NASMHPD
CYF Division Annual Meeting

BE DBHDD

Georgia Department of Behavioral Health & Developmental Disabilities

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November 17, 2020
“It is easier to build strong children than to repair broken men.”

~ Frederick Douglass
DBHDD operates five state hospitals and provides for community-based services across the State through contracted providers. The Department serves people living with mental health challenges, substance use disorders, intellectual and developmental disabilities, or any combination of these. As Georgia’s public safety net, our primary responsibility is to serve people who are uninsured. We also serve individuals who receive Medicaid and others with few resources or options.
DBHDD Organization

• Office of the Commissioner
• Divisions
  1. Behavioral Health
  2. Developmental Disabilities
  3. Hospital Services
  4. Performance Management & Quality Improvement
  5. Accountability & Compliance
Office of Children, Young Adults & Families

- Programs
- Clinical
- Workforce Development
- Office of Recovery Transformation
- Peer Support / Lived Experience
- System of Care Expansion
Overview

History

Policies

Peer Support in Georgia

Georgia AIME

The Future
BE INSPIRED
Peer Support as a Medicaid Billable Service
Georgia was the first state to bill Medicaid for peer services (CPS-MH, 1999)

Expanded Medicaid coverage to include addiction recovery and whole health (1st in the country)

CPS-Y and CPS-P Medicaid-reimbursable as of late 2017

Georgia model became basis for 40+ states and a dozen countries to adopt mental health Peer Support
Georgia: Brief History of Medicaid Peer Support

1999
First Medicaid Billable Peer Support Service

2001
Adult Mental Health Certification

2007
Addition of Wellness Elements to Peer Support Definition

2007
CMS PRTF Demo Waiver for Parent and Youth Peer Support

2007
CMS State Medicaid Directors Transmittal

2007
Wellness Elements to Peer Support Definition

2012
Medicaid Approval for Peer Support Whole Health

2012
Medicaid Approval for Addictive Disease Peer Support

2013
BIP and MFP for Parent and Youth Peer Support

2010
Medicaid CHIPRA Grant to develop Parent and Youth Peer Support

2012
Medicaid Approval for Parent and Youth Peer Support

2017
Medicaid State Plan Approval for Parent and Youth Peer Support

* http://www.nasmhpd.org/sites/default/files/Mortality%20and%20Morbidity%20Final%20Report%208.18.08.pdf

State Event
National Event
### Types of Peer Certifications

**Certified Peer Specialist – Mental Health (CPS-MH)**

- Age 18 and older
- Living in recovery with a mental health condition and is practicing recovery as related to that condition.
- Supports other adults on their journey of recovery with a mental health condition

**Certified Peer Specialist - Addictive Diseases (CPS-AD)**

- Age 18 and older
- Living in recovery from addiction and abstinent from any drug use for over (2) years
- Supports other adults on their journey of recovery from substance use

**Certified Peer Specialist - Youth (CPS-Y)**

- Ages 18 -30
- Living with a behavioral health condition and is willing and able to self-identify as a person who has or is receiving behavioral health services
- Uses that experience in helping other youth and young adults living with similar behavioral health conditions

**Certified Peer Specialist - Parent (CPS-P)**

- Parent or legal guardian of a child who is living with a mental health, substance use or a co occurring diagnosis
- Provides support to other parents who are raising a child with similar behavioral health conditions
Types of Peer Certifications – Ancillary CPS Credentials

MH & Whole Health

• Certified as an Adult CPS
• Earned additional certification to support individuals living with a MH condition in creating a plan that considers mental and physical wellness
• Support individuals with prevention, balancing healthcare, wellness, and navigating the health care system

MH & Forensic

• Age 18 and older
• Living in recovery from addiction and abstinent from any drug use for over (2) years
• Support other adults on their journey of recovery from substance use
CPS Guild in Georgia

Approximately 2,800 (unduplicated CPS) are certified in Georgia.

3,700+ roles due to multiple certifications.
Georgia’s Foundation: Peer-Specific Services

Statewide Benefit

Special Targeted Initiatives

Peer Warm Line Support
Mental Health Peer Support Programmatic Model
Mental Health Peer Support One-to-One Model
Addictive Diseases Peer Support Programmatic Model
Addictive Diseases Peer Support One-to-One Model
Parent Peer Support Programmatic Model
Parent Peer Support One-to-One Model
Youth Peer Support Programmatic Model
Youth Peer Support One-to-One Model
Peer Mentors State Hospital/Prison to Community Transition
Whole Health & Wellness One-to-One Model
Health & Wellness Centers
Recovery Community Center Services
AD Peer Support in EDs (Opioid Response)
AD Peer Support in NICU
Parent Peer Support in Children’s Hospital ED
Peer Specialists – Local Interagency Planning Teams for Youth
Peer Support – First Episode Psychosis Grantees
Georgia’s Foundation: Peer-Engaged Services

Addictive Disease Support Services

Mental Health Peer Support Programmatic Model
Mental Health Peer Support One-to-One Model
Parent Peer Support Programmatic Model
Parent Peer Support One-to-One Model
Whole Health & Wellness Programmatic Model
Whole Health & Wellness One-to-One Model
Health & Wellness Centers
Recovery Community Center Services
Peer Warm Line Support

Community Support Teams

Addictive Diseases Peer Support
Addictive Diseases Peer Support
Youth Peer Support Programmatic Model
Youth Peer Support One-to-One Model
Peer Mentors: State Hospital to Community Transition

Case Management

Assertive Community Treatment

Group Skills Training

Community Support

Intensive Customized Care Coordination

Psychosocial Rehabilitation

Community Transition Planning

 Assertive Community Treatment

Family Training

Crisis Stabilization Programs

Supported Employment

State Hospital to Community Transition

Transition Planning

Community Center Services

Peer Warm Line Support

Recovery
Peer Support FY19 Utilization

- **Peer Support Whole Health & Wellness**: 5%
- **Peer Support Group/Program**: 85%
- **Peer Support Individual**: 9%
- **Parent Peer Support**: 1%

Total: ~$23.2M
Operationalizing Family Recovery

Family Recovery

Parent Peer Support

Youth Peer Support

Treatment Team Supports
Family Recovery is Possible!
The child is not singular - the child is a part of a family unit (no matter the nature of the family). Recovery, then, is for the child and family!

- Everyone in the family can contribute and participate in family recovery
- Building hope within the entire family
- Helping the family become more educated on BH and related support skills
- Be specific to the child’s needs (make it personal)
- Everyone in the family needs some degree of accommodation, flexibility, and support
- Promotes a Healing Journey
- Builds Connections
- Improved Communication
- Bolsters Unity and Wellness
Funding
• Ability to bill Medicaid/DBHDD Fee for Service OR
• Dedicated personnel funding (e.g., operations, grants, etc.) OR
• A combination of both of the above

Capacity
• Recruitment
• Training
• Certification
• Continued Education

Enrollment
• Provider enrollment in service AND
• Included in Individual Recovery Plan (IRP)
DBHDD Policies
Two modalities for parent and youth peer support:

- Individual
- Group

Provider Manual

- Billing Codes & Rates
- Service Definition
- Admission Criteria
- Continuing Stay
- Discharge Criteria
DBHDD recognizes that all people, regardless of their challenges, can build resilience, independence, and wellness to enjoy a life well lived. These broad concepts include principles of individual self-determination, freedom, and personal responsibility and are considered key to achieving the goal of a satisfying, independent life with dignity and respect for everyone.
Guiding Principles & Values

1. Convey the hope of recovery
2. Informed by wisdom of lived experience
3. Address trauma
4. Recovery occurs via many pathways
5. Empower communities
7. Based on respect
8. Person-driven
9. Strength-based
10. Age independent
11. Holistic
12. Supported by peers, allies, advocates, families
13. Nurtured through relationships and social networks
14. Culturally based and influenced
15. Anchored in wellness
DBHDD is the sole certification body for Certified Peer Specialists in Georgia. Certification certificates are only valid if signed by a DBHDD official.

- Certified Peer Specialists
- Sole Certification Agency
- Certification
- Core Competencies
- Training
BE CARING
Strength-based Rehabilitative Service
## Access to Peer Support

<table>
<thead>
<tr>
<th>Formal Peer Support</th>
<th>Informal Peer Support</th>
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</thead>
<tbody>
<tr>
<td>Individual must be living with a Behavioral Health condition and meet DBHDD admission criteria</td>
<td>An individual can also receive peer support without it being prescribed through a state-funded or peer-run organization</td>
</tr>
<tr>
<td>Must be receiving services from a DBHDD approved provider</td>
<td>Must be ordered on the Individual Recovery/Resiliency (IRP) Plan</td>
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<td>Must be authorized by the ASO/Beacon Health</td>
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Impact of Peer Support Services

Among other outcomes …

• “Hard-to-reach” engaged
• Individuals are more involved in their services
• Employment
• Housing
• Provider relationships
• Quality of life
• Child Welfare Reunification

• Substance use
• ED visits
• Inpatient days
• Re-hospitalizations
• Re-incarceration
• Child Welfare Involvement (youth)
• Cost of services

Sources: Mental Health America, Evidence for Peer Support, May 2018 (available online); L. Mangrum, R. Spence, M. Nichols, and C. Peterson, Recovery Support Services Project FY 2015 Final Evaluation Report, University of Texas Addiction Research Institute, 2016; Anthony et al., 2009; Cameron, 2002; Rauber, 2009
One of the primary functions of the Parent/Youth Peer Support service is to promote family/youth recovery.

The Focus of the Parent & Youth CPSs

- Making a Connection
- Addressing Isolation
- Building Knowledge and Skills
- Cultivating Hope
## Parent & Youth CPSs Aim to:

<table>
<thead>
<tr>
<th>Support</th>
<th>Support increased advocacy</th>
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<tbody>
<tr>
<td>Help</td>
<td>Help improve communication within the family</td>
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<tr>
<td>Reduce</td>
<td>Reduce crisis</td>
</tr>
<tr>
<td>Help</td>
<td>Help families learn to deescalate potential crisis situations</td>
</tr>
<tr>
<td>Establish</td>
<td>Establish meaningful community connections</td>
</tr>
<tr>
<td>Enhance</td>
<td>Enhance quality of life in community</td>
</tr>
<tr>
<td>Cultivate</td>
<td>Cultivate Self-efficacy</td>
</tr>
</tbody>
</table>
Supports and Interventions

- Drawing upon their own experience, helping the family/youth find and maintain hope as a tool for progress towards recovery;
- Encourage the creation of an ongoing Wellness and maintenance plan.
- Identifying and overcoming their fears
- Creating early access to the messages of recovery and wellness;
- Assisting the family in identifying the tools of wellness/resiliency/recovery available in everyday life;
- Identify the importance of Self Care
- Building the youth and family skills, knowledge, and tools related to the identified condition/related symptoms/triggers so that the family/youth can assume the role of self-monitoring and self-management;
CPSs Can Assist With

- Encouraging personal responsibility
- Building empowerment and self-determination
- Assisting others in skill-building and problem-solving
- Building self-directed recovery tools
- Establishing personal health directives and making informed decisions
CPSs Can Assist With

- Assisting with identifying other community and individual supports that can be used by the family to achieve their goals and objectives; these can include friends, relatives, and/or religious affiliations.

- Coaching parents in developing systems advocacy skills in order to take a proactive role in their youth’s treatment and to obtain information and advocate with all youth-serving systems;

- Assisting the family in understanding: Various system processes, how these relate to the youth’s recovery process, and their valued role (e.g. crisis planning, IRP process);
Why Are Peer Support Services Important?

Health & Wellbeing

- **Health Care**: 10%
- **Social and environmental factors**: 20%
- **Genetics**: 30%
- **Behavior**: 40%

BE EXCEPTIONAL
Georgia AIME
- Behavioral Health Coordinating Council (O.C.G.A. § 37-2-4)
- Interagency Directors Team
- Local Interagency Planning Teams (O.C.G.A. § 49-5-225)
Local Interagency Planning Teams (§ 49-5-225)

**Permanent Members**

- Community mental health agency
- Family and children services
- Juvenile Justice
- Public Health
- Local Education Agency
- Vocational Rehabilitation

**Children and Adolescent Case Staffings**

- In danger of out of home placement
- Returning to the community
Georgia A.I.M.E

• Pilot Strategy: The Inclusion of Peers within Local Interagency Planning Teams (LIPTs)

• Importance/Rationale

• AIME
  o Inclusion

• Responsibilities of Peers
  o Before the LIPT Meeting Occurs
  o During the LIPT Meeting
  o After the LIPT Meeting

• Next Steps
BE HERE
The Future
DBHDD Approved CPS Certification Training Bodies

CPS
- Georgia Mental Health Consumer Network

C.A.R.E.S.
- Georgia Council on Substance Abuse

CPS-P | -Y
- Transitioning: Georgia Parent Support Network
Georgia Parent Support Network

• Georgia Parent Support Network (GPSN) is honored to be transitioning into the role of training agency for the certification of the CPS-Ps and CPS-Ys.

• In early 2021 GPSN, building on the amazing work of the AIME grant, will pilot trainings that will be delivered to the rural regions of Georgia, specifically Region 4 and 5 in South Georgia.

• GPSN has been collaborating with the AIME grant for over a year and has successfully established Federation Chapters and engaged parents and partners in each Region. These partnerships will serve as the foundation for the first GPSN-led trainings.