

Peer Run Respite Advisory Committee

September 10, 2013 Meeting Summary

Members Attending: Kathryn Ackley, Julie Burg, Jill Chaffee, Beth Clay, Philip Corona, Donna Christianson, Constance Downey, Evonne Kundert, Michelle Larson, Lyn Malofsky, Jacklyn Mckay, Mary Neubauer, Alice Pauser, Carla Shedivy, Sue Shemanski, Joann Stephens, William Park-Sutherland, Paula Verrett,

Staff Attending: Faith Boersma, Kenya Bright, Linda Harris, Pat Cork, Joyce Allen, Kay Cram, Sola Millard, Lalena Lampe, Caroline Ellerkamp, Sarah Coyle

Welcome: Deputy Secretary Kevin Moore gave the welcome and kicked off the meeting. In the welcome, Kevin discussed his enthusiasm for this project and the process necessary to accomplish the task of seeing this budget item to fruition. He expressed support from the Department of Health Services and Division of Mental Health and Substance Abuse Services (DMHSAS) in working together with this committee to move forward and engage in the process. He also discussed the importance of the legislative imposed timeline.

Suggested Ground Rules: Facilitator Faith Boersma introduced the first document, "*Suggested Ground Rules*" for discussion. A requested addition to the ground rules from the committee was that DMHSAS send out information for the meetings in a timely manner so members would have adequate opportunity to review prior to meetings. DMHSAS will send out materials one week prior to the meeting.

Another suggestion was to add more meetings to the committee schedule. In the discussion, Kenya Bright alerted members to the necessary timelines set forth by the legislature and the DHS contracting process. In lieu of more meetings, DMHSAS will be attempting to maximize stakeholder input via other methods.

Introductions: Committee members introduced themselves by sharing what brought them to the meeting, and what they brought to the advisory process.

Peer Run Respite (PRR) Binder and Materials: Kenya Bright presented the PRR binder to committee members. In addition to materials for the first meeting, there were reference materials included in the binder and tabs for future meeting material.

What is PRR - Review of Other States Models: DMHSAS staff provided information that was collected from other states regarding their PRRs. Committee members asked a number of questions during the presentation, which resulted in the creation of a parking lot of follow-up questions:

- How did communities react and accept sites in their neighborhoods?
- Types of liability insurance (rating of service)?
- Duties of staff & administrators?
- What is the continuity of funding?

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- How did they get their original funding?
- How are the ones billing Medicaid doing it?
- Will private insurance eventually fund this?
- If it's called hospital diversion (E.G. Optum Health model) is it fundable with private insurance?
- Do people have to be sober to come in? How do they handle it if someone is drinking or using illicit drugs and comes to the site impaired?
- How do PRRs handle staffing patterns? (always staffed even if empty? All staff on call at all times?)

Committee Small Group Discussion and Input: Committee members were asked to reflect on "What two elements stand out and what two concerns do you have?"

Standout Elements: functional sobriety, Intentional Peer Support, staff training / tools, own room no sharing, self-referral, sex offender check, board / staff have lived experience, choice to take meds, limited length of stay, connected to recovery center, peer support / Warmline, bed and breakfast model, non-hierarchical, contact with guest before stay, outreach, community / house rules flexible, guest decides care, guest can continue relationship with other providers, linkages, multi-services in one place, trauma-informed system

Concerns: functional sobriety issues, pushing CPS only staff, licensing / zoning / liability rating, referrals & linkages=person centered, background check limitations, financial sustainability & evaluation, peer fidelity, homeless referrals / interpretation of site as homeless center, living wage of staff, do not want medical model (even with MA funding), blanket exclusion of sexual offender population, no blanket screening, # of beds not enough to meet demand, in rural communities there may be too many beds for the demand, can it be pre-crisis only or post-crisis or either?

Wrap Up & Next Meeting:

Topics for future agenda items:

- Sobriety
- Background checks
- Homelessness
- Transportation
- Zoning

Next Meeting is on October 18, 2013 at 1 W Wilson, Madison in room B370. Any questions or concerns contact Faith.Boersma@wisconsin.gov