



## Steering Committee Teleconference Meeting Minutes

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<b>Date:</b>	Thursday, June 7, 2018
<b>Time:</b>	1:00 – 3:00 pm
<b>Location:</b>	<b>Teleconference</b> (see instructions below) <i>If you prefer to attend in person, Marshfield Clinic Minocqua Center – Conference Room 1 and Marshfield Center FIG F2B are reserved.</i>
	<b>To join the videoconference by computer:</b>
	- Click <a href="https://acano.marshfieldclinic.org/index.html?id=50137746">https://acano.marshfieldclinic.org/index.html?id=50137746</a>
	- Click “Continue” on the password screen after the meeting time. This call is NOT password protected.
	- Enter your name.
	- Click “Join Call” to connect.
	<b>To join by phone only:</b>
	- Dial 715-221-5561 or 1-844-717-3647 (toll-free)
	- Enter Call ID: 50137745#

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**Attendees:** Kathy Billek, Becky Boquist, Gail Chapman, Jodi Chojnacki, Nikki Claude (minutes), Leila Deering, Kurt Heuer, Dr. Michael Larson, Danielle Luther, Dottie Moffat, Greg Nycz, Vickie Parker, Marilyn Schreuder, Donna Shimeck, Rachel Stankowski, Darcy Vanden Elzen, Sheila Weix, and Dawn Winquist.

### Minutes

- Welcome/Introductions** – Danielle Luther, Manager – Alcohol and Drug Programs, Marshfield Clinic Health System (MCHS) – Center for Community Health Advancement (CCHA) & Greg Nycz, Executive Director, Family Health Center of Marshfield, Inc. (FHC)
  - Review of Previous Minutes – 3/9/18**
    - All action items are in progress or complete
    - [Handout 1a: Steering Committee Meeting Minutes – 3/9/18](#)
- REDCap** – Leila Deering, Applications Analyst, Office of Research Computing and Analytics (ORCA), Marshfield Clinic Research Institute

**REDCap is an** application that houses all patient data served by the grant.

  - How do we generate buy-in?**
    - Internal care coordinators reaching out to other agencies could communicate more easily back and forth (via communication log) if other agencies would use REDCap.**  
*Suggestion:* add a quick cheat-sheet coversheet that explains how to use/sells REDCap, attach to documents that people are already faxing out to other agencies). This would make patient care more efficient and focused.
    - Reporting functions are complete** – There are nice reports you can run, that query via county (live). Example: Status of pregnant women patients in all counties who are on MAT (5-7 months later): 86% had no other opioids in urine
  - Barriers to getting data entered (by users)/how to make it easier to use?**
    - Takes too long to enter data (beginning process).** However, data must be entered by a person; it can't pull it in by import. Selling point: if a patient is already in REDCap, they should be able find the person easily by search (includes those patients in REDCap who are receiving MAT.

### 3. Provider Resources – Jodi Chojnacki

- ASAM Resources & Website Updates
- [Handout 3a. Best Practices – Assessment and Placement](#)
  - **Service of the Partners sub menu:** Added Community Resource Guide, Grief Support Groups in the Northwoods, and Transitional Housing / Shelters in the Northwoods, Updated services offered by Partner facilities
  - **Added MAT (Medication Assisted Treatment) Providers submenu**
  - **Added HOPE e-Bulletin submenu:** Will have all e-Bulletins available for view and download; e-Bulletins will be send out quarterly. Contact Jodi Chojnacki for e-Bulletin content ideas.
  - **Added events and trainings to Calendar of Events menu**
  - **Added Opioid submenu under Resources**
  - **Added Contact Us menu:** Has Jodi Chojnacki's contact information
  - **Added For Providers menu:**
    - *Provider Tools & Resources submenu:* Includes Best Practices, provider tools, other resources that can be downloaded or requested (clickable) – ASAM Resources found here.
    - *Trainings submenu:* Contains information about HOPE Conference 2018 (will be updated with registration information)

*Question: How many people access the HOPE Consortium website / daily site and/or section web traffic? Nikki will work on finding this out.*

### 4. Updates

- **MCHS – Center for Community Health Advancement – Danielle**  
Changes in progress – The CCHA department has been working on four community health priorities known as our ABC'S. These are strategic areas of focus: **A**lcohol and Substance Abuse, **B**ehavioral Health, **C**hronic Disease, and **S**ocial Determinants of Health. We are looking for ways to support the department in these initiatives, and for any new ideas to support these initiatives. Updates on this will be shared as they come. Key informant interviews have been conducted throughout the health system, and the HOPE Consortium came up numerous times, with positive responses.

**Update from Greg Nycz:** We have been informed that all community health centers will be getting allocated funding later this month to work on AODA and behavioral health issues. This year's allocation will be fixed (only available for the current year), but some funding will continue to be added to the base. The actual monetary split is unknown, but if averaged to every health center, we will receive \$250,000. They have promised that on Oct. 1, 2019, more ongoing money will be allocated. 18 health centers in WI will be receiving money.

- **Training Committee and HOPE Consortium Conference – Jodi Chojnacki, Health Educator, MCHS – CCHA**  
The Training Committee met on May 31 to finalize the speaker schedule for the HOPE Consortium Conference. Only one speaker is outstanding (Andrew Mader), and unfortunately many speakers only want to speak on the Friday of the conference. Dr. Larson has been generous and offered to backfill some speaker slots. The Training Committee will be asked for speaker ideas to fill the one spot in the near future. Sheila shared that they are applying for a grant concerning perinatal care; if the grant is received, they will include this as a topic at the conference. Scholarship applications for the conference are live; June 15 will be the last day of accepting scholarships. Stevens Point has received all the contact sheets we have. Jodi will visit Lac du Flambeau on Monday, June 11<sup>th</sup> to survey the conference space. The full conference registration packet will be available later this month. Please note, Steering Committee members, your registration fee will be waived (you will receive promo codes).

Conference speaking session highlights:

- *Keynote: Dr. Jodi Janati, Communication Innovation*
- *Tekia Longstreet – Ethics*
- *Kurt Heuer – Law Enforcement*
- *Sheila – MAT & MAT Staging*
- *and more!*

- **Treatment Path Committee – Sheila Weix, Director of Substance Abuse Services, MCHS/FHC**

The Treatment Path Committee met this morning and did a TA session with Dave Nelson. He shared information on treatment planning, made connections between neurobiology of addiction, and how to roll cognitive strategies into treatment. We will need to make some of materials that Dave provided available to the HOPE Consortium and partners. The second ASAM TA offering is on Monday, June 11, from 10am – 12pm.

- **Ethnographic Study Proposals (Robert Wood Johnson Foundation, Marshfield Clinic Research Institute) – Rachel Stankowski, Project Manager, FHC**

The Robert Wood Johnson Foundation did not move onto the second round. The MCRI application will likely be funded, and by fall we should be able to move on with that study.

- **kNOw Meth – Danielle & Kurt Heuer, Program Manager, MCHS – CCHA**

For the last year and a half, we have had many communities participating in meetings, have had two kNOw meth summits (invited law enforcement and other human services organizations). In January, you were provided a copy of the release of the kNOw meth recommendations report (containing over 45 recommendations). We have been working with the Department of Justice (DOJ) toward a public awareness campaign, which was announced this week. This campaign includes brochure, website information, and TV/radio ads. Continuing to develop additional handouts (What Can I Do” educational handouts for parents). It is exciting to continue and model project materials after the Dose of Reality prescription drug materials. Last Thursday, additional Dose of Reality materials that were targeted for Native American communities were released, with positive reactions from tribal leaders.

kNOw Meth summits/trainings have taken place in Rhinelander, Nicolet, and Ashland. The next will be in Rice Lake on June 21. We have received strong, positive feedback and people are happy that it was brought into the Northwoods. Both coalitions and providers have attended. Meeting agenda topics have included many topics, including HOPE Consortium 101 and bringing in people to share their story of methamphetamine addiction and recovery. Kurt is on the planning committee for the upcoming DOJ conference this October 23 in Milwaukee. This conference will have topic areas concerning methamphetamine, fentanyl, and opioids (more details to come). Plenary sessions will be followed up by HOPE Consortium. He has pitched having a kNOw meth session. If the Steering Committee has any ideas for 2019 law enforcement trainings, please share.

- **Materials (one page summary, overview PowerPoint, methamphetamine brochure) – Rachel**

The one page summary/fact sheet will be similarly designed like the NWC infographic fact sheet (Rachel and Becky are working on this). The overview PowerPoint is being corrected, and made available on the HOPE Consortium website. The Methamphetamine brochure will be inspired by the kNOw meth brochure with slight content changes to reflect HOPE. Care coordination bookmarks, location/pocket cards, and Opioid brochures are readily available. Materials will be ready prior to the HOPE Consortium conference.

- **Recovery Corps – Becky Boquist**

- A billboard featuring a Recovery Coaches, Warmline phone number, and a positive message will be up in July on Hwy 47 and Hwy 70 (designed by Meagan Otto).
- Sober Concert: July 5, Almon Park, in Buck Lake. Jason Moon, a folk musician in recovery will perform; there will be face painting, and other activities. Flyer will be forthcoming.

- 155 Recovery Corps clients to date (trying to meet the grant commitment for volunteers). The benchmark is 100 for external volunteers (on track to meet it). Other grant commitments have been surpassed. Great news: two very dedicated Recovery Corps coaches have been hired in the field Shelby Cleereman and Megan Birginal.
- For Recovery Corps, nine will be returning, and we have six applicants (pending interviews). Working to fill twenty Recovery Corps spots this year.

## 5. Patient Satisfaction Survey – Rachel

[Handout 5a.Draft Patient Satisfaction Survey](#)

The Patient Satisfaction Survey (PSS) is part of our 75 certification.

Goals/Survey Planning Elements:

- One consistent PSS across partner agencies.
- Get patients involved in their own treatment planning with an opportunity to provide comments on their providers and other concerns.
- Use trauma responsive language
- Written in a positive way for people to provide criticism.
- Based on 5 point Likert scale – this is required in HOPE 2.0, so hope to use across centers.
- Complete survey format ASAP – definitely submitted to the state by December (get lots of responses to report back on).
- **Final approval on Patient Satisfaction by Sept. 1.**

We are asking for feedback on this format. It would be available online, anonymous, and distributed to HOPE Consortium clients (and other agencies), and sent out to patients as often as possible. Multiple responses are okay; if someone is leaving service we want to capture why.

Suggestions/Ideas:

- Q1. Add HOPE Care Coordination as an element of care
- Q4. Change to “I understood expectations of the treatment program.
- Add follow up question at end of survey (either provides their name or give them contact information for them to reach out to us.
- Keep survey as short as possible to encourage completion (note that this survey is already a much reduced amount of questions compared to existing Patient Satisfaction Surveys. Will receive feedback on redundancy of questions). We can always shorten the version after we have responses to review.
- Distribution: We may choose a few weeks where we distribute survey to everyone – Sheila had done this way in in the past. And next year, distribute them after dissemination of ROI.

Question from Greg Nycz: The longer you use the higher risk a person has for ill health effects and ending up in criminal justice system. As a long term goal, earlier intervention is important. Do we have the data in our intake to be able to say as we worked to raise awareness in the communities, for those who entered the system the average time for some on substance abuse, we have been able to get that down, or get them into treatment earlier? **Do we have the data to say we are getting people into treatment earlier?**

**A. We collect age of first use – but length of use is much longer.** Length is a complex issue, and includes when they started using, when did it become a problem, use of multiple substances (and recovering from multiple substances).

The challenge for the HOPE Consortium: For those seeking treatment, do they have ready access? For those who have a substance use disorder, do they think they need to seek out help (self-awareness challenge)? Our priority is to explain that help *is now available* and to get them in at an earlier stage via screening and intervention work.

## 6. Agency updates/changes in service lines:

- **Kathy Billek:** No updates. Getting CSS up and running with Taylor, Iron, and Sawyer County. A current concern: as our “flower children” are hitting their sixties, seventies, and eighties, we are seeing dementia related to their drug use. Providers are having difficulties dealing with this, because they don’t understand the addiction part. Sheila will help with this.
- **Dottie Moffat:** Tri County Women’s Outreach – Has one counselor leaving the field in June, and one retiring at the end of the year (after 18 years). Women’s Outreach grant being unresolved for this year does not help.
- **Sheila Weix:** Continuing to recruit for a position in Minocqua. Once that’s filled, will do a soft opening for the Marshfield office on June 28. Have one counselor hired, nurses, and are adding staff. Ladysmith has a site and are opening a clinic (staff is needed). Perinatal proposal for grant includes recruiting and doing a Doula training (tribal nationals, Marshfield, and HOPE Consortium service area). If grant is received, can train ten people to be certified in the future. Training includes doula training, cultural responsiveness, and substance use disorders (working with pregnant women with substance use disorders). Rachel is writing the grant, which is due June 14<sup>th</sup>.
- **Dawn Winquist:** No updates.
- **Greg Nycz:** For fall, suggest having an in-person meeting.
- **Add to agenda – trainings experts for next meeting.**

## 7. Next Steps/Adjourn

- Future Agenda Items from Partners
- Upcoming Events
  - **ASAM Support 2 – Monday, June 11** at Marshfield Clinic Minocqua Center – Conference Room 1, 10am – 12pm
  - **Treatment Path Committee TA (Charting) and Business Meeting – Thursday, August 2** at Marshfield Clinic Minocqua Center – Conference Room 1, 10am – 3pm (1 – 2 hour TA prior to business meeting)
  - **Steering Committee Meeting – Wednesday, August 22** at Lake of the Torches Resort and Casino in Lac du Flambeau, 10am – 3pm
  - **HOPE Consortium Conference – August 23<sup>rd</sup> and 24<sup>th</sup>** at Lake of the Torches Resort and Casino in Lac du Flambeau (scholarships applications due June 15th, registration coming soon)
  - **Training Committee Meeting – Friday, October 26** at Marshfield Clinic Minocqua Center Conference Room 1, 10am – 3pm. For planning of 2019 HOPE Consortium Conference.