can sell cans or bottles out of a cooler. The brewer can also provide free taste samples, without any limit as to quantity, at either of its retail locations. Currently nothing in the law ensures municipal notice or input into the process, although the DOR may consult with municipalities to determine whether the proposed location violates any ordinances.

The Wisconsin legislature should add a subsection to Wis. Stat. §125.29 to provide for more state and local control of a brewer’s offsite retail outlet, addressing the following issues:

- ❖ The brewer should only be allowed to establish and operate one off-site retail outlet on any day, regardless of the number of permits that the brewer has.
- ❖ The brewer should be required to describe the premises for both its on-site retail outlet and off-site retail outlet at the time that the brewer applies for a brewer’s permit.
- ❖ The brewer should be required to apply to the DOR for a change to its off-site retail outlet location at least 30 days prior to operating at that location.
- ❖ The brewer should be required to provide a copy of the application to the municipality where the proposed off-site retail outlet will be located, at least 30 days prior to operating at that location.
- ❖ The municipality should be provided at least 10 business days to respond to notice of the application before any approval is granted, and approval should not be granted if the proposed premises fail to conform with all applicable federal, state, and local law, including all local ordinances and the comprehensive plan of the municipality where the brewer proposes to locate the off-site outlet.

**Cross-listed in: Local Government (Recommendation 29)*



State Government and State Agencies (continued)

Recommendation 18: Create and require an alcohol delivery license/endorsement.

Lead implementing organizations: State of Wisconsin; Department of Revenue; Department of Transportation

Purpose: Reduce availability of alcohol; Enact laws & regulations

An Alcohol Delivery license/endorsement should be created by the Department of Transportation. Every individual who delivers alcohol for either a delivery service or a licensed retailer must hold an Alcohol Delivery license/endorsement.

- ❖ This requirement does not include individuals working for a catering service that is licensed to sell/serve alcohol.
- ❖ This requirement does not include drivers for alcohol wholesalers licensed or permitted by the Wisconsin Department of Revenue.
- ❖ Alcohol Delivery licensing would appear as an endorsement on an individual’s driver’s license.
- ❖ Qualifications for an Alcohol Delivery license include:
 - Age 21 or older.
 - Completion of RBS within the previous two years as demonstrated by a certificate.
 - Criminal background check that does not indicate any inability to handle controlled substances in an irresponsible or illegal manner within the past five years.

Recommendation 19: Provide municipalities with authority to assess application fees.

Lead implementing organizations: State of Wisconsin

Purpose: Enact laws and regulation; Increase cost of alcohol

The legislature should enact a statute providing clear authority for municipalities to assess application fees. This allows municipalities to recoup costs associated with processing alcohol license applications. Municipalities should be allowed to enact ordinances prescribing reasonable and proportional application fees for licensing activities related to issuing a new alcohol retail license or making a change to an existing alcohol retail license.

**Cross-listed in: Local Governments (Recommendation 28)*

Recommendation 20: Increase fee for “Class B” temporary license.

Lead implementing organizations: State of Wisconsin

Purpose: Increase cost of alcohol; Reduce availability of alcohol

Wisconsin municipalities should be given the ability to increase the fee for a “Class B” temporary license to \$25 to partially cover the cost of processing the application.

Recommendation 21: Conduct mandatory ethics code trainings for all who make government decisions on alcohol matters.

Lead implementing organizations: State of Wisconsin; Legislature

Purpose: Enact laws and regulation

The state, counties, and municipalities should conduct mandatory annual trainings for their elected and appointed government officials and committee members in the relevant ethics code from Wis. Stats. sec 19.45 (state public officials) or sec. 19.59 (local officials, employees & candidates), and in



State Government and State Agencies (continued)

any applicable local ordinances. This training should not be limited to elected and appointed officials, but should also be given to all committee members of any committees making decisions on alcohol related matters, including licensing, permitting, and law-making.”

**Cross-listed in: Local Government (Recommendation 30)*

Recommendation 22: Require responsible beverage server training for all managers.

Lead implementing organizations: State of Wisconsin

Purpose: Reduce availability of alcohol; Modify the alcohol environment

Wisconsin should amend Wis. Stat. sec. 125.18 to require Responsible Beverage Server training within the past two years as a requirement to receive a manager's license.

Recommendation 23: Do not expand Direct to Consumer shipping.

Lead implementing organizations: State of Wisconsin; Legislature

Purpose: Reduce availability of alcohol

The Wisconsin legislature should not enact any new legislation to expand Direct to Consumer shipping at this time because Direct to Consumer shipping weakens the 3-tier system, increases the availability and affordability of alcohol, removes the requirement for face-to-face sales, and increases the risk of alcohol sales to underage persons. The Wisconsin Legislature should not enact any legislation that would allow brewers, brewpubs, manufacturers, or rectifiers, to ship alcohol beverages directly to consumers.

Recommendation 24: Repeal preemption preventing municipalities from requiring responsible beverage server training of all employees at licensed premises.

Lead implementing organizations: State of Wisconsin; Legislature

Purpose: Reduce Availability of Alcohol; Enact Laws and Regulation; Modify the drinking environment

The Wisconsin Legislature should repeal language preempting municipalities from requiring more than one staff person who has completed responsible beverage server training be on the licensed premises while open and also limiting municipally required training to what the state requires.

Recommendation 25: Implement public awareness campaign about alcohol consumption's link to cancer.

Lead implementing organizations: State of Wisconsin; Department of Health Services

Purpose: Support evidence-based alcohol education; Engage in preventative health

The department of health Services should collaborate with the American Cancer Society, the Wisconsin Cancer Collaborative, Wisconsin's health philanthropies and other related groups to create and implement a public awareness campaign about alcohol consumption's link to cancer. A multi-year commitment is needed to create general awareness that the cancer risk increases with the amount of alcohol consumed. To complement that message, later efforts should include targeted information for identified at-risk groups including gender, ethnicity and age. Increasing public knowledge of the ways an individual can reduce their cancer risk enhances the impact of evidence-informed policies and practices at the municipal and state levels.



State Government and State Agencies (continued)

Recommendation 26: Create a public awareness campaign of causal Connection between alcohol consumption and chronic disease.

Lead implementing organizations: State of Wisconsin; Department of Health Services; State Advocacy Organizations

Purpose: Support evidence-based alcohol education

The Wisconsin Department of Health Services shall convene a discussion of the related health voluntary philanthropies and similar organizations with the goal of creating a measurable increase in public awareness of the causal connection between alcohol consumption and chronic disease by 2030.

A long-term public education campaign to increase public awareness of the many risks of excessive drinking requires both time and multi-year funding. Creation of a multidisciplinary group supports the creation of effective messages for segments of the population that have unique risks, such as girls and women on the alcohol consumption-breast cancer link.

Recommendation 27: Collect and utilize anonymized OWI arrest data.

Lead implementing organizations: State of Wisconsin; Department of Health Services; Department of Revenue; Department of Transportation; Department of Justice

Purpose: Enact laws and regulations; Monitor and evaluate

The Department of Justice should initiate discussions with the Department of Transportation and the Wisconsin Department of Health Services to consider efficient, cost-effective methods to collect, store and utilize information gathered during OWI arrest, including Place of Last Drink information. A compilation of anonymized arrest data supports licensee training programs, provides support to law enforcement agencies and supports municipal efforts to control alcohol outlet density.

Recommendation 28: Compile comprehensive Alcohol-related statistics and make publicly available

Lead implementing organizations: State of Wisconsin; Department of Health Services; Department of Transportation; Department of Revenue; UW-Madison School of Medicine and Public Health; UW-Milwaukee Master of Public Health Program; Medical College of Wisconsin

Purpose: Enact laws and regulations; Monitor and evaluate

Public health surveillance makes it clear excessive alcohol consumption is Wisconsin’s primary substance use problem, yet municipal and state leaders often lack sufficient information to implement effective interventions to reduce alcohol-related harms. The failure to compile comprehensive alcohol-related statistics blinds Wisconsin’s residents to the billions of dollars and years of productive life lost from excessive alcohol consumption annually and limits the ability to remedy the problem.

To remedy this gap in both medical and law enforcement data, we recommend:

- ❖ Wisconsin should set a 5-year goal for the creation and release of an alcohol dashboard with data from multiple state departments reported at the county level or more granular when possible. The dashboards should consolidate the alcohol-related statistics collected by the Departments of Health, Transportation, Revenue, Public Instruction, and Justice into a format like existing alcohol-related death and hospitalization dashboards. This allows public health and public safety professionals, local elected leaders, and citizens to consider



State Government and State Agencies (continued)

the full impact of alcohol on the health, safety, and economic wellbeing of Wisconsin's residents.

- ❖ Medical schools, medical examiners, and coroners should be provided with specific instructions on how to include alcohol as a primary, secondary, or tertiary cause of death, when appropriate. The Department of Health Services, Office of Health Informatics should monitor local compliance with reporting standards and privacy. The data should be compiled and released annually to the public facing dashboards.
- ❖ The Wisconsin Department of Health Services, Office of Health Informatics should work with the Wisconsin Hospital Association to create a reliable indicator of acute hospitalization for alcohol-related admissions that could be compiled by county of residence. Also, the Office of Health Informatics and the Office of Preparedness and Emergency Health Care should work together to compile, analyze, and create a public-facing data dashboard with alcohol-related emergency ambulance runs data.
- ❖ The records management systems (RMS) for all police departments and sheriffs should be amended so that every call for service, transport, arrest or incident is coded if alcohol was a factor. In the arrest or incident. This information can help local leaders make product alcohol licensing decisions. Wisconsin's law enforcement agencies are not asked to indicate whether a call for service is alcohol-related or not. As a result, local elected officials may see the need for additional law enforcement without understanding the issues that led to the increase.
- ❖ Wisconsin's TraCS system and law enforcement records management systems should permit the collection of "place of last drink" information when answering any alcohol-related calls for service. This information provides an early indicator of over serving or selling alcohol to underage or intoxicated customers allowing law enforcement to intervene early. It is also useful for early identification of an over-concentration of alcohol outlets.
- ❖ Since Wisconsin repealed the law against public intoxication, disorderly conduct (D.C.) has become a surrogate for those arrests. By adding a category for alcohol-related offenses allows alcohol-related D.C. arrests to be separated, the value of this statistics is restored.
- ❖ The Wisconsin Department of Revenue should create and maintain an updated, public-facing data database of every permanent alcohol licensee and permittee that is updated monthly.
- ❖ The state should incentivize and support regional data sharing initiatives. In metropolitan areas, inability to see alcohol licenses in adjacent jurisdictions allows communities sharing boundaries to overlook developing clusters or overconcentration of outlets before they become problematic.
- ❖ Wisconsin should require every alcohol license to list the maximum number of individuals allowed within the establishment, based on the application for the license and not the building itself. This requirement would reduce the likelihood of a restaurant operating as nightclubs, a phenomenon known as "morphing" This enables a municipality to monitor sidewalk traffic, parking needs while allowing police and fire officials to readily identify dangerously overcrowded venues.



State Government and State Agencies (continued)

Recommendation 29: Include data from the Wisconsin Ambulance Run Data System in DHS’s public alcohol dashboards.

Lead implementing organizations: State of Wisconsin; Department of Health Services

Purpose: Monitor and evaluate

The Wisconsin Ambulance Run Data System should be included in the Wisconsin Department of Health Services public-facing alcohol data dashboards.

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Civic, Community, Educational, and Religious Organizations

The practices and policies of community groups are barometers of community norms. In some cases, an organization’s long-standing alcohol policies unintentionally contribute to community alcohol problems even as these groups dedicate themselves to community improvement. When civic groups and faith communities review and adopt policies to discourage alcohol misuse, they improve the quality of community life and make a significant contribution to improving Wisconsin’s alcohol culture. Civic and community organizations include non-profit and philanthropic organizations, bona fide clubs, lodges and societies, county and local fair associations, posts of veteran’s organizations, and chambers of commerce. Educational organizations and institutions include primary and secondary education, further and higher education. Religious organizations include, but are not limited to, churches, mosques, synagogues, temples, nondenominational ministries, interdenominational and ecumenical organizations, mission organizations, and faith-based social agencies.

Recommendation 1: Municipalities work with post-secondary schools.

Lead implementing organizations: Post-Secondary Schools

Purpose: Reduce availability of alcohol; Modify the drinking environment

Municipalities should work collaboratively with local post-secondary schools to limit the number of alcohol outlets near campuses, provide care for dangerously intoxicated individuals and take steps to reduce alcohol-related harassment of marginalized racial, ethnic and other minority groups.

**Cross-listed in: Local Government (Recommendation 2)*

Recommendation 2: Universities and colleges work with the local government.

Lead implementing organizations: Post-Secondary Schools

Purpose: Reduce availability of alcohol

Because alcohol licensing is a municipal issue in Wisconsin, the leaders of Wisconsin’s colleges and Universities should commit to working with local governments to limit the number of alcohol outlets near campus and enforce the minimum legal drinking age. Joint campus-community efforts to fund and deploy evidence-informed and evidence-based interventions including regular alcohol age compliance checks are both effective and sustainable.

**Cross-listed in: Local Government (Recommendation 3)*

Recommendation 3: Colleges, universities, and municipalities should discourage underage and high-risk drinking.

Lead implementing organizations: Post-Secondary Schools

Purpose: Reduce availability of alcohol; Modify the drinking environment

Wisconsin’s colleges, universities, and the municipalities where they are located should take steps to create an environment that discourages underage and high-risk drinking, including adopting the policies and practices included NIAAA’s Alcohol Intervention Matrix for Colleges (CollegeAIM). Many campuses will find the need to support both individual and environmental policies and practices to address excessive and underage alcohol consumption.



Civic, Community, Educational, and Religious Organizations (continued)

Recommendation 4: Schools should implement SBIRT program.

Lead implementing organizations: School Districts

Purpose: Support evidence-based alcohol education; Preventive health care

Schools should implement an evidence-based or evidence-informed individualized screening and brief intervention (SBIRT) program that provides education, support, and guidance for teens and their parents/caregivers/guardians.

**Cross-listed in: State Government and State Agencies (Recommendation 8)*

Recommendation 5: Schools should implement evidence-informed practices to prevent underage drinking.

Lead implementing organizations: School Districts

Purpose: Support evidence-based alcohol education

Both public and private schools should implement long term evidence-informed and evidence-based practices and programs to prevent and reduce underage drinking.

Recommendation 6: Avoid encouraging excessive alcohol consumption at celebrations and fundraisers.

Purpose: Reduce availability of alcohol; Modify the drinking environment; Reduce promotion of alcohol to youth

Knowing the extensive health and safety risks posed by excessive alcohol consumption, community and philanthropic groups should avoid hosting celebrations and fundraisers with a link to alcohol or suggest excessive alcohol consumption. Community professional, religious and civic groups should model low-risk alcohol consumption as a contribution to improved community norms.

When organizing fundraisers, groups should consider strategies to limit alcohol consumption including:

- ❖ Using smaller glasses for individual servings of alcohol.
- ❖ Provide a wide selection of attractive nonalcoholic beverages.
- ❖ Use tickets or tokens to limit alcohol consumption to no more than 2 servings per individual.
- ❖ Post a sign where alcohol is served noting the maximum number of alcohol servings by for low-risk drinking.

Recommendation 7: Schools should provide alcohol harms health effects information to parents, caregivers, and guardians.

Lead implementing organizations: School Districts

Purpose: Support evidence-based alcohol education; Reduce promotion of alcohol to youth; modify the drinking environment

Schools should provide parents, caregivers and guardians with information on the long-term health consequences of underage drinking including, but not limited to: a higher lifetime risk of alcohol or drug abuse; a higher lifetime risk of developing one of the seven cancers linked to alcohol consumption; and the potential for permanent cognitive loss. While some of the acute consequences of underage drinking are well known, information on alcohol’s relationship to



Civic, Community, Educational, and Religious Organizations (continued)

drowning, falls, vehicular injury and death, alcohol poisoning, gun violence, suicide, and sexual assault should also be provided.

Recommendation 8: Schools should conduct the Youth Risk Behavior Survey.

Lead implementing organizations: School Districts

Purpose: Monitor and evaluate; Support evidence-based alcohol education

Schools are strongly encouraged to conduct the Youth Risk Behavior Survey (YRBS) to provide an accurate local measure of youth alcohol and other drug use.

Recommendation 9: Principals, athletic directors, and guidance counselors should attend DITEP every 3 Years.

Lead implementing organizations: School Districts

Purpose: Support evidence-based alcohol education; Engage in preventive health care

Wisconsin school principals, athletic directors, and guidance counselors should be required to attend Drug Impairment Training for Educational Professionals (DITEP) every three years and become familiar with local referral resources and providers for intervention and treatment services.

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Healthcare System

Healthcare systems have the capacity to screen large numbers of patients for problematic alcohol use, conduct brief interventions for persons at risk for excessive alcohol use, and refer persons with alcohol use disorder to treatment. Multiple disciplines of healthcare providers can be effectively trained in Screening, Brief Intervention and Referral to Treatment (SBIRT), as previously demonstrated (Sherwood, Kramlich, Rodriquez & Graybeal, 2019). Healthcare providers of all disciplines should also implement opportunities to screen and intervene to reduce excessive alcohol use and work to identify and prevent those at risk for developing alcohol use disorders.

Screenings and Brief Interventions for problem drinking or at-risk drinking are recommended for adults and adolescents by the United States Preventive Service Task Force, the American College of Surgeons Committee on Trauma, the American Academy of Pediatrics, and the American College of Emergency Physicians. These recommendations span the spectrum of patient care including ambulatory, emergency department, and inpatient settings.

Recommendation 1: Require medical providers to conduct SBIRT screens.

Purpose: Engage in preventive health care

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an effective approach to identifying individuals with alcohol use disorders and those at risk of developing a disorder. Research suggests SBIRT and training to conduct SBIRT can be effective by video link. As a widely adopted and covered practice we recommend that both forms of SBIRT be the required standard of care in every group health insurance plan offered in Wisconsin.

We further recommend:

- ❖ SBIRT should be incorporated into the treatment of all patients with alcohol-related injuries or illness, including those seen in the ambulatory, emergency department and hospital setting.
- ❖ Patients, age 12 and older, should be screened for alcohol use annually using SBIRT when visiting their primary care health professional.
- ❖ Remote administration of SBIRT by trained medical professionals should be expanded to reach underserved communities throughout the state.
- ❖ Emergency departments should incorporate SBIRT into treatment for patients with alcohol-related injuries or illness.
- ❖ Level 3, and 4 Trauma Centers should be encouraged (as Level 1 and 2 Trauma Centers are required) to screen all injured patients with a validated tool such as the AUDIT or CRAFFT for alcohol abuse. The anonymized data can be used as a further evidence or confirmation of public health surveillance surveys such as the NSDUH and BRFSS.
- ❖ The Wisconsin Department of Health Services, in collaboration with the Wisconsin Society of Addiction Medicine, should initiate a campaign to educate medical professionals on how to administer SBIRT, where it is effective and the available resources to support it.
- ❖ The Wisconsin Department of Health Services in collaboration with health care professionals should study and report on the efficacy of low cost SBIRT training for underserved areas.

**Cross-listed in: State Government and State Agencies (Recommendation 10)*



Healthcare System (continued)

Recommendation 2: Alcohol screenings for adolescents.

Purpose: Engage in preventative health care

All children aged 12 and older should be screened for alcohol use outside the presence of parents or guardians in all health care settings.

Recommendation 3: Permit pharmacists to conduct screenings for substance use.

Purpose: Engage in preventative health care

A small-scale study suggests pharmacists may be able to effectively conduct brief screening for substance abuse within the store. If confirmed by additional research, appropriate reimbursement for pharmacy-based screenings for substance abuse should be established and covered as part of the standard of care in Wisconsin.

**Cross-listed in: State Government and State Agencies (Recommendation 11)*

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Alcohol Industry

Alcohol Industry refers to those businesses and people involved in alcohol beverages production, distribution, and sale of beer and other fermented malt beverages, wine and distilled spirits. It includes a wide range of producers, manufacturers, rectifiers, distributors, wholesalers, and retailers.

Recommendation 1: Regulate alcohol delivery.

Purpose: Reduce availability of alcohol

Wisconsin’s statutory requirement for face-to-face alcohol sales requires the retailer to interact with the customer, establish they are age 21 or older and not intoxicated. Proposals that allow for retailer delivery or third party delivery of alcohol remove this requirement and may not provide effective controls or a replacement. The experience of other states indicates allowing alcohol to be delivered increases the risk of underage drinking. It is imperative to carefully enumerate the responsibilities of all parties involved and to support local enforcement of those policies.

- ❖ The retailer and the delivery service are both separately responsible for determining that alcohol is only delivered to individuals who are age 21 or older and not intoxicated.
 - Either or both parties may be cited if IDs are not checked, or other required actions are not taken regardless of the means used to determine a violation.
 - Failure by either the retailer or delivery personnel to fulfill their responsibilities may be cited under 125.07.
 - Multiple failures by a licensee to package alcohol correctly or failing to indicate orders that contain alcohol are individual violations.
- ❖ The retailer must place a fluorescent-colored sticker, at least four inches in length or diameter that is readably visible on the exterior packaging of every box or bag containing alcohol. With the wording in all capital letters: *CONTAINS ALCOHOL: SIGNATURE OF PERSON AGED 21 YEARS OR OLDER REQUIRED FOR DELIVERY.*
 - Failure to place this required sticker is a violation of the alcohol license, multiple failures may constitute cause for non-renewal, suspension or revocation.
 - A purchaser’s assertion that they are age 21 or older does not absolve the retailer from other required steps.
- ❖ The delivery service is responsible for the conduct of its employees and contractors, including but not limited to requiring every delivery including alcohol must verify the age of the recipient by physically checking a government issued ID that also confirms the individual in the photo is the same person accepting delivery, the name on the credit card and ID are the same, and the individual is age 21 or older.
 - A signature following the ID check is required for every delivery with alcohol.
 - Delivery personnel must visually confirm the individual is not intoxicated.
- ❖ Packages with the fluorescent “Alcohol” sticker must be delivered to the named individual on the order. They may not be left on steps, porches or other exterior locations or otherwise unattended regardless of the instructions submitted by the customer.
 - Delivery firms and retailers may assess a reasonable fee to any order returned due to a failed ID check or failure to present an ID.

**Cross-listed in: State Government and State Agencies (Recommendation 6); Local Government (Recommendation 13)*



Alcohol Industry (continued)

Recommendation 2: Voluntarily label containers with alcohol serving facts.

Purpose: Modify the drinking environment

Manufacturers and rectifiers should voluntarily label alcohol beverage containers with truthful and accurate per serving alcohol serving facts information using a Department of the Treasury, Alcohol and Tobacco Tax and Trade Bureau prescribed format.

Recommendation 3: Define and regulate the use of growlers.

Purpose: Reduce availability of alcohol

Wisconsin should adopt a comprehensive definition of a “growler” that includes requirements for cleaning, labelling and sealing by licensees.

A growler is a metal, plastic, glass or ceramic container holding a maximum of 128 ounces having a lid or stopper that can be secured with a tamper proof seal, to be filled with fermented malt beverages at the time of sale at Class “B” licensees for off-premises consumption.

- ❖ A growler that has been filled in advance of sale is a bottle and must meet all state and federal tax and labeling requirements.
 - ❖ Retailers may sell one-time use disposable growlers or multiple use growlers that conform to the definition.
- ❖ Any fermented malt beverage may fill a customer’s growler without regard for the brand or logo on the exterior of the container.
- ❖ After filling and capping with the lid or other stopper, the licensee must place a seal that will be visibly broken or torn when the container is opened.
- ❖ Cellophane tape, even if unique to the licensee, that can be removed and reapplied, is not a tamper proof seal.
- ❖ The licensee must apply a tag or sticker that provides the name and address of the brewer for the beverage filling a growler.
- ❖ Refillable growlers must be washed by the licensee prior to filling.
- ❖ A licensee may refuse to fill any growler they cannot seal or sanitize.
- ❖ A municipality may prohibit off-premises sales of growlers.

**Cross-listed in: Local Government (Recommendation 21); State Government and State Agencies (Recommendation 15)*



Conclusion

We have an environment in our state that promotes the harmful use of alcohol, but there are many opportunities laid out in these recommendations to continue to make population-level improvements in the alcohol environment in Wisconsin. Wisconsin has made many improvements in the alcohol environment, yet we can continue our efforts to create a safe and prosperous environment for all.

Enacting policies to prevent excessive use of alcohol is a cost-effective strategy and has many benefits to the community including creating safer neighborhoods, roads and downtowns while also reducing violence and cancer risk. It's the hope that communities, organizations, and local, tribal, and state government implement these policies and evaluate their effectiveness in creating safer environments for all of us. Rather than accept the current situation, we offer the following as a statement of our belief that excessive alcohol consumption can be reduced and prevented in Wisconsin and encourage all communities, organizations, and governments to center these goals in their efforts.

- ❖ All Wisconsin residents have the right to a family, community, and working life protected from injury, harm and other negative consequences of excessive alcohol use.
- ❖ All of Wisconsin's children have the right to grow up in an environment protected from the negative consequences of alcohol use including prolific alcohol advertising and high concentration of alcohol outlets.
- ❖ Wisconsin's residents have the right to complete, accurate and impartial information on the effects and consequences of alcohol use and excessive use beginning at an early age.
- ❖ Wisconsin residents also have a right to have information and data about the cost of alcohol harm, where licensed establishments are located and how excessive alcohol use impacts health.
- ❖ Wisconsin residents who choose not to consume alcohol, for any reason, have the right to have their decision supported without judgment or pressure to consume alcohol as well as have many places and spaces that are alcohol free.
- ❖ All Wisconsin residents experiencing the effects of dangerous drinking or alcohol use disorder should have access to treatment and care.



Appendices

Appendix A: Summary of Recommendations

This summary of recommendations contains each of the 61 recommendations and indicates the implementing organizations that they are listed under. It also provides the recommendation number for each category (e.g. (#1)).

Recommendations	Implementing Organizations				
	Local Govt.	State	Civic Orgs.	Healthcare	Alcohol Industry
Map alcohol outlet density.	✓ (#1)	✓ (#1)			
Municipalities work with post-secondary schools	✓ (#2)		✓ (#1)		
Universities and colleges work with the local government.	✓ (#3)		✓ (#2)		
Compile and utilize Place of Last Drink (POLD) data.	✓ (#4)				
Fund, train, and conduct Minimum Legal Drinking Age compliance checks.	✓ (#5)	✓ (#5)			
Regulate alcohol delivery.	✓ (#6)	✓ (#12)			✓ (#1)
Ban alcohol advertising from municipal property.	✓ (#7)				
Use sign codes to limit amount of advertising in windows.	✓ (#8)				
Prohibit placement of alcohol advertising on mass transit vehicles and property.	✓ (#9)				
Prohibit sale of alcohol beverages at gas stations and vehicle charging stations.	✓ (#10)				
Establish procedural guidelines for granting alcohol licenses that reflect community goals.	✓ (#11)				
Permit judges to order SBIRT.	✓ (#12)	✓ (#9)			
Adopt and enforce the social host statute as an ordinance and enforce it.	✓ (#13)				



Recommendations	Implementing Organizations				
	Local Govt.	State	Civic Orgs.	Healthcare	Alcohol Industry
Regulate alcohol tasting in Class A Establishments.	✓ (#14)				
Append license conditions to all temporary licenses.	✓ (#15)				
Require best practice license conditions for all public events where alcohol is served.	✓ (#16)				
Prohibit consumption-based drink specials.	✓ (#17)				
Adopt beer keg registration ordinances.	✓ (#18)				
Designate alcohol-free recreational areas and parks.	✓ (#19)				
Require license conditions for all new Class A licenses.	✓ (#20)				
Define and regulate the use of growlers.	✓ (#21)	✓ (#15)			✓ (#3)
Adopt a sober server ordinance.	✓ (#22)				
Apply license conditions to pharmacy alcohol licenses when possible.	✓ (#23)				
Prevent party and nuisance houses and unruly gatherings.	✓ (#24)				
Apply and enforce license conditions to address problems.	✓ (#25)				
Operate saturation patrols.	✓ (#26)				
Ban beer bongs and drinking competitions.	✓ (#27)				
Provide municipalities with authority to assess application fees.	✓ (#28)	✓ (#19)			
Regulate brewer’s retail outlet and condition approval on conformity with all applicable law, including municipal.	✓ (#29)	✓ (#17)			



Recommendations	Implementing Organizations				
	Local Govt.	State	Civic Orgs.	Healthcare	Alcohol Industry
Conduct mandatory ethics code trainings for all who make government decisions on alcohol matters.	✓ (#30)	✓ (#21)			
Suspend increases in “Class B” Licenses.		✓ (#2)			
Increase alcohol tax.		✓ (#3)			
Maintain 21 as Minimum Legal Drinking Age.		✓ (#4)			
Revise Wis. Stat. sec. 125.07(1)(b)1.		✓ (#6)			
Repeal language allowing licensees to sell to persons under MLDA in presence of parent, guardian or spouse.		✓ (#7)			
Test and evaluate effectiveness of SBIRT in schools.		✓ (#8)			
Require medical providers to conduct SBIRT screens.		✓ (#10)		✓ (#1)	
Permit pharmacists to conduct screenings for substance use.		✓ (#11)		✓ (#3)	
Amend Wis. Stat. sec. 125.32(2) and 125.68(2) to provide more effective supervision of unlicensed persons selling or serving alcohol to customers.		✓ (#13)			
Provide DOR with authority to require wholesalers to collect hazardous products from retailers.		✓ (#14)			
Create guidance and training for enforcement of alcohol delivery.		✓ (#16)			
Create and require an alcohol delivery license/endorsement.		✓ (#18)			
Increase fee for Class B temporary License.		✓ (#20)			
Require responsible beverage server training for all managers.		✓ (#22)			



Recommendations	Implementing Organizations				
	Local Govt.	State	Civic Orgs.	Healthcare	Alcohol Industry
Do not expand direct-to-consumer shipping.		✓ (#23)			
Repeal preemption preventing municipalities from requiring responsible beverage server training of all employees at licensed premises.		✓ (#24)			
Implement public awareness campaign about alcohol consumption’s link to cancer.		✓ (#25)			
Create public awareness campaign of causal connection between alcohol consumption and chronic disease.		✓ (#26)			
Collect and utilize anonymized OWI arrest data.		✓ (#27)			
Compile comprehensive alcohol-related statistics and make publicly available.		✓ (#28)			
Include data from the Wisconsin Ambulance Run Data System in DHS’s public alcohol dashboards.		✓ (#29)			
Colleges, universities, and municipalities should discourage underage and high-risk drinking.			✓ (#3)		
Schools should implement SBIRT program.			✓ (#4)		
Schools should implement evidence-informed practices to prevent underage drinking.			✓ (#5)		
Avoid encouraging excessive alcohol consumption at celebrations and fundraisers.			✓ (#6)		
Schools should provide alcohol harms health effects information to parents, caregivers and guardians.			✓ (#7)		
Schools should conduct the Youth Risk Behavior Survey.			✓ (#8)		
Principals, athletic directors, and guidance counselors should attend DITEP every 3 years.			✓ (#9)		
Alcohol screenings for adolescents.				✓ (#2)	
Voluntarily label containers with alcohol serving facts.					✓ (#2)



Appendix B: Wausau’s Sober Server Ordinance

5.64.034 Restriction on Servers.

- (a) Prohibition. It shall be unlawful for a licensee or an agent or employee of the licensee to serve or supervise the service of alcohol beverages in a licensed premises while under the influence of an intoxicant, a controlled substance, a controlled substance analog or any combination of an intoxicant, a controlled substance and a controlled substance analog. Controlled substance and controlled substance analog shall have the meaning as these terms are defined in section 9.04.026. Under the influence means not only all the well-known and easily recognized conditions and degrees of intoxication, but any abnormal mental or physical condition which is the result of indulging to any degree in alcohol beverages and which tends to deprive a person of the clearness of intellect and control of himself or herself which he or she would otherwise possess.
- (b) Presumption. A test of the person’s breath, blood, or urine, including a preliminary breath test, that shows the person has an alcohol concentration of 0.04 or more is prima facie evidence that he or she is under the influence. Law enforcement officials shall be allowed to ask for a preliminary breath test upon reasonable suspicion. Refusal to submit to a requested test may be considered by the Common Council as grounds for revocation, non-issuance, or non-renewal of the server’s operator’s license.
- (c) Effect of Violation on Premises. If the principal business of the licensed premises is the sale of alcohol beverages, law enforcement officials will order it closed until such time as another licensed server or the licensee who is not in violation of this section shall take charge of such premises. It shall be a violation of this subsection for any licensed premises to be open contrary to such order of law enforcement officials.



Glossary of Terms

Alcohol policy and prevention strategies often use terms from several professional and academic disciplines that each have a set of terms and abbreviations. In Wisconsin, our reliance on municipal alcohol control contributes another set of terms to the list. As a result, advocates face a confusing array of terms and abbreviations. This can sometimes hinder understanding or block progress. This glossary is not comprehensive; it is an introduction to frequently used terms with definitions taken from well-recognized sources as noted. Sections of the Wisconsin State Statutes are referenced as appropriate.

Alcohol age compliance checks: Alcohol age compliance checks are a cost-effective way to measure youth access to alcohol from retail outlets. They involve the use of underage buyers by law enforcement agencies as “agents” to test retailers’ compliance with laws regarding the sale of alcohol to minors. (Moore, 2011)

Alcohol and Tobacco Tax and Trade Bureau (TTB): A bureau of the U.S. Department of Treasury, the TTB’s mission is to collect Federal excise taxes on alcohol, tobacco, firearms, and ammunition and to assure compliance with Federal tobacco permitting and alcohol permitting, labeling, and marketing requirements to protect consumers. For more information, visit <https://www.ttb.gov/about-ttb>.

Alcohol beverage: Wisconsin Statutes use the term “alcohol beverages” and not the more commonly heard term “alcoholic beverages” to refer to fermented malt beverages, such as beer, and “intoxicating liquor” which includes distilled spirits, hard liquor and wine. 125.02(1) See also fermented malt beverage, intoxicating liquor, and distilled spirits.

Alcohol Outlet: A retail location licensed to sell alcohol for consumption at another location or on-site including grocery stores, liquor stores, convenience stores, restaurants, bars, taverns, festivals that sell alcohol beverages, and other outlets.

Alcohol outlet density: The number of physical locations in which alcoholic beverages are available for purchase in a community by population, distance between outlets, or by municipality. Some areas may choose to include square footage or capacity in density calculations. The Centers for Disease Control and Prevention outlined three approaches to measurement in the CDC Guide for Measuring Outlet Density.

Alcohol policy: Alcohol policies govern the sale, serving and consumption of alcohol beverages. An alcohol policy is simply a rule or law adopted by government or non-governmental groups that regulates or dictates how alcohol may be used. For example, the minimum legal drinking age of 21 is a widely accepted policy that has reduced underage drinking. Alcohol policy has also been defined by academics as any purposeful effort on the part of governmental or nongovernmental organizations to minimize or prevent alcohol-related consequences. Policies can involve the implementation of a specific strategy regarding alcohol problems (e.g., age restrictions on alcohol sales) or the allocation of resources that reflect priorities regarding prevention or treatment intervention efforts. (Babor & Caetano, 2005)

Beer: A carbonated, fermented alcoholic beverage that is usually made from malted cereal grain (especially barley), and is flavored with hops.



Barrel of beer: A barrel of beer contains 31 gallons of beer. Beer is generally taxed by the barrel, regardless of the retail container (bottles, cans, half-barrel, etc.).

Behavioral Risk Factor Surveillance System (BRFSS): The Behavioral Risk Factor Surveillance System (BRFSS) is an on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984.

Beer Institute: A trade organization that represents over 5,000 large and small domestic brewers, importers and industry suppliers. It hosts the website “Beer Serves America” that offers an estimate of the economic value beer brings to the states and congressional districts. The Beer Institute has adopted a Code of Good Practices that governs advertising and marketing.

Binge drinking: According to the CDC, “Binge drinking is the most common, costly, and deadly pattern of excessive alcohol use in the United States. Binge drinking is defined as a pattern of drinking that brings a person’s blood alcohol concentration (BAC) to 0.08 g/dl or above. This typically happens when men consume 5 or more drinks or women consume 4 or more drinks in about 2 hours. Most people who binge drink do not have a severe alcohol use disorder.

Blood Alcohol Concentration (BAC): BAC refers to the number of grams of alcohol in 100 milliliters of a person’s blood or the number of grams of alcohol in 210 liters of a person’s breath.

Brewer: Refers to a person who manufactures fermented malt beverages for sale or transportation. Wis. Stat. §125.02(2).

Brewpub: A brewpub is a location that manufactures and bottles no more than 10,000 barrels of fermented malt beverages in a single year at that location or by the brewpub group, has a restaurant on the premises and, holds a Class “B” license from the municipality where it is located. The definition is in the Wis. Stat. ch. 125.295.

Cancer: Drinking alcohol beverages has been shown to be a cause of seven different types of cancer: liver, breast, stomach, colon, oropharyngeal, laryngeal, esophageal, and rectal, “A” license authorizes the retail sale of beer and other fermented malt beverages for consumption off the premises. The “Class A” license authorizes the retail sale of liquor and wine for consumption off the premises. The placement of the quotation marks distinguishes between fermented malt beverages including beer (around the letter) and liquor including wine (around the entire phrase).

Class B License: The Class “B” license authorizes the retail sale of beer and other fermented malt beverages for consumption on or off the premises. The “Class B” license authorizes the retail sale of liquor and wine for consumption on or off the premises. The placement of the quotation marks distinguishes between fermented malt beverages including beer (around the letter) and liquor including wine (around the entire phrase).

Class “B” or “Class B” Temporary license (also called picnic licenses): Licenses for a specific location for a specific period that are issued by the municipality to only community, service or civic organizations in existence for more than six months. The fee for this license is limited to \$10. A temporary license is required for “wine walks” and similar events.

College Alcohol Intervention Matrix (CollegeAIM): College Alcohol Intervention Matrix is a tool developed by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to help schools



identify and choose effective alcohol interventions. For more information, visit: <https://www.collegedrinkingprevention.gov/CollegeAIM/>.

Compliance checks: See “Alcohol Age Compliance Checks.”

Dashboard: The term for a single location, most often a website, where a variety of statistics is presented to provide an overview of an issue in a single viewing.

Distilled Spirits Council of the United States (DISCUS): The trade group that represents manufacturers to make or market distilled spirits (whiskey, rum, vodka etc.). This group has adopted a Code of Good Practice that governs advertising and marketing by member companies.

Drink: The U.S. Centers for Disease Control and Prevention define a standard drink as containing 0.6 ounces or 14 grams of pure alcohol. This is the amount of alcohol found in 12 oz. of beer (5% alcohol), 8 oz. of malt liquor (7% alcohol), 5 oz. of wine (12% alcohol) and 1.5 oz. or a “shot” of distilled spirits (80 proof).

Drug Impairment Training for Educational Professionals (DITEP): DITEP is derived from the national Drug Evaluation and Classification (DEC) Program. The training is intended to make high school nurses, principals, and school resource officers competent and confident in evaluating and documenting students suspected of abusing and being impaired by drugs. It was created in cooperation with the International Association of Chiefs of Police (IACP) and the National Highway Traffic Safety Association (NHTSA).

Excessive alcohol Use: Includes binge drinking, heavy drinking, and drinking by pregnant women or people younger than 21. Estimates conclude 90% of excessive drinkers do not meet the criteria for alcohol dependence, a common misperception. Excessive drinking is the baseline used to capture the cost of alcohol misuse in *The Burden of Excessive Alcohol Use in Wisconsin*.

Evidence-based practices: Evidence-based practices are approaches to prevention or treatment that integrate the best research evidence with practical expertise.

Evidence-informed practices: Evidence-informed practices are more flexible approaches that use the best available research and practice knowledge to guide program design and implementation while permitting innovation and flexibility to respond to local conditions.

Excise Tax, Alcohol Excise Tax: A frequently used, but incorrect term for the Wisconsin Occupational Tax on Alcohol wholesalers. Alcohol taxes are assessed at the state and federal level, and are beverage-specific (i.e., they differ for beer, wine and spirits). These taxes are usually based on the amount of beverage purchased (not on the sales price), so their effects can erode over time due to inflation if they are not adjusted regularly. Alcohol excise taxes affect the price of alcohol, and are intended to reduce alcohol-related harms, raise revenue, or both.

Federal Trade Commission (FTC): The FTC was created in 1914 to prevent unfair competition in commerce. It can enforce laws against unfair, anticompetitive, and deceptive trade practices.

Fermented malt beverage: Any beverage made by the alcohol fermentation of an infusion in potable water of barley malt and hops, with or without unmalted grains or decorticated and degerminated grains or sugar containing 0.5 percent or more of alcohol by volume. Wis. Stat.



§125.02(6). Wisconsin uses this term in Chapter 125 instead of beer. The term includes beer, hard seltzers, and many so-called wine coolers.

Food and Drug Administration (FDA): The Food and Drug Administration is responsible for protecting the public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices; and by ensuring the safety of our nation’s food supply, cosmetics, and products that emit radiation.

Growler: A refillable container for fermented malt beverages for the sale of beer by the measure. Growlers allow customers of small craft brewers that lack a bottling facility to purchase a product for off-premises consumption although any Class “B” licensee may sell beer in a growler.

Heavy drinking: The Centers for Disease Control and Prevention define heavy drinking as 8 or more drinks per week for women and 15 or more drinks per week for men. Heavy drinkers may also be binge drinkers but may not meet the criteria for alcohol use disorder.

Intoxicating liquor: “All ardent, spirituous, distilled or vinous liquors, liquids or compounds whether medicated, proprietary, patented or not, and by whatever name called, containing 0.5% or more alcohol by volume which are beverages, but does not include ‘fermented malt beverages.’” [125.02(8) Wisconsin Statutes]. Intoxicating liquor is sometimes called “hard liquor” or “spirits,” such as all whiskeys, gin, vodka; but does not include alcohol pops and flavored malt beverages such as Smirnoff Ice, Bacardi Silver, etc. In Wisconsin, the term “intoxicating liquor” includes wine.

License: The Wisconsin Statutes define an alcohol beverage license as “an authorization to sell alcohol beverages issued by a municipal governing body” under Chapter 125. Only a municipality (a city, village, or town) can grant and issue alcohol beverage licenses. The Wisconsin Department of Revenue cannot issue licenses, but does issue permits. Wisconsin has a classification scheme for licenses that does not apply to other states. Retail licenses are categorized by the type of alcohol beverages sold and whether the alcohol beverages are consumed on or off premises:

- ❖ "Class A" license authorizes the retail sale of liquor and wine for consumption off the premises.
- ❖ "Class B" license authorizes the retail sale of liquor and wine for consumption on or off the premises
- ❖ Class "A" license authorizes the retail sale of beer for consumption off the premises.
- ❖ Class "B" license authorizes the retail sale of beer for consumption on or off the premises.
- ❖ "Class C" license authorizes the retail sale of wine for consumption on the premises.

Licensee: A person who has received a license to sell alcohol beverages from a Wisconsin municipality.

License conditions: Specific restrictions or requirements placed on an alcohol license at the time it is issued by the municipality that address specific aspects of the operation, management or design of the licensed establishment. For example: license conditions may require a patio or deck to close at a specific time, prohibit certain types of entertainment, require a maintenance task such as nightly sidewalk and or parking lot maintenance or dress codes.

License suspension, revocation & nonrenewal: The most serious sanctions a municipality may impose on a retail (either on or off premises) alcohol outlet licensee. There are specific and different procedural rules for each sanction. An alcohol license may not be suspended, revoked or non-renewed without cause in Wisconsin.



- ❖ **License suspension:** License suspension requires the licensee to cease operation for the period of the suspension, up to 90 days.
- ❖ **License revocation:** Revocation withdraws the community license from the licensee.
- ❖ **License nonrenewal:** Nonrenewal is similar to revocation, must follow a procedure to revocation but occurs only during the annual renewal.

Local Government: Counties, tribes, and municipalities (cities, villages, and towns). Many alcohol policies are made and enforced at the local level. Only municipalities have state authority to grant alcohol beverage licenses. Local governments may enact ordinances for public safety purposes, and may enforce their laws within their boundaries against people who violate them. Tribes may need to work with the Bureau of Indian Affairs when enacting ordinances.

Manufacturer: A person, other than a rectifier, that ferments, manufactures or distills intoxicating liquor. Wis. Stat. §125.02(10).

Minimum Legal Drinking Age (MLDA): Since the National Minimum Drinking Age Act was passed in 1984, every state has adopted age 21 as the minimum legal drinking age. In Wisconsin, the phrase “legal drinking age” means 21 years of age. Wis. Stat. §125.02(8m).

Municipality: Chapter 125 of the Wisconsin Statutes defines a “municipality” as “a city, village, or town.” Only a municipality (city, village, or town) may grant an alcohol license. For the purposes of alcohol beverage law in Wisconsin, counties are not considered municipalities, and have no power to grant alcohol licenses.

National Institute on Alcohol Abuse and Alcoholism (NIAAA): NIAAA supports and conducts research on the impact of alcohol use on human health and well-being. <https://www.niaaa.nih.gov>

National Survey on Drug Use and Health (NSDUH): An annual national survey of a random sample of US residents (by household) age 12 and older to determine levels of alcohol, tobacco and illegal drug use and the consequences of that use. The survey is commissioned by the Substance Abuse and Mental Health Services Administration and conducted by a private contractor.

Outlet density: See **Alcohol Outlet Density**.

Permit: An alcohol beverage permit is “any permit issued” by the Wisconsin Department of Revenue under chapter 125 of the Wisconsin Statutes.

Permittee: A person who has received a permit from the Wisconsin Department of Revenue for alcohol beverages manufacture, distribution, or sales.

Place of Last Drink (POLD): The last location a driver that was arrested/cited for Operating While Intoxicated (OWI – also known as Driving under the Influence [DUI] in some states) names as the last location alcohol was sold or served to them. In Wisconsin, POLD data can be used to establish a pattern of over-serving. In 2012, the National Highway Transportation Safety Agency recommended collecting POLD data. In Wisconsin, POLD data is found on the SP4005 form completed as part of the OWI arrest procedure.

Producer: A person who produces alcohol beverages. This may be a brewer, brewpub, vintner, manufacturer, or rectifier.



Records Management System (RMS): Every law enforcement agency has a record management system enabling the online compilation of arrest and incident data. Several different commercial platforms are used by Wisconsin law enforcement agencies.

Rectifier: The term “rectifier” is defined in detail by Wis. Stat. §125.02(16), but basically refers to a person who bottles, mixes, purifies, rectifies or refines distilled spirits, but does not refer to the original distillation process.

Responsible Beverage Server (RBS): In Wisconsin, an approved course of study that trains sellers and servers how to avoid illegal alcohol sales to intoxicated or underage individuals. In Wisconsin, all licensed “operators,” licensed servers and bartenders, must be licensed. Not all servers or sellers need to be licensed. Training generally involves educating servers about state, local and sometimes establishment policies for serving alcohol and practicing the necessary skills to comply. A list of courses approved in Wisconsin is available at www.revenue.wi.gov/training/index.html.

Retailer: A retailer is any person who sells, or offers for sale, any alcohol beverages to any person other than a person holding an alcohol beverage permit or license. Wis. Stat. §125.02(19).

Saturation Patrols: A saturation patrol is an enforcement tactic where many officers are concentrated into a small geographic area, increasing the perception of risk, thereby deterring criminal behavior.

Screening, Brief Intervention and Referral to Treatment (SBIRT): SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

- ❖ Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- ❖ Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- ❖ Referral to treatment provides those identified as needing extensive treatment with access to specialty care.

For more information, visit: www.samhsa.gov/sbirt.

State Council on Alcohol and Other Drug Abuse (SCAODA): A state created committee of 16 designated members representing specific groups and agencies, six members selected from the public and 10 ex officio members that advise the Governor and Legislature on substance abuse, prevention and recovery issues. The group creates its own goals and strategic plan to reach those goals.

Social Host Statute: In Wisconsin, this phrase refers to a state law enacted in 2017 that makes it illegal to provide a location for underage drinking. Under state law, individuals aged 18 or older may not “knowingly permit or failing to take steps to prevent” underage drinking on property they control. This phrase has different meanings in different states based on state civil liability laws. Wis. Stat. §125.07(1)(3).



TraCS: Traffic and Criminal Software (TraCS) is a data system and reporting tool used by many police agencies. TraCS was developed by the state of Iowa in partnership with the Federal Highway Administration (FHWA). It is designed with modular architecture capable of sharing common data among forms and providing capability of incorporating crash, citation, OWI, commercial motor vehicle inspection and incident forms. Technologies such as bar code scanners, digital camera and Global Positioning Systems (GPS) enhance the use of TraCS. Wisconsin's version of TraCS is Badger TraCS. It is managed by the Wisconsin Department of Transportation. For more information, visit: <https://wisconsindot.gov/Pages/safety/enforcement/agencies/tracs/forms.aspx>.

Underage person: An underage person is a person who has not attained the legal drinking age. Wis. Stat. §125.02(20m).

Youth Risk Behavior Survey (YRBS): The Wisconsin Youth Risk Behavior Survey (YRBS) is conducted as part of a national effort by the U.S. Centers for Disease Control and Prevention to monitor health-risk behaviors of the nation's high school students. The behaviors monitored by the Wisconsin YRBS include traffic safety; weapons and violence; suicide; tobacco use; alcohol and other drug use; sexual behavior; and diet, nutrition and exercise. The Wisconsin Department of Public Instruction (DPI) has administered the YRBS every two years beginning with 1993. The YRBS is administered to students in Wisconsin's public high schools. Survey procedures were designed to protect the privacy of students by allowing anonymous and voluntary participation. Local parent permission procedures were followed before administration, including informing parents that their child's participation was voluntary.

Wholesaler: A wholesaler is a person, other than a brewer, brewpub, manufacturer, or rectifier, who sells alcohol beverages to a licensed retailer or to another wholesaler. Wis. Stat. §125.02(21).

Wine: Products created by the normal alcohol fermentation of juice or must of sound ripe grapes, other fruits or agricultural products, imitation wine, compounds sold as wine, vermouth, cider, perry, mead and sake if such products contain not less than 0.5% nor more than 21% alcohol by volume." (125.02(22) Wisconsin Statutes). Brand information may not reflect the type of beverage. Many so-called wine coolers are fermented malt beverages flavored to taste like a wine-based beverage, taxed as beer not wine.

Wisconsin Epidemiological Profile on Drug Use and Health: A summary produced every other year of statistics and charts showing current and past alcohol consumption and drug use, consequences of alcohol or drug use. Some shared and community risk factors are included, as well as sources and definitions of different indicators included. The Wisconsin Department of Health Services in collaboration with the University of Wisconsin Population Health Institute has historically produced the summary.

Wisconsin Statutes Chapter 125: The section of the Wisconsin State Statutes that governs alcohol sales in Wisconsin. It does not address all types of alcohol related violations; it creates the alcohol policy framework for licensing and sales.



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SCAODA Motion Introduction

Committee Introducing Motion: Prevention
Motion: Review and adopt the Alcohol Prevention Ad-Hoc Workgroup’s analysis and recommendation report, Moving Forward: Policies and Strategies to Prevent and Reduce Excessive Alcohol Use in Wisconsin.
Related SCAODA Goal: This report incorporates and addresses three goals of SCAODA by informing citizens of the negative fiscal, individual, and societal impacts of substance use disorders; advocate for adequate funding, capacity, and infrastructure to implement effective outreach, prevention, treatment, and recovery services for all in need; and remedy historical, racial /ethnic, gender, and other bias in substance use disorder systems, policies, and practices.
Background: Wisconsin’s alcohol policy framework is framed around local control, though every level of government plays a role in how alcohol is made, distributed, sold and where it may be consumed in public. Wisconsin’s framework of policies in some communities has not been effective enough to create safer roads, downtowns, or neighborhoods. The more we know how evidence-based policies create better environments, the better Wisconsin can do as a whole to reduce the number of rankings that find Wisconsin on the wrong end of the scale (Bentley, 2021; Stebbins, 2021). The high prevalence of unhealthy drinking behaviors negatively impacts individual disease and death. The most recent data in Wisconsin show that: <ul style="list-style-type: none">• Estimated deaths attributed to alcohol have increased each year since 2014. Most recently in 2020, there were an estimated 3,099 deaths attributed to alcohol (WI DHS).• There were 36,925 emergency room visits in 2019 due to chronic alcohol use conditions (WI DHS).• Alcohol is the most commonly found substance among suicide deaths between 2014-2017 (Prevent Suicide Wisconsin, 2020).• Alcohol was the most common substance for individuals seeking substance use services in 2020. About 12,095 (46.9%) of individuals were served for alcohol related services (WI DHS).• Drinking alcohol can increase a person’s risk for at least seven types of cancer and Wisconsin is above the national average of cases for three of them, including mouth and throat, larynx, and esophagus cancer (American Cancer Society, 2016). In addition to individual burden, we know that the collective costs of health care, criminal justice involvement, lost productivity, and other factors due to excessive alcohol use create a large economic burden. Excessive alcohol use, which includes binge drinking, heavy drinking, and alcohol consumption by pregnant women and those under 21, is responsible for \$249 billion in economic costs (Sacks, Gonzales, Bouchery, Tomedi & Brewer, 2015). In Wisconsin, binge drinking specifically accounts for about 76% of the economic cost of excessive alcohol consumption. It also increases violence in public and private homes (Linnan, Paltzer & Skalitzky, 2019). Some aspects of Wisconsin’s approach to alcohol regulation has had the unintended consequence of encouraging excessive alcohol consumption. However, we can change this trend by adopting policies and practices in our community that do not contribute to alcohol environments that encourage vast overuse of alcohol. Localities everywhere in our state are working to develop economic growth; but success for every business does not necessarily include a license to sell alcohol (Centers of Disease and Control, 2019). Additional locations selling or serving alcohol can mean private profit at a social cost that inherently increases the tax levies in our local and state governments due to the damage done by overconsumption of alcohol for our employers, hospitals and clinics, law enforcement, and criminal justice system. Many Wisconsin communities are creating safer, healthier communities by implementing policies and practices that reduce excessive alcohol consumption. By doing, they are

ensuring that families, friends and neighbors can have fun and be safe while still having opportunities to enjoy alcohol socially and have their communities thrive.

Rationale for Supporting Motion: The goal of this report is to provide evidence-based research regarding policies to keep the health, safety, and prosperity of Wisconsin's residents in good stead. Unhealthy and dangerous drinking among Wisconsin's adult population remains disturbingly high. These actions create an environment that too often, our children and youth will model. It is critical we all work towards providing a safer environment for our families, friends, and neighbors. This is a public health and safety concern that must be addressed at the population level in order to create healthy and safe communities for all.

Substance Use Disorders Prevention and Treatment Trainings and Conferences

Prevention Trainings

The Great Lakes Prevention Technology Transfer Center (Great Lakes PTTC) is located at the UW-Madison Center for Health Enhancement Systems Studies. We are funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide training and technical assistance services to the substance abuse prevention field including professionals/pre-professionals, organizations, and others in the prevention community. To learn more about upcoming national and regional conferences and trainings on substance use prevention: <https://pttcnetwork.org/centers/global-pttc/training-and-events-calendar>

Opioids, Stimulants, and Trauma Summit 2022

The Opioids, Stimulants, and Trauma Summit is an event focused on highlighting strategies to address the use of opioids and stimulants in Wisconsin. All people interested in building healthy communities are invited to participate. The 2022 Opioids, Stimulants, and Trauma Summit is scheduled for May 10-12 at the La Crosse Center. At this time, in-person attendance will be limited to about 250 people. There will be an option to join virtually. At this time, there will be a full day of presentations on May 10 and 11. There will be a half day of presentations on May 12. Continuing education units/credits will be available to people who participate in the live event either in person or virtually. Join the email list to receive updates: https://public.govdelivery.com/accounts/WIDHS/subscriber/new?topic_id=WIDHS_461



SCAODA 2022 Meeting Dates

(Proposed)

March 11, 2022 (Remotely via Zoom)

June 3, 2022 (Meeting Mode TBD)

September 9, 2022 (Meeting Mode TBD)

December 2, 2022 (Meeting Mode TBD)

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.

