Wisconsin Recovery Implementation Task Force ● 1 West Wilson Street, Room 951 ● PO Box 7851 ● Madison, WI 53707-7852

# Recovery Implementation Task Force

## Friday, January 19, 2018

9:00 a.m. – 12:30 a.m.

Prairie Oak State Office Building
Department of Agriculture, Trade, and Consumer Protection
2811 Agriculture Drive
Madison, WI 53718

## Minutes

RITF January 19, 2018

Attending: Maria Hanson, Wendy Koch, Elizabeth Vieira, Scott Webb, Joann Stephens, Theresa Kuehl, Paul Anderson, Amy Payne, Kris Ball, Michael Conwill, Danielle Graham-Heine, Alice Pauser, Lalena Lampe, Robin Pedersen, Anneke Brainard, Chris Keenan, Corbi Stephens

Guest Speakers- Caroling Crehan, Brad Munger, Donna Riemer, Sarah Coyle

All introduced themselves and talked about their place in their recovery journey.

Announcements- Mendota consumer conference is April 24th this year. Alice- 6 CPS trainings scheduled. 4 more to be scheduled within the next 2 weeks. She did a 2 day sequential intercept map project on needs in the CJ system in Dane County. CPSs will be on the map for Dane counties plan for the broader CJ system. She has been invited to work on a team to develop Forensic CPSs in WI. Lalena- please consider proposing a workshop for the MH/SUD Recovery training conference. Also shared info on the NAMI Homefront training regarding our military.

Maria reviewed Bob's rules of order & our meeting guidelines. Also, need a new co-chair for the education committee as well as for the RITF as a whole. Michael Conwill volunteered as a co-chair for the education committee. Also, Shelly Monroe is stepping down as Chair of the Membership Committee but will stay on it. Need a chair for Membership. Amy Payne & Kris Ball is interested in joining the

membership committee. Anneka is still on membership but has experienced issues connecting. The membership committee will be working on clarifying membership and recruiting new members.

RITF Structure- handed out the most recent membership chart. It's a bit confused since there was a staffing change as well as a technology change in how things were managed. The membership committee contacted everyone around 6 months ago but the list cannot be found. (look at the L:drive "Jarvie" for the information). Membership agreements- should we be using these? General consensus is yes, the membership committee will update. Website- reviewed website in its current state. Joann wants to organize it with most current info on top. There is a completely new committees & structure and almost everything needs to be updated. Notes- should we have a consistent style and expectation for notes? People generally like the detailed notes so she can remember the discussion points. Anneka requested a member roster so people can reach each other. Joann will create that. Members would like staff contact information. We discussed staffing and the roles of staff. Staff should not be expected to set agenda's etc. but take the info from the group. DHS will be assigning staff to the RITF and committees.

Recap of AI and strategic planning- Maria reviewed the 4 areas identified to work on. We need more diversity in most forms including ethnic, age, rural VS urban etc.

Psychosocial rule re-write- Danielle talked about the current PSR programs including CCS, CSP, & CRS and how the Dept. is proposing to combine these rules into 1. The process needs peer input. Danielle handed out the brochure created by the RITF- Journey to Recovery. This handout describes each of the current PSR programs. Counties choose what PSR services to provide.

CRS- Caroline C. is the coordinator. CRS provides direct oversight to services provided. CRS is significantly smaller that the other PSRs. It is currently in 16 counties where its offered. People can be enrolled in CCS or CSP while in CRS. Eligibility can be complicated (e.g. can't be above 150% Federal Poverty line). There are approximately 240 total enrolled in CRS. It is geared towards mental health issues but some folks have co-occurring issues. Not geared towards SUD only folks.

CCS- Danielle Graham-Heine. MH, SUD across the lifespan. Very recovery focused. There are 14 service arrays in CCS. CCS is voluntary and a person cannot be court ordered into CCS. A person could be court ordered to engage in services and could choose CCS but they can't be court ordered to CCS. Trauma informed, recovery & person centered. She reviewed how CCS works in general including CPS services. For CPS services, the person must be certified as a CPS per Medicaid rules. CCS has required training to be an fundable staff.

CSP- Brad Munger. Based on the PACT model (now known as ACT model EBP). Prior to the 1970's, the only treatment option for mental illness was inpatient care. The original concept was "a hospital without walls". It is a research based endeavor. In the 1980's, the CSP rule was written based upon the ACT model. The CSP rule does not necessarily meet ACT standards. Serves people with the label of sever mental illness plus a significant functional role impairment AND a risk for institutionalization. What do people need to function within their community- loose definition for psychosocial rehabilitation. The rule has not been updated to reflect current best practices or language. CSP focuses

quite a bit on employment. It's a wrap around approach and the team should meet most or all of the person's needs. It's a clinical team structure. Only 8 counties do NOT have CSP. Can serve people under commitment and is not required to be voluntary.

PSR- Sarah Coyle. These 3 benefits are legally in different places (different administrative rules). Attempting to bring them together under 1 legal rule. They are reviewing differences and similarities. How can this experience be more positive, smoother, better outcomes etc? Language & practice needs to be updated to reflect current best practice. Consumer perspective is critical to this process. How can the RITF assist in this process? The Dept. will be doing stakeholder listening sessions including consumers.

Members broke into committees and re-convened at 3:10 to close the meeting. Agenda items: data (consumer satisfaction, PPS, functional screens, prevention, MHBG, confidentiality issues, diversity recruitment). Possibly invite Mai Zong Vue to speak on diversity issues? There was medium support on this. Others want to do targeted outreach to individuals by going to them and possibly ask them to join us. Possibly bring in "seed" as a group to speak with us.

Questions to address- Should we be providing letters for state rate and the tax exempt form to members?

To Do: Pull the BRC info and make sure Joann has the original charge of RITF.

Potential topics- confidentiality around CPS and peer operated services working with other provider types etc. e.g. a care coordinator brings a consumer to a peer recovery center- are they breaking the persons confidentiality by introducing themselves? Possible guest speaker on confidentiality or HIPPA.

**Contact Staff Person RITF:** Laleña Lampe- Lalena.lampe@dhs.wisconsin.gov or 608-266-2476 (Office), 608-669-3857 (Cell)
**Contact Person for RITF Support:** Joann Stephens – Joann.Stephens@wisconsin.gov or 608-266-5380 (office), 608-405-2569

**Note:** Please refrain from wearing perfumes or scented products to accommodate those with chemical sensitivity or environmental illness, and refrain from flash photography without permission of all present to accommodate those with seizure disorders.

**Accessibility:** This meeting is accessible to people with mobility impairments. People needing accommodations to attend or participate in this meeting please notify the contact person five days prior to the meeting.

*Recovery Implementation Task Force Mission Statement*
To transform Wisconsin mental health and substance abuse services to embody recovery, hope, dignity and empowerment throughout the lifespan, in partnership with the DHS-DCTS-BPTR.