Care Management Entity Quality Collaborative
Technical Assistance Webinar Series

Family and Youth Peer Support
September 19, 2011, 2:00 – 4:00 p.m., ET

For audio and to participate, dial: (866) 699-3239
Meeting/Event Number:
In case of technical difficulties, call (609) 528-8400

This document was developed under grant CFDA 93.767 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal Government.
Our work with state and federal agencies, Medicaid health plans, providers, and consumers focuses on:

- Enhancing Access to Coverage and Services
- Improving Quality and Reducing Racial and Ethnic Disparities
- Integrating Care for People with Complex and Special Needs
- Building Medicaid Leadership and Capacity
Maryland, Georgia and Wyoming Collaborative CHIPRA Grant Project

- **Goal:** Improving the health and social outcomes for children with serious behavioral health needs.

- Implement and/or expand a Care Management Entity (CME) provider model to improve the quality - and better control the cost - of care for children with serious behavioral health challenges who are enrolled in Medicaid or the Children’s Health Insurance Program.
Care Management Entity Quality Collaborative Technical Assistance Webinar Series

Family and Youth Peer Support
Parent & Youth Peer Roles in Arizona Children’s System of Care

46,627 Children

JK Lawsuit Settlement

• 12 Principles
• Child and Family Teams for All
• Family-Run Agencies - Parent & Youth Roles
Develop and Deliver
Parent and Youth Peer Services
Pathway to Parent and Youth Support

1. Child/Family
2. Regional Behavioral Health Authority (MCO)
3. Provider Network Organizations
   - Intake and assessment of service intensity needed
   - Child & Family Teams - Case Management
   - Authorization of services (1)
4. Family Involvement Center
   Targeted Parent and Youth Support Through Child and Family Team Plan
5. Comprehensive Services Providers (1)

(1) Also provide parent and youth peer services
New Pathways Under Development

- RBHA / MCO - Customer Service
- Provider Network Organizations - at Intake
- Family Involvement Center: Warm Line, System Navigators, Open Support Groups
- Child/Family
- Self or Community Referrals
- Crisis

Self or Community Referrals
Functions of Family-Run Agencies

- Universal Family Education and Support
- Targeted Parent & Youth Assistance (Medicaid Funded)
- Workforce Development
- Technical Assistance to Provider Agencies
- Family and Youth Leadership Development
- Connect and Support Family/Youth Leaders in System of Care Development Activities
- Assist Families to Access Appropriate Services
- Connections with Informal and Natural Supports
FAMILY-RUN ORGANIZATIONS:

- SOC Development $’s

FEDERAL GOVERNMENT
HEALTH AND HUMAN SERVICES

- CENTER FOR MEDICARE AND MEDICAID SERVICES (CMS)
- SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

ARIZONA STATE GOVERNMENT
(Appropriations)

ARIZONA DEPARTMENT OF HEALTH SERVICES (ADHS)
DIVISION OF BEHAVIORAL HEALTH SERVICES (DBHS)

REGIONAL BEHAVIORAL HEALTH AUTHORITIES (RBHAs) and TRIBAL REGIONAL BEHAVIORAL HEALTH AUTHORITY (TRBHAs)

SUBCONTRACTED PROVIDERS - HOME & COMMUNITY SERVICES
INCLUDES FAMILY-RUN ORGANIZATIONS
Funding for Parent & Youth Support Roles and SOC Development

2010 Funding $2.2 Million

- State - Policy & Systems Management Levels
- MCO - Policy & Systems Management Levels
- MCO - Medicaid Services Delivery
- Other - SOC Consulting
Provider of Medicaid-funded Support and Rehabilitation Services

Support Services
• Case Management
• Family Support
• Peer Support
• Respite Care
• Transportation
• Interpreter Services

Rehabilitation Services
• Living Skills Training
• Health Promotion, Education and Training

Delivered by Peers (Parent & Youth)
BH Professional, BH Technician or BH Para-Professional

Types of Provider
Community Service Agency [CSA]
Licensed Outpatient Clinic [OBHL]

New: Moving to New Funding Sources and Front Doors
Warm Line, Navigators and Other Self-Referrals

Reference AZ Medicaid Covered Services Guide:
www.azdhs.gov/bhs/pdf/CoveredServicesGuidebillingcrosswalk.pdf
Licensing Regulations & Staff Credentials

- Licensed Clinical Director
- Behavioral Health Professionals
- Behavioral Health Technicians
- Behavioral Health Para-Professionals

Licensing Requires Counseling Services
Next Steps in Improving Integration of Parent and Youth Support Services

1) “Front Door” of Services – more than one door
2) Expanded use of Tools to Determine a Parent’s/Youth’s Current Support and Design Plan to Meet Needs
3) Increasing Fidelity of Roles and Consistency in Access and Delivery
Family/Parent and Youth Peer Roles in Arizona

Overview of Challenges and Opportunities:
- Recruitment/Retention
- Training and Coaching
- Certification – Licensing and Program Model
- Meeting Needs of Staff – Peer to Peer Support

System Approaches and Tools:
- ADHS/DBHS Practice Protocol-
  Family and Youth Involvement in the Children’s Behavioral Health System

Family and Youth Involvement in Developing and Monitoring
- RBHA/Managed Care Organization and Provider Contracts
- Annual System of Care Plans at State and Local Levels
- State and RBHA/MCO Policy and Procedural Manuals
Family Involvement Center
1430 E Indian School Road Suite 110
Phoenix, AZ 85014
602-412-4095
http://www.familyinvolvementcenter.org
Questions?

To submit a question please use one of the following options:

• **Ask a Question Online**: Click the Q&A icon located in the floating toolbar at the lower right side of your screen.

• **Ask a Question via Phone**: Phone lines will now be un-muted.

Slides and a video archive of this event will be available on our website, at www.chcs.org.
THE ROLE OF FAMILY PARTNERS IN MASSACHUSETTS

Linda Blouin-Roy
Family Support and Training Program Director
Behavioral Health Network
Springfield, Massachusetts
COordinated Family Focused Care (CFFC)

- 2003-2009
- SOC “pilot” initiative
- Five sites, 50 children per site
- Case rate (Per Diem)
- Blended funding from state agencies
- What was easy and what was challenging
INTENSIVE CARE COORDINATION AND FAMILY SUPPORT & TRAINING

- 2009 to present
- Statewide
- 32 Community Service Agencies (CSAs)
- Medicaid funded
- Fee for service rate
- What is easy, what is challenging
BHN Organizational Model

- Family Support and Training Program Director
  - Four Family Partner Supervisors
    - Up to Eight Family Partners under each supervisor

- Intensive Care Coordinator Program Director
  - Four Care Coordinator Supervisors
    - Up to Eight Care Coordinators under each supervisor
FP work with average of 12 families
Work from goals on treatment plan
Supervision
  - Group with master level clinicians and Senior Family Partners
  - Small group Family Partner supervisor
  - Dyads with master level clinician and Senior Family Partner
  - Individual with Senior Family Partner
TRAINING AND COACHING

- Training
  - With Care Coordinators
    - FP need to learn all skills to help support parent
  - FP-only
    - Stressing their role
    - Big topics - boundaries and confidentiality
  - Required state and agency trainings

- Coaching through Vroon VanDenBurg
EDUCATION

- **Family level**
  - As part of orientation to CSA services
  - Word of mouth
    - Families requesting Family Partners

- **Provider level**
  - Family Partners educate providers at every meeting they attend
  - Presentations given at different agencies

- **System level**
  - Family Partner presentations at system of care meetings
WORKFORCE DEVELOPMENT

- Through our family organization
- Through families served by CSA
Linda Roy
Linda.roy@bhninc.org
413-304-2908
Questions?

To submit a question please use one of the following options:

• **Ask a Question Online**: Click the Q&A icon located in the floating toolbar at the lower right side of your screen.

• **Ask a Question via Phone**: Phone lines will now be un-muted.

Slides and a video archive of this event will be available on our website, at [www.chcs.org](http://www.chcs.org).
PARENT SUPPORT AND CERTIFICATION

Frances Purdy, M.Ed., J.D.
National Federation of Families for Children’s Mental Health

Webinar  Care Management Entities and Children’s Behavioral Health

September 19, 2011
OPERATIONAL DEFINITIONS

CERTIFICATE – the recognition of completion of a training or educational program (which may be based on reaching a certain level of proficiency or just “seat hours”)

CREDENTIAL – the recognition of successful completion of a training, educational program, and/or documented experience that adheres to established professional standards set by an Institution of Higher Education, professional group or organization, e.g. MSW, JD, RN

CERTIFICATION/Certifying– The process of voluntary recognition of an individual who meets specific established knowledge, skills and attitudes/dispositions for initial and continuing practice as set by a standardized process in accordance with an appropriately accredited organization.

LICENSURE – mandatory, regulatory structure for authorizing or permitting a specific scope of practice of an individual professional. This may include specific endorsements that define the population served or topic content allowed within the license

ORGANIZATIONAL ACCREDITATION – voluntary recognition of an organization that meets specific established standards or criteria, e.g. JCHO, COA, CARF, CHEA, ANSI/IEC
DEFINITION

Certified Parent Support Providers™ (CPSP™)

- Use their lived experience and specialized training to assist and empower families raising children and youth who experience emotional, developmental, behavioral, substance use, or mental health concerns.
- Partner with child and family serving systems to improve family outcomes and strive to eliminate stigma and discrimination.

For purposes of national certification an applicant

- Is a person who can articulate understanding from their experience parenting a child with emotional, behavioral or mental health issues.
- May be a birth parent, adoptive parent, family member standing in for an absent parent or a person chosen by the family or youth to have the role of parent or be able to articulate experiences based on parenting a child.
MAJOR JOB DUTIES

• Advocating for Improved Outcomes for Families and Youth
• Facilitating Use of Resources and Supports
• Planning for Wellness
• Providing Emotional Support
• Strengthening Parents’ Skills
• Using and Reporting Data
DOMAINS OF COMPETENCE

- Advocacy in multiple systems
- Ethics
- Behavioral Health Information
- Communication
- Confidentiality
- Education Information
- Effecting Change in individuals and systems
- Empowerment
- Local Resource Information
- Parenting for Resiliency
- Support
- Wellness and Natural
QUALIFICATIONS FOR CERTIFICATION

Documentation of

• 80 hours of training related to the competencies
• 1000 hours of experience
• Criminal background check
• Understanding of parenting a child with emotional, behavioral or mental health issues
• Supervision by a Parent Support Provider
• Agreement to abide by the Code of Ethics
• Passing score on the national exam
• Payment of fees
INDIVIDUALS CAN BEGIN APPLYING FOR NATIONAL CERTIFICATION IN OCTOBER 2011

APPLICATIONS are on line at http://www.ffcmh.org/certification
LESSONS FROM THE FIELD
LESSONS LEARNED

Parent Support works best when:

• The role is consistently defined and operationalized
  – Operates across agencies and funding systems
  – Regular peer supervision from the family-run organization
  – Available throughout the continuum of care

• Families can access parent support before a crisis to
  – Develop respite
  – Teach and coach resiliency-oriented targeted parenting skills
  – Understand the modern and best practices of diagnosis and treatment
  – Coach self-help and recovery-oriented wellness skills for each family member
MORE LESSONS LEARNED

• Care coordination focuses on delivery of quality and quantity of services
• Case managers are available when an individual will not be able “to drive the bus” and actively manage for their own/family member’s care
• There is one agreed upon plan and each agency/provider does not have to reestablish medical necessity
• Medicaid billing rate for peer support needs to include:
  – a livable wage - $25-30 per quarter hour
  – Telephone, Skype or e-communication
  – Travel for home visits and joining parent in community locations for meetings
  – Skill building about parenting and support without child present
FUNDING for PARENT SUPPORT PROVIDER WORK

• States billing Medicaid:
  AK, AZ, OK, KY, MA, MD, MI, PA, TN, WA

• States using §1915 PRTF waivers:
  AK, GA, IN, KS, MA, MS, MT, SC, VA
FEEDBACK AND QUESTIONS

Frances Purdy, M.Ed. J.D.
Director, Certification Commission
National Federation of Families for Children’s Mental Health
9605 Medical Center Drive #280
Rockville, Maryland 20850
240-406-1472
certification@ffcmh.org
http://www.ffcmh.org/certification
Questions?

To submit a question please use one of the following options:

• **Ask a Question Online**: Click the Q&A icon located in the floating toolbar at the lower right side of your screen.

• **Ask a Question via Phone**: Phone lines will now be un-muted.

Slides and a video archive of this event will be available on our website, at [www.chcs.org](http://www.chcs.org).