



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

Recovery Implementation Task Force Program Review and Quality Enhancement Committee

Friday, ,

12:30 pm - 3:20pm

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

Committee Meeting Minutes:

Members Attending:

Chris Keenan, Elizabeth Vieira, Megan Sulikowski, Corbi Stephens, Chrissy Bernard, Rose Barber, Val Levno
Visitor: Oliver Johnson

Introductions and Announcement

A. Rose announced the Lac Courte Oreilles plans to implement CCS. In an effort to provide relative services for participants to choose from many services offered will be tailored to meet the needs within the cultural context of the tribe. i.e.: peer mentor services offered by tribal elders.

Approval of Minutes

- B. The minutes of the previous meeting were unanimously approved as distributed.
- C. Visitor departed.

Meeting Recap

D. Discussion carried over from the recently concluded presentation on diversity. Many members commented on the quality of the information presented and the effectiveness in the presenter's non-biased and participatory approach. Discussed how current members might attract diverse applicants to RITF simply by being more vocal in and outside their circles about the purpose of RITF, its subcommittees, what constitutes member eligibility, and logistically how to apply. Action: Megan will inform visitor(s) on how to apply if interested in becoming a member of RITF.

- E. Co-chair (Chris) provided historical context and roles of PRQE and encouraged members to “think outside the box” during the committee’s current formative stage.
- a. Discussed how as a subcommittee PRQE can support RITF with its purpose as an advisory board to the [Division of Care and Treatment Services \(DCTS\)](#)
 - b. Discussed need to educate the county and consortium CCS service facilitators on how their services can benefit the lives of someone in recovery. A lack of thorough knowledge of what services consist of and what providers actually do with a participant to support their recovery significantly reduces the chances of those services being utilized, even when the participant is given a choice. This issue has also contributed to the misinterpretation of DHS 36 [\[https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/36\]](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/36), inconsistencies in fundamental functions of the program, the dissemination of misinformation, and ultimately restricting the participant’s accessibility to a variety of community services, as well as contribute to the extensive waiting lists that currently make the program unavailable to many eligible consumers.
- F. As potential areas to focus on during the Committee’s possible continuing review of the PSR Rule (see G. below) in relation to CCS, there was a discussion of viable solutions in how to improve the accessibility to a wide range of services already existing in CCS program.
- Identifying Best Practices of the State
 - Review current procedures and provide standards for quality assurance by consumer standards
 - Conduct a needs assessment.
 - Research and report on the development of new and existing services and programs
 - Ensure community readiness for Reentry Peer Services
 - Identifying gaps in programming, traditional programming and rural outreach.
 - Encouraging networking and sharing of best practices between counties and consortiums providing CCS services
 - CPS Quality Assurance
 - Ensure programming remains recovery focused and person-centered.
- G. Discussion need to determine the responsibilities and possible objectives of the Program Review and Quality Enhancement Committee, the following resolution was passed by a quorum vote within the committee:

To further pursue taking an active service recipient role in the BPTR development of the PSR rule. This may include researching current PSR-related programs, identifying and establishing best practices, and communicating these to BPTR for incorporation into PSR rule-making process.

Motioned by Chris Keenan, seconded by Val Levno and all members agreed. Zero abstentions.

As a reminder, from Nov. 21 meeting the focus of the PRQE is to:

- Review and provide feedback to DCTS regarding programs and administrative rules from a consumer perspective to support fidelity and quality of care within a County and Tribes to those services across the lifespan. Review and advise BPTR administrative rule (and policy) creation and changes in order to ensure these are service participant informed (recovery focused, strengths-based, person centered, trauma informed, inclusive, and embody shared-decision making).
- Identifying new, developing, and existing programs to ensure that administrative rules or upcoming rules support the care and treatment of individuals. Identify promising or effective initiatives and practices within Wisconsin's counties and tribes and provide direction and support to ensure sustainability and expansion across Wisconsin's counties and tribes. Action: Chris will start a document that tracks possible promising new, developing, and existing programs or re-writes of admin. rules under the purvey of DCTS.
- Identifying gaps in programming, traditional programming, and rural outreach. Provide direction and support to any efforts aimed to increase the state and tribal-wide availability of quality, high-fidelity, evidence-based services and practices for service participants across the lifespan.

H. Discussion of creating avenues for action starting with input from the committee surrounding the Psychosocial Rule.

- a. As potential areas to focus on during the Committee's possible continuing review of the PSR Rule (see G. above), open dialogue surrounding the Psychosocial Rule and possible merger of CCS, CSP and CRS. Concern that a possible merger may result in stricter eligibility requirements, add to the already existing long waiting lists or diminish the quality of services being provided if facilitators and providers are spread too thin. Committee came to a consensus that a deeper understanding is needed of CCS, CSP and CRS as well as the role of the PSR in order for the committee to provide accurate feedback. Action: Chris will look into providing the committee with more information. (Sarah Coyle possibly presenting the information)
- b. Discussion of the well-rounded knowledge base that PQRE members currently bring to the table. Suggestion of how implementing an "Action Plan" might help the committee maximize efficiency in reaching the committee's objective by providing a variety of consumer perspectives. Action: Elizabeth will bring a template and example of an Action Plan for the committee to review and discuss if it is something that could be useful to the committee.

Adjournment

Meeting was adjourned. Minutes provided by: Elizabeth Vieira

Contact Staff Person for Committee: Danielle Graham-Heine – Danielle.GrahamHeine@wisconsin.gov or 608-261-7652

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.