

Recovery Implementation Task Force of Wisconsin
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Department of Agriculture - 2811 Agriculture Dr., Madison, WI 53718
Contact: Faith Boersma, e-mail: Faith.Boersma@wisconsin.gov
Office: 608-261-6747, Cell: 608-225-6012

Recovery Education and Dual Recovery Committee Joint Meeting notes

Introductions: Julie F, Chris K, Val L, Jim S, Aaron R, Beth
Staff: Faith B, Langeston H, Julianne D, Kayla S, Langeston H, Sally R

Updates: Val noted that there is flooding in Northern WI (which has made it difficult to deliver medications!)

Comprehensive Community Services (CCS) updates from Langeston Hughes: The CCS report is 86 pages: <https://www.dhs.wisconsin.gov/publications/p01224.pdf>. Langeston just provided an update. 63 counties and 1 tribe are currently participating in CCS. 2 additional tribes will come on board later this summer. (All counties are either actively working towards certification or in discussions about joining except Grant, Iowa, Price, Sawyer). The annual report includes good data about the success of CCS, including reduction in recidivism in hospitals. Aaron noted that the functional screen is the first interaction with the program, which sets the tone. Langeston noted that the functional screen is only *one* part of the admission process.

CCS Statewide Meeting: The next CCS statewide meeting will be September 7, 2016, at Jefferson Street Inn in Wausau. The meeting is outgrowing this venue. The existing breakouts are on substance use, admissions process, coordinating committees, etc. Langeston asked ideas on an open breakout session specifically that would draw 'consumers.' Jim noted that an issue he's seen with CCS programs (providers and consumers) is doing good person-centered planning. ***One idea could be to offer training for participants to utilize their voice in their plans and services. Self-advocacy is key - the session could be a workshop on this, with tools and role-play, and how to relate these skills to CCS.*** Langeston noted that they have been doing this sorts of trainings at the regions themselves, and Val responded that these have been effective. We discussed the challenge of being able to get consumers to the statewide meeting, and that it might be more effective to go *to* the regions where the consumers are. We brainstormed who might present/facilitate this breakout: Faith is willing support, but doesn't feel like she can speak to CCS currently. We will ask Bob F. The session should be interaction, maybe with a *short* success story, then a more scripted tool, and then *free-form* practice. Julie noted that one challenge is that people sometimes don't know what they need, to even advocate for that. Aaron noted that some regions have people who specifically focus on working with people around recovery and pre-planning, like consumer affairs coordinators or peer specialists. Jim noted that this could be a really good role for peer supporters/Certified Peer Specialists. He also noted that some people are not reading for CCS, and may be better suited to Community Support Programs (CSP) as a starting point. Val shared that the

reason she has move through recovery is that she learned how to set a goal and achieve it; she teaches her service facilitators that the key role is supporting people in making choices, making goals, and achieving them. Julie noted that we need to make sure to represent someone with substance use issues. Faith will connect everyone via e-mail (Bob, Jim, Aaron, Val, Langeston, Julie) and get the ball rolling. The session will be from 2:15 to 3:30pm on September 7. (Clearinghouse document on self-advocacy: <http://static1.1.sqspcdn.com/static/f/784909/11519803/1301684072933/selfadvocacy.pdf.html>)

Strategic plan for committee: We have accomplished many of the goals, including developing a clearinghouse, creating brochures, and advising the Bureau on training. We have not worked as much on early interventions and work with youth. Sally noted that if this is still an interest, Project YES could be a collaborator. Julie noted that her time on the committee is nearing an end, and when she leaves, the voice of addiction recovery will not be heard. Val noted that she has felt the same way with the 'rural voice.' This is also an issue for the membership committee of the RITF. We would like a volunteer or two to be on the membership committee. Jim is on the membership committee. No one additional volunteered at this time, but Faith committed to being more active in the membership committee and trying to keep the issue of addiction recovery more at the forefront. Committee members should refer people who might be interested in joining to Jim and/or Faith.

Next agenda items:

- Strategic priorities for the future of the committee (Kenya)
- Recap and next steps from CCS workshop (Langeston)
- Inclusion of the voice of people in recovery from addiction

Next Meeting: September 16, 2015 at Department of Agriculture

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.