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

Recovery Implementation Task Force

Friday, November 17, 2017

9:00am - 3:20pm

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

Shelly Monroe, Alice Pauser, Ed Erwin, Wendy Koch, Megan Sulikowski (WI Voices for Recovery), Joan Sternwies, Danielle Graham-Heine, Theresa Kuehl, Joann Stephens, Chris Keenan, Kayla Sippl, Paula Verrett, Maria Hanson, Val Neff, Julie Wood, Val Levno, Lalena Lampe, Kenya Bright, Corbi Stephens, Mark Dolan, Anneka Brainard, Heidi (guest), Rose Barber

1. Welcome & Introductions- All introduced themselves.
2. Announcements- There is a December peer recovery conference December 6-7 in Stevens Point. Kenya introduced Joann Stephens as our new Consumer Liaison.
3. Bob's Rules of Order- Shelly reviewed Bob's rules and our meeting guidelines.
4. Review minutes- Maria motion to approve, Alice 2nd. Approved.
5. Co-Chair Vote- Mark Dolan is from Chippewa Falls. Worked in the fields of SUD & MI for 20 years. Strong sense of compassion and empathy. People need to be supported. Works at Positive image and he's a peer specialist there. People need to make their own decisions. Not a lot of experience co-chairing. Has done it with AODA meetings. Maria- Been involved with RITF for 10 years. Her life is dedicated to the men of Mendota. She's in recovery from both MH & SUD. She has many years of experience co-chairing groups in many settings. Leadership must be humble. It's not how much you talk but how well you listen. The RITF creates the voice of consumers. Our voice can change the landscape of services in Wisconsin. Motion: Alice, Rose 2nd. All approved.
6. RITF Structure- Maria reviewed focus areas identified at the last meeting. We need to have more of an active vs passive role. Need to invest time in learning about some of the areas

identified. Need a balance between what DHS need from the RITF and what the RITF needs DHS to focus on. Need to think about if and how the old committees work into the current structure. We need to keep SUD in the forefront of the work of the RITF and it's committees. Historically, the RITF was soley focused on SUD. It has been somewhat challenging to have SUD be equal with the RITF. Members in SUD recovery need to keep that perspective in the forefront. We need to be more ethnically and culturally diverse. The population of WI is not accurately reflected. Education as a target needs to be clearly defined as it can be overwhelming. We need to be cognizant of the fact that unlike the old days, most members are working within the system have dual roles. Communication with the public is critical. Older adults continue to be an under thought about group. The RITF hasn't focused on age specific issues for a while. Many elders are struggling with mental health and substances. We can consider doing some strengths assessments as a group. How do we get more consumers into the RITF who do not work in the field. Make sure that doing introduction include what is your recovery involvement, not just where you work. Consider doing listening sessions across the state or moving the meeting to different areas of the state. One of our greatest strengths is our impact on education like Guided Reflections, Recovery 101 etc. These have been highly successful and respected. But much of the work needs to be updated and reviewed. How are "we" active in systems change? Peers need to be more involved in trauma-informed system transformation.

- How are we going to function as the RITF? Can the RITF decide meeting themes for the 6 scheduled meetings of 2018. We need to actually follow Bob's rules since we have drifted away from using it very well. There should be activities that happen at every meeting, e.g. a report from DCTS. We need to learn more from groups functioning in the communities we represent. We could give and receive information within our local communities.
- We are transitioning to a 1904 for our community based programs. It should lead to a seamless transition between psychosocial community based programs. There will be one administrative rule for all services.
- Theme- CCS/CSP/CRS administrative rule changes. Also, include the SUD administrative rule changes. What are they currently and how can they look after this change. What's the process and role of the consumer voice in rule changes.
- Theme- Data. Consumer satisfaction, PPS, Functional Screens. How can data inform the gaps in our systems. The WI Needs Assessment.
- Theme- Mental Health Block Grant- Feedback, priorities, process etc.
- Theme- Diversity Education- include Hmong community, faith based, Latino, African American, tribal.
- Theme- Criminal Justice and Re-entry- include tx courts, what's going on to support people coming back into our communities, what is happening within our jail & prison systems with people with mental health and substance use. What happens with the geriatric population in prisons. Include Wisdom project or ex-offender grassroots organizations.
- Theme- Prevention- Include age range issues. Transitional populations.

Motion to approve these six topics, Chris K. Shelly M. 2nd. All approved!

7. Membership commitments- This includes knowing what is going on in our communities. This should include sharing the information gained at the RITF within our communities. Motion: allow ad-hoc member committee status if the RITF is full, until such time there is an opening on the full RITF. Table the decision on membership requirements & ask the membership committee to discuss. Shelly motioned to table for the membership committee and Val N. 2nd. All approved.
8. Orientation Binder- Joann wondered if we would like to create this for new people. She brought an example from a previous experience. What do people wish they would have gotten when they started. Maria thought that maybe a 1 page document that includes where to find everything on the website. This seems to have support, acknowledging that things change often so if it directs folks to the website for current information. Val L. it's even more important that each new person has a mentor.
9. Workgroup Discussion- Decided at the last meeting to have two committees. Training and Education / Program Review and Quality Enhancement Committees.
    a. Quality Enhancement- consumer satisfaction, rural outreach, gaps in programming, transitional programming. Review CCS/ CSP / Respite outcomes etc. Quality Assurance subcommittee. Peer specialist quality impacts and skills. Look at fidelity to CPS standards. Look at the STAR-QI process. They will have to define the scope of things like transitional programming, e.g. from the hospital to the community, out of custodial care etc. A discussion ensued regarding transitions and the impact this group could have.
    b. Training and education- TIC, recovery, MI, PCP etc. DCTS strives to co-train with consumers in many of these. Thinking about moving some training opportunities on-line. It would be great for this committee to influence the development or refinement of these programs. Also, CCS coordinating committees could use some training on how to increase meaningful participation of consumers. There is an ongoing need to train around peer support. Also could have input on the CPS training during and after the pilot phase. Create a new Movin On- Stories from Recovery Road 2.

To Do: Send Val Levno a DVD of the Road to Recovery Road. Change the application to reflect that everyone needs to be a RITF member unless membership is full? If the RITF membership if full, we can have ad-hoc members at committees.

January Agenda items- set the schedules for the Membership & Executive Committee meeting calls. Administrative rule changes combining CCS, CSP, & CRS. Short synopsis on each program (10 min each), differences between them, how might the new rule look like, what problems does this project solve, how is this going to make programs more effective for consumers & families, how is SUD going to be addressed, how can we help as the RITF? Cost differences between the programs and how might this

affect availability. Since CCS is 100% funded, what is funding going to look like with this combined program?

Shelly motioned to adjourn, Paula 2nd. All approved at 2:47.