DBHDD, OFFICE OF CHILDREN, YOUNG ADULTS AND FAMILIES
"PARENT & YOUTH PEER SUPPORT"

SUPPORTING THE LIVED EXPERIENCE

NEW SUPPORTS TO FAMILIES & CHILDREN IN GEORGIA

Centers for Medicare & Medicaid Services awarded the *CHIPRA* grant to the Georgia Department of Behavioral Health and Developmental Disabilities through the State of Maryland as a part of a three-state learning collaborative.

Develop a credentialed network of family and youth peer specialists who will provide support .

- CPS- Parent - Provides support to parent/guardian who is raising a child living with mental health, substance abuse or a co-occurring diagnosis.
- CPS-Youth/Young Adult- Provides support to youth peers who are living with a behavioral health diagnosis

GEORGIA PARTNERS

Statewide Family Network (Georgia Parent Support Network (GPSN)

Family Support Organizations

Youth & Young Adults (Clubhouses, HTI and Empowerment)

Child Serving Agencies

Addictive Disease - Ga Council on Substance Abuse

Adult Certified Peer Specialist (Adult CPS)

Certified Addiction Recovery Empowerment Specialist (CARES)

PARENT CERTIFIED PEER SPECIALIST (CPS-P)

Accomplishments

- Completed 3 trainings
- Certified 80 Parent CPS-P's
- Curriculum Revised/Refined

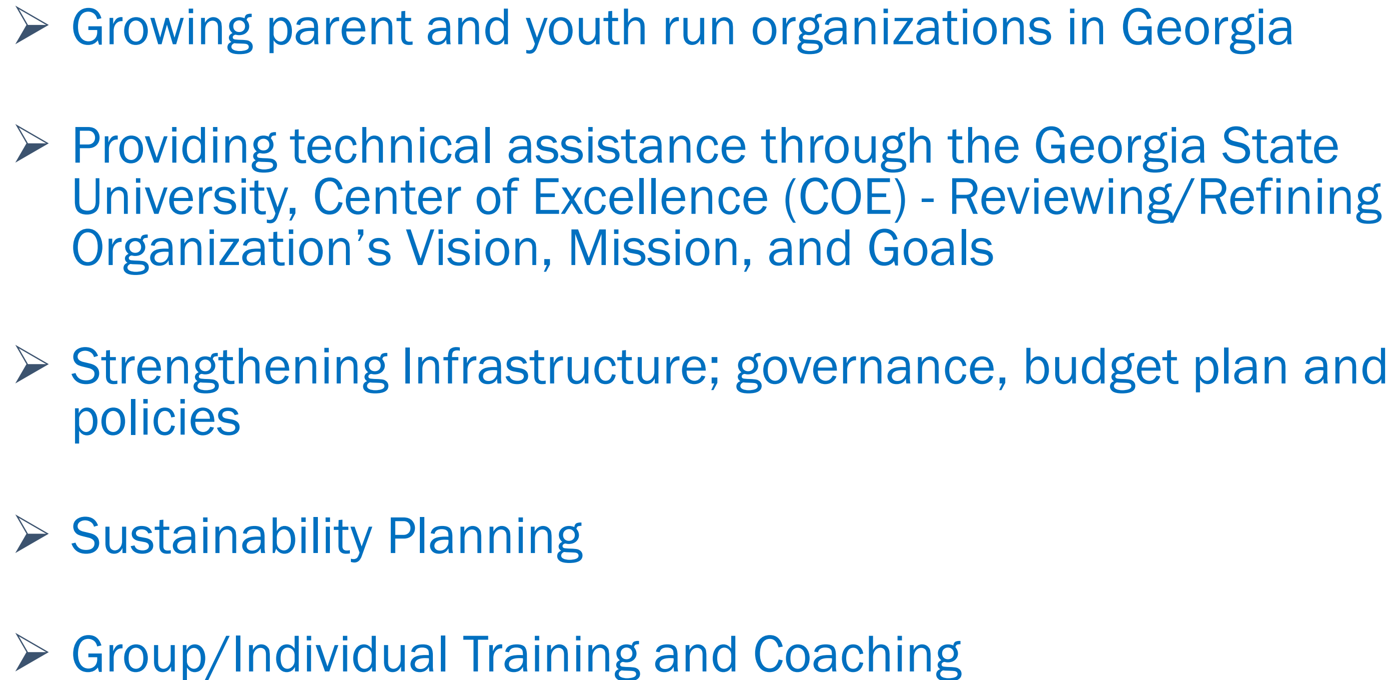
* *Goal – Available to parents across the state of GA and is a Medicaid billable service.*

Youth/Young Adult Certified Peer Specialist CPS-Y
"Under Construction"

- Youth Workgroup
- Youth Consultants
- CPS-Y Workforce Development Workgroup

Youth and young adults are full partners in writing the Youth/Young Adult CPS Curriculum

CULTIVATING PARENT & YOUTH LEADERSHIP



- Growing parent and youth run organizations in Georgia
- Providing technical assistance through the Georgia State University, Center of Excellence (COE) - Reviewing/Refining Organization's Vision, Mission, and Goals
- Strengthening Infrastructure; governance, budget plan and policies
- Sustainability Planning
- Group/Individual Training and Coaching

OUTCOMES

The lived experience of people with mental illness is unique and has a major impact on family recovery and resilience

Mutuality from a lived experience perspective promotes family advocacy, empowerment, and self-efficacy

- Peer services done well provide s hope, success and long term wellness*.
- Enhances self-esteem and social functioning.
- Encourages others to not give up
- Enlarges social support networks
- Improves self management skills
- Decreases crisis and hospitalizations
- Decreases lengths of hospital stay

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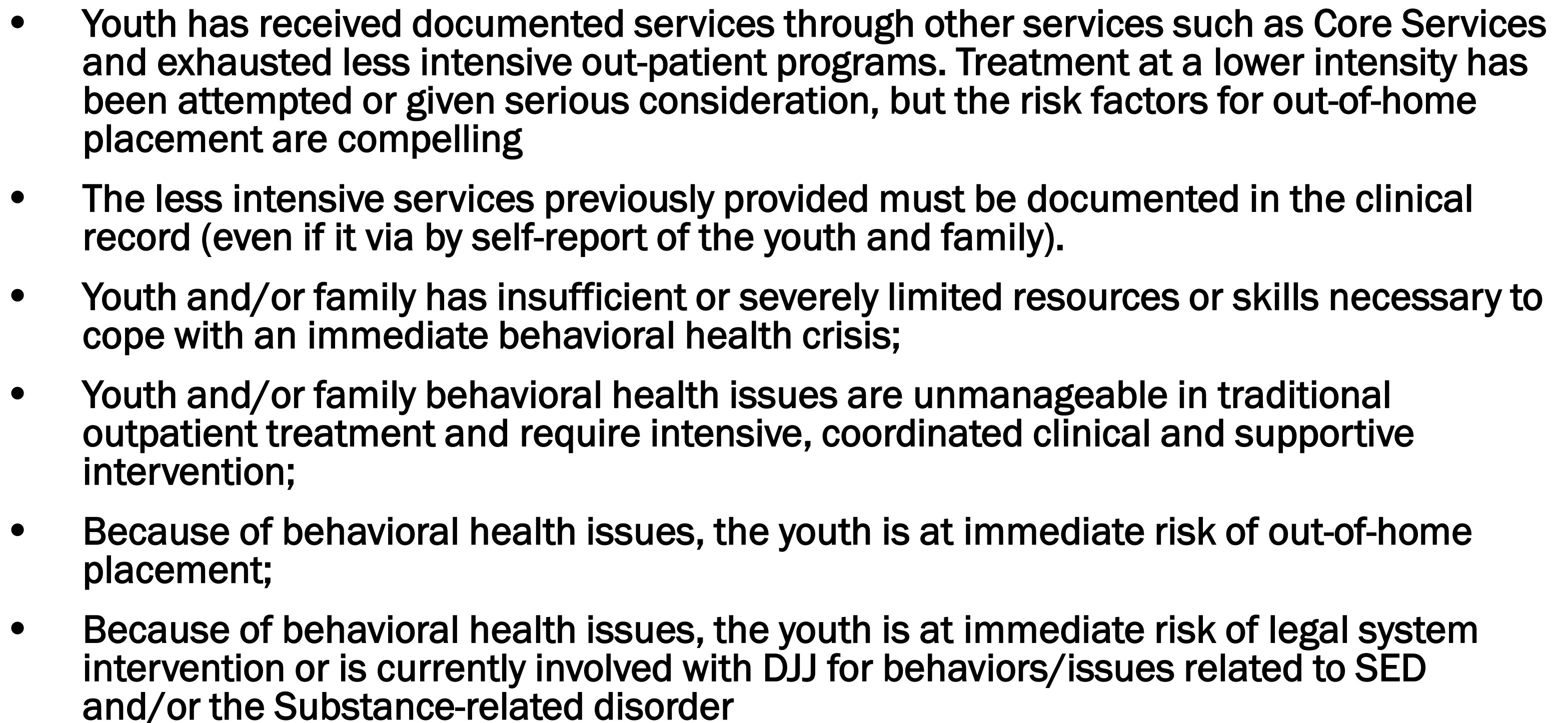
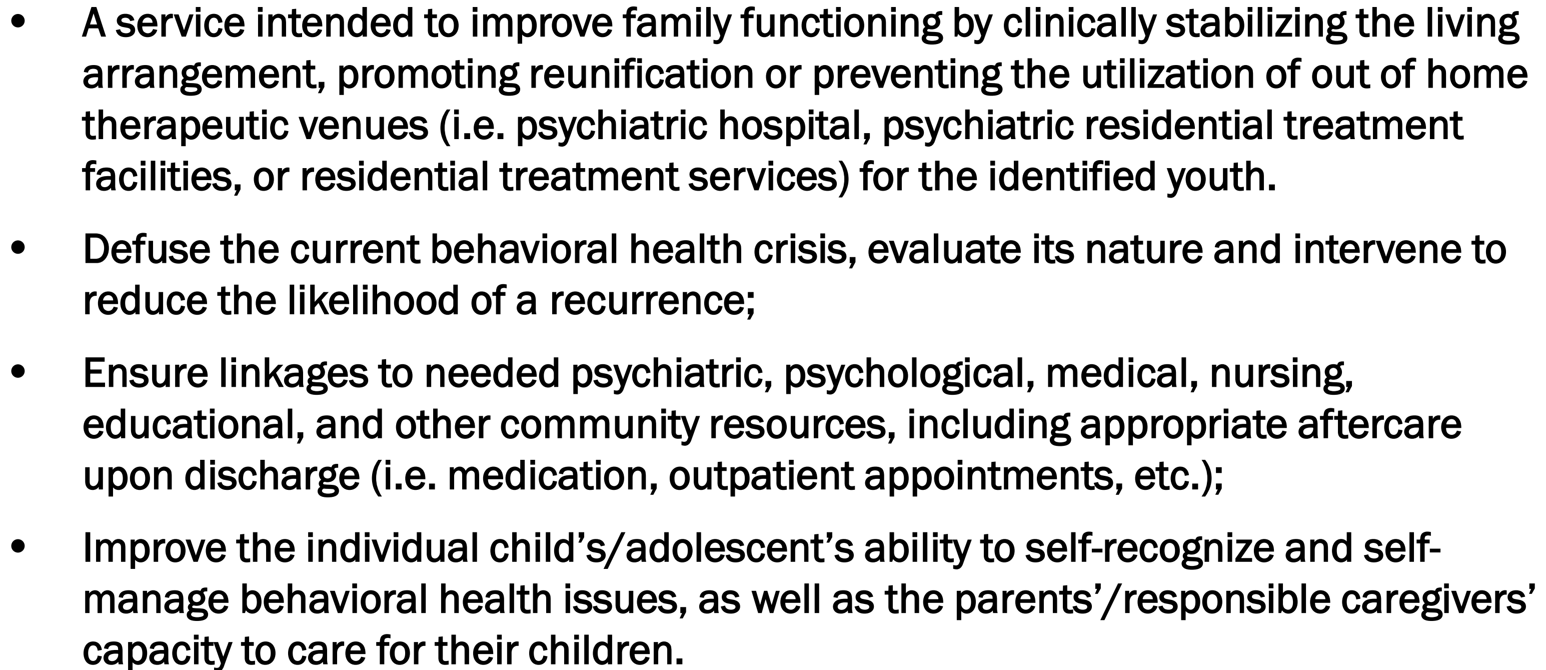
Intensive Family Intervention

TARGET POPULATION



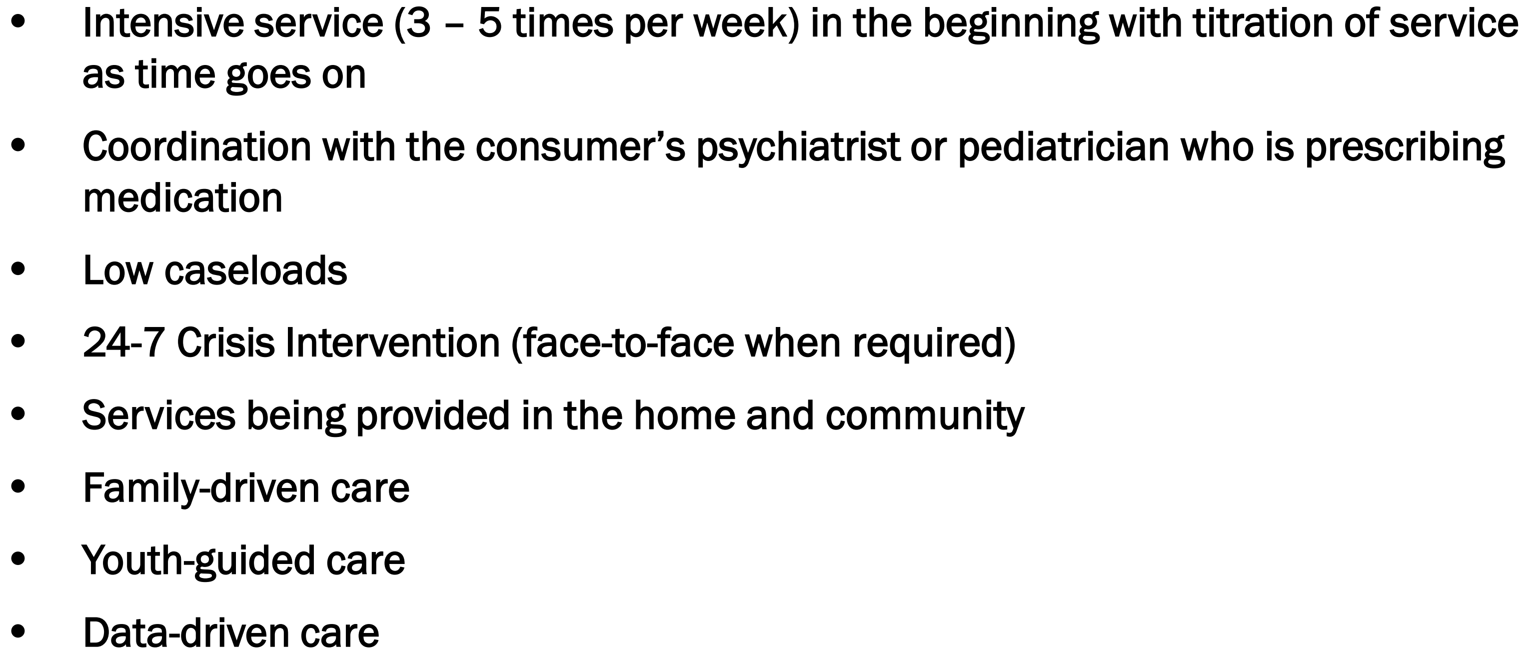
- Youth has received documented services through other services such as Core Services and exhausted less intensive out-patient programs. Treatment at a lower intensity has been attempted or given serious consideration, but the risk factors for out-of-home placement are compelling
- The less intensive services previously provided must be documented in the clinical record (even if it via by self-report of the youth and family).
- Youth and/or family has insufficient or severely limited resources or skills necessary to cope with an immediate behavioral health crisis;
- Youth and/or family behavioral health issues are unmanageable in traditional outpatient treatment and require intensive, coordinated clinical and supportive intervention;
- Because of behavioral health issues, the youth is at immediate risk of out-of-home placement;
- Because of behavioral health issues, the youth is at immediate risk of legal system intervention or is currently involved with DJJ for behaviors/issues related to SED and/or the Substance-related disorder

OBJECTIVES OF SERVICE



- A service intended to improve family functioning by clinically stabilizing the living arrangement, promoting reunification or preventing the utilization of out of home therapeutic venues (i.e. psychiatric hospital, psychiatric residential treatment facilities, or residential treatment services) for the identified youth.
- Defuse the current behavioral health crisis, evaluate its nature and intervene to reduce the likelihood of a recurrence;
- Ensure linkages to needed psychiatric, psychological, medical, nursing, educational, and other community resources, including appropriate aftercare upon discharge (i.e. medication, outpatient appointments, etc.);
- Improve the individual child's/adolescent's ability to self-recognize and self-manage behavioral health issues, as well as the parents'/responsible caregivers' capacity to care for their children.

BEST PRACTICE GUIDELINES



ALLOWABLE ACTIVITIES

a) Family Therapy
b) Individual Therapy
c) Family Training
d) Skills building
e) Team meeting

UNALLOWABLE ACTIVITIES

a) Transportation

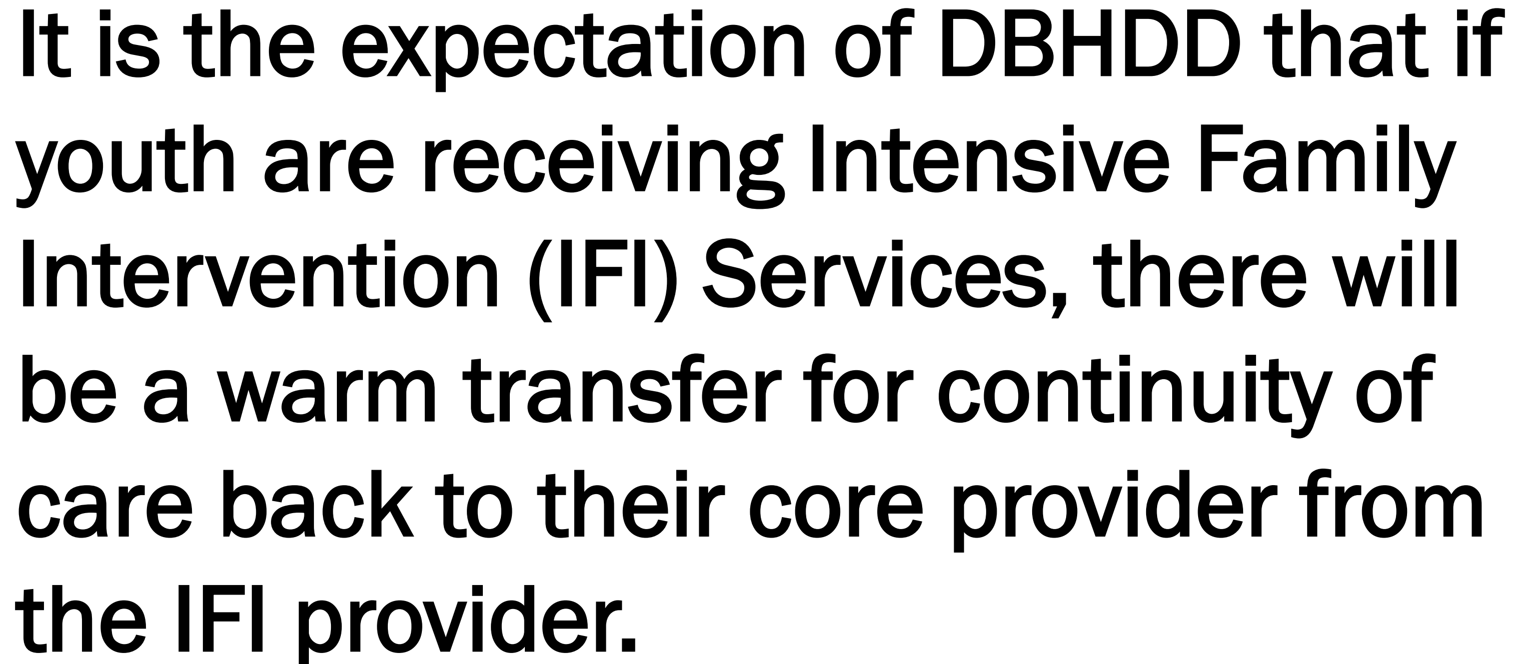
b) Observation/Monitoring

c) Tutoring/Homework Completion

d) Diversionary Activities (i.e. activities without therapeutic value)

e) Babysitting

CONTINUITY OF CARE



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Psychiatric Residential Treatment Facilities

DEFINITION

Psychiatric Residential Treatment Facility (PRTF) services provide comprehensive mental health and substance abuse treatment to children, adolescents, and young adults 21 years of age and younger who, due to severe emotional disturbance, are in need of quality active treatment that can only be provided in an inpatient treatment facility and for whom alternative, less restrictive forms of treatment have been unsuccessful or are not medically indicated. PRTF programs are designed to promote a successful return of the youth or young adult to the home community. Focus is on improvement of residents' symptoms through the use of strength- and evidence-based strategies and active family engagement. The program encourages family participation in the treatment planning and implementation processes and timely discharge planning and aftercare.

PRTF SERVICES

Diagnostic and assessment services

Development of an individualized treatment/resiliency plan

Psychiatric services

Nursing services

Medication monitoring and management

Evidenced-based treatment interventions

Individual, family, and group therapy

Substance abuse education

Activities that support the development of age-appropriate daily living skills

Activities that support parents' abilities to reintegrate the youth into home & community

PRTF SERVICES (CONT'D)

Crisis intervention

Overall health monitoring

Activities promoting the youth's ability to manage his/her own health

Consultation with other professionals

Educational activities

Non-medical transportation

Ongoing discharge planning

These services are provided to youth/young adults in order to promote stability and build toward age-appropriate functioning in their daily environments.

TARGET POPULATION

Children, adolescents, and young adults 21 or younger who are uninsured or have Medicaid eligibility because of foster care, adoption assistance, or a disability (SSI) and: (1) Require an intensive program in an out-of-home setting due to serious behavioral, emotional, and functional problems which cannot be addressed safely and adequately in the home (2) Have a mental health diagnosis; a co-occurring substance-related disorder and mental health diagnosis; or a co-occurring mental health diagnosis and mental retardation/developmental disability .

Youth/young adults with Severe and Profound Mental Retardation are excluded from admission because the severity of cognitive impairment precludes provision of services in this level of care.

Youth/young adults with the following conditions are also excluded from admission unless there is clearly documented evidence that a psychiatric diagnosis is the foremost consideration for psychiatric intervention: (1) Organic Mental Disorder (2) Traumatic Brain Injury (3) Conduct Disorder (4) Mild Mental Retardation (5) Moderate Mental Retardation (6) Autistic Disorder

REFERRALS FROM CCP

Comprehensive Community Providers (formerly known as Core Providers) assess the youth/young adult's treatment needs, make recommendations, develop the individual treatment/resiliency plan, and submit the Multi-purpose Information Consumer Profile (MICP) to the External Review Organization (ERO). Possible treatment options to be recommended include core services, IFI, crisis stabilization, or PRTF.

The CCP serves as the clinical home and coordinates behavioral health care services. The CCP should not make the application to a PRTF without first either committing to, or actually functioning in, the role of CCP for the youth/young adult for whom the PRTF is being considered. The CCP must also consistently be available to the family and actively participate in the discharge process.

PRTF REFERRALS (CONT'D)

It is critical that the CCP strictly adheres to the practice of referring only eligible youth/young adults for PRTF consideration. The CCP should not make a referral for a youth/young adult simply because the parent or guardian asks that a referral be made, irrespective of the eligibility criteria. Applications made under these circumstances carry a high probability for subsequent denials from the ERO; further, the entire process often conveys expectations to the families that are unlikely to be met (PRTF admission).

In the event of a denial, parents or guardians are entitled to a fair hearing in order to request an appeal of the findings. Oftentimes, parents or guardians do not understand that this hearing is not the venue to present additional information, or simply to "have their day in court". CCPs should be clear about what constitutes the appeals hearing so that they can articulate such to parents/guardians who choose to appeal the denial.

QUESTIONS???