

07/15/16- Full RITF meeting minutes

Luann Simpson, Shelly Monroe, Kenya Bright, Julianne Dwyer , Julie Feilbach, Erin Thorvaldson, Maria Hanson, John H, , Donna Reimer, Scott W, Alice, Faith, Dee, Aaron Rasch, Chris Keenan, William Park-Sutherland, Mark Dolan, Annke Brainerd, Sam Ahrens, Kayla Sippl, Val Levno, Erica Anderson, Beth Sabatke, Lalaëña Lampe, Ellie Jarvie Jim Sabatke,

Announcements:

Aug 24- Mendota consumer conference 4th annual, contact Maria Hanson for more info

Emotional CPR will be offered in Milwaukee, Sept 8 and 9 save the date

Las Saturday of July, 30th disability pride celebration in Madison- 12-5 at Brittingham Park

Leadership recruitment- co chair and dual recovery/ recovery education both have open spots.

Hopeline action- Maria did contact Barb Bigalke, she will work on a letter in support of funding, possibly linking with the MHC leg and policy committee.

Motion by Mark to accept this, second by William

Vote- passed.

Committee Reports-

Health Care Integration - working on a hospital for a training in a ROSC, Auroa was targeted, but contact not responding. Gunderson or Ministry out of Door County are other options. Discussion on how to slow down the Murphy bill or prioritize s 26 80. Encouraged people to contact their senators and support this as written. HCI support this and recommends the action outlined, Chris noted that NAMI WI also is advocating for this. The NAMI national is taking a different agenda.

Summary from William Parke-Sutherland. The Murphy Bill- makes changes that advocates are concerned about such as:

- Medicalized SAMHSA, the director must be an MD or PHD,
- Anosognosia - lack of insight as symptom of Mental Illness, anyone who questions their diagnosis can be seen as showing a symptom of mental illness
- Lessens the HIPPA confidentiality requirements.
- PAMI – originally was eliminated, the language has been softened.

S2680- does not have the areas of concerns outlined above with Murphy Bill. William can send out material to Ellie to get out to the full RITF.

Suggestion- if there is time; this could be a discussion on the September docket. Time

May need to act individually due to time, Ellie can contact the full RITF on this

HCI- Maria and William will represent Health Care Integration for the membership committee

ADA notification by Johnson- need to give a 120 notice prior to filing. Concern is that this will weaken the ADA and compliance; this is an important session as far as civil liberties. Suggestion that we contact via a call to your legislator around this- individual action STRONGLY ENCOURAGED.

Discussion on informing members about staying abreast with regular legislation. Should this be a committee? Chris will follow up with NAMI resources - helpful to monitor federal, state, regional local efforts.

Membership- Ed Erwin voted in as a member to the RITF,

Peer Specialist- update from Alice and Bob on CPS/ PPS- see attached document.

Curriculum review and progress test July 20 and Sept 28, test on the previous curriculum, the committee has recommended that no other trainings be set up due to the short timeline. If people fail the last exam, they will need to be retrained. 6 individuals working on the curriculum review- Sam, Paula, Faith, Caroline, Sarah Eckland, and Jessie Heffernan. Concerns have been heard, it is a pilot and the trainers also will have opportunities to give feedback and make adjustments as well.

Originally, 4 curricula were approved- when trying to see where issues were coming up, a state wide curricula was chosen to reduce variables to be able to better determine quality and provide QA. Funding- has to be used, the project is behind schedule, people are asking about the new curriculum, as well as employers. This is a learning process, but people are being heard. We are looking at trainings early 2017 for the new training, train the trainers will be trained this fall. Questions can be addressed to Kenya

Peer Specialist Association development- There will be a meeting before the next RITF, contact Karen Lane - if interested. William presented information on a grant applied for with WI family Ties, Dry Hootch and Grass Roots Empowerment about the development on a statewide association. This will move forward if funded. The Sept meeting is a start of the conversation.

Membership committee members- Sam, Anneke, LuAnn appointed.

Peer Specialist committee will address the open letter from MHA on a national peer specialist certification

Recovery Education- Dual Recovery: Langeston gave an overview on CCS, only a few counties are now not certified, discussed the statewide meeting, recommended that a dynamic training on self-advocacy be offered, Faith will coordinate this workshop, this will be at the last slot of the CCS meeting in Wausau.

We have doubled the number of programs - it may be that newer counties are working on basic engagement- there are counties that are newer, older, and now regionalization. WI voices for Recovery has had conversations.

Discussion about what is the focus- right now the focus is on engaging the voice of addiction recovery, discuss strategic priorities.

Discussion on trauma- how do we focus on support here?

Jim Sabatke- Faith will also continue to be active on the Membership Committee

Discussion about the substance use disorder voice- part of this is an organizational culture issue. Could part of this be assumptions? How do we address this going forward? Discussion on personal examples. Discussion about focus of policy- currently progressive around SUD, not so much in mental health/ peer movement.

September agenda- William will do a follow up on legislation, Dory may speak on Deaf culture and issues related to Deaf peer specialists

Public comments- Val- how will the people be trained who express interest? How about access for training in rural areas, scholarships? DMSAS will pay for 6 trainings- will be free to individuals, if agencies can offer free space, this keeps this affordable. These 6 trainings will be placed around the state for best access; Val offered help with accessing free sites. Once trainers are trained, they are free to offer trainings throughout the state.

Jim Sabatke- comment on ethics and dual relationships. Sometimes you don't have much choice, especially in rural areas. Are we sure we want this language? 'Such as the buying or selling items, services or goods' perhaps we need to add a qualifier such as "some dual relationships are unavoidable." Suggestion- look at wording from other national organization; look at training on ethics and boundaries on rural areas. This is vague language-

Should the peer specialist committee revisit this? Mark would like to retract his earlier motion, seconded by William; it will be sent back to the Peer Specialist committee. Vote carried-

