**From:** CANDACE JOHNSON-HURWITZ   
**Sent:** Wednesday, May 11, 2016 3:12 PM  
**To:** JOHN J CURTIN <jjcurtin@wisc.edu>; 'Katherine Magruder' <kpmagruder@gmail.com>; Susan Schneck <schneck2@wisc.edu>; jtkaye@gmail.com  
**Cc:** CYNTHIA L COLOMBO (ccolombo@wisc.edu) <ccolombo@wisc.edu>; Christopher Gioia <gioia@wisc.edu>  
**Subject:** Journey Meeting Update

Hello All-

Chris, Cindy, and I had a very nice meeting with Journey. We met with their intake clinicians today to introduce ourselves and describe DOX and RISK. Journey was very interested in both research projects and the potential they have to provide their clients a sense of purpose during their recovery.

We also finalized the study participant referral process. As mentioned in previous emails, Journey has worked with research projects in the past and already has a process in place to refer clients to research studies. Their current referral process exists of completing a customized release of information form with our lab’s information and what client information we need to contact them. They then have a standard sheet that contains the required contact information. This contact information will then be given to our lab. Currently, the intake clinicians fax this information to research staff. Is this the process we want to follow? Are there any concerns with faxing this contact information? Do we want to schedule a weekly pick-up time to go and collect referrals instead?

Tanya, the director of outpatient services, wants to know if the clients in their intensive out-patient services would be good candidates to refer for DOX and RISK. These clients are participating in recovery services during typical business hours and are therefore not in “control” of their day in the same way as the clients that will be referred from the intake workers. Any concerns about recruiting from this population?

Thanks,

Candace