

**WAUKESHA COUNTY  
AODA ADVISORY COMMITTEE  
TUESDAY, JULY 21, 2015  
MINUTES**

**PRESENT:** Rose Barton, Lou Hernandez, Joe Muchka, Lee Wipfli, Mike O'Brien, Dennis Williams, Pat Miller, John Kettler, Mary Goggins, Kevin Schaefer, Joan Sternweis, Deb Adamus, David LaMack, Dennis Radloff

**Excused Absence:** Sue Karras

**Guest:** James Bachman

**INTERESTED PARTIES:**

The meeting was called to order at 10:33 a.m. by Chair Barton. Introductions amongst the group were exchanged.

**APPROVAL OF MINUTES**

Motion was made by Lou Hernandez, second by Mike O'Brien to approve the minutes of June 16, 2015.

**PRESENTATION: The switch from Wisconsin Uniform Placement to American Society of Addiction Med.**

Kettler spoke about the move from the Wisconsin Uniform Placement to American Society of Addiction Medicine (ASAM) model. Kettler shared a handout and discussed the patient placement models. The models were created by ASAM and the National Association of Treatment providers, designed with the idea to have a uniform set of criteria, and place people consistently in correct levels of treatment.

The Wisconsin Uniform Placement Criteria (UPC) was adopted into Administrative Code HFS 75. Kettler shared a copy of the 2010 UPC version. The Wisconsin UPC is a multi-dimensional analysis that looks at substance use and other criteria in terms of placement. The UPC uses five different dimensions to rate people, four possible outcomes for detox programs, and five different levels of treatment. A person's level of care is determined based on their highest score in any one category.

The ASAM model began in the 1980's and has been refined over the years. The model is being adopted in approximately thirty states as the standard model. Kettler shared a matrix that identifies the six different dimensions of ASAM. ASAM is strictly more of a medical model, aligns better with DSM 5, factors in the stages of the readiness to change model, and identifies co-occurring disorders and recommended levels of treatment.

Waukesha County is transitioning to the ASAM model, and currently in the training phase.

## **PRESENTATION: Vivitrol Discussion**

Jim Bachman is with Alkermes Pharmacy representing the product of Vivitrol. Jim introduced Ms. Gupta, a new employee with Alkermes, and stated that she will be covering the CNS part of the company, and Waukesha County will become a part of her territory.

Vivitrol is a monthly extended release injection for alcohol and opiate addiction. Vivitrol is a non-narcotic, non-pleasure producing, non-addictive, and is not associated with abuse. Vivitrol is not for some patients as it may take 30-60 days for the patient to be ready. An opiate patient has to be completely detoxed 7-10 days before beginning Vivitrol. Vivitrol is administered to protect the patient's release to physical dependence, and combined with counseling. An inmate released from jail is 129 times greater than the general public to overdose within the first two weeks of being released. Opiate dependence has increased 74% in the last 20 years. In a 2001 study, 83% of patients relapsed within the first month after detoxification from opiate dependency. Bachman noted that Vivitrol is the only medicated assisted therapy indicated to prevent relapse to physical dependence, and a study has shown to decrease cravings in patients by 50%.

Vivitrol is indicated for alcohol dependence in patients who are able to abstain from alcohol in an outpatient setting prior to initiation of treatment. Patients should not be consuming alcohol at time of Vivitrol administration. Vivitrol should be used in combination with a comprehensive management program that includes psychosocial supports.

Bachman continued with discussing the three major classes of pharmacotherapy used in patients with opioid dependency in conjunction with psychosocial therapy. Further questions on how Vivitrol is metabolized was discussed. Bachman spoke about the details of a study which brought Vivitrol to the market, differences between the placebo and Vivitrol, and the adverse reactions in opiate dependent clinical studies.

## **HHS BOARD LIAISON REPORT**

O'Brien reported the Health and Human Services Board held its annual budget review meetings on July 15-16, 2015. Items of interest include:

- Alcohol and Drug Courts – total of 335 graduates since the program began in 2006 to Spring 2015
- Drug Treatment Court – 21 graduates since program began in 2012.
- The CJCC Council has applied for a two year, \$200,000 federal grant to retain the current drug court capacity. If awarded, the grant would be in effect from October 2015 to September 2017.
- Alcohol Treatment Court – estimate 36 graduates in 2015, and 35 in 2016. Program is funded through 2016.
- Pre-trial Intoxicated Driver Intervention Program provides intensive supervision to offenders. Estimate 800 to be supervised in 2015. Program capacity is continued thru September 30, 2015.
- The Adult Basic Education program has seen a decline in graduates due to changes in the GED test.
- The CJCC calculates it will save 41,000 jail days in 2015 due to the initiatives and programs in place.

- Spoke of the Committee's unmet needs identified back in March 2015, specifically the development of a medically monitored opiate detox service with a case management component. In response to this unmet need, Sternweis noted that the Governor's budget does approve Medicaid being used for residential programs under the DHS rule of 75.11 or 75.14. This would broaden the opportunity for individuals and programs in Waukesha County.

### **HHS STAFF LIAISON REPORT**

Sternweis added that in addition to the \$1.3 million in CJCC court related service programs, \$22.7 million is associated with the mental health and AODA service delivery programs. The budget for 2016 was based on the three year average in terms of service utilization and looked at the number of individuals who had formally required county assistance to access the alcohol detox programs. Sternweis noted that more individuals are presenting with insurance and those funds can be reinvested in other services within the array of prevention services to consumers.

Kettler mentioned the dual certified providers hired are in the training phase and have begun to go live with the group work. The Alcohol and Drug Treatment support groups, facilitated by the AODA volunteers, have been meeting over the last two months. Positive comments have been noted to date.

Sternweis noted recruitment continues for two full-time staff psychiatrist positions.

### **AGENCY/MEMBER UPDATES**

Adamus provided an update on the expansion of their residential services. Previously Adamus reported they were looking to renovate the former DMV facility, but now plans are being drawn to renovate the former Lutheran Social Services corporate office on Bluemound Road.

Radloff mentioned of the Naloxone Training, July 21, 2015 at 7:00 p.m. at Waukesha Memorial Hospital.

### **ADJOURNMENT**

Dennis Radloff made a motion, second by Mike O'Brien to adjourn the meeting at 11:57 a.m.

There will be no meeting in the month of August 2015. The next meeting will be Tuesday, September 15, 2015 at 10:30 a.m. at the Mental Health Center in the Multipurpose Room.

Respectfully Submitted,  
Linda Johnson, Recorder

Approved 9-15-15