

Nebraska Division of Behavioral Health
OCA People's Council
May 15, 2013 / 1:30 PM to 3:30 PM
Cornhusker Hotel Lincoln Nebraska 668509

DRAFT Meeting Minutes

I. Call to order and roll call Judie Morehouse

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 Morehouse

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

Attachment A

DHHS DBH Strategic Plan Implementation Priorities –2013

People's Council Meeting – May 15th, 2013

*Draft Activity Sheet *

DBH Team Priority:	Office of Consumer Affairs
Strategic Plan Priority Area:	Provide recommendations for types of peer services to consider developing within our system.
Activity:	Listing of Peer Services Recommended
Recommendations:	
Activity:	Peer Workforce Development
Recommendations:	

DBH Team Priority:	Office of Consumer Affairs
Strategic Plan Priority Area:	Provide recommendations about rate structure, incentives, capacity development, etc for the development of peer services in our system.
Activity:	Guiding Principles for creating Peer Support Implementation Plan
Recommendations:	

DBH Team Priority:	OCA
Strategic Plan Priority Area:	Develop recommendations on consumer involvement at all levels of the behavioral health system.
Activity:	Develop a Consumer Involvement Plan
Recommendations:	<ul style="list-style-type: none"> ✓ National white paper, consider Nebraska specific information ✓ Input collect at previous Peoples Council ✓ Draft elements being developed

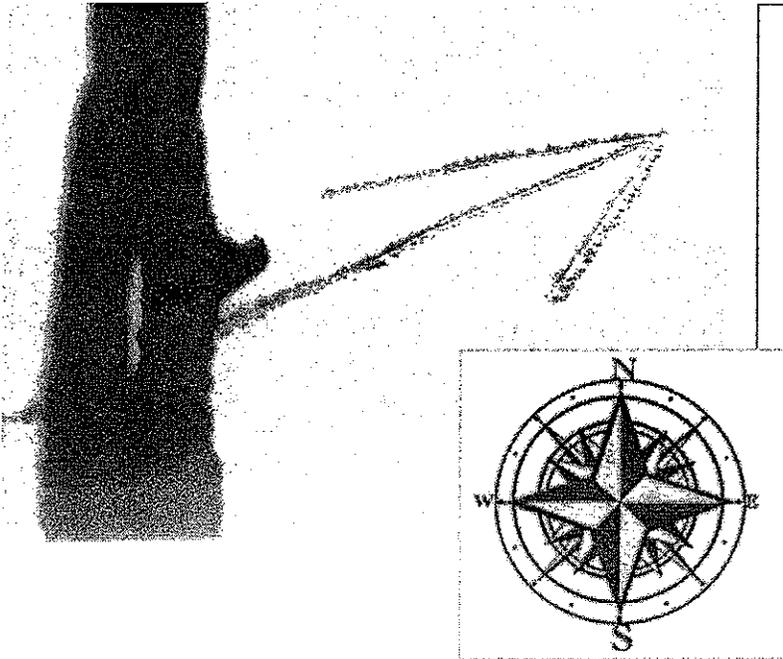
Attachment B

DBH VISION

The Nebraska public behavioral health system promotes wellness, recovery, resilience and self determination in a coordinated, accessible consumer and family-driven system.

DBH MISSION

The Division of Behavioral Health provides leadership and resources for systems of care that promote and facilitate resilience and recovery for Nebraskans.



SYSTEM VALUES

Hope

Respect

Holistic

Non-linear

Peer support

Responsibility

Self direction

Empowerment

Strengths-based

Individualized and person-centered

2011-2015 Strategies:

- ⇒ Insist on Accessibility
- ⇒ Demand Quality
- ⇒ Require Effectiveness
- ⇒ Promote Cost Efficiency
- ⇒ Create Accountable Relationships

Attachment C

Nebraska SOW

For the FY 2013-14 Transformation Transfer Initiative (TTI) project, Nebraska proposes to work towards several goals under the general premise of *Trauma Informed Peer Support within Family Systems*. The focus of this initiative is on how trauma impacts consumers of mental health services across the lifespan and to promote healing that is developmentally specific. Possible goals include:

- A. Family peer support competencies created; Curriculum pieced together;
- B. Facilitator training for adult and family peer support workforce ;
- C. Adult and family peer support - workforce learns about the impact of trauma on lifespan. A significant part of this goal is the creation of a Guidebook on concepts such as healthy development, how trauma impacts, and identifying actions that mitigate and promote health;
- D. Adult and family peer support - workforce learns about the impact of trauma on self, and the opportunity for healing;
- E. Research the impact of trauma on workforce; and
- F. Research the impact of peer service on trauma via health screening tool.

In pursuit of these goals, Nebraska plans to work with a significant number of partners. These potential partners include: Nebraska Federation of Families, OCA People's Council - and Peer Support and Wellness, the Nebraska Division of Children and Family Services, The Behavioral Health Education Center of Nebraska, the Regional Behavioral Health Authorities, and the University of Nebraska-Lincoln Public Policy Center.

Possible outcomes include:

- The creation of the family peer support competencies from existing trauma informed curriculum and pieces from the National Federation of Families.
- A train the trainer in trauma informed peer support for adult and family peer support workforce to create a common language across systems.
- Host training on trauma across an individual's lifespan, from birth to adulthood, in coordination with national experts. Guide to healthy development across lifespan, how trauma impacts development, and identification of actions to mitigate trauma and improve health which will result in a guidebook.
- Host training for adult and family peer support workforce to learn impact of trauma on self (vicarious trauma) and opportunities for healing.
- Workshop(s), at statewide behavioral health conference, on the role of trauma and peer support for providers.
- Research the impact of trauma (vicarious trauma) on adult peer support and family peer support workforce.
- Validate trauma health symptom screen and research the impact of service

Attachment D

(5.13)DRAFT: The OCA's People's Council- State Level Consumer Involvement Advisory Coalition

Mission

To inform the policies, planning, and procedures of the Office of Consumer Affairs

Vision

To present the statewide consumer voice in all matters before the council

Charge or Assignment:

To advise the OCA on matters that relate to:

- a) The OCA, primary, and through its Administrator inform the Director and the Division on important behavioral health system matters. This does not remove the OCA from making its own executive decisions, but advice is greatly needed and appreciated.
- b) OCA Funding and Allocations (and related grants/contracts); statewide funding decisions
- c) Policy Development/Program Implementation
- d) Needs Assessments/Evaluations
- e) Outreach to Community via Education
- f) Ethics and Civil Rights related to policy, but not consumer complaints
- g) Early Intervention/Prevention Strategies
- h) Consumer Satisfaction/Rating of Services/Assessment of Community Integration
- i) Peer Specialist Training and Certification Programs
- j) Strategic Planning

Charter:

- a) The People's Council will convene every quarter.
- b) Members may not miss more than 2 consecutive meetings or they will no longer be considered members.
- c) Membership will attempt to include representation from each region
- d) All meetings are open to the public and will be advertised on the OCA website.
- e) A meeting must include at least a quorum (half active members) to continue.
- f) Meetings minutes will be recorded by a member of the OCA.

- g) The group serves at the pleasure of the director and may be disbanded after discussion with the council.
- h) There will be a chair and a vice chair to organize the meeting agenda.
- i) The chair and vice chair determined by vote of the council annually.
- j) Applications for membership will be collected by the Office of Consumer Affairs.
- k) After the first council is established, voting will be based on members present.
- l) Members may be on the council for 2 years, as long as they do not miss 3 consecutive meetings. If three consecutive meetings are missed, it will be two years before the seat can be replaced with that member and it will be filled by another applicant. If a replacement is needed for a Regional Consumer Specialist, it should be another Regional Consumer Specialist in that region if possible or a community member of the same Region.
- m) Where there are two Regional Consumer Specialists employed in a Region, there will be one vote shared so that there can be more members to the council.
- n) Content for meetings will draw from the mental health, substance abuse, and gambling fields of interest.
- o) The Administrator of the OCA or his/her designee shall serve as staff to the committee.
- p) CONFIGURATION OF THE OCA PEOPLE'S COUNCIL MEMBERSHIP:

6 Voting Regional Consumer Specialists (ex-officio)

1 Voting Consumer and Family Representative of a Managed Care Organization (ex-officio)

1 Voting Rural Representative

1 Voting Urban Representative

1 Voting Consumer Representative with BHECN (ex-officio)

2 Voting Family Representatives: One Urban and One Rural

(Change above to 1 Federation of Families Member- ex-officio? And one Family Org?)

1 Voting Consumer Representative of State Psychiatric Facility (ex-officio)

Attachment E

2013-2014 Education and Outreach of the Office of Consumer Affairs

What would you like to see from the OCA in 2013-2014?

Check or write in your answer and place in the OCA INPUT BOX.

- Peer Support Training
- Employment Skills Training
- Ways to Locate Community Resources and Assets
- Leadership Training
- Information on Recovery
- Information on Trauma
- Information on Consumer Involvement
- Information on Technology
- Information on Wellness Resources

Suggestions:

Attachment F

YOUR INPUT INTO THE Office of Consumer Affairs (OCA) MISSION & VISION IS WANTED!

1. Write in Your Suggestions or Circle Statements You Like Below.
2. After you finish place in the box entitled "OCA INPUT"

These are the current Mission and Vision Statements for the OCA, and DHHS, and DBH

2009 OCA DRAFT Mission and Vision:
Mission

Recovery for all people who receive mental health, addictive disease, and gambling addiction treatment in Nebraska

- The Office of Consumer Affairs and the regional peer associates will provide the leadership to Nebraskan peers, family members, providers, friends, and the public in making **recovery** possible.

Vision:

Peer support and leadership:

- Will be **inclusive** of all Nebraskan cultures.
- is about **transformation**: inside the person and system-wide towards recovery.
- is about **empowering others** through advocacy, WRAP, and training to reach our full potential.
- embraces lived-experience and others with **dignity and respect**.
- embraces **mutuality in relationships**, connection with others, and sharing resources.
- engages stigma to produce **change** and knowledge.

Current DHHS Mission:

Help People Live Better Lives

Current DBH Vision:

The Division of Behavioral Health strives to be the gold standard of BH care by facilitating hope, recovery, and resiliency.

Current DBH Mission:

DBH helps systems that help people recover.

Attachment G



*Behavioral Health is Essential to Health
Prevention Works - People Recover
Treatment is Effective*

Substance Abuse and Mental Health Services Administration FY 2014-2015 Block Grant Application
b. Planning Steps | Step 3: Prioritize State Planning Activities

Nebraska Division of Behavioral Health's Block Grant Priorities
Draft as of: April 4, 2013



#1 FY2014 Region Budget Plan Guidelines – Statewide Goals

Priority Area:	Prevention: Alcohol Use Among Youth
Goal:	Reduce binge drinking among youth up to age 17.
Indicator:	Percentage of students in 9th-12th grade who reported having five or more drinks on at least one occasion in the past 30 days will decrease to 15%.

#2 FY2014 Region Budget Plan Guidelines – Statewide Goals

Priority Area:	Youth: Improved Family Functioning
Goal:	Families and youth receiving services will experience improved family functioning.
Indicator:	Not less than 95% of youth under the age of 18 / Families admitted to the Professional Partner Program (PPP) will be assessed using the designated tool in order to establish a baseline measure of family functioning.

#3 FY2014 Region Budget Plan Guidelines – Statewide Goals

Priority Area:	Co-Occurring Disorders
Goal:	Increase the BH workforce capacity to deliver effective treatment and recovery services for persons with Co-Occurring Disorders (COD).
Indicator:	Statewide score on selected sections of the Compass EZ will increase according to the baseline.

#4 FY2014 Region Budget Plan Guidelines – Statewide Goals

Priority Area:	Trauma-Informed Care
Goal:	Increase the BH workforce capacity to provide trauma-informed care.
Indicator:	Statewide score on selected sections of the Fallot and Harris Trauma Informed Care (TIC) tool will increase according to the baseline to be developed after June 30, 2013 self-assessment deadline for providers.

#5 Office of Consumer Affairs | DBH Strategic Plan 2011-2015

Priority Area:	Peer Support
Goal:	Increase the capacity of the system to use Peer Support
Indicator:	Use of Peer Support to provide Recovery Supports in Nebraska (Year One: develop Plan. Year Two: Implement 25% of Plan)

#6 SAPTBG Core Requirement

Priority Area:	Tuberculosis (TB)
Goal:	As required through the contracts with the Regional Behavioral Health Authorities, tuberculosis screening is provided to all persons entering a substance abuse treatment service. Additional services and/or referrals for services are made available to those individuals whose screening indicates "high risk" for TB. The Tuberculosis Program in the NE Division of Public Health provides the overall coordination for the State of Nebraska.
Indicator:	Regional Behavioral Health Authorities will comply with contract requirements for tuberculosis screening to be provided to all persons entering a substance abuse treatment service.