Governor's Focus Veteran Peer Support Initiative
September 19, 2012

Attendees:

Dr. Harold Kudler-VA, Nicole Smashum-NCNG, Art Eccleston, Psy.D.-DMH/DD/SAS, Debbie Webster-DMH/DD/SAS, Belivia Aponte-DSS, Bob Kurtz, Ph.D.- DMH/DD/SAS, John Harris-DMH/DD/SAS, Andy Jackson-NCNG, Jessica Meed, Ph.D.-CSSP, Ken Blackman, Ph.D. –ADTC. Phone attendees: Ron Mangum-UNC/BHRP, Samuel Hargrove-NAMI, Mike McMichael-Durham VA, Heather McAllister-Governor's Institute on Substance Abuse, Wes Rider-NC DMH/DD/SAS.

John Harris started the meeting with introductions and announced that notes from the meetings will be provided to SAMSHA.

Mr. Harris reviewed report from the July 23, 2012 SAMHSA Service Members, Veterans, and Their Families Technical Assistance Center site visit to North Carolina. Mr. Harris asked if anyone had concerns, questions, or felt the need to discuss the document. In reviewing the report, Mr. Harris noted that this project will require assistance from UNC Behavioral Health Resources Program (BHRP).

Dr. Kudler shared that one area for ongoing discussion is the definition of who a peer is.

Debbie Webster attended to represent the DMH/DD/SAS peer initiative (Emery Cowan, Ron Mangum, and Wes Rider are also team members) and stated that the definition they are using is: an individual who has as MH/SA diagnosis and is in recovery. The certification requirements are not specific to any one mental health diagnosis.

Dr. Kudler stated that this definition is consistent with what he has learned about the Veteran Peer job descriptions from Dan O'Brien-Mazza (National Director, Peer Support Services Department of Veterans Affairs). These descriptions include serious mental health diagnosis.

Dr. Kudler discussed that this definition may not match the type of peer they are looking for; instead, they may be looking for someone with readjustment issues, or someone just coming back from deployment, or possibly, it may be that they need both types, mental health and deployment/family type of peer.

Mr. Harris stated that diversity will be important when it comes to defining peers, and that the peer definition cannot lock it into a mental health focused definition only because families and Servicemembers will need different types of peers based upon their specific needs. Mr. Harris

shared that the concern is that by locking it into a narrow definition, the ability to provide peers for different needs will be reduced.

Dr. Ken Blackman concurred with Mr. Harris. Dr. Blackman stated that if this were a medical issue that you would not use a peer with one diagnosis to provide peer support for another diagnosis. It is important to consider the pairing of the need with the deliverer because life experiences are very important, and one's life experience may not be another's life experience.

Ms. Webster said that the DMH/DD/SAS peer initiative team is not a certification board, and that all the certificate indicates is that the peers have met the certification process, eligibility, and completed 40 hours of MH/SA peer support training, plus an extra 20 hours in related topics such as recovery or behavioral health. Unlike the SW licensing board, there is no licensing board overseeing peers. One concern brought up in the past is that confidentiality issues can confound oversight. The certification committee has brought up this concern, and the reality is that it is up to the peer's employer to talk to the peer to find out the peer's specific background.

Mr. Harris asked Ron Mangum his opinion. Mr. Mangum states that he shares Ms. Webster's opinion, that the current definition encompasses both SA and MH, but there is no way to screen out if a person truly has a mental health disorder. Mr. Mangum shared that the peer training is very focused on mental health and recovery, including the peers telling their story. Per Mr. Mangum, all of these are things that an employer would need to ask a peer. Ms. Webster stated these questions and discussion is something that could bring this back to their leadership team.

The team concluded that one of the decisions the group needs to be make is to decide on a veteran peer definition, and decide if the definition is inclusive enough to make sure they have the diversity of peers to meet the needs of the veteran population. This definition could encompass not only a veteran peer with mental health diagnosis, but also with other different specialty areas.

Dr. Kudler stated that the team will need to give additional thought to the statistics on alcohol and substance abuse problems in the military and veteran populations; this highlights a need for peers with substance abuse experience as well.

Dr. Kudler stated if the NAMI model were used, then NAMI would find a way to connect the individual to the appropriate peer; however, when you are creating a Public Health approach, the model is more about prevention and stress. Dr. Kudler believes we need a "front door", for the veteran in need to have "someone who knows what I am talking about". This person could be a generalist and would need to be someone who is connected to the different resources available for veterans in need. Mr. Magnum agrees that we need to be careful about how we proceed with the labeling and the concept. Mr. Harris stated that the team is looking at both the labeling and the concept.

Ms. Webster asked if we planned to use the peer certification currently in place for mental health and substance abuse. Mr. Harris replied that the team will need to look at this and "tweak" it to meet the needs of veterans.

Dr. Kudler stated that he called Dan O'Brien-Mazza to talk about the peer model. Based upon the information he was sent, the model was mental health based, which is not what this group is currently talking about. Dr. Kudler states that there is also a different type of peer program at the VA; he has the personnel description for this program.

Dr. Kudler stated that there are many different areas of expertise that a peer would need to know about and provided examples of knowing both military culture and having knowledge about the local community. The peer would need to be someone who is part of the community and is accessible to the community. The peer would be responsible for connecting the veteran or family members to a range of available services, serving as the "front door". This type of program is going on in Fayetteville with additional back-ups provided by other VA sites.

Ms. Webster stated her concern that the State's definition is different from what Dr. Kudler describes. Dr. Kudler stated that the team could also look at who has already been trained/certified as a peer, and is a veteran.

It was shared with the group that Mr. Mangum's program created a list in the past; however, this is only a list of locations not actual peer names. Ms. Webster stated that the names of the peers are not given out to anyone at this time.

Ms. Webster talked about one of the programs she works with. In this program, some peers conduct outreach activities. This program defines a peer as a person with a serious MH diagnosis and excludes peers who have a substance abuse diagnosis alone.

Mr. Harris concurred, stating that these are all areas for discussion, particularly focusing on developing peer definitions and peer requirements. Additionally, the team needs to look at what other programs exist, what the programs strengths are, and how to utilize what has been learned and is successful with other programs.

Ms. Webster stated that she thinks that there needs to be an array of programs and peers; the team agreed.

Dr. Kudler stated that this project is a great opportunity to integrate the different systems in ways we have not been done before.

Mr. Harris stated that the team needs to look at all programs and keep doors open to opportunities that may exist and possibly provide access to funding resources.

Mr. Harris reviewed the rest of the SAMSHA report, noting that anything that needs to be changed or discussed can be emailed to him.

Mr. Harris reviewed the strategies and agenda; this chart was provided to all participants.

Goal 1: Establish workgroup (small and flexible, pool information from other's areas/knowledge base, and narrow things down):

a. Identify members. John Harris (DMH/DD/SAS), Sam Hargrove (NAMI), Dr. Ken Blackman (ACDC), Mike McMichael, Debbie Webster, and Dr. Kudler. Mr. Harris stated that this group will need at least two more members.

b. Develop funding and sustainability plan. Possible funding resources exist with the Economic Security Commission (ESC), the Commerce Department, Department of Transportation (DOT), and State and Federal Departments of Agriculture. Mr. Harris noted that some of these resources are grants; some are at community colleges and are focused on green initiatives and tied to apprenticeships, training, and certification programs. Mr. Harris has a list of these programs that he will bring to the next meeting.

Dr. Kurtz suggested that we look at people who have funds available being on the work group. Mr. Harris stated we need to consider connecting with these people to get them on the work group.

Ms. Webster stated that her program has some funding for veterans' programs. Currently this program is setting up teams that have one peer support specialist per team. Ms. Webster suggested that it would be a good idea to have one veteran on the team because they encounter veterans regularly.

Dr. Kudler stated that this would be a good way to connect staff to the VA programs. Ms. Webster shared that some of this staff currently attends the veteran stand-downs.

Mr. Harris asked how much a program like this would cost. The team determined that it is hard to figure cost at this time due to the many variables involved. Dr. Kudler suggested web-based trainings to reduce costs.

Dr. Jessica Meed stated that she thinks that there should be several cost models developed which include half-time persons, full-time persons, and programs with stipends for peer support professionals.

Mr. Harris stated that he would pull together the funding and cost information that he has along with what he received from SAMSHA and bring it to the next meeting for the team to review.

Dr. Kurtz recommends that the team also needs to investigate what the system currently has, and what they will be able to work with in terms of a veteran peer-support model.

Dr. Meed suggested that the team think about using what is available to start a program and then apply to a foundation for evaluation.

Mr. Harris shared that he has spoken to James Sprunt College about this initiative. Mr. Harris has also spoken to Inner Vision, a provider agency in Charlotte which has been doing peer support since 2003. Mr. Harris feels that the takeaway from these activities is that there are agencies out there doing the peer programs well.

Dr. Eccleston talked about using peers integrated into mobile crisis or CIT teams, perhaps modifying the service definition to get peers (veteran peers) on the team.

Mr. Harris states this is a good idea and asked Mike McMichael for input because he does this in Durham. Mr. McMichael concurred that this is a good idea.

Dr. Eccleston asked about the different types of situations that would utilize peers. Mr. Harris stated that in his talks with the military it seems like it would be first responders.

Dr. Blackman shared that he is used to responding in emergencies after a crisis to debrief; however, the only people who know they exist are the community safety officers, sheriffs etc. Dr. Blackman shared that on more than one occasion, there are people involved in the crisis who are military connected.

Dr. Kudler stated that this response to crisis could happen early on to avoid a more severe crisis; this was emphasized with the CARELINE trainings.

Dr. Kurtz shared that the grant program he is working on, Operation Recovery, has a component that has a cadre of veterans available to respond to crisis. However, it has been this program's experience that policies at the county level have made implementation of this component difficult.

Dr. Kudler stated there are many military people who want to volunteer. One of the needs is to define what training these volunteers will need, and what the specific mission of the work will be. Mr. McMichael agreed with Dr. Kudler.

The team decided that their work would involve 1) Defining the model, 2) Obtaining staff, and 3) Finding funding resources for the program.

Goal 2. Identify existing peer programs: This goal will be discussed at the next veteran peer meeting.

Mr. Harris concluded the meeting by providing attendees information on the next meeting. This meeting will be on 10/25/12, at the Wright building on the Dorothea Dix campus from 4-5 pm. The first half of the meeting will be to finalize the work of today's meeting, and the second half will be a task group meeting.