

Nebraska Division of Behavioral Health
OCA People's Council
August 6, 2013 9:00am -2:30 Pm
Region V Lincoln Nebraska 668509

DRAFT Meeting Minutes

I. Call to order and roll call **Judie Morehouse**

Chairperson, Judie Moorehouse, called the meeting to order at 9:00am on Wednesday, August 6, 2013. Roll call was conducted and quorum determined.

Council members present: Mary Thunker, Jennifer Ihle, Patricia Vasquez, Judie Moorehouse, Tammie Fiala, Paige Hruza, Candy Kennedy-Goergen, Phyllis McCaul, Nancy Rippen, Amanda Theisen

DHHS staff present: Carol Coussons de Reyes, Cody Manthei, Cynthia Harris, Maya Chilese, Lucy Flores

Public: Ryan Hoffman, Ken Timmerman, Linda Shaw, & Cindy Scott.

DHHS staff present: Carol Coussons de Reyes, Lucy Flores, Cynthia Harris, Cody Manthei, Maya Chilese

II. Housekeeping and Summary of Agenda **Judie Morehouse**

Carol requested that 15 minutes be added to the first presentation and that 15 minutes be subtracted from a later presentation on the agenda. Handout A Agenda

Carol mentioned the Legislative Bill summary sheets that are included in the packet from Cynthia. Handout B LB updates

III. Approval of minutes **Judie Moorehouse**

A motion to approve the minutes for May 15, 2013 was made by Nancy Rippen. The motion was seconded by Mary Thunker. The motion as carried was approved by unanimous vote.

Handout C

IV. OCA Consumer and Family Involvement Roadmap **Maya Chilese and Cynthia Harris**

Maya Chilese provided an overview of the DBH Strategic Plan dialogue and information that was collected from the May 15th meeting on her presentation of the Strategic Plan. Maya provided a handout. Handout D

- Phyllis mentioned that while reading through the feedback a lot of what is mentioned on the handout is already being done in Nebraska. She recommends bringing in people who are doing what is mentioned and seeing how it all fits together.
- Maya mentioned that the dialogue should include telling the state what you want and also seeing where we need to go, including some of the following questions: how do we move forward, how do we form a service definition, and what are the parameters and regulations.

- A discussion generated from comments by Judie, Nancy, Maya and Phyllis focused on the differences of Peer Support in rural versus urban areas. What are the differences? What does supervision look like in these areas? The regional capacity was mentioned in regards to reaching out to the outer communities, this is a workforce issue.
- Candy mentioned the importance of keeping Peer Support authentic within the workforce. She mentioned the need for partnerships between clinicians and peer support providers and to value our partners.
- Phyllis discussed case load standards. She mentioned that those who set the standards may not know about the work that is being done.
- Maya emphasized the need to identify services and what is working to establish regulations, standards, and cultural competencies.
- Carol suggests contracting with agencies to employ two peer support specialists which would reduce work related stress or compassion fatigue.

Cynthia provided the Consumer and Family Involvement Roadmap documents Handout D and Handout E. Given the limited time she asked for people to review it and email her feedback to her email address - cynthia.harris@nebraska.gov

V. OCA Tour of the State in October Carol

Carol provided a draft of the agenda Handout F for the statewide tour in October and asked people for feedback on the agenda items. Carol also discussed new staff members for the Office of Consumer Affairs Cynthia Harris , Cody Manthei, and Lucy Flores.

VI. Joint Advisory Committee Meeting in September 19 Carol

Carol invited the Office of Consumer Affairs People's Council Members to attend the Nebraska Division of Behavioral Health –Joint Advisory Committee Meeting in September 19, 2013 Handout G.

VII Nebraska Certified Peer Specialists Conference Paige, Judie, Amanda

Judie and Amanda addressed the Nebraska Certified Peer Specialists Conference on September, 15-16th 2013 at the Grand Island Quality Inn and Conference Center 7838 S Hwy 281 Grand Island, Ne 68801.

Paige addresses this conference is for Certified Peer Support & Wellness Specialists.

VIII TTI Grant Activities-Trauma Across the Lifespan Within Family Systems Carol, Candy

Carol addressed the Nebraska Conference Trauma Across the Lifespan on September 12-13, 2013 at the Cornhusker Hotel Lincoln, Ne. Carol discussed the speakers Sharon Wise, Dr. Bruce Perry, and Nathan Ross. There will be a 'Life Lessons' panel discussion of Sharon Wise, Nathan Ross, Cody Manthei, and Cynthia Harris.

Candy Kennedy will present Child Focused Family Peer Support, she represents the Nebraska Federation of Families for Children's Mental Health.

Carol commented that the Nebraska Conference on September 12-13 is expecting an audience of nearly 1000 people and that partners for the event include the Division of Children and Family Services and Department of Education. The award for the event is provided by SAMHSA and administered by NASMHPD. (Handout H)

VIII Adult & Family Peer Support Infrastructure Survey

Cynthia

Cynthia provided a DRAFT Sample Survey Questions for **Consumers and Families and Providers**, which seeks information on delivering peer support, and or other related topics. Cynthia asked for feedback and recommendations. Handout I and Handout J

X The 2013 Memorial

Carol

Carol provided information for Statewide Memorial for September 25, 2013 at 3pm at all three state psychiatric hospital cemetery grounds. Discussion was held on what would council members would like to see happen at the memorial. At past Statewide memorials, names have been read of people buried in the cemetery, candles lit, poems read, and prayer. Ethan Cecava has built a marquee of names and locations at the Yankee Hill Cemetery on Calvert Street in Lincoln. There will be a Statewide Moment of Silence at 3:10 to celebrate and honor of the humanity of people that have passed without the recognition of their name.

XI What Recovery Scales or Measures Each Region is using ALL Regional Consumer Specialist

Tammy presented information on Satisfaction from her Region. Other Regional Consumer Specialists present were not familiar with Recovery Measures being used by Regional Behavioral Health Authorities, but were familiar with Satisfaction Surveys.

XI By-Laws in general & the number of meetings members can miss.

There was a recommendation of having Regional Consumer Specialists, the Behavioral Health Education Network Consumer Representative, the Magellan Consumer and Family Representative, and the Nebraska Federation of Families Representative serve as ex-officio, meaning they can miss an unlimited number of meetings. The Council will be sent revised by-laws to review and they will be voted on at the next meeting.

Public comment

- a) Linda Shaw: Wanting to know who could attend the September 15-16 Peer Support Conference in Grand Island. This conference is for Certified Peer Support & Wellness Specialist that are currently certified.
- b) Ryan Kaufman discussed the differences of Peer Support in rural versus urban areas and his desire to be on the OCA People's Council.

Adjournment and next meeting

Motion to adjourn made by Jennifer Ihle, seconded and approved by Amanda Theisen at 2:30 pm

- Next Meeting has not been scheduled. Check the web for updates.

*Minutes prepared by the Division of Behavioral Health, Nebraska Department of Human Services. Minutes are intended to provide only a general summary of the proceedings.
August 14, 2013*

Department of Health & Human Services



2013 LEGISLATIVE BILLS PASSED INTO LAW IMPACTING DHHS

1. LB 6 (Krist) Create the Nebraska Commission on Problem Gambling
2. LB 23 (Hadley) Change ICF/MR reimbursement provisions and mental retardation terminology
3. LB 42 (Cook) Change credentialing requirements for administrators of facilities for persons with head injuries
4. LB 78 (Avery) Eliminate certain boards and commissions
5. LB 156 (Watermeier) Eliminate a report made to DHHS by counties utilizing a community service program.
6. LB 194 (Speaker Adams) Provide for deficit appropriations
7. LB 195 (Speaker Adams) Appropriate funds for state government expenses
8. LB 198 (Speaker Adams) Appropriate funds for capital construction and property acquisition
9. LB 199 (Speaker Adams) Provide fund transfers, create funds, authorize the sale of lands, and change provisions relating to grants as prescribed
10. LB 216 (McGill) Adopt the Young Adult Voluntary Services and Support Act
11. LB 222 (McCoy) Change provisions regarding certain reports submitted electronically to the Legislature
12. LB 225 (Smith) Adopt the Newborn Critical Congenital Heart Disease Screening Act
13. LB 240 (Harms) Change work activity requirements for self-sufficiency contracts under the Welfare Reform Act
14. LB 242 (Howard) Change provisions relating to administrative rules and regulations
15. LB 243 (Howard) Redefine nurse practitioner practice
16. LB 255 (McGill) Change provisions and penalties relating to human trafficking, child abuse, prostitution, solicitation, and pandering
17. LB 265 (Coash) Adopt the Children's Residential Facilities and Placing Licensure Act, and change foster care licensure and kinship home and relative home provisions
18. LB 269 (Campbell) Change provisions relating to children and families
19. LB 277 (Harr) Change provisions relating to presentation of a false Medicaid claim
20. LB 298 (McCoy) Change provisions relating to controlled substances schedules
21. LB 326 (Howard) Change provisions of Pharmacy Practice Act and Automated Medication Systems Act

DHHS LEGISLATIVE BILL SUMMARIES | 2013

- 22. LB 344 (Sullivan) Change moratorium exceptions for long-term care beds
 - 23. LB 361 (Howard) Name the Child and Maternal Death Review Act and change review procedures
 - 24. LB 363 (Avery) Change provisions relating to access to public records
 - 25. LB 368 (Crawford) Create a subsidized employment pilot program within DHHS
 - 26. LB 384 (Nordquist) Adopt the Nebraska Exchange Transparency Act
 - 27. LB 429 (Crawford) Require disclosure of state contracts
 - 28. LB 434 (Price) Provide for emergency management registries for persons with special needs
 - 29. LB 458 (Krist) Require general acute hospitals to offer tetanus-diphtheria-pertussis vaccinations as prescribed
 - 30. LB 459 (Krist) Require certain health care facilities to offer onsite vaccination services
 - 31. LB 484 (Karpisek) Change dental hygienist training and authorized functions
 - 32. LB 487 (Wightman) Change health care certificate of need provisions
 - 33. LB 507 (Campbell) Adopt the Step Up to Quality Child Care Act and change provisions relating to federal child care assistance
 - 34. LB 528 (Howard) Provide for partner treatment relating to sexually transmitted diseases
 - 35. LB 530 (Dubas) Change provisions relating to foster care reimbursements
 - 36. LB 536 (Business and Labor Committee) Approve claims against the state
 - 37. LB 556 (McGill) Provide for telehealth services for children, change the Medicaid program and provide duties for DHHS
 - 38. LB 561 (Ashford) Change provisions and transfer responsibilities regarding the juvenile justice system
 - 39. LB 563 (Krist) Change provisions relating to contracts for services
 - 40. LB 583 (Haar) Provide duties for the Climate Assessment Response Committee
-

LB 6 (Krist) Create the Nebraska Commission on Problem Gambling

This bill eliminates the current Gamblers Assistance Program under the Behavioral Health Division of DHHS and the State Committee on Problem Gambling. Also, this bill creates the Commission on Problem Gambling and the Gamblers Assistance Program under the Department of Revenue.

This bill provides legislative findings and definitions.

Legislative Bill Updates 06/2013

Legislative Bill	Summary	Website
LB 6	The gamblers assistance program will be moved to the Department of Revenue. Creation of the Nebraska commission on problem gambling	http://www.nebraskalegislature.gov/bills/view_bill.php?DocumentID=18041
LB198	Hastings Regional Center renovations	http://uniweb.legislature.ne.gov/bills/view_bill.php?DocumentID=18321
LB216	Continuation of Foster Care support to age 21	http://uniweb.legislature.ne.gov/bills/view_bill.php?DocumentID=18347
LB260	Change requirements for a data and information system under the Nebraska Behavioral Health Services Act	http://uniweb.legislature.ne.gov/bills/view_bill.php?DocumentID=18404
LB265	Adopt the Children's Residential Facilities and Placing Licensure Act and change foster care licensure and kinship home and relative home provisions	http://uniweb.legislature.ne.gov/bills/view_bill.php?DocumentID=17920
LB556	Provide for telehealth services for children, change the medical assistance program, and provide duties for the Department of Health and Human Services	http://uniweb.legislature.ne.gov/bills/view_bill.php?DocumentID=18827
LB561	Change provisions and transfer responsibilities regarding the juvenile justice system. CFS develop an alternative response model to abuse and neglect calls	http://uniweb.legislature.ne.gov/bills/view_bill.php?DocumentID=18806

*You can search legislative bills by visiting <http://uniweb.legislature.ne.gov/bills/>

*You can also track and search legislative bills by visiting networkofcare.org and selecting the legislative tab at the top of the page. You can create your own personal list of bills of particular interest to you. To add bills to your list, go to [State Bills in Progress](#) and find a bill you care about. Then click on "Add to My Bills" near that bill number. Once you've created your list, you can use all the same tools that appear in Bills in Progress. To help you stay informed, networkofcare.org will send you an e-mail alert if any bill on your list has been updated in the past 24 hours.

C

Nebraska Division of Behavioral Health
OCA People's Council
May 15, 2013 / 1:30 PM to 3:30 PM
Cornhusker Hotel Lincoln Nebraska 688509

DRAFT Meeting Minutes

I. Call to order and roll call Judie Moorehouse

Chairperson, Judie Moorehouse, called the meeting to order at 1:34 pm on Wednesday, May 15, 2013. Roll call was conducted and quorum determined.

Council members present: Mary Thunker, Jennifer Ihle Patricia Vasquez, Judie Moorehouse, Tammie Fiala, Lori Hack

DHHS staff present: Carol Coussons de Reyes, Lucy Flores, Cynthia Harris, Nancy Heller

II. Housekeeping and Summary of Agenda Judie Moorehouse

Chairperson, Judie Moorehouse, confirmed the order of the agenda.

III. Approval of minutes Judie Moorehouse

There was one change to correct the minutes for the general announcement of the Mental Health Awareness Dinner. It was located at the Hastings Auditorium and not Mary Lanning Hospital. A motion to approve the minutes with the corrections for February 5, 2013 meeting was made by Mary Thunker. The motion was seconded by Jennifer Ihle. The motion as carried was approved by unanimous vote.

IV. Peer Support and Consumer Involvement Strategic Planning Maya Chilese

Attachment A

Attachment B

Maya Chilese provided an overview of the DBH Strategic Plan. She mentioned developing the peer support workforce to move towards more structure. Maya received input about DHHS strategic planning related to the work of the Office of Consumer Affairs from the Council through an exercise where she categorized four areas for implementation. Under each category Maya asked the Council for feedback. The feedback was as follows:

Types of Services

- State wide peer line/ warm line
- Trauma based support groups statewide
- Every psychiatric has a peer to offer services
- Diversion serves
- Connections to community based services
- Preventative care: Health wellness support

Workforce

- Infrastructure model
- Continued support
- Job descriptions and definitions
- Trauma training
- Administrative skills
- Cultural competency

Guiding principles

Given the allotted time, this area was not covered.

Parking lot

The purpose of the parking lot was to gather ideas and come back to them if necessary. Maya did not write anything this area

V. TTI Update Carol Coussons de Reyes

See Attachment C

VI. Membership Attendance- by laws and minutes Carol Coussons de Reyes

See Attachment D
See Attachment E
See Attachment F

Action- table for next meeting. Email members who were not present and discuss at next meeting.

Carol asked members to review mission and vision statements. She provided a handout to provide feedback in developing new statements for OCA.

VII. Block Grant Priorities Carol Coussons de Reyes

See Attachment G

Carol reviewed Block Grant Priority #5 that the OCA People's Council provided feedback on at their February meeting. It was concluded during discussion that this was a good place to start.

VIII. General Announcements

Members from NAMI will be attending the National NAMI Convention in San Antonio in June 2013.

The Peer Support mini conference will be on September 17, 2013.

IX. Adjournment and next meeting

- Judie Moorehouse , Council Chairperson, adjourned the meeting at 3:15pm
Jennifer made motion to adjourn meeting, it was seconded by Lori.
Next Meeting is scheduled for August 2013.

Minutes prepared by the Division of Behavioral Health, Nebraska Department of Human Services. Minutes are intended to provide only a general summary of the proceedings.

05/29/13 Meeting Minutes

**OCA Peoples Council
Meeting May 15th, 2013**

Notes from DBH Strategic Plan Peer Support Brainstorming Dialogue

Types of Peer Services

- Statewide Peer Warmline (service connections, immediate support)
- Trauma Based support groups state wide (standardized model)
- Every psych hospital has peer (aftercare follow up, ERCS transition, discharge planning)
- Diversion Services (avoid EPC and jail)
- Connections to Community Based services
- Health / Wellness support
 - Preventative programming
 - Programs / curriculum
 - Centralized Education Center (supplies, WRAP, Living Well, Regions as the hub?)
- Differentiate between peer run agency offering services vs. peer services at an agency
- Outcomes
- Service Definitions required

Workforce

- Infrastructure Model (agency based, peer agency)
- Continued Support to Workforce (co-supervision, mentoring)
- Job description (helping agencies develop and implement use; measure outcomes)
- Ongoing training to agencies / clinicians / supervisor / employer / using peer support services
- Define peer criteria
- Workforce Support / retention (vicarious trauma, work schedule flexibility)
- Administrative skills
- Direct and Indirect work skills
- Planning, prevention strategies
- Honoring connection, spirituality, culture

Guiding Principles

<none listed>

Office of Consumer Affairs: Consumer and Family Involvement Roadmap: July 2013 Update

1) Section 1: History

- a. Timeline of consumer movement
- b. History of consumer movement in Nebraska

2) Section 2: Office of Consumer Affairs Overview

- a. Mission and Vision Statement- awaiting feedback from survey that was made available to consumers
- b. Scope of work
- c. Core principles and values
- d. Recovery values- SAMHSA's working definition of recovery

3) Section 3: Leadership and stakeholders

- a. Collaboration

4) Section 4: Looking ahead-

- a. What should be included?

5) Section 5: Office of Consumer Affairs Goals for 2014-2015

- a. Increase inclusion and participation of consumers in all aspects of service planning and delivery
- b. Develop, recommend, and look to implement peer service models that incorporate best practices, evidence based practices, and effective practices
- c. Develop and strengthen the peer support workforce
- d. Develop and strengthen community assets

i. Consumer Involvement plan activities

- 1. Encourage and facilitate inclusion and participation of consumers in all aspects of service planning and delivery
- 2. Develop, recommend, and look to implement peer service models that incorporate best practices, evidence based practices, and effective practices
- 3. Develop and strengthen the peer support workforce
- 4. Develop and strengthen community assets

6) Section 6: Program Initiatives and Procedures

- a. Current and future initiatives?
- b. Procedures of OCA ?

Feedback: what should be added or taken away from the involvement plan? In what ways can it be improved? What is missing?

Σ

Consumer and Family Involvement Roadmap

1. Contact-

- a. To begin, contact the Office of Consumer Affairs (OCA), via: email, telephone, postal mail, or fax. Or you can visit the OCA and Division of Behavioral Health websites. Here you will be able to find out more information, speak with OCA representative, and learn about ways in which you can become involved.
 - i. Carol Coussons de Reyes, Administrator, 402-471-7853, carol.coussonsdereyes@nebraska.gov
 - ii. Cynthia Harris, Consumer Liaison, 402-471-7857, Cynthia.harris@nebraska.gov
 - iii. Lucy Flores, Staff Assistant I, 402-471-7644, lucy.flores@nebraska.gov
 - iv. OCA website :
http://dhhs.ne.gov/behavioral_health/Pages/beh_mh_mhadvo.aspx
 - v. Division of Behavioral Health Website:
http://dhhs.ne.gov/behavioral_health/Pages/behavioral_health_index.aspx

2. Discover your areas of interest

- a. There are many ways to get involved as a consumer. Do you have a certain skillset, experience, or valuable information you would like to share? If so, then OCA can offer you information to find the opportunities that best suit your passions.
 - i. Planning skills, administrative skills, lived experience, Peer Support skills, Quality Improvement, Art and music, connections, recovery knowledge, advocacy, education, etc. There are many areas!

3. Locate opportunities and create a personal involvement roadmap

- a. Each involvement plan will be an individual roadmap to your level of involvement. By locating involvement opportunities that are within your areas of interest, you will be able to create a successful roadmap. Along with each involvement plan, there will also be information that is specific to your role as a consumer.
 - i. For some areas of involvement there are applications that one must complete.
 - ii. For some areas of involvement there are other persons, other than OCA, you will need to be in contact with.
 - iii. For each area you would like to be involved in you will need to get in contact with the appropriate person to get all the information you will need.
 - iv. Placing dates on your calendar. This will help you stay organized. Organization is important because it will add to your overall level of involvement. Once you have created your calendar, make sure the dates, times, and locations correlate with the programs you will be involved in.

4. Enjoy!!!

- a. Consumer involvement is a fun and empowering experience. It promotes wellness, recovery, community living, and resiliency. It also reduces stigma and discrimination, increases educational opportunities, connects you with other consumers, and so much more!

F

Office of Consumer Affairs

DRAFT Statewide Tour Agenda for October

- I. Dialogue on Mental Health**
- II. Peer Support Implementation Survey**
- III. Consumer Involvement Roadmap**
- IV. Accessing TTI Deliverables: Website/Social Media**
- V. Asset Mapping & Building**
- VI. Nebraska's Network of Care**

G

Office of Consumer Affairs People's Council members are invited to attend the Nebraska Division of Behavioral Health-Joint Advisory Committee Meeting on September 19, 2013.

This is a joint meeting of:

- State Advisory Committee on Mental Health Services (§ 71-814)
- State Advisory Committee on Substance Abuse Services (§ 71-815)
- Office of Community Affairs Peoples' Council

Date & Time: September 19, 2013 (9:00 a.m. to 4:00 p.m.)

Location: Country Inn and Suites, 5353 No. 27th Street, Lincoln, NE 68521

Purpose: DBH Strategic Planning Event

The agenda for this meeting will be posted on the DBH web site under the State Advisory Committees web pages in early September.

H

NEBRASKA CONFERENCE: TRAUMA ACROSS THE LIFESPAN

September 12-13, 2013
Cornhusker Hotel, Lincoln, NE

SAVE THE DATE

Speakers

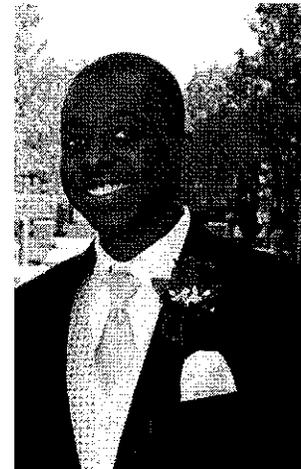
Bruce Perry, M.D., Ph.D. is the Senior Fellow of The ChildTrauma Academy, a not-for-profit organization based in Houston, TX (www.ChildTrauma.org), and adjunct Professor in the Department of Psychiatry and Behavioral Sciences at the Feinberg School of Medicine at Northwestern University in Chicago. He serves as the inaugural Senior Fellow of the Berry Street Childhood Institute, an Australian based center of excellence focusing on the translation of theory into practice to improve the lives of children (www.berrystreet.org.au). Dr. Perry is the author, with Maia Szalavitz, of *The Boy Who Was Raised As A Dog*, a bestselling book based on his work with maltreated children and *Born For Love: Why Empathy is Essential and Endangered*.



Sharon D. Wise is a Certified Wellness Recovery Action Plan Facilitator located in Washington, D.C. Sharon has over fifteen years in the mental health consumer movement and has operated the first 100% consumer-run organization in the Washington DC metropolitan area. She was successful in winning one of the first major contracts from the D.C. Department of Mental Health in consumer-run history. Sharon is an artist-in residence for the St. Elizabeths Hospital and performs at major conferences that support mental health recovery for consumers all over the world. She recently completed an Alternatives to Seclusion and Restraint documentary entitled, "Leaving the Door Open" and a cable show "The Great Hip-Hop Debate".

H

Nathan Ross, went into the foster care system at the age of 10 after witnessing the murder of two of his brothers by his birth mother. Nathan was in the foster care system with his remaining brother and sister for two years before he was adopted. Nathan currently runs the youth mentoring program for Midwest Foster Care and Adoption Association. As a person who was in foster care and later went on to be adopted, he knows the struggles that children go through in looking for their forever families and hopes to provide support and resources to youth in their times of need by matching them with a support system that will help guide them through various trials while allowing for self-discovery.



Registration for this FREE conference is limited!

Register online at:
<http://goo.gl/jRtxvL>

For additional logistical information contact Hayley Sutter at hsutter2@unl.edu.

Target Audience:

- Children and Family Services
 - Case Managers
- Adult and Family Peer Support Specialists
- Consumers and Family Members
- Service Providers
- Administrators
- Child and Adult Service Providers
- Judges
- County Attorneys

Sponsors: Nebraska Department of Health and Human Services, Division of Behavioral Health and the Division of Children and Family Services and the University of Nebraska Public Policy Center
Funding: Provided by the Transformation Transfer Initiative Grant from Substance Abuse Mental Health Service Administration and administered by National Association of State Mental Health Program Directors.

I

Sample survey questions for Consumers DRAFT

1. Please select the region in which you have provided Peer Support services. If you have not provided Peer Support Services please indicate the region in which you reside. If region is unknown please provide the city/town/in the space provided for g.

- a. 1
- b. 2
- c. 3
- d. 4
- e. 5
- f. 6
- g. City/town/or village _____

2. Please select one. Are you a:

- a. Peer Support Specialist
- b. Consumer
- c. Family member of Consumer
- d. Agency director
- e. Program manager
- f. Clinical Director
- g. Other _____

3. Are you a Certified Peer Support and Wellness Specialist (CPSWS) Y/N

- a. If no, do you have plans on becoming a CPSWS? Y/N
- b. If not what is the reason? _____

I

4. Please indicate the population(s) that you have served in Nebraska. Please select all that apply. **If you have not provided Peer Support services in Nebraska please skip to question 17.**

- a. Mental health condition
- b. Substance use disorder
- c. Co-Occurring
 - i. Developmental disability
 - ii. Substance use disorder
 - iii. Physical health condition
 - iv. Mental health
- v. Other _____
- d. Children
- e. Adolescents
- f. Adults
- g. Families
- h. Transition age youth
- i. Severe emotional disturbance
- j. Other _____

5. What type of peer support services have you provided in Nebraska?

- a. Advocacy
 - b. Mentoring
 - c. Support Groups
 - d. Crisis Intervention
 - e. Recovery Supports
 - f. Homeless Assistance
 - g. Employment Programs
 - h. Family support
 - i. Parenting Education
 - j. Trauma informed care
 - k. Prevention programs
 - l. Wellness Support
 - m. Evidence Based Practices
 - n. Transition age youth supports
 - o. Respite care
 - p. Warm line
 - q. ACT Teams
 - r. Other(s)
- _____
- _____
- _____

6. In what areas did you provide Peer Support services?

- a. School Systems
 - b. Hospital Systems
 - c. Community Resource Agencies
 - d. Low Income Assistance Programs
 - e. Homeless Programs
 - f. Church Communities
 - g. Behavioral Health Service Agencies
 - h. Other(s)
- _____
- _____

7. Are you currently working in Peer Support? Y/N?

8. If applicable, is a case ratio used to manage peer to client service capacity? If so please provide the case ratios per services

9. Of the Peer Support services that you have provided in Nebraska, please indicate whether they were provided on a paid basis or volunteer basis? **If provided on a volunteer basis, please skip to question 9.**

- | | |
|-------------------------|---------------------------|
| a. As a volunteer _____ | b. As a paid staff member |
| i. Full time _____ | i. Full time _____ |
| ii. Part time _____ | ii. Part time _____ |
| | c. Other _____ |

10. Please select how you were paid for providing Peer Support services and then provide a dollar amount.

- | | |
|----------------------|--------------------------|
| a. Hourly | |
| i. \$ _____ | d. Per Program Completed |
| b. Salary | i. \$ _____ |
| i. \$ _____ | e. Stipend |
| c. Per Service Units | i. \$ _____ |
| i. \$ _____ | f. Other |
| | _____ |
| | _____ |

11. How much of your time was spent providing indirect services such as paperwork, meeting preparation, travel, etc.?

- | | |
|-----------|----------------|
| a. 0-10% | d. 30-40% |
| b. 10-20% | e. 40-50% |
| c. 20-30% | f. Other _____ |

I

12. How much of your time was spent face to face with a peer when providing Peer Support?
- a. 0-10%
 - b. 10-20%
 - c. 20-30%
 - d. 30-40%
 - e. 40-50%
 - f. Other _____

13. How much of your time was spent on the telephone with a peer providing peer support services?
- a. 0-10%
 - b. 10-20%
 - c. 20-30%
 - d. 30-40%
 - e. 40-50%
 - f. Other _____

14. Did the agency provide you with a description of Peer Support services? If so please provide _____
- _____
- _____
- _____
- _____

15. As a Peer Support provider were you provided any of the following?
- a. Job training
 - b. On the job training
 - c. Continuing education
 - d. Retirement
 - e. Health Insurance
 - f. Disability Insurance
 - g. Life insurance
 - h. Competency based training
 - i. Peer supervision
 - j. Clinical supervision
 - k. Other _____

16. If supervision is required to provide Peer Support Services is it: (Please check all that apply)
- a. Peer Supervision
 - i. Regular
 - ii. Provided but not regular
 - b. Clinical Supervision
 - i. Regular
 - ii. Provided but not regular
 - c. Other _____

I

17. Where do you get most of your continued education units from?
- a. Webinars
 - b. Live conferences
 - c. Agency
 - d. Outside training
 - e. Other _____

18. Please select all that apply: Which additional training(s) / continuing education topics would you like to see available?
- a. Ethics trainings
 - b. Cultural competency
 - c. Administrative skills
 - d. Trauma training / vicarious trauma
 - e. Policy and procedures
 - f. WRAP
 - g. Evidence Based Programs
 - h. Wellness Skills
 - i. Compassion Fatigue
 - j. Suicide and Crisis Intervention
 - k. Boundaries and Healthy Relationships
 - l. System knowledge
 - m. Family and Youth Development
 - n. Other (s) _____

19. What type of Peer Support Services would you like to see available or expanded in Nebraska?
- a. Advocacy
 - b. Mentoring
 - c. Support Groups
 - d. Crisis Intervention
 - e. Recovery Supports
 - f. Homeless Assistance
 - g. Employment Programs
 - h. Family support
 - i. Parenting Education
 - j. Trauma informed care
 - k. Prevention programs
 - l. Wellness Support
 - m. Evidence Based Practices
 - n. Transition age youth supports
 - o. Respite care
 - p. Warm line
 - q. ACT team
 - r. Other(s) _____

I

20. How would you like to see peer services integrated in Nebraska?
- a. School Systems
 - b. Hospital Systems
 - c. Community Resource Agencies
 - d. Low Income Assistance Programs
 - e. Homeless Programs
 - f. Church Communities
 - g. Behavioral Health Service Agencies
 - h. Other(s)
-
-

21. What challenges or barriers exist (to you or others) in providing Peer Support services?
-
-
-
-
-
-

22. What resources or incentives may be beneficial (to you or others) to increase your ability to provide Peer Support services?
-
-
-
-
-
-

23. Are there any other recommendations or information that you would like to provide? If so please provide
- a. -
-
-
-
-
-

J

Sample survey questions for Providers DRAFT

1. Region of Provider (1-6), please check all that apply

- a. 1
- b. 2
- c. 3
- d. 4
- e. 5
- f. 6
- g. Statewide

2. Please indicate survey participant role within agency

- a. Agency director
- b. Clinical Director
- c. Program manager
- d. Counselor
- e. Other _____

3. Please indicate the population(s) that your agency serves. Please select all that apply.

- a. Mental health condition
- b. Substance use disorder
- c. Co-Occurring
 - i. Developmental disability
 - ii. Substance use disorder
 - iii. Physical health conditions
 - iv. Mental health
- d. Children
- e. Adolescents
- f. Adults
- g. Families
- h. Transition age youth
- i. Severe emotional disturbance
- v. Other _____
- j. Other _____

4. Does your agency provide Peer Support services, regardless of who is funding? Y/N?

- a. If yes then additional question set is applicable, if no then please skip to question 12

5. What type of Peer Support services does your agency provide?
- a. Advocacy
 - b. Mentoring
 - c. Support Groups
 - d. Crisis Intervention
 - e. Recovery Supports
 - f. Homeless Assistance
 - g. Employment Programs
 - h. Family support
 - i. Parenting Education
 - j. Trauma informed care
 - k. Prevention programs
 - l. Wellness Support
 - m. Evidence Based Practices
 - n. Transition age youth supports
 - o. Respite care
 - p. Warm line
 - q. ACT Teams
 - r. Other(s)
- _____
- _____
- _____

6. Of those who provide Peer Support services for your agency, in what capacities do they serve?
- a. School Systems
 - b. Hospital Systems
 - c. Community Resource Agencies
 - d. Low Income Assistance Programs
 - e. Homeless Programs
 - f. Church Communities
 - g. Behavioral Health Service Agencies
 - h. Other(s)
- _____
- _____

7. If applicable, is a case ratio utilized to manage peer to client service capacity? If so please provide the case ratios per services

8. Of the staff members who provide peer support services for your agency, how many are:
(Please answer with

- | | |
|---------------------|-----------------------|
| a. Volunteers _____ | b. Paid staff members |
| i. Full time _____ | i. Full time _____ |
| ii. Part time _____ | ii. Part time _____ |
| | c. Other _____ |

9. Do you have a payment structure in place? If so, please provide a range for the following rate structures and dollar amounts that your agency uses for those who provide Peer Support services.

- | | |
|----------------------|--------------------------|
| a. Hourly | d. Per Program Completed |
| i. \$ _____ | i. \$ _____ |
| b. Salary | e. Stipend |
| i. \$ _____ | i. \$ _____ |
| c. Per Service Units | f. Other _____ |
| i. \$ _____ | |

10. How much of your time was spent providing indirect services such as paperwork, meeting preparation, travel, etc.?

- | | |
|-----------|----------------|
| a. 0-10% | d. 30-40% |
| b. 10-20% | e. 40-50% |
| c. 20-30% | f. Other _____ |

11. How much of your time was spent face to face with a peer when providing Peer Support?

- | | |
|-----------|----------------|
| a. 0-10% | d. 30-40% |
| b. 10-20% | e. 40-50% |
| c. 20-30% | f. Other _____ |

12. How much of your time was spent on the telephone with a peer providing peer support services?

- | | |
|-----------|----------------|
| a. 0-10% | d. 30-40% |
| b. 10-20% | e. 40-50% |
| c. 20-30% | f. Other _____ |

J

13. Does your agency provide a description of Peer Support services? If so please provide.

14. Does your agency provide any of the following for Peer Support staff?

- a. Job training
- b. On the job training
- c. Continuing education
- d. Retirement
- e. Health Insurance
- f. Disability Insurance
- g. Life Insurance
- h. Competency based training
- i. Peer supervision
- j. Clinical supervision
- k. Other _____

15. If supervision is required to provide Peer Support Services is it: (Please check all that apply)

- a. Peer Supervision
 - i. Regular
 - ii. Provided but not regular
- b. Clinical Supervision
 - i. Regular
 - ii. Provided but not regular
- c. Other _____

16. Would you be more likely to hire someone if they were certified as a Certified Peer Support and Wellness Specialist from the Office of Consumer Affairs- DHHS Nebraska?

- a. Yes
- b. No
- c. No preference
- d. Other _____

17. Do you currently require certification? Y/N?

18. For the agency, where do you get most of your continued education from?
- a. Webinars
 - b. Live conferences
 - c. Agency
 - d. Outside training
 - e. Other _____

19. Please select all that apply: Which additional training(s) / continuing education topics would you like to see available for Peer Support staff?
- a. Ethics trainings
 - b. Cultural competency
 - c. Administrative skills
 - d. Trauma training / vicarious trauma
 - e. Policy and procedures
 - f. WRAP
 - g. Evidence Based Programs
 - h. Wellness Skills
 - i. Compassion Fatigue
 - j. Suicide and Crisis Intervention
 - k. Boundaries and Healthy Relationships
 - l. System knowledge
 - m. Family and Youth Development
 - n. Other (s) _____

20. What type of Peer Support Services would you like to see available or expanded in Nebraska?
- a. Advocacy
 - b. Mentoring
 - c. Support Groups
 - d. Crisis Intervention
 - e. Recovery Supports
 - f. Homeless Assistance
 - g. Employment Programs
 - h. Family support
 - i. Parenting Education
 - j. Trauma informed care
 - k. Prevention programs
 - l. Wellness Support
 - m. Evidence Based Practices
 - n. Transition age youth supports
 - o. Respite care
 - p. Warm line
 - q. ACT Team
 - r. Other(s) _____

J

21. How would you like to see Peer services integrated in Nebraska?
- a. School Systems
 - b. Hospital Systems
 - c. Community Resource Agencies
 - d. Low Income Assistance Programs
 - e. Homeless Programs
 - f. Church Communities
 - g. Behavioral Health Service Agencies
 - h. Other(s)
- _____
- _____

22. What challenges or barriers exist (to your agency or others) in providing Peer Support services?

23. What resources or incentives may be beneficial (to your agency or others) to increase the ability to provide Peer Support services?

24. Are there any other recommendations or information that you would like to provide? If so please provide.

-
