

Recovery Implementation Task Force of Wisconsin, May 20, 2016

Recovery Education and Dual Recovery Committee Joint Meeting

Introductions/updates – Julie Fielbach, Chris Keenan, Aaron Rasch, Robin Pederson, Kayla Sippl, Faith Boersma, Julianne Dwyer

Review acronym key: Overall comments: offer more detailed explanations?

- AODA – is not WI-specific
- Under ATI – change ILR to ILC and spell out (Independent Living Center)
- Add BH – Behavioral Health
- Add CDC – Center for Disease Control
- Add CIP – Crisis Intervention Partnership
- Add CPS – Child Protective Services
- Add DCF – Department of Children and Families
- Add ILC – Independent Living Centers
- Add NA – Narcotics Anonymous
- Add PRR – Peer Run Respite
- Add RFP – Request for Proposal
- Add ROSC – Recovery Oriented Systems of Care
- Add SMI – Serious Mental Illness
- Add SOC – Systems of Care
- Add SSDI – Social Security Disability Insurance
- Add WISE – Wisconsin Initiative for Stigma Elimination
- Add WMHI – Winnebago Mental Health Institute
- Add WRAP – Wellness Recovery Action Plan
- Add YPR – Young People in Recovery

Faith will send Bill White's article on language to the group:

<http://www.williamwhitepapers.com/pr/2001RhetoricofRecoveryAdvocacy.pdf>

Faith will send blog post from SAMHSA on "stigma" to the group:

http://blog.samhsa.gov/2016/05/16/words-matter/#.Vz8sl_72brc

Input on DMHSAS support for peer support and leadership development:

Where is the idea of the letter to employers regarding justification for attendance at RITF/advisory groups? Is this with the membership committee?

Preparation specific to young adults and addiction and cultural diversity, for organization as well as people with lived experience. We need to prepare/support people in bringing their voice of lived experience, as well as organizations/groups to support the process.

Faith will send research article on 'consumer involvement' from Australia (individual versus structural/institutional issues). The NAMI Consumer Council is another resource, which Chris leads. NAMI offers Voices in Action Training to prepare people to use their

stories of lived experience as advocates. Also, In Our Own Voice (IOOV) to structure stories. WISE does Honest, Open, Proud self-disclosure training.

What about peer support for dual recovery? Senate Bill 2680, Mental Health Reform Act, includes a piece on training for integrating primary and behavioral health (including addiction).

We could garner further input via conference breakout sessions or listening sessions. These might need to be advertised better, or included in more conferences? Also, it might be helpful prepare questions in advance. There should also be a way to allow people to give input anonymously and/or individually. We can also start with limitations, so people don't have unrealistic expectations.

Discussion on Empowerment Days position papers:

A Non-Linear Approach to Recovery Exploring Opportunities for Collaboration:

Mental health and/or substance use disorder – Julie noted that this phrase is problematic because it always places mental health first. What about using “co-occurring” or “dual diagnosis? – the problem is that this might not specifically reference mental health and addiction. Why couldn't we acknowledge that we don't have the language figured out? An organizing framework of trauma might be useful. Chris talked about his background in sociology and “deviant” behavior as a social construct. We discussed the interplay between biology and environment. Robin noted the change from 12-step to behavior modification in eating disorder treatment. Being able to access ongoing peer support is important. Treatment should be responsive to the individual and their needs.

Recovery, Peer Support, and Trauma-Informed Approach in the Classroom:

Aaron shared his frustration with peer support being treated as a “sidecar” to the system. He noted that peer support should be rooted in the broader community.

An idea for a future agenda for the RITF as a whole: presentation on looking at these issues beyond the lens of the service system. Health Science Consortium in LaCrosse has a five-year grant for behavioral health in the community – Aaron will connect to bring someone in to talk about the perspective shift behind their work, as well as tangible actions they are taking, and relatable community efforts.

Next Agenda Items:

- Discussion about broadening ‘meaningful participation,’ barriers, outreach strategies, etc.
- Ask Kenya to come and provide direction to the committee.
- Review how to be an effective committee member document (from Luann/Julie).

Next Meeting: July 15, 2015 at: TBD (20th Anniversary Celebration!)

RITF 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 Department of Health Services, Division of Mental Health and Substance Abuse Services, and Bureau of Prevention Treatment and Recovery

RITF Vision Statement:

Mental Health and Substance Abuse consumers of all ages and cultures in Wisconsin are thriving under the principals of recovery in all aspects of life. Mental Health and Substance Abuse services throughout the state incorporate recovery focused principals such that all consumers can move into recovery.

Recovery Education Committee Vision:

People lead their own recoveries and actively participate in all chosen aspects of their lives and communities.

Recovery Education Committee Mission:

To educate in order to increase understanding of recovery.

Dual Recovery Committee Mission:

To expand the implementation of effective practices, grounded in the principles of recovery, that support people living with mental health, substance use, and associated ongoing healthcare conditions.