

ODADAS Clinical Roundtable - CHARTER					
Purpose	The ODADAS Clinical Roundtable is established to provide expert clinical guidance and advocacy for the development of standards for drug abuse treatment and treatment-related policy in Ohio.				
Governance	18 members and ODADAS clinical representation				
Leadership	Co-Chairs shall serve a one year term. They are responsible for: <ul style="list-style-type: none"> • Setting the CR agenda • Identifying emerging issues for discussion • Coordinating communications with the support of ODADAS staff • Holding Workgroups accountable to their purpose, timeline, and deliverables. 				
Membership Qualifications	Scope of practice to include clinical, program, scientific/research experience in the treatment of substance use disorders/chemical dependency or addiction medicine; 80% of members must have 10 years or more of experience in direct clinical work; 20% may have other relevant experience.				
New Members	By invitation, by expression of interest, provided there is an opening (less than 18 named members). ODADAS representation will receive all expressions of interests and present to the CR.				
Geographical Representation	The CR will have representation from all regions of the state of Ohio, including metropolitan, suburban, rural, and Appalachian areas. ODADAS will make available to CR a roster of membership that includes qualifications and geographic representation.				
Term Length	4 year term with optional renewal; terms shall begin on staggered years to promote continuity of initiatives.				
Meetings	The full CR will meet regularly, determined and/or evaluated by the membership no less than biannually . Meetings will be no longer than 3 hours in duration between 10 a.m. to 2 p.m. Workgroups may meet in person either prior to or immediately following CR meeting.				
Workgroups	Workgroups will carry out the time-limited initiatives of the CR. They will meet as needed between full CR meetings, and then for one hour in person on any given meeting day. Workgroups will have a designated chairperson. Workgroup members will be a combination of CR members and other subject matter experts that can contribute to the timely completion of a high quality product.				
Priorities Determined for FY13	Chronic Disease Management	Integration of Behavioral Health and Physical Medicine	ROSC and Recovery Supports	Pregnant Women and related MAT Issues	Continuum of Care
Brief Descriptions of Initiatives	Shaping addiction care to reflect other practices of chronic disease management; bringing in evidence of daily behavioral change, frequent and brief monitoring, acute levels of care for stabilization with ongoing follow-up for continuing/long-term care in addition to episodic acute care	Bringing behavioral health into medical homes; recognizing addiction treatment as specialty care	Advocacy and policy related to recovery coaching, housing, recovery residences, and employment	Deferred to Women’s Network	Clinical leadership in issues related to “centralized business” [Seek waiver to allow more than 16 beds in a residential facility/inpatient care]

Workgroup Membership	Greg Brigham Ed O'Reilly – Joe Gay – Jim Evans – Brad Lander	Chuck Ross Jim Evans – Dr. Parran	Joyce Starr Lori Criss – Jim Evans– Brad Lander		Doug Day Tom – Keith Hochadel – Dr. Parran - Jim Evans – Sabrina Jones
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