DEPARTMENT OF HEALTH SERVICES
F-01922 (11/2017)

DRAFT

STATE OF WISCONSIN

OPEN MEETING MINUTES

Instructions: F-01922A

Name of Governmental Body: Division of Care and Treatment Services Opioid Advisory Workgroup			Attending: Members: Ronda Kopelke; Chris Wardlow; Tom Bentley; Betsy Swenson; Sarah Linnan; Sarah Johnson; Kari Lerch; Robin Lecoanet; Kylie Markeland; Cathy Warwick; Joan Sternweis; Liane Blanck; Carol Wright; Annie Short; Frank Buress; Liz Feder Staff: Chino Amah Mbah, Julianne Dwyer, Raina Haralampopoulos, Christy Niemuth, Allison Weber
Date: 10/19/2017	Time Started: 9:30 AM	Time Ended: 11:30 AM	
Location: Waunakee Village Center, 333 S. Madison St., Waunakee, WI 53597			Presiding Officer: Julianne Dwyer and Christy Niemuth

Minutes

Welcome and Introductions: Julianne Dwyer introduced herself as the interim project coordinator for the SPF RX Grant and asked members to go around the group and introduce themselves as well.

Approval of September 22, 2017 meeting minutes: Julianne called for comments or edits to the meeting minutes so it could be finalized. There were no further comments or edits, and the meeting minutes for September 22 were approved.

Public comment: There was no public comment, as no members of the public were present.

Prescription Drug/Opioid Overdose-Related Deaths Prevention (PDO) progress report: Christy Niemuth gave a progress report for the PDO grant. She stated that the PDO grant just entered its 2nd year as of September. The counties that the grant serves are Waukesha, Kenosha, and Sauk County. The PDO grant involves distributing and providing training on naloxone, educating about naloxone and distributing Naloxone to first responders and interested public members.

The contracts are in the final stages. Data will be coming in to the University of Wisconsin Population Health Institute to establish preliminary data for evaluation purposes. Over 700 people have been trained in the 3 counties on administering Narcan/naloxone. They are looking on how these successes can be used in other counties and on how to share experiences when necessary for harm reduction piece of prevention.

Staffing updates: Christy announced that a permanent part-time coordinator had been hired for the SPF Rx project, a position which Julianne had been doing on an interim basis. The new person starts October 30. The group thanked Julianne for helping out in a time of great need. For the State Targeted Response (STR) grant, there are candidates in the interview process for the coordinator position. It was also noted that there is a new DHS position, Director of Opioid Initiatives, which has been filled by Paul Krupski, who had previously worked in DCTS. Part of Paul's role will be to keep track of all the opioid initiatives going on at DHS and be a liaison to the Governor's Task Force on Opioids.

The last staffing update was about the opening for a Prevention Coordinator position, which Christy Niemuth just vacated. The job (Prevention Coordinator) is now posted and the due date for applications is this weekend. The group was advised to share this information so a great/ideal candidate will be recruited.

Strategic Prevention Framework for Prescription Drugs (SPF Rx) progress report: Julianne shared with the group that a public education plan was submitted to SAMHSA at the end of September to track the public education campaign, which is one of the main goals of the grant. Julianne states that they will be working with Annie Short (NEWAHEC) to conduct activities in Dodge and Sauk counties. Julianne gave an update on the work with the SEOW, which met in October and continues to work on developing a public-facing opioid data dashboard

Julianne also shared with the group that the SPF RX strategic plan is due at the end of this month. The group was provided with a summary of the plan for review. Julianne asked for comments on the strategic plan and the direction of the project. Betsy Swenson stated that there was overlap with her work. There were no other comments, so the strategic plan will go forward as is.

Presentation on how to navigate to Community Needs Assessment information on the University of Wisconsin Population Health Institute website: Liz Feder showed the group how to navigate to the community health plan area of the website. Users can search by county or tribe and find out their priorities, partners, and activities. Or search by priority. Liz said that the caveat to this information on this website was that all the plans were from 2014; however it is currently being updated and will go live Nov 1, hopefully. In response to a question from the group, it was noted that hospitals update their plans/priorities every 3 years and local health departments do it every 5years.

Announcement of training opportunity: Betsy talked about an opportunity for prescriber education training on the process of academic detailing (a peer to peer or one on one model), which has a focus on behavior change for providers. She stated that there might be 7-8 slots available in December, for this training.

Workgroup scope and mission discussion: Christy facilitated this agenda item. She told the group that she had been working on scope and mission statement for the direction of the workgroup based on the feedback from them in previous meetings. Christy stated that she had made a draft for folks to respond to, which is one of the handouts given out at the meeting. She stated the reason for doing this is so the group could be clear on future directions such as having the group potentially develop a Strategic Prevention Plan for the state, and to make sure that the group decides on what prevention is and is not, which she already started by providing a few prevention definitions. She opened it up for discussion from the group asking where the most logical place to start from would be in drafting a mission statement and objectives; would it be to start from creating a mission statement or defining what exactly prevention is?

A member stated that if this group is to represent all grants, therefore it would be wise to define what prevention is, perhaps even using the continuum of care. Christy stated a few things about what SAMHSA's definition and explanation of prevention was which included – not using substances, keeping people from using substances, and stopping people's misuse of substances from progressing. SAMHSA also uses the universal, selective, and indicative levels of prevention which Christy put in the draft/handout because she realized that some people in the group were not familiar with SAMHSA's definition/stratification of the levels of prevention because they use a different source such as CDC, hence the reason why Christy also included CDC's definition of prevention and their stratification of the levels of prevention.

Some members in the group suggested that maybe the group should incorporate SAMHSA's definition of prevention since this group was to serve as an advisory group for SAMHSA grants. Others suggested that we could make the prevention definition for the group include things from SAMHSA and CDC.

Another person in the group asked what encompasses prescription misuse. Sarah Johnson explained that prescription misuse is when you are: using the prescription drug more than you were prescribed, using it more frequently, and using another person's prescriptions.

It was also asked if the group wanted prevention to focus on individuals or on systems. People in the group responded that misuse happens because of access, and access goes back to systems such as prescriber practices, therefore it will be beneficial to focus on both because systems also have an effect on individual use.

After clarifying system or individual focus of the group, the other question that was asked was where would issues dealing with prescriber education fall under? Will it be in the goals, strategy, or will it be somehow incorporated in the prevention?

Another point that was raised up by the group was on the critique of the continuum of care model because it doesn't leave a space for harm reduction. The group raised certain points about this such as if they could alter the continuum of care to include harm reduction and where in the continuum of care will harm reduction be included in. Members of the group also stated that prevention gets fuzzy when harm reduction is included in the picture because in a sense it can be prevention to a degree and to another degree it could be treatment.

The group talked about where harm reduction falls under in SAMHSA vs CDC. Some members of the group stated that by meshing the two (CDC and SAMHSA), we (professionals) get closer to the fact that we're trying to prevent deaths and reduce use/misuse of substances (via treatment). Others also pointed out that in a way, harm reduction encompasses or is part of the indicated level of prevention in SAHMSA, treatment, and relapse/recovery. If we call out prevention strategies in the different SAMHSA levels, people might see where harm reduction might fit in the middle. The group suggested that maybe they should move to incorporate harm reduction into the continuum. The continuum of care diagram was brought up on the screen so people could see and visualize where harm reduction might fit in the model. Harm reduction belongs in both arms: treatment and prevention.

A member suggested to Christy that Dorothy Cheney's document on prevention might be helpful to review by the group. This is a document on CAPT's crosswalk between how SAMHSA and CDC defines strategies in terms of their definition of prevention. Christy stated that she will share the document with the group.

Members in the group also suggested that before harm reduction is incorporated into the continuum of care or into the group's mission and objectives, it might be helpful to first define what harm reduction is and means, and it might be helpful as well to figure out what is part of the group's scope of prevention (for example if needle exchange vs Narcan will be considered as prevention). Some people in the group stated that harm reduction is prevention but not primary prevention as there are prevention pieces to it. Others also stated that the group should make it clear for counties and states to understand what harm reduction and prevention is especially when funding comes.

A member of the group stated that the AIDS Resource Center for Wisconsin (ARCW) also thinks about harm reduction in terms of talking with ER doctors on prescription drugs given after surgeries for people that might have an addiction, on providing support to these individuals, and creating alternatives for these individuals other than prescription drugs to support these individuals. People agreed that this also goes back to an intervention that is on the systems level that affects individuals.

Members in the workgroup stated that treatment and harm reduction clashes naturally. Some people also stated that strong advocate(s) of harm reduction is not prevention. However, it was mentioned that SAMHSA (CSAP) has now given out more grants for harm reduction, and thus the line has now become muddier.

SAMHSA is also figuring out how to marry the two (prevention and harm reduction).

A member mentioned that what has changed when it comes to prevention is not so much the definition, but what they (SAMHSA and prevention professionals) are preventing (behavior, downstream, mitigating, preventing deaths vs prevention). Christy stated that she will be reaching out to CAPT if the group plans on doing a logic model or strategic planning.

A member stated that the group should also consider those at the grassroots level and the county level and to consider how they can have long term sustainability at that level. People at the county level run into issues based on what the county says or suggests to them or funds them for their strategies on prevention such as wanting to do or not to do Narcan trainings and distributions or other prevention strategies. Keeping them (people that work at the grassroots or county level) in mind while developing this mission, objectives, and a strategic plan will be helpful for folks who work at the county level when lobbying or advocating for (prevention) strategies.

The blurriness of prevention and harm reduction is where we as practitioners fit, and the restrictions. Prevention in the context of this, where does it fit? A member also backed up this point saying that prevention professionals are struggling particularly with regards to what they can or cannot do with the funds for primary prevention through state's block grant dollars.

Another member also stated that funding from the state is only eligible to some prevention coalitions and asking them to do harm reduction, is confusing for them. The direction from the top is asking more questions on harm reduction. Christy stated that the PDO grant coordinator position was a type of expansion for the bureau for representation on a harm reduction arm.

Someone in the group stated that treatment can also be prevention, (alternative) treatment such as guided imagery used as a treatment for pain ends up serving as a tool for preventing (more) opioids/prescription drugs and the risks of addiction for some people. If the group can't define this (prevention), how can they sell it to others?

The discussion moved to the scope of the workgroup which was raised by a member who asked if the aim or the outcomes for the workgroup, will it be for grant purposes or prevention in general as it relates to Wisconsin because if the aim was to focus on just grants, the scope will be easier, as opposed to a broader focus and there are also different initiatives going on in the state to address opioids. Christy stated that this issue or concern was raised in a previous meeting, particularly in the July meeting. She believes this is an opportunity think more globally than just checking boxes; that the foundation of the workgroup is serving an advisory role but the group can go further than that. The group also stated that the risk factors for opioids are more upstream and other substances are gateways to opioid addiction, hence, it is logical to look at the issue of opioids from an upstream perspective. This way the work that the group does will be sustainable beyond opioids and the work will have an opportunity to touch on more substances that might have their own epidemics.

Christy asked the group if they might want to look at the mission for the workgroup. The group talked about certain things that may or may not need to be in the mission statement but might be reflected in the goals/objectives section of the document such as harm reduction, evidence based practices, and best practices.

Some members in the group also stated that the document (mission, scope, goals & objectives) should be able to help communities figure out what strategy and

funding streams they can use or go after and what they can we do to help communities to feel more comfortable with harm reduction practices, which maybe can be done by including broader definitions. Sharing the language will be helpful with/to the community especially because of grants. Another person in the group asked how important definitions are to a community when doing the work? A member in the group stated that in the community, it is prevention practitioners that worry about these definitions, initiatives and upstream factors as they try to help the community understand that we need to deal with upstream issues because that is how the problem will go away. Sara stated that this problem is not only unique to community coalitions but also happens on a broader level in prevention agencies. Another person stated that it is important that coalition leaders know these (broader definition) terms, but the general public might not need to know and even though they might need to know it might be by telling them through evidence based and best practices.

Christy thanked the group for their suggestions and concerns and asks if they will be willing to use the remaining minutes to draft together a mission statement for the workgroup. The statement below is what the group came up with and agreed on as a mission statement:

"The mission of the Opioid Advisory Workgroup is to provide guidance to organizations, communities, and the State on best practices for prevention and harm reduction."

After drafting a working and agreed mission statement, Christy told the group that they can now work on drafting goals and values but that would need to be at the next meeting.

Future Agenda Items: Christy stated that she would put drafting goals and values as a future agenda item and also called for future agenda items for the next meeting. Other items are: 1) create a member list (as people how they want to be listed) that includes members' organizations and emails and 2) with the PDMP and WISH 2 modules available, how can this group support local health departments in using this data.

The next OAW meeting is in alignment with the SCAODA prevention committee meeting which is technically the 3rd Thursday in January. The group felt another meeting was needed before then. Christy said she would look at possible dates for an in-between meeting (doodle poodle) and schedule one. She also mentioned that maybe the meeting location might be at the Wisconsin State Bar. She thanked everyone again and ended the meeting.

Prepared by: Chino Amah Mbah on 11/22/2017.

These minutes are in draft form. They will be presented for approval by the governmental body on: 1/18/2018