



North Carolina Focus Veteran Peer Support Initiative

January 24, 2013

Attendees: John Harris-DMS/DD/SAS, Mike McMichael-/Outside the Wire NC Vet2Vet, Ken Blackman, Ph.D., Heather McAllister-Governor's Institute on Substance Abuse, Jackie McMichael-Co-Founder Outside the Wire, Karen Segal-Duke EPIC, Samuel Hargrove-NC Vet2Vet

Mr. Harris started the meeting with a review of the minutes from the last meeting, there were no questions asked and the notes were accepted.

Mr. McMichael provided an update on the Outside the Wire 501c3 application; it is ready to go out for processing. Outside and the Wire and Duke Epic have been working on a planning and implementation plan for the project, handouts of this plan were provided to today's meeting participants.

Mr. Harris informed the team that once Outside the Wire receives official non-profit status that staff from the Governor's Institute on Substance Abuse will no longer be able to provide continued staffing support. Mr. Harris stated that he will remain involved with the initiative because it is part of his duties at the division.

At the lead of Duke EPIC, the team discussed resources available to support this initiative. The VA will be involved so they will be able to share their resources, DMH/DD/SAS is another organization that can bring resources to the table, as is the NC Division of Vocational Rehabilitation which is a source for assistive technology for veterans who cannot get benefits from the VA. NC Division of Medical Assistance (DMA), may be a resource to explore for contracts/grants/ and Medicaid funded resources to pay for veteran peer to peer support. It is expected that certain veterans will meet the eligibility standards for Medicaid.

Public Health is another resource that covers rural health and this in conjunction with any DMA rural health programs may be a source of support for the provision of veteran peer to peer support.

Tim Wipperman from the North Carolina Division of Veterans Affairs is another person to contact who would have a list of resources that may support this initiative.

Mr. Harris stated that he will share the list of contacts he has developed over the last six years with this workgroup as an additional resource for program development, implementation and support.

Mr. Harris also discussed that funding is an important component of this project. Mr. Harris has created a spreadsheet itemizing the grants that are available under the Affordable Care Act. The grants do not have any restrictions; however, there is a focus on services for women, prevention, wellness, and rural populations.

Healthcare.org is a good source for grant information including the 2014 timelines for funding.

Other resources for grants include SAMHSA and the Kate B. Reynolds Charitable Trust. Mr. Harris pointed out the SAMHSA is a good resource for technical assistance, Jody Zabel is the contact person there. Mr. Harris also mentioned the SAMHSA is looking at what is happening with the Veteran Peer initiative as a possible pilot for a webinar. It was noted that there are not many benefits available for veterans in South Carolina and many veterans are coming to North Carolina for services. The group consensus is that as more veterans enter the system, there will be a need for community services if they leave the VA system.

The team discussed qualifications for VA benefits, Mr. McMichael stated that veterans can find out if they qualify online. Dr. Blackman shared a story of a Vietnam veteran who finally went to the VA for services and was stopped at the screening process when he responded to the amount of income he made; the screen advised the veteran that he did not qualify for VA services.

Mr. Harris stated that it will be important to collaborate with the Vet Centers and CBOC's and that building this relationship will be critical in building this initiative. The Vet Centers and CBOC's have been sending many veterans to the hospitals and can become a source of referrals for a veteran-to-veteran peer program.

An additional source of funding will be available under the waiver at LME/MCO's. Services for veterans may qualify under Medicaid billing, particularly for crisis and mobile crisis. Mr. Harris will find out more about this on the next webinar with veteran's liaisons at the LME/MCO's.

Karen Segal from Duke EPIC reviewed the chart for the NC Vision for Vet2Vet.

The goal for the year are to do the work with logistics, coordination, and planning. The expected date for a pilot program in Wake and Durham counties is January 2014.

To address funding the team will identify funding opportunities for the pilot program, consider grants, possibly hire a grant writer, and locate outside expertise to bring in funding. Mr. Harris suggested fundraising and locating business support (for example WalMart), and finding sponsors with good name recognition, or local celebrities for a golf tournament. The team also discussed hosting a NC Vet to Vet governors dinner (like VLC cares). The team will need to work on contacting the Governor's staff to get on the calendar. If there is a fundraising dinner, the team will need schedule a follow up appearance in about six months' time.

The team discussed the next item for development, the curriculum for the peer course. The goal for this is to have a peer curriculum that is state approved. This curriculum would be part of the twenty hour veteran peer curriculum and based on the VA peer curriculum.

Mr. Harris suggested that the Vet2Vet program makes use of the existing community college continuing education programs and consider developing a toolkit for community colleges. Dr. Blackman shared that Granville community college has a similar curriculum for social workers. It will be important to include crisis intervention, suicide prevention and CIT in any curriculum that is developed.

Mr. Harris stated that the current first responder system is a good asset for the Vet2Vet team to make connections with this system is well connected and would be a referral source for certified veteran peer responders. Mr. Harris also shared that each of the divisions at the state has a first responder system but these systems do not know about military/veteran related services.

The team also identified other models like the Veteran/Police program in New Jersey.

Mr. McMichael stated that if the team needs to modify existing programs to meet their training needs Ms. McMichael is a training director and can assist the program.

The team will continue to work on curriculum and training requirements, identifying minimum requirements and including the expectations for the work the veteran peers will do and if the veteran peers will serve as a case manager function and if they will need to do follow up work with the veterans referred to them.

The Vet2Vet pilot logistics:

- It will be coordinated with Wake and Durham Counties
- Will have the commitment of two peers who will be trained, signed up, and ready to provide services
- Advertising will announce the start of the program in January 2014
- The program will have completed the program processes, documentation, and developed a resource guide.

Mr. Harris suggested that the team consider contacting Alliance Behavioral Health and speaking to the Veteran's Liaison there.

Dr. Blackman shared that he has obtained access to a training room for the program's future use, this training room is on Lake Gaston.

Mr. Harris advised the team that they will need to look at different populations of veterans, for example programs for female or minority veterans will be important to consider as the program begins to work on future grants.

Dr. Blackman shared that he has been working with the peer support team at the state and they are currently revising the service definitions for Medicaid.

Mr. Harris stated that if the state team is doing this then it will provide opportunities for bill through Medicaid.

Dr. Blackman advised that one of the questions that has arisen is addressing issues about how veteran's see their status in regards to era served, branch of service, and different military roles. The discussion on this topic centered around the question if veterans from different eras have different perceptions and if so does this perception influence who they see as a peer.

Mr. Harris responded to this discussion stating that some of the perception has to do with age, when the veteran was involved in the conflict (for example in the beginning versus the end of the conflict era).

Ms. McMichael asked how the program plans to deal with these issues and if they are going to try and match peers. Mr. Harris stated that it does not have to be a rigid protocol but that it does need to be addressed with some specificity in basic guidelines on how this issue will be addressed.

Ms. McMichael stated that at times in any peer program, an assigned peer might not be the right peer or person for the case they are assigned to, this requires the program to have a protocol on how to address the need to change peers.

Dr. Blackman stated that he sees the peer as a stabilizer and once the person who is receiving assistance is stable the rest of the logistics can be worked out.

Mr. McMichael discussed liability issues with the team. It was agreed that there needs to be a protocol developed to address liability issues with policies that are developed to address what happens if someone is injured, these policies will address injuries to the peer support person and the veteran client. It was agreed upon that this is an area for additional research and discussion and that looking at how other programs address liability issues will be a good place to start.

The team discussed challenges to developing the program, these challenges are;

- Liability- identifying the potential risks (Mr. Harris suggesting looking at insurance exchanges with the affordable care act, these may be income based)
- Insurance Eligibility – Addressing Medicaid issues, insurance available under the affordable care act benefits exchanges, and looking at disabled veterans associations to see what type of insurance might be available.
- To address the peer provider liability issues the team may want to consider looking at professional associations who have liability insurance available for purchase.

Dr. Blackman asked if anyone had determined the amount of liability insurance needed, they have not.

Dr. Blackman and Mr. McMichael stated that they are currently working on the peer support initiative pro-bono, and that they are continuing to look for other resources to fund program planning. Dr. Blackman stated that they are working on identifying potential funders and the amount of funding they will need to start the program.

Mr. Harris adjourned the meeting and confirmed that the next meeting will be on February 28th at the NCIOM in Morrisville. This meeting will be for the implementation team only.