

PARCC Meeting Minutes

April 24, 2018

1:00pm - 3:00pm

Col. Co. Law Enforcement Center

Members Present: Paula Enger (PARCC/LCAT); Lindsay Patterson (PARCC/LCAT); Tiffany Loken (Lodi Schools); Kory Morgan (Season's); Ken Manthey (Portage PD); Tom Drury (Portage PFC); Susan Lorenz (CC HHS); Sarah Roelke (CC HHS); Josh Champion (Season's Counseling); Connie Champion (Tellurian); Larry Crowley (Wilz Drug/Hometown Pharmacy); Deanna Lord (Sauk Prairie Healthcare); Roxanne Grossbier (Renewal Unlimited Inc); Cindy LeGrand (River Haven); Kristan Flyte (Divine Savior); Lieah Wilder (Family Health/La Clinica); Nancy Long (Col Co Board); Sara Shaver (Compass Counseling); Clint Starks (CC HHS); Tim Belleau (Portage Schools); Stacy Davenport (CC HHS); Tawsif Anam (State Rep/Ron Johnson); Ryan Sheahan (Tobacco Free Columbia-Dane); Scott Klicko (Lodi PD); Patti Hardt (CC HHS)

1. Minutes from last meeting approved; Mission Statement - Mission Statement #1 approved by group vote & Vision Statement staying the same
2. Columbia County YRBS Data Presentation - Paula Enger
3. Group Discussion
 - a. Paula Enger - PARCC shifting meeting format from whole group breaking into 2 large communities to smaller "short-term action teams"; if there are initiatives you're particularly interested in, you can sign up for what you would like to work on!
 - b. Stacy Davenport - passed around sheets for group members to sign up for the following STAT proposed project ideas (if these sound pressing/interesting to you, please sign up for what you'd like to work on!):
 - i. **Handle with Care:** program that has foundation in law enforcement & schools - if an officer responds to a traumatic call, contacts the child's school the next day (i.e. Johnny had contact w/ law enforcement last night) to make school aware that child may benefit from talking to counselor.
 - ii. **Safe Prescribing/safe storage:** focus on clinics, pharmacies, dentists, etc – updating prescribing practices, alternatives/screening for addiction, etc.
 - iii. **MAT Availability/Reduce Drug Diversion:** expanding MAT availabilities – new treatment methods available – education out in the community.
 - iv. **OD Response Support:** continued need for this program – more peer support, recovery specialists, clergy, etc. availability in demand.
 - v. **Wellness Care Teams:** post-OD supports - free service to take someone who just OD'd to treatment; community teams that would visit to person's house so they could follow-up next day.

- vi. **OD Mapping:** pilot program in Maryland very successful – looking to use grant funds to get this going in our community; app that allows responders to track OD responses – very exciting new technology. More useful for follow-up here in Col. Co. – also is there a bad batch going through the community, etc can be tracked.
- vii. **It Takes a Village:** behavioral health – push for providers to offer these services to patients; funding is there, just need referrals to programs – how can we get them to step up?
- viii. **Legislative Team:** members who want to go talk to legislators about insurance coverage for mental/behavioral health services
- ix. **BGrant Applications:** did not discuss this time
- x. **Harm Reduction:** did not discuss this time
- xi. **PHA:** Stacy explain further??

4. Introductions & Updates from the group

- a. Larry Crowley - (first meeting...welcome!) passionate about helping people, wants to do anything he can to help; access to care...working to help address mental health needs of the community – set up Telehealth program (teleconferencing) in the pharmacy; certified to administer shots in the pharmacy, to make it easier for access; **Carmen** (AP/NP) - new, just going for over a year with goal to provide Vivitrol, no controlled substances (suboxone), but not working out as well as they'd like it to; (Stacy congratulated him on the successes that they have had with individuals in this community, reducing barriers for those in need); **AP/NP – Clint asked “how soon is she able to get people in” – answer “usually within 24 hours.”**
- b. Stacy Davenport - applied for grant, but unfortunately not chosen; good news – letter of intent for \$350,000 for MAT expansion – (wow!) to continue what they've been doing, as well as make expansions to the program. Drug Summit was fabulous, great sessions in addition to vendors – continues to reinforce the wonderful work being done here in this county; Nat'l & State forums focusing on shift from opioid epidemic to fentanyl epidemic – increases in overdoses from things being cut w/ fentanyl; push for reducing stigma/recognizing addiction as disease of the brain, to get access for mental health services – what are the next levels for that. Project HOPE support group – individuals can continue to join - updated sheets available. Has information available for 'safe prescribing updates/practices' as part of expansion project – did a preview from PARCC at Divine Savior (lunch & learn) w/ cont. ed., time for Q&A, etc. Apps providers/nurses can use for screenings as a resource (SBIRT). **Go to them for the medical community!** Believes they still have the ability to provide free suboxone training for providers as well through grant funds.
- c. Scott Klicko - Stacy did a great summary of the opiate summit! He sits on Drug Treatment Court – 3 day conference, great speakers, good turnout, a little disappointed no one from medical field there though; would be nice to see the drug companies showing up for these conferences as well. Outside of our

community (those at these meetings, in this type of work) most people are very naïve/unaware of the opioid issue.

- d. Tom Drury - Always nice going to conferences and then being reminded of the good work that we're doing/that we're on the right track. Fatal Overdose Review Committee – a lot of discussion about this at conference & prevention needs; Milwaukee Fire Chief had 5 overdoses that morning, as a reminder of how big of a problem this still is. Congrats to Stacy & this group with the \$350,000 funding!
- e. Nancy Long - reinforced comments about people who don't know – feels important to keep sharing stories outside of our niche groups. New representations on the County Board happening, so it's a good time to go back to the board w/ PARCC presentation.
- f. Sara Shaver - Compass: Project HOPE continuing. Looking to start a Portage Chapter of "Sleep in Heavenly Peace," informational meeting May 9th – voluntary program, building beds for kids that need beds – available to communities throughout Col. Co.
- g. Clint Starks - shared headline of drop in opioid prescriptions over the last 25 years; OD Review Team – competitive funding available for these; OWI position now posted!
- h. Ken Manthey - spoke about overdoses, mostly among individuals in their 20s, recently in the community; shared stories from the negative & positive side of this issue.
- i. Susan Lorenz - shared information on free QPR training in Cambria on Thursday (4/26) through Prevent Suicide.
- j. Lindsay Patterson - Drug Take Back Day (50 lock boxes/bags to each community – Portage, Columbus, Lodi); shared letter from Tammy Baldwin's office.
- k. Lieah Wilder - continuing forward with MAT program; providing mental health services @ Cambria clinic; still in process with clinic in Adams.
- l. Deanna Lord - stated she's amazed at how different the opioid conferences are from the healthcare conferences (in response to Scott's observations), but sometimes people don't go because they don't think it's not a good fit for them to attend those. (Paula asked - are there grants for provider education, and how can we do this? What would bring providers in for opiate education?) Providers allotted so many hours for CME hours (responding to Paula's questions). New providers are being more and more stingy with prescribing also.
- m. Connie Champion - reiterated that most providers will only attend training if there are credits/incentives available to them (in response to screening/prescribing training conversation). Tellurian is trying to figure out where the gaps are (for services Stacy talked about with "It Takes a Village"), because unless they can fill the groups, they can't get paid for it – disconnect on their end of how to provide services & get paid for it. **Notices that with this group people aren't taking things personally if things aren't working – why PARCC continues to work and be successful, kudos for that!**

- n. Kristan Flyte - with the medical field, they're expecting providers to do more with less and less time (in response to screening discussion).