

Nebraska Division of Behavioral Health
OCA People's Council Meeting
May 6, 2014 9:00 am -3:00pm
Region V Large Conference Room
1645 N Street Lincoln, Ne

DRAFT Meeting Minutes

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

Chairperson, Judie Moorehouse called the meeting to order at 9:15 am on May 6, 2014. Roll call was conducted and quorum determined.

Council members present: Nancy Rippen, Mary Thunker, Jennifer Ihle, Judie Moorehouse, Tammy Fiala, Lisa Casullo, John Koley, Phyllis Mc Caul, and Scott Loder

DHHS Staff present: Carol Coussons de Reyes, Maya Chilese, Heather Wood, Cynthia Harris, Cody Manthei, & Lucy Flores

II. Housekeeping and summary of agenda **Judie Moorhouse**

Carol introduced the new Regional 6, Manager of Consumer Affairs John Koley to the people's council. Judie confirmed the order of the agenda; **Handout A:** On the agenda noting one change Heather Wood RSA Rollout Process Planning had not been placed on the agenda and had been added later prior to the meeting for May 6, 2014. A motion to approve the agenda was made by Mary Thunker and seconded by Tammy Fiala **Handout B:** Past minutes for March 27, 2014 **Handout C:** Shirley Deethardt Handed out Nebraska Cessation Resources and presented on Options for Living Smoke Free. **Handout D** Maya Chilese Handed out Peer Support Services Survey/ Division of Behavioral Health, April 2014. **Handout E** Maya Chilese handed out Moving Towards Regulated Credentialing: Peer Support Specialists DHHS Division of Behavioral Health **Handout F:** Carol Coussons de Reyes handed out DRAFT OCA Vision-Mission-Core Functionality April, 1 2014. **Handout G:** Heather Wood handed out People's Council, September 20, 2012 Recovery Instruments **Handout H:** Carol handed out Nebraska Federation of Families for Children's Mental Health; RIDE ACROSS NEBRAKSA-MAY 29TH-31ST , 2014 Pony Express Ride,

III. Approval of minutes **Judie Moorehouse**

A motion to approve the minutes for March 27, 2014 was made by Jennifer Ihle and was seconded by Nancy Rippen. With the corrections to the minutes on the name Amy Beacon to be removed and add BHECN. Rewording the construction of the sentence under; Nebraska Certified Peer Specialists Conference Update & Peer Network: Workshops can work on how to enhance peer support and some certified not to be exclusive. Along with social media to connect with one another, with newsletter, and involve face book for employment and education. The motion was approved by unanimous vote.

IV. Public comment **No Public Comments**

There was no public comment.

V. Wellness Circle

Carol Coussons de Reyes

Carol opened the subject on Wellness Circle by asking how Wellness Circle could be structured and if anyone had any ideas? Impute was welcome.

Tammy said that Regional Consumer Specialists could be ambassadors and that Living Well is a great resource. Educational tools, like a CO monitor, would be great. A traveling tour would be great that showed how much sugar is in a liter of pop.

Nancy said to get doctors involved, nutrition information is needed, and ways to motivate people that are unmotivated to exercise.

Jennifer said that some people's medications affect their ability to exercise. Living well and WHAM are great evidence based programs.

Judie said that wellness walks are important. Medication slows people down sometimes. When you quit smoking you have to change your habits and it helps to have a buddy.

Phyllis said that there should be wellness awards with group walking charts of how far people go.

Cody said smoking is an addiction, it's self-soothing, and self-medicating. Places, persons, things around you need to change to quit.

Shirley said that smoking cessation support groups, quit buddies do work.

Cynthia said there could be annual events involving running and walking.

Tammy recommended that there could be coordination of all available runs and walks in community.

VI. Options for Smoking Free

Shirley Deethardt

Shirley handed out a **Handout C on Nebraska Cessation Resources- Life Changing Advice**

Are you ready to quit, but don't know where to start? Check out these resources to help you get started and be successful! Helpline Mobile Lab- Nebraska Tobacco Quitline; QuitNow.negov/1-800-Quit-Now (784-8669).

Options to quit smoking- Tobacco can be Preventative mental illness 3 out of 10 smoke, 25 years are taken from mental smoker and on an average smoker 15 years are taken from life. For individuals wanting to quit smoking; if you continue to try it may take the one time to quit, for other individuals the approach is the time taken to quit. NEGATIVE is the most difficult of addiction. The Quality of Life is effected by chronic disease, and some addiction factors slow down blood pressure, or may have blood pressure go up. Other parts of the body caused by smoking can effect breathing, bronchial, enphzimia, and EPD respiratory.

Discussion on the following to help wellness:

- Exercising – walk and mark mileage set date goals to walk a certain distant within a year.
- Incentives- walking and running at annual events
- Wellness Circle walk, run, and crawl. Living well add to the website; one place to go where medical/ doctors can highlight encouragement.

- Strive to include those who may have challenges such as medical or physical issues to participate in other activities, or by supporting motivation and engagement.
- Regional Consumers; walk in the mall may become Ambassadors and talk it up.

Toolkit: individuals doing well suggestions:

- Communicate to individuals in a positive way
- Never fail; as many times it takes to quit it is difficult to quit
- Have motivation
- Change life style with friends and other smokers
- Take living wellness do something while smoking; Try encouragement while smoking, such as areas of smoking don't meet there. Stay away from second hand smoke.
- Triggers: Change different route in the morning or in the evenings
- Change behaviors and find another direction

Don't get started on SMOKING

Each region has a Tobacco Coalition and Group Tobacco Advocates Statewide.
Prevention understand caters to advertise within the community.

VII. Process map for Credentialing

Maya Chilese

Maya handed out **Handout D:** and showed slides of the Peer Support Services Survey Division of Behavioral Health; Maya presented the Peer Support Survey, Total Provider Survey Response Rate =137, Provider (BH and Peer).

The following areas and questions appeared on the survey:

Demographics, Barriers or Incentives to Providing Peer Support Services,

What Barriers / Challenges might agencies encounter in providing Peer support Services?

What Resources or Incentives might Benefit the Captivity to Provide peer Support Services?

Questions About Peer Support Specialists Training and Credentialing:

Do you believe that Peer Support Specialists should have some type of training prior to providing peer support services?

Do you believe that peer Support Specialists should earn a certificate through a training entity prior to providing peer support services?

Do you believe that Peer Support Specialists should be credential professionals, recognized and regulated by the state?

If a formal, regulated credential existed in Nebraska, would you employ a credentialed Peer Support Specialists?

Administrative Information about Providing Peer Support Services:

Does your agency provide peer support services through a subcontract with an external agency to provide the services directly?

Does your agency provide peer support services through paid, employed staff?

Does your agency utilize a caseload ratio to help manage staff time and Peer Support Specialists-to Consumer service Capacity?

Does your agency provide on-the- job training to peer support Specialists to prepare and equip staff on how to provide peer support services?

Does your agency provide continuing education opportunities for Peer Support Specialists?

Does your agency provide clinical consultation for Peer Support Specialists to utilize, related to providing peer support services?

Are Peer Support Specialists on staff paid via an hourly rate?

Are peer Support specialists on staff paid on an annual salary?

Does your agency provide Peer Support Specialists on staff with the same level of employment fringe benefits as other staff?

Does your agency utilize volunteers to provide peer support services?

Maya's presentation ended with if there were any questions? People agreed that the information in her PowerPoint presentation was not surprising.

VIII. Progress Map for Credentialing

Maya Chilese

Maya presented an overview on Handout E: Moving Towards Regulated Credentials: Peer Support Specialist DHHS Division Of Behavioral Health

- Moving towards regulated credentialing= process to establish a formal regulated credential
- Regulated= Means Force of Law
- Certification by DHHS Division of Behavioral Health

Discussion moving towards regulated credentialing

- What this purpose is and what it isn't
- What is the difference between endorsement and credentialing
- What the difference between certification and licensure
- What's the purpose of moving towards regulated credentialing
- Our progress is to establish regulated peer support credentialing, includes 3 phases
 - Phase 1- Process Map Steering Committee
 - Phase 2- Draft Regulations , Draft Credentialing process
 - Phase 3- Public Hearing Attorney General review, approval into law

All must be completed to develop criteria, standards, and processes for credentialing :

- The process map includes 5 key areas
 1. TASK #1- Knowledge achievement
 2. Task #2 - Skill demonstration
 3. Task #3- Certification Award
 4. Task #4- Credential Management
 5. Task #5 – Considerations

Moving towards regulated credentialing

- Opportunity for participation
- Survey participation
- Community group discussion
- Input to advisory committees
- Draft regulations public hearing

IX. DRAFT OCA Mission and Vision

Carol Coussons de Reyes

Carol distributed a DRAFT on OCA Vision –Mission Core Functionality April 1, 2014 Handout F Suggestions on the Mission to read; The office of consumer Affairs **promotes trauma informed**

statewide leadership and resources that **support** health, home, purpose , community, resiliency, and systems transformed for Nebraskans impacted by behavioral health conditions.

OCA Core functionality; The OCA will; addition to bullet 4- Consumer and Family Involvement Measure Conference Version. Add last bullet: Phone number addition and open calls.

X. RSA Rollout Process Planning

Heather Wood

Heather handed out **Handout F** and presented RSA Rollout Process Planning on Desired Result Outcome. The group stated they wanted a recovery oriented system and that the RSA could support this. A motion was carried that the group wanted a 'recovery-oriented system for behavioral health'. A motion was made by Scott Loder to have a Recovery-oriented System for Behavioral Health and was seconded by Mary Thunker. The motion was approved by unanimous vote.

Heather stated that the RSA is an indicator for making progress in this area. She stated the group needed buy in from agencies and programs to move forward. She outlined for the group a process to achieve their goal.

- 1) The group needs a baseline with the RSA
- 2) Then find out which groups are doing well and what are they doing
 - a) This could be achieved through a pilot study of volunteers or a census study where everyone would be asked to answer the survey in a two week time period

XI. Children's Mental Health Awareness Events for May

Carol Coussons De Reyes

Carol handed out a flier on Nebraska of Families for Children's Mental Health- **RIDE ACROSS NEBRASKA MAY 29th -31st 2014 The 2014 Pony Express Ride**. The journey begins with the kick-off **Sparks Festival** in Scottsbluff, Nebraska on May 28th, 2014. Motorcyclists will depart from Gering, NE on May 29th, and travel across Nebraska collecting letters that address Nebraska's need to invest in children's mental wellness. The parade will end at the steps of the **State Capital in Lincoln** on Saturday, May 31st, where the PONY EXPRESS RIDERS will deliver the letters to the hands of the young people to share with Governor Heinemann and other Nebraska law makers.

X. Meeting Adjourn

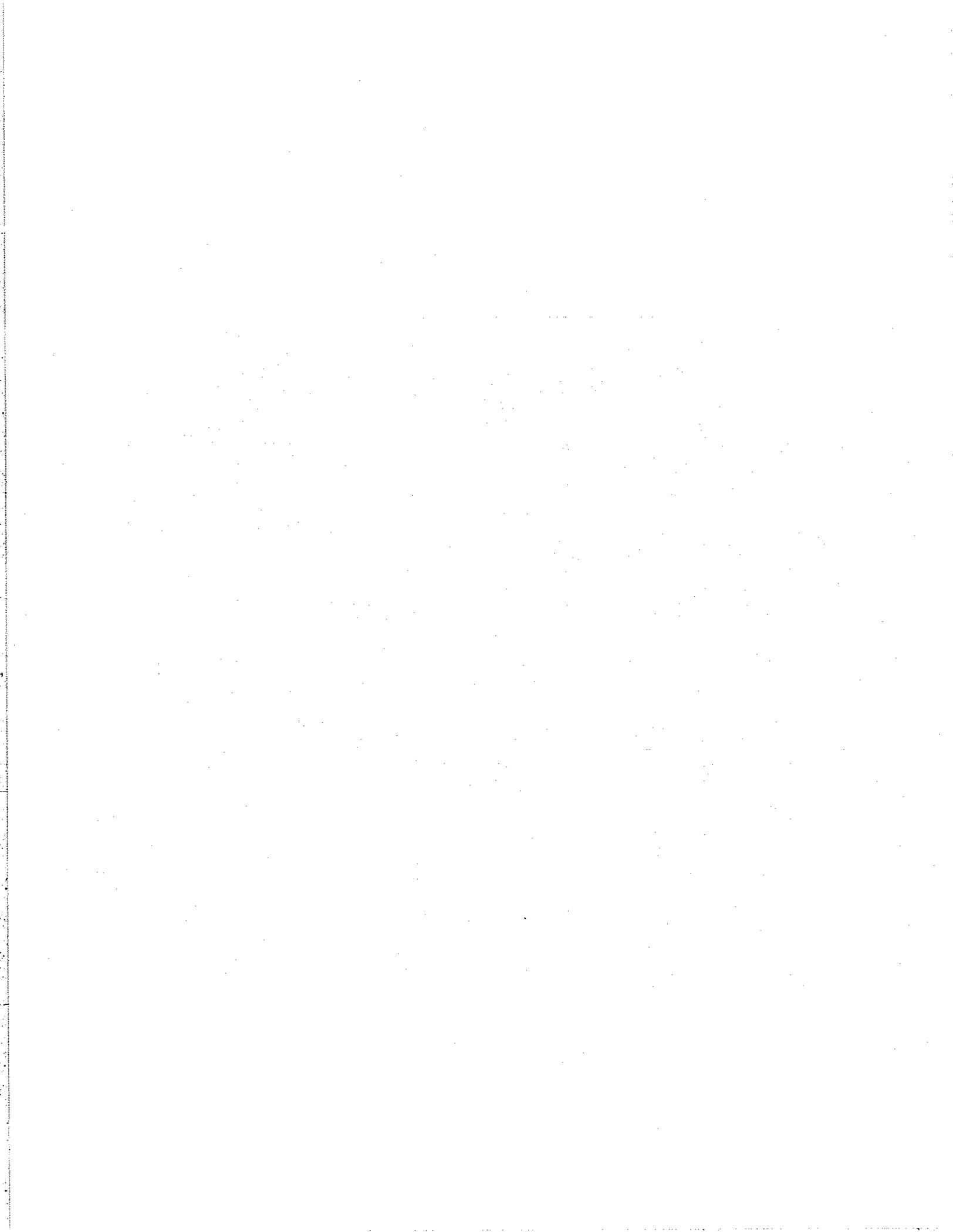
Judie Moorehouse

Meeting was adjourned by Mary Thunker and seconded by Nancy Rippen at 3:00 pm May 6, 2014

Next Meeting is scheduled for August 5, 2014 @ 9:00am – 3:00 pm @ Region V 1645 "N"
Street Lincoln , Ne 68508

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.

5/6/2014. Meeting Minutes



A.

Nebraska Department of Health and Human Services

Division of Behavioral Health

Office of Consumer Affairs

OCA People's Council

DRAFT Agenda

Region V

Conference Room 1

1645 N Street

Lincoln, NE 68508

May 6, 2014

9:00am- 3:30pm

Council Members	Agenda, Minutes Approval, Upcoming Events	9:00-9:30am
Carol	Wellness Circle	9:30-10:00am
Break		10:00-10:10am
Shirley Deethardt	Options for Living Smoke Free	10:10-10:40am
Maya Chilese	Process Map for Credentialing	10:40-10:55am
Break		10:55-11:05am
Maya Chilese	Process Map for Credentialing	11:05-11:45pm
Cynthia Harris	DRAFT OCA Mission and Vision	11:45-12:15pm
Lunch		12:15-1:30pm
Heather Wood	RSA Rollout Process Planning	1:30-2:30pm
Break		2:30-2:40pm
Candy or Representative	Children's Mental Health Awareness Events for May	2:40-3:10pm
Public Comment		3:10-3:20pm
Judie Moorehouse	Adjourn	3:20-3:30pm



B

Nebraska Division of Behavioral Health
OCA People's Council Meeting
March 27, 2014 9:00 am -2:30pm
Region V Large Conference Room
1645 N Street Lincoln, Ne

DRAFT Meeting Minutes

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

Chairperson, Judie Moorehouse called the meeting to order at 9:00 am on March 27, 2014. Roll call was conducted and quorum determined.

Council members present: Nancy Rippen, Mary Thunker, Jennifer Ihle, Judie Moorehouse, Tammy Fiala, Ryan Kaufman, Lisa Casullo, Candy Kennedy- Goergen

DHHS Staff present: Carol Coussons de Reyes, Maya Chilese, Cynthia Harris, & Lucy Flores

Public present: Ken Timmerman, & Marlene Sorenson

II. Housekeeping and summary of agenda **Carol Coussons De Reyes**

Carol confirmed the order of the agenda; **Handout A:** Agenda noting one change...Mark Dekraai would be attending the meeting at 10:00 am and not at 9:30am. Carol handed out **Handout B: Information on HIPPA with an additional note not to have a Social Security Numbers listed.** **Handout C: Handout** on By-laws was distributed by Carol and discussion on section (L) Members may be on the council for 2 years, as long as 3 consecutive meetings are NOT missed. Roll call was taken by Carol on membership on amending the By-laws to be taken into effect on March 27, 2014. A motion to vote on the by-laws amended by Mary Thunker and seconded by Nancy Rippen. The motion was approved by unanimous vote.

III. Approval of minutes **Judie Moorehouse**

A motion to approve the minutes for August 6, 2014 was made by Candy Kennedy - Goergen. The motion was seconded by Mary Thunker. With the correction of Ryan Kaufman's name. The motion was approved by unanimous vote.

IV. Public comment **No Public Comments**

There was no public comments.

V. Nebraska's Transformation Transfer Initiative: **Mark Dekraai**

Mark was introduced by Carol. Mark reported on **Handouts D, E, & F**, **Handout D:** Nebraska's Transformation Transfer Initiative: **Handout E:** Nebraska Peer Support Certification Study: & **Handout F:** Nebraska Peer Support Focus Group/ Survey Report: Mark Reviewed TTI, Peer Support Survey, and Public Policy Center Recommendations. Carol resumed discussion on TTI report with comments or concerns on the report and opened to any questions.

VI. Nebraska Certified Peer Specialists Conference Update & Peer Network Ken Timmerman

Ken and Judie gave updates on peer Network. Last year's conference was a huge success. The planning committee met a couple months ago confirming the next conference will be held in September 21-22, 2014 in Grand Island. The conference will have scholarships once again with approximately 100 open. The planning committee is working on getting speakers and having workshops involving around peer support certification and family peer support. Networking- peer networking where peers talk to each other on what's out there. Once again ^{Becca} Amy Deacon is helping and can expand on networking. Workshops can work on how to enhance peer support and some certified not to be exclusive. Along with social media to connect with one another, do newsletter, involve face book & face camp for employment and education. Face book conversation for providers to know and post it on the site and the website can subscribe OCA jobs available on links. There is a job site for Workforce Development not just nationally, but for Nebraska.

VII. Report on what Recovery Measures Regions Use, if any Regional Consumers Specialists

Carol asked Regional Consumer Specialists how recovery was measured in their regions, if any. Several of the RCS responded: Region 3, Tammy indicated measures; to survey with partners on recovery focus with satisfied formulas. Region 2, Nancy surveyed annually measures and recovery met their demands. Region 1, Judie- RSA recommended to regions. Candy, comments to use tools state wide measurements recovery survey for provider and to have your own. Tammy, Meet with consumers on survey/questions, also consumer satisfaction measured interaction; Was Certified Peer Support Wellness Specialists a good fit for you? Other comments on measurements were on doing phone surveys; implementing the RSA to regions and that the council do a recommendation to the state about MHRM; Health screening -nurse's visiting Nurses Association. Regional Consumer Specialists noted interest in a project related to the RSA.

VIII. Family Peer Support ; Candy Kennedy- Goergen

Candy presented a presentation on Family Peer Support: Handout G: Certification of Parent Support Providers, Handout H: Working Definition of Family -Driven Care Handout I: What does it take to prepare families and support them to be involved in larger issues, more than their own, community and or system involvement. What do you think it takes to help the providers, to encourage this level of involvement in Family Driven Care? Are there things the system could do to advance Family Driven Care? If so what?

IX. Veterans Support Marlene Sorenson

Marlene gave a presentation on Handout J VA Peer Support the Road to Recovery: Marlene gave an introduction of her VA position and as a Peer Support: Peer support is help given to those in need by another who has gone through a similar trauma or challenge, and Peer support is learning from someone who has been there and done that. Reviewed VA Peer Support the Road to Recovery.

X. Hear from New Applicants Carol Coussons De Reyes

Ryan Kaufman and Lisa Casullo introduced themselves to the Office of Consumer Affairs People's Council. Welcome Lisa and Ryan.

XI. Meeting Adjourn

Judie Moorehouse

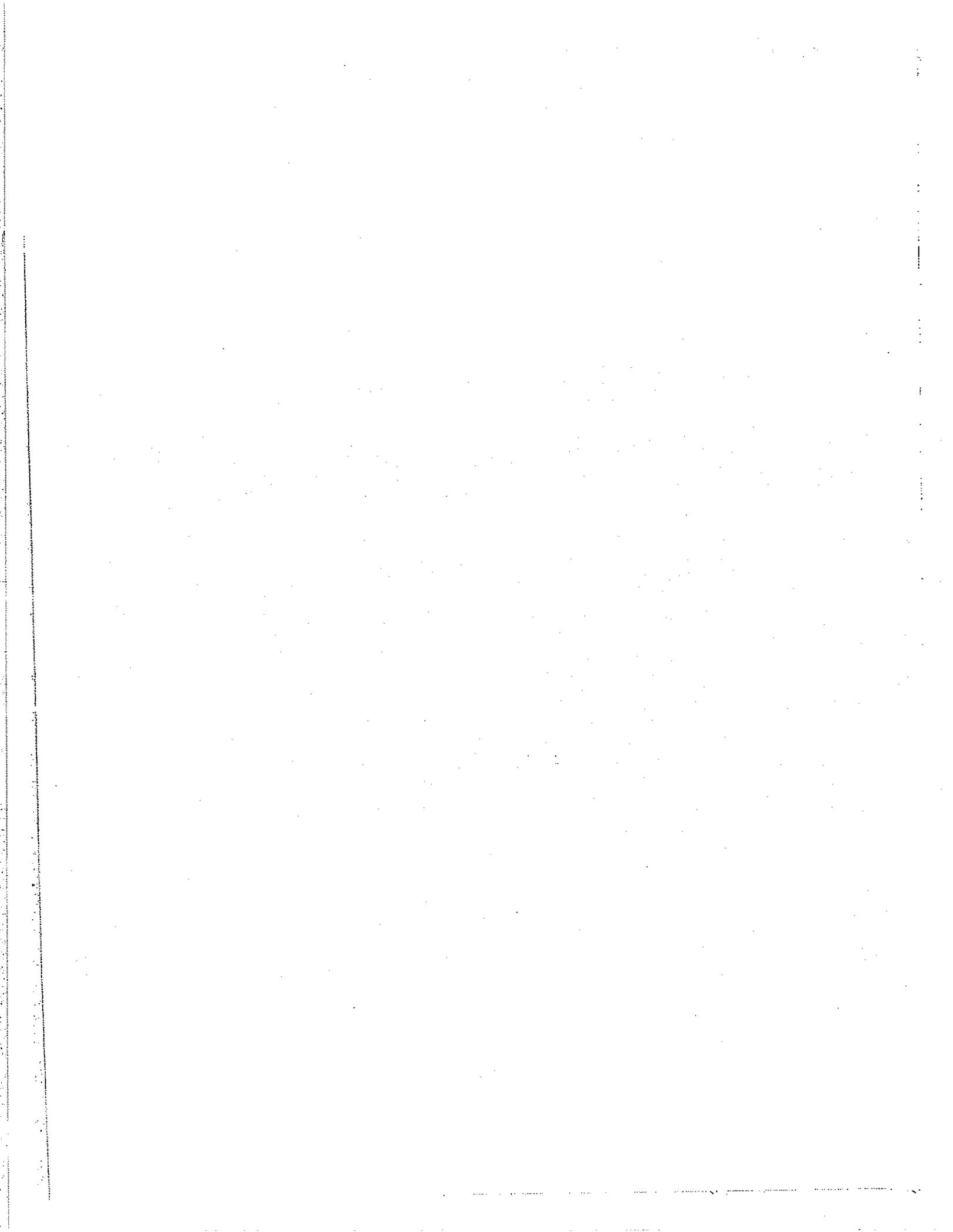
Meeting adjourned due to lack of quorum to continue the meeting. Meeting was adjourned at 2:30 pm.

XII. Adjournment and next meeting

- Meeting adjourned March 27, 2014 at 2:30 pm.
- Next Meeting is scheduled for May 6, 2014 @ 9:00am – 3:00 pm.

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.

3/27/2014 Meeting Minutes



Nebraska Cessation Resources

Are you ready to quit, but don't know where to start? Check out these resources to help you get started and be successful!



Nebraska Tobacco Quitline

The Nebraska Tobacco Quitline, 1-800-784-8669, is a free & confidential service to all Nebraskans. The Quitline is answered by trained quit coaches that can help you when you're ready to quit. During your first call you'll be given a choice of services, including: telephone coaching; self-help materials; referrals to community programs or a combination of all three. All calls are answered live 24/7. Quit coaches are available 24/7 as well.



QuitNow.ne.gov

This is the Website for the Nebraska Tobacco Quitline. On the site, you'll find a number of resources and links to give you information, support and encouragement. Bookmark the site and visit it often!



Web Coach

The Web Coach application offers motivational tools, social support, and information about quitting tobacco. It's available free of charge to any tobacco user who enrolls in the Nebraska Tobacco Quitline.



Smoke-Free Counter & Calculator on Facebook

If you're on Facebook — and nowadays it seems like almost everyone is — check out the Smoke-Free Counter & Calculator page. The page is a supportive community for those quitting smoking. The Smoke-Free Counter application lets you track the number of days that you've successfully not smoked and the amount of money you've saved since quitting. The Smoke-Free Calculator shows how much money you can save by quitting and some of the things you could buy with the savings. <https://www.facebook.com/SmokeFreeNE>



Text Messages

On the go a lot? Then text messaging might be for you. Sign-up to receive supportive text messages (2-3 a month) to help keep you on track as you quit tobacco. Simply text IMREADY to 39649 to get started. *Your information won't be shared and you can opt-out at any time. Standard texting rates will apply.*

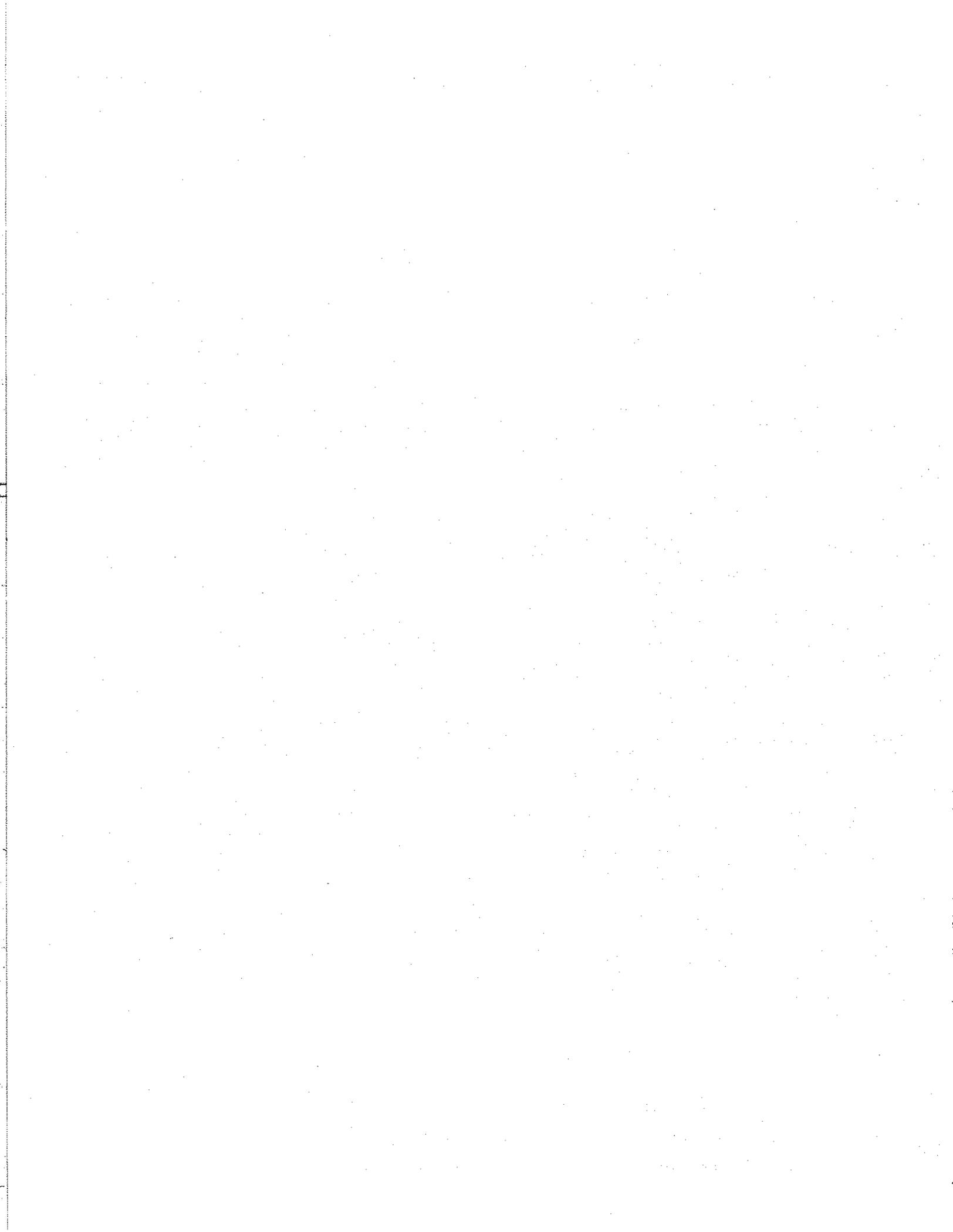


Community Resources

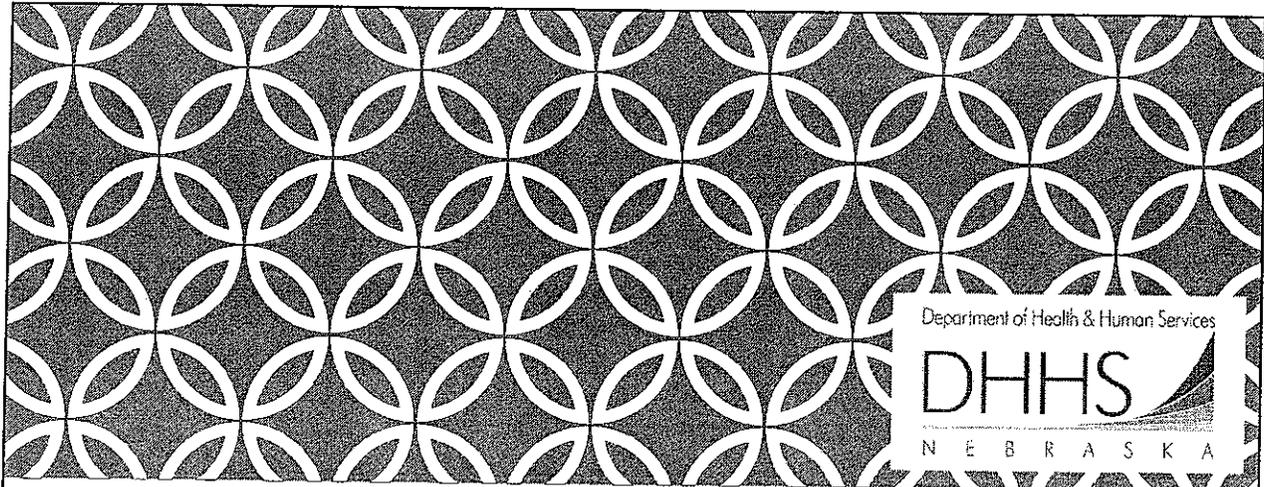
Sometimes face-to-face is the best way to go. If you prefer getting your support face-to-face from others, a cessation class in your local — or neighboring — community may be for you. Check out the cessation classes available in Nebraska at: <http://bit.ly/NETobaccoQuitPrograms>.

2012

Nebraska Tobacco Quitline
QuitNow.ne.gov | 1-800-QUIT-NOW (784-8669)



D.



PEER SUPPORT SERVICES SURVEY

Division of Behavioral Health
April 2014

PEER SUPPORT SURVEY

○As many are aware, the field of 'peer support' is growing nationwide and right here in Nebraska. Peer Support Services are generally described as services and supports provided by individuals with lived experience of behavioral health challenges to other adults and families with children experiencing behavioral health challenges.

○*"Peer support represents one of the strongest and most likely sources of long term recovery for most people and is also underdeveloped in Nebraska."*

– Dr. Scot Adams, DHHS Division of Behavioral Health Director

PEER SUPPORT SURVEY

- ❖ **Purpose:** To learn more about what Peer Support Services may exist in Nebraska, what opportunities and barriers may exist to providing them and perspectives about the ongoing development and growth of peer support.
- ❖ **Method:** Survey Monkey online survey tool
- ❖ **Distribution:** Sent via email invitation and posted to DHHS website
- ❖ **Target Audience:** Consumers/Stakeholders, Behavioral Health Providers and Peer Support Providers
- ❖ **Total Participation:**
 - ❖ Consumer/Stakeholder Survey –
 - ❖ Behavioral Health Provider/Peer Support Provider - 137

TOTAL PROVIDER SURVEY RESPONSE RATE = 137

Region	Peer Agency	BH Agency
1	1	5
2	3	1
3	6	13
4	6	9
5	25	13
6	19	36
Sub-Total:	60	77
Total:	137	

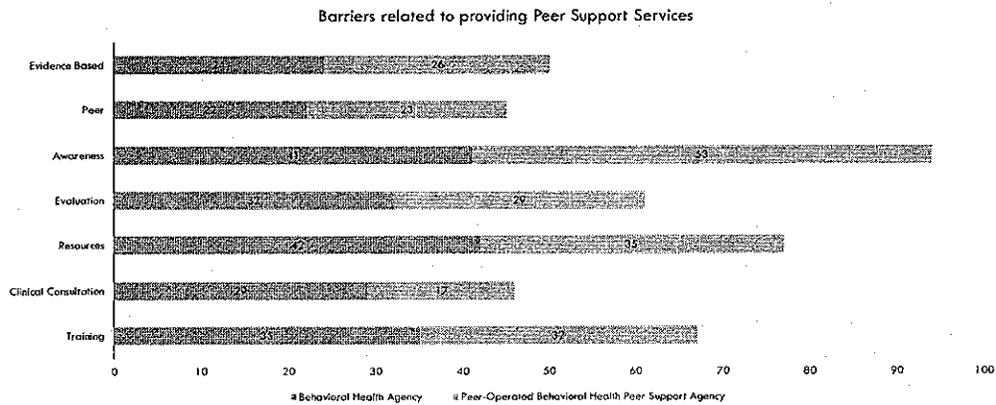
PROVIDER (BH AND PEER) DEMOGRAPHICS

Qualifiers/Strayed	Peer Agency	BH Agency
Mental Health	51	63
Substance Abuse	38	50
Co-Occurring Disorders	48	64
Adults (19+)	49	68
Children (0-18)	22	21
Adolescents (19-24)	24	28
Families with Children	38	29

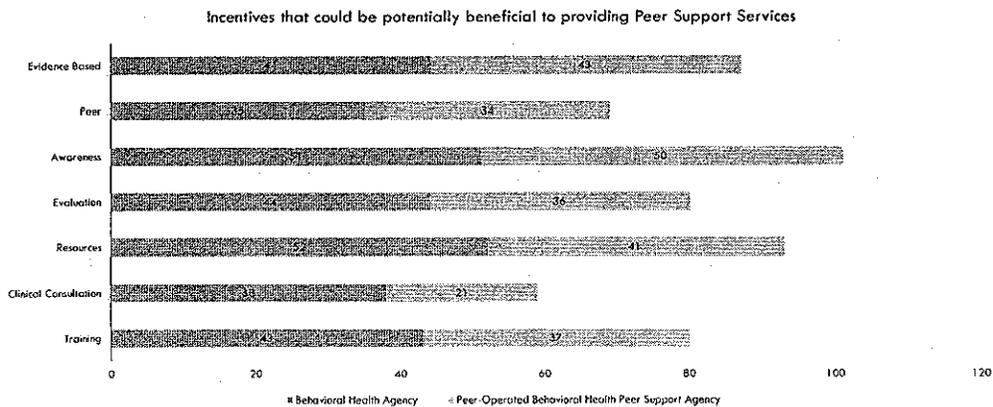
BARRIERS OR INCENTIVES TO PROVIDING PEER SUPPORT SERVICES

Sectors	Barrier/Challenge Definition (incentive Definition is reverse)
Evidence-Based Peer	Lack of capacity to implement evidence based peer support programs Limited availability of certified and/or sufficiently trained peer support specialists
Awareness	Lack of awareness among behavioral health providers to integrate peer support services in the behavioral health system
Evaluation	Non-availability of resources to ensure program evaluation and quality improvement activities for peer support services
Resources	Non-availability of resources to hire qualified peer support specialists
Clinical Consultation	Cost of providing clinical consultation for peer support specialists
Training	Limited availability of training and ongoing education for peer support specialists

WHAT BARRIERS/CHALLENGES MIGHT AGENCIES ENCOUNTER IN PROVIDING PEER SUPPORT SERVICES?



WHAT RESOURCES OR INCENTIVES MIGHT BENEFIT THE CAPACITY TO PROVIDE PEER SUPPORT SERVICES?



QUESTIONS ABOUT PEER SUPPORT SPECIALIST TRAINING AND CREDENTIALING

Do you believe that Peer Support Specialists should have some type of training prior to providing peer support services?

	Response #	Percent
Yes	120	97.6%
No	1	.8%
Don't Know	2	1.6%
Total:	123	100%

Do you believe that Peer Support Specialists should earn a certificate through a training entity prior to providing peer support services?

	Response #	Percent
Yes	90	73.2%
No	22	17.9%
Don't Know	11	8.9%
Total:	123	100%

QUESTIONS ABOUT PEER SUPPORT SPECIALIST TRAINING AND CREDENTIALING

Do you believe that Peer Support Specialists should be credentialed professionals recognized and regulated by the State?

	Response #	Percent
Yes	60	48.8%
No	39	31.7%
Don't Know	24	19.5%
Total:	123	100

If a formal, regulated credential existed in Nebraska, would you employ a credentialed Peer Support Specialist?

	Response #	Percent
Yes	81	65.9
No	7	5.7
Don't Know	35	28.5
Total:	123	100

ADMINISTRATIVE INFORMATION ABOUT PROVIDING PEER SUPPORT SERVICES

Does your agency provide peer support services through a subcontract with an external agency to provide the services directly?

	Response #	Percent
Yes	31	25.8%
No	89	74.2%
Total:	120	100%

Does your agency provide peer support services through paid, employed staff?

	Response #	Percent
Yes	107	89.2%
No	13	10.8%
Total:	120	100%

TYPES OF PEER SUPPORT SERVICES PROVIDED

Peer Support Service Category	BH Agency	Peer Agency	Category Total
Advocacy	53	51	104
Mentoring	49	47	96
Support Groups	40	47	87
Crisis Intervention	41	39	80
Recovery Support	51	45	96
Health/Behavioral Health Education	35	37	72
Other Supports	36	26	62

ADMINISTRATIVE INFORMATION ABOUT PROVIDING PEER SUPPORT SERVICES

Does your agency utilize a caseload ratio to help manage staff time and Peer Support Specialists to consumer service capacity?

	Response #	Percent
Yes	60	50%
No	60	50%
Total:	120	100%

Does your agency provide on-the-job training to Peer Support Specialists to prepare and equip staff on how to provide peer support services?

	Response #	Percent
Yes	89	74.2%
No	31	25.8%
Total:	120	100%

ADMINISTRATIVE INFORMATION ABOUT PROVIDING PEER SUPPORT SERVICES

Does your agency provide continuing education opportunities for Peer Support Specialist staff?

	Response #	Percent
Yes	92	76.7%
No	28	23.3%
Total:	120	100%

Does your agency provide clinical consultation for Peer Support Specialists to utilize related to providing peer support services?

	Response #	Percent
Yes	67	55.8%
No	53	44.2%
Total:	120	100%

ADMINISTRATIVE INFORMATION ABOUT PROVIDING PEER SUPPORT SERVICES

Are Peer Support Specialists on staff paid via an hourly rate?		
	Response #	Percent
Yes	91	85%
No	16	15%
Total:	120	100%

Are Peer Support Specialists on staff paid an annual salary?		
	Response #	Percent
Yes	37	34.6%
No	70	65.4%
Total:	120	100%

ADMINISTRATIVE INFORMATION ABOUT PROVIDING PEER SUPPORT SERVICES

Does your agency provide Peer Support Specialists on staff with the same level of employment fringe benefits as other staff?		
	Response #	Percent
Yes	96	80%
No	24	20%
Total:	120	100%

Does your agency utilize volunteers to provide peer support services?		
	Response #	Percent
Yes	40	33.3%
No	80	66.7%
Total:	120	100%

QUESTIONS?

Department of Health & Human Services



Email: DHHS.DBHPeerCert@Nebraska.gov



**MOVING TOWARDS
REGULATED CREDENTIALING:
PEER SUPPORT SPECIALISTS
DHHS DIVISION OF BEHAVIORAL HEALTH**

E.

MOVING TOWARDS REGULATED CREDENTIALING

- **A PROCESS TO ESTABLISH A FORMAL, REGULATED CREDENTIAL FOR PEER SUPPORT PROFESSIONALS**
- **REGULATED = MEANS FORCE OF LAW, AS REQUIREMENTS TO EARN THE CREDENTIAL AND PROCESSES TO MAINTAIN AND ADMINISTER ARE STANDARDIZED AND DEFINED IN LAW**
- **WOULD BE A CERTIFICATION REGULATED BY DHHS DIVISION OF BEHAVIORAL HEALTH**
 - **CERTIFICATION = TITLE PROTECTION**
 - **LICENSURE = SCOPE OF PRACTICE PROTECTION**
 - **'407 PROCESS' – STATE BOARD OF HEALTH**

MOVING TOWARDS REGULATED CREDENTIALING

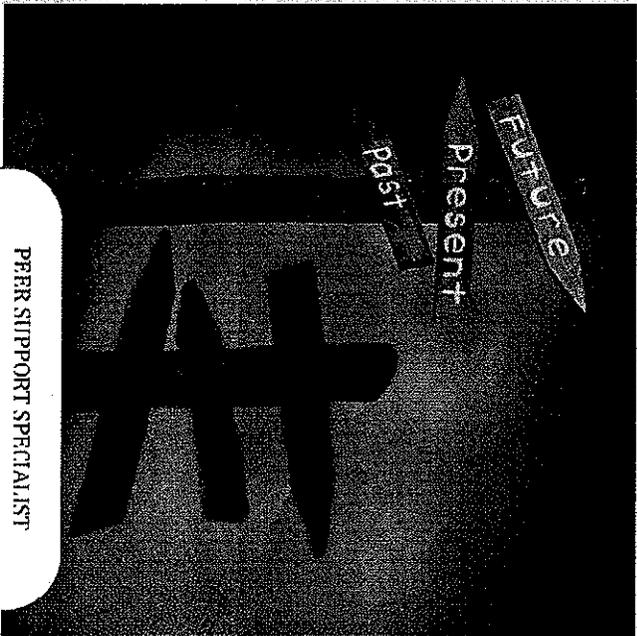
• DISCUSSION:

- WHAT THIS PROCESS IS, WHAT IT ISN'T**
- WHAT'S THE DIFFERENCE BETWEEN AN ENDORSEMENT AND A CREDENTIAL**
- WHAT'S THE DIFFERENCE BETWEEN CERTIFICATION AND LICENSURE**
- WHAT'S THE PURPOSE OF MOVING TOWARDS REGULATED CREDENTIALING**

MOVING TOWARDS REGULATED CREDENTIALING

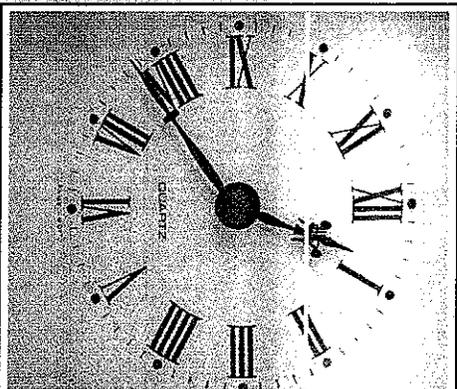
OUR PROCESS TO ESTABLISH A REGULATED PEER SUPPORT CREDENTIAL INCLUDES 3 PHASES:

Phase One	Phase Two	Phase Three
Process Map Steering Committee Community Input	Draft Regulations Draft Credential process	Public Hearing Attorney General review, approval into law
Goal Deadline: December 2014	Goal Deadline: April 2014	Goal Deadline: Submit by July 2014



**PEER SUPPORT SPECIALIST
CREDENTIAL**

A person's insight & understanding of his or her Support Specialist's perspective supports services, as well as the ability to help others experiencing behavioral health challenges.



Peer Support

Office of Consumer Affairs
Department of Health and Human
Services
Division of Behavioral Health
301 Centennial Mall South
Lincoln, Nebraska 68509
DHHS.DBHpeercenter@nebraska.gov

MOVING TOWARDS REGULATED CREDENTIALING

THE PROCESS MAP INCLUDES 5 KEY TASK AREAS:

- ✓ **KNOWLEDGE ACHIEVEMENT**
- ✓ **SKILL DEMONSTRATION**
- ✓ **CERTIFICATION AWARD**
- ✓ **CREDENTIAL MANAGEMENT**
- ✓ **CONSIDERATIONS**

***ALL MUST BE COMPLETED TO DEVELOP CRITERIA, STANDARDS AND PROCESSES FOR THE CREDENTIAL**

MOVING TOWARDS REGULATED CREDENTIALING

TASK #1: KNOWLEDGE ACHIEVEMENT -

- DETERMINE CREDENTIAL STRUCTURE, CORE KNOWLEDGE DOMAINS, TOTAL # HOURS EDUCATION REQUIRED, OTHER ADMINISTRATIVE RULES

TASK #2: SKILL DEMONSTRATION -

- DETERMINE CORE COMPETENCY DOMAINS, PRACTICUM AND/OR PROVISIONAL STATUS REQUIREMENTS, TOTAL # HOURS REQUIRED, SUPERVISOR/SUPERVISION REQUIREMENTS, OTHER ADMINISTRATIVE RULES

MOVING TOWARDS REGULATED CREDENTIALING

TASK #3: CERTIFICATION AWARD -

- DETERMINE TESTING INSTRUMENT AND PROCESS, CANDIDATE REQUIREMENTS FOR APPLICATION, RULES**

TASK #4: CREDENTIAL MANAGEMENT -

- DETERMINE CREDENTIAL PERIOD, REQUIREMENTS FOR RENEWAL, STATUS REQUIREMENTS, ADMINISTRATIVE PROCESSES, SELF-DISCLOSURE, FEES, OTHER RULES**

TASK #5: CONSIDERATIONS -

- DETERMINE SCOPE OF PRACTICE, CODE OF ETHICS, USE OF GRANDFATHER CLAUSE, USE OF ADVISORY BOARD, ETC**

ARE WE THERE YET? WHAT HAPPENS NEXT?

PHASE ONE, PHASE TWO, PHASE THREE

MOVING TOWARDS REGULATED CREDENTIALING

OPPORTUNITY FOR PARTICIPATION:

■ ■ ■ SURVEY PARTICIPATION

■ ■ ■ COMMUNITY GROUP DISCUSSION

■ ■ ■ INPUT TO ADVISORY COMMITTEES

■ ■ ■ DRAFT REGULATIONS PUBLIC HEARING

■ ■ ■ QUESTIONS?

■ ■ ■ DHHS.DBHPEERCERT@NEBRASKA.GOV

F

DRAFT
OCA Vision-Mission-Core Functionality
April 1, 2014

I. Vision

Nebraskans Impacted by Behavioral Health Conditions Live a Life Full of Wellness & Success.

II. Mission

The Office of Consumer Affairs provides statewide leadership and resources that promote health, home, purpose, community, resiliency, and systems transformation for Nebraskans impacted by behavioral health conditions.

III. OCA Core Functionality

A. Promote Consumer and Family Involvement at All Levels of BH Systems

The OCA will:

- Promote recovery through awards and recognition of great work.
- Be aware of national, regional and state developments in the peer recovery movements.
- Continue to nurture inclusion at all levels with the input of the OCA People's Council.
- Refine 2 tools designed to measure inclusion: Consumer and Family Involvement Measure and Consumer and Family Involvement Measure
- Draft a White Paper on consumer and family involvement at all levels.
- Continue to support consumer and family involvement in the Statewide Quality Improvement Team.
- Continue to contract for and participate in planning of the Statewide Successes Hopes and Dreams Conference.
- Nurture consumer and family organizations which assist people to evolve systems of recovery.

B. Encourage Systems Transformation

The OCA will:

- Produce Artists of the Arboretum events to promote recovery at LRC.
- Begin a Focus Committee to work on crafting Regulations around Peer Support.
- Design a "101" for persons interested in the topic of Peer Support.
- Promote statewide trauma initiatives and provide trauma resources.

- Ensure availability of Peer Support Training: The OCA will support Trauma-Informed Practice Training and Certification (CPWS).
- Promote advocacy and self-advocacy through training.
- Work to reduce Seclusion and Restraint in psychiatric hospitals.
- Encourage agencies to adopt CLAS standards.
- Manage other major projects of a time-limited nature: in 2014, these include _____

C. Educate Nebraskans Impacted by Behavioral Health Conditions to Increase Individual Resiliency and Community Wellness

The OCA will:

- Provide statewide co-supervision teleconferences for CPWS's.
- Partner with other organizations to provide wellness resources.
- Sponsor Wellness Recovery Action Plan (WRAP) training events statewide.
- Provide regular webinars to promote capacity of the peer support workforce.
- Provide input to media messages that promote recovery and resiliency.
- Conduct an annual memorial for people that have died at State Hospitals to promote community inclusion and dignity.
- Produce an annual report.
- Manage the Mental Health Board training and attestation program.

G.

Recovery Instruments

Full instruments and background information may be found at:

NSW Consumer Advisory Group – Mental Health Inc. and Mental Health Coordinating Council (2011). *Recovery Oriented Service Self-Assessment Toolkit (ROSSAT): A Recovery Oriented Provision Quality Improvement Resource for Community Managed Mental Health Services.*

- ROSE (Recovery Oriented Service Evaluation); 46-items; *Permission not required, no user fee*
Instrument was developed through a consensus process with the American Association of Community Psychiatrists. Consumer and family members were provided the opportunity to give informal feedback as well. This instrument has not been formally tested and its psychometric properties are unknown.
- REE (Recovery Enhancing Environment); 166-items; *Permission is required, fee TBD*
Instrument was developed using first-hand accounts of consumers in recovery, the supports that assisted them, a review of current best practices, and a formal literature review of factors that encourage resilience. Consumers within the Kansas Consumers as Providers training program and Kansas Community Support Program (CSP) day treatment were used to pre-test the instrument, and items were refined based on the feedback from consumers in the programs. The instrument was field tested twice, once by mail using consumers in the Kansas CSP and once face-to-face at a Massachusetts mental health agency.
- ROSI (Recovery Oriented Systems Indicators); 42-items; *Permission not required, no user fee*
Consumers/survivors were part of the research development team and aided in the design, implementation, and analysis of the ROSI instrument development research. 10 structured focus groups comprised of consumers of mental health services were used during an initial instrument development phase to understand the lived experiences of adults with serious prolonged psychiatric disorders. Findings were used to create the recovery oriented indicators. The instrument went through further refinement using think-aloud cognitive testing with consumers. State input, readability checks and a sample of 219 consumers were used to evaluate the indicators.

- **RSA** (Recovery Self-Assessment); 36-items; Permission not required, no user fee

Researchers and consumers conducted a literature review of mental illness and addiction to identify general recovery principles. Also, focus groups and discussions sessions were held with consumers to create a recovery definition. 80-items were developed using the recovery insights found in literature review and focus groups. Feedback on the items was received from experts in clinical and community psychology, consumers, family members and mental health service providers. Feedback eliminated many of the initial items, and subsequently, a 36-item instrument was conceived. The instrument was then adapted into 4 different versions to be completed by consumers, family members, providers and administrators.

*MH Recovery Measure
- White Paper on RSA - 3 or 4 years ago*

Instrument	Versions	Who completes the survey		
		Consumers	Family	Providers/Administrators
ROSE	1	X	X	X
REE	1	X		
ROSI	1	X		
RSA	4	v1	v2	v3 & v4

Note: X confirms the population that may fill in the instrument.

user fee / long

Principles	SAMHSA Recovery Principles Adherence			
	ROSE	REE	ROSI	RSA
Hope	X	X		X
Person-Driven	X	X	X	X
Many Pathways	X	X	X	X
Holistic	X	X	X	X
Peer Support	X	X	X	X
Relational	X	X	X	X
Culture	X	X	X	X
Addresses Trauma		X		
Strengths/Responsibilities	X	X	X	X
Respect	X	X	X	X

Note: X confirms the presence of the principle within the instrument.

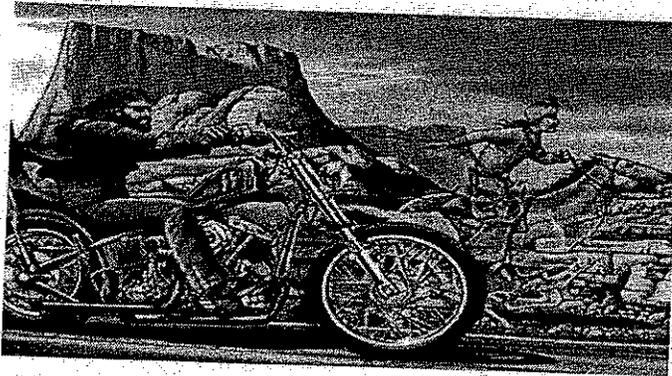
stand alone

** Surveys out there currently **

H

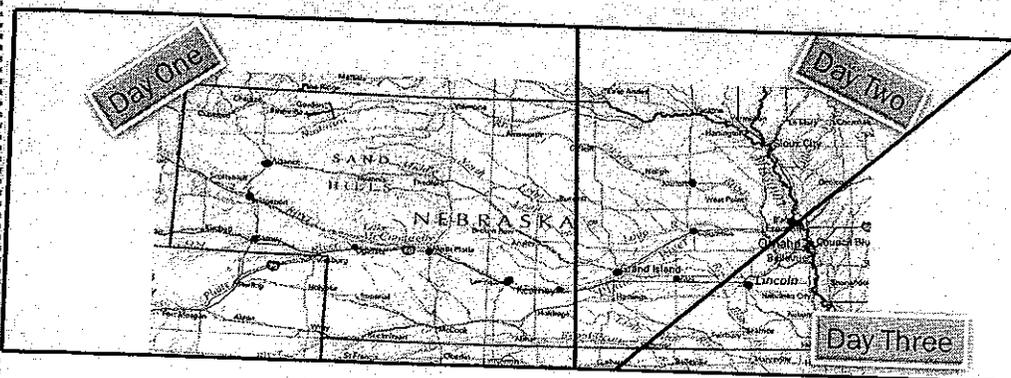
Nebraska Federation of Families for Children's Mental Health

RIDE ACROSS NEBRASKA-MAY 29TH- 31ST



Nebraskans will be mounting their motorcycles to help bring awareness to children's mental health issues. This statewide awareness and advocacy event places a spotlight on the challenges faced by families with young people whom have behavioral health challenges. The 2014 focus is: *Expanding Perceptions*

The journey begins with the Kick-Off Sparks Festival in Scottsbluff, Nebraska on May 28th, 2014. Motorcyclists will depart from Gering, NE on May 29th, and travel across Nebraska collecting letters that address Nebraska's need to invest in children's mental wellness. The parade will end at the steps of the State Capital in Lincoln on Saturday, May 31st, where the Pony Express Riders will deliver the letters to the hands of the young people to share with Governor Heineman and other Nebraska law makers.



Want to be a "Pony Express" Rider?
Please do, your involvement would be so appreciated!
Contact Sarah @ 308-991-8683 or email at:

info@nefamilies4kids.org

Visit us on Facebook at: www.facebook.com/neffcmh

2014 Pony Express Ride

