



National Technical
Assistance Center for
Children's Mental Health

GEORGETOWN UNIVERSITY CENTER FOR
CHILD AND HUMAN DEVELOPMENT

Financing Family and Youth Services Your Answer to the Workforce Gap is Peer Support Providers

National Technical Assistance Center for Children's
Mental Health, Georgetown University Center for Child
and Human Development

April 18, 2013

Agenda

This webinar will focus on ways to incorporate family and youth peer support services.



How jurisdictions can support



What is done by Youth Support Specialists



What is done by Parent Support Providers



Funding Consideration for Parent and Youth Support Services

Fundamental Assumptions

- Our work is intended to support and improve the lives of children, youth, young adults and families
- Youth, young adults and families must be equal partners with the community and system providers in the development of policies and programs
- Best practice is to provide services for youth, young adults and families in their homes and communities
- System of Care's are effective and provide a framework for peer support services

Certified Parent Support Providers (CPSP) Credential Definition

CPSP's use their lived experience and specialized training to assist and empower families raising children and youth:

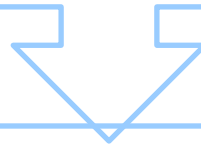
- who experience emotional
- developmental, behavioral
- substance use
- mental health concerns

CPSPs partner with child and family serving systems to improve family outcomes and strive to eliminate stigma and discrimination

Certified Parent Support Providers Service

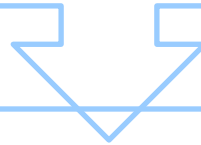
Focus

Empowering Parents and Caregivers



Scope

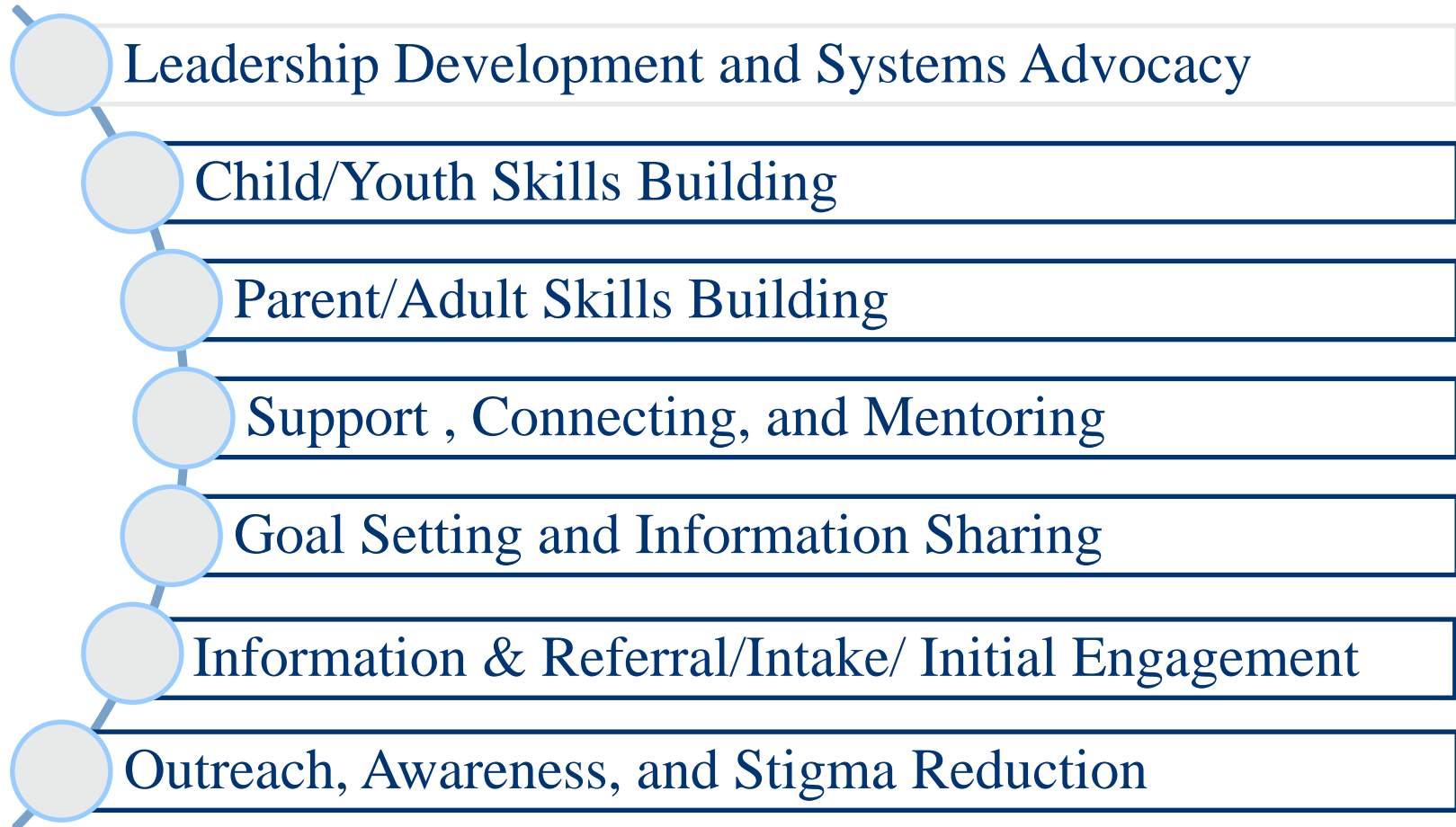
Assisting and Supporting Family Members to Navigate through Multiple Agencies and Systems



Skills

Skill-based Coaching Built on Common Lived Experience

Certified Parent Support Providers



Certified Parent Support Providers

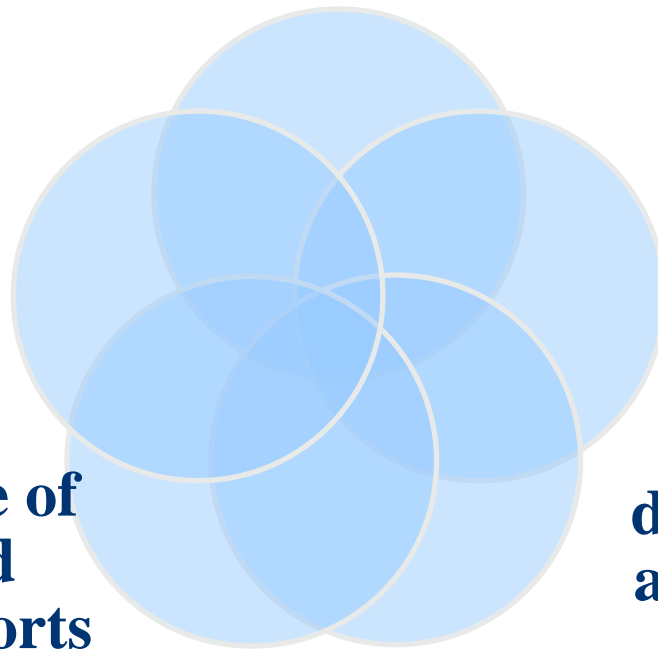
**Promotes
wellness, trust
and hope**

**Increases
communication,
informed decision
making, and self-
determination**

**Reduces
isolation and
stigma**

**Increases use of
formal and
natural supports**

**Identifies and
develops parenting
and advocacy skills**



Certified Parent Support Providers

Reductions in:

- Rate of missed appointment and premature terminations
- Overall cost by at least \$300 per month compared to teams without a Parent Support Provider
- Lengths of stay in foster care and a reduction in out of home placements.

Certified Parent Support Providers

- Relative risk of entering detention or a correctional facility reduced by 86%
- Relative risk of being placed out-of-home reduced by 90% premature terminations
- Parents more than four times as likely to be successfully reunified with their children reduction in out of home placements.

Certified Parent Support Providers

- Children will stay in school rather than drop out
- Having family involvement at the system level requires an engaged, locally developed, autonomous family organization
- Parents more than four times as likely to be successfully reunified with their children reduction in out of home placements.

Resources of Effectiveness of Parent Support

Two publications with citations at
<http://certification.ffcmh.org/resources>

“Effectiveness Of Family Organizations In Maintaining
Children’s Mental Health And Wellness”

“Issue Brief: Family-to-Family Peer Support: Models and
Evaluation Outcomes Roundtable for
Children and Families”

What is done by Youth Support Specialists

Lacy Kendrick Burk,
lkendrick@youthmovenational.org

Executive Director of Youth M.O.V.E National



Why youth peer support (YSP)?

- Youth have unique developmental needs
 - Defining recovery, support, supervision
- Developmentally, peer connections are prominent during adolescence and transition to adulthood
- “Family of choice” for youth of transition age
- Role:
 - Help navigate current systems
 - Provide support and facilitation for case planning
 - Model positive self-advocacy
 - Provide guided support in individual recovery

What does YPS look like?

- Informal peer support
 - Recreation, social groups, internships, supportive social programming
- YPS components exist in many programs
- Progression of youth-guided, youth-led, and youth-driven programs
- Formal YPS programs
 - Medicaid reimbursable, grant funded, etc.

Current state of YSP

- Current practice in the field primarily based off adult peer support models
- Youth and young adults have unique developmental needs
- Although many states have established programs very few states have Medicaid language or programs specific to youth peer support
- Service delivery and supervision must take into account positive youth development principles

Implications for Sustainability

- Youth programs and/or youth led organizations can partner or independently become youth peer to peer providers
 - Medicaid funding sources include state plan amendments (SPA), Medicaid waivers, and Medicaid administrative match.
 - Current adult peer mechanisms
 - Developmentally appropriate certification, supervision, and support necessary

Next steps

- Extensive field review
- National Commission on Youth Peer Support and Practice Standards
 - Iterative review process with wide representation of stakeholders
 - Including young people providing and receiving youth peer to peer support services
 - Open to public review mid-July 2013
- Certification, curriculum, support around program development

“Sometimes when you’re struggling, the most powerful words you can hear from someone are “me too”.



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Funding Parent and Youth Support

Frances Purdy



CERTIFICATION COMMISSION

For Family Support

The National Federation of Families for Children's Mental Health

How To Provide Certified Parent Support Providers Services

Employees or contractors

- Located in the family organization or
- Out-stationed in another organization

Supervised by

- Family organization staff or
- Out-stationed CPSPs
- CPSPs with concurrent other licensed staff

Not employees of the family organizations, but are

- (Co-)Supervised by the family organization, or
- Trained by the family organization

How To Provide Certified Parent Support Providers Services

Should the family organization create an infrastructure to be an independent biller or Can the family organization contract through an existing biller?

- Necessary functions such as financial, quality assurance, contracting, data management,
- Additional functions such as tracking outcomes, training, supervision, billing

Credentialing

- For individual staff
- For supervisors of direct service staff
- For the organization

Training and Credentialing for Parent Support Provider

Peer support providers must complete training and certification as defined by the State. Training must provide [parent/youth] peer support providers with a basic set of competencies necessary to perform the [parent/youth] peer functions.

New Letter on CPSP due anytime,
contact Director Melissa Harris

Melissa.Harris@cms.hhs.gov

410-786-3397

Core Competencies and standards found at
<http://certification.ffcmh.org/>

Taken from State Medicaid Director Letter #07-011, August 15, 2007]

State Plan Nature and Scope

- Administrative functions
- Who is eligible
- What services are covered
- Limitations on coverage
- Reimbursement methodologies

Supervision for Parent Support Provider

- Supervision must be provided by a competent mental health professional (as defined by the State).
- The amount, duration and scope of supervision will vary depending on State Practice Acts
- The demonstrated competency and experience of the [parent/youth] peer support provider
- As well as the service mix, and may range from direct oversight to periodic care consultation.

Supervision for Parent Support Provider

- Day to day supervision can be provided by a CPSP
- Periodic consultation provided through the medically supervised team who is responsible for the treatment plan

John O'Brien, CMS, telephone communication on 12/14/12

Taken from State Medicaid Director Letter #07-011, August 15, 2007

Service Requirements

**Each [Medicaid] service must be sufficient in amount, duration, and scope to reasonably achieve its purpose.”
42 CFR 440.230(b)**

Amount, Duration and Scope Must be

- medical or remedial in nature
- sufficient to achieve its purpose
- appropriate limits may be imposed (i.e., utilization, prior authorization)
- may not arbitrarily deny or reduce amount duration or scope of mandatory services based on diagnosis, type of condition

Service Requirements

Comparability

Section 1902(a)(10) and 42 CFR 440.240: With certain exceptions, services available to any categorically needy recipient are not less in amount, duration, and scope than those services available to a medically needy recipient; services are equal for any individual with an eligibility group

Service is available equally to all individuals who can demonstrate a medical necessity

Service Requirements

The State may not discriminate on the basis of disease or condition. When making a coverage decision, the only criterion is that of medical necessity.

Exceptions:

- Targeted case management
- Services provided only to children under EPSDT
- IMD for persons 65 years and older
- PRTF and psychiatric hospital services for persons under 21

Medicaid Funding Authorities to Consider for Parent Support Providers

- Section 1905 (a)(13) – Rehabilitation
- 1915(b) waiver authority – waives freedom of choice and state wideness
- 1915(c) waiver authority - HCBS for those meeting level of care for institutionalization
- 1915(i) State Plan Amendment - HCBS without a waiver for specific population

Medicaid Funding Authorities to Consider for Parent Support Providers

- Money Follows the Person - Enhanced Federal Match for 365 days for individuals transitioning into community after 90 days in institution
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Care Coordination, Navigator and Parent Support Provider

- Must be coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals that have measurable results.

Taken from State Medicaid Director Letter #07-011, August 15, 2007

- Private or public entity or individual that is qualified, and licensed, if appropriate, and meet the standards
- To prevent, minimize, and mitigate any conflicts of interest, financial or otherwise and carry out functions with appropriate integrity

Taken from §155.210

Navigator and Parent Support Provider

To ensure expertise in:

- the needs of underserved
- vulnerable populations,
- eligibility
- enrollment rules and procedures,
- the range of options
- insurance affordability programs
- the privacy and security standards

Taken from §155.210

Additional Roles and Funding Resources to Consider for Parent Support Providers

- Health Care Navigators and Community Health Workers
- Block Grants
- Child Protection and Juvenile Justice (Engagement, Skill Building, Navigation, and Support) Parent and Youth Support
- IDEA or other education navigators
- Young Adult of Transition Age Youth Support

The screenshot shows a Mozilla Firefox browser window displaying the CHCS website. The address bar shows the URL: www.chcs.org/publications3960/publications_show.htm?doc_id=1261373. The website header includes the CHCS logo and the tagline "Improving the quality and cost-effectiveness of publicly financed health care". The navigation menu includes "About Us", "Initiatives", "Resources", "Newsroom", "Events", and "E-Mail Updates". A search bar is located in the top right corner.

The main content area is titled "Children's Behavioral Health" and features the article "Medicaid Financing for Family and Youth Peer Support: A Scan of State Programs". The article is categorized as a "Technical Assistance Briefs & Tools" and was published in May 2012. The funders are listed as "Centers for Medicare and Medicaid Services".

The article text states: "Family and youth peer support is an important component of the Care Management Entity (CME) approach. These supports play an essential role in helping to build the resiliency of caregivers and youth and strengthen the capacity of families to care for children at home. Family and youth peer support providers are integral to teams serving children and youth with behavioral health challenges and their families, and they are distinct from traditional mental health service providers in that they operate out of their personal experience and knowledge." It also mentions that strategies for funding formal family and youth peer support exist in states across the country and that the following chart draws from a national scan of states that are using Medicaid to finance family and youth peer support efforts.

On the right side of the page, there is a "DOWNLOADS" section with a link to "Family Youth Peer Support Matrix (379K)" and a note to "Download Adobe Acrobat Reader to read PDF files." Below this is a "Related Initiatives" section with a link to "Care Management Entities for Children with Serious Behavioral Health Needs: A CHIPRA Quality Improvement Collaborative".

The left sidebar contains "ISSUE AREAS" with a list of categories including "Adults with Complex and Special Needs", "Children's Health", "Adolescent Health", "Asthma", "Child Welfare", "Children with Special Needs", "Children's Behavioral Health", "High-Risk Pregnancy and Birth Outcomes", "Oral Health", "Preventive Care", "Consumer Issues", "Financing", "Health Reform Implementation Resources", "Long-Term Supports and Services", "Medicaid Policy", "Primary Care Improvement", and "Quality and Equality". There is also a "CHCS State Highlights" link at the bottom of the sidebar.

http://www.chcs.org/publications3960/publications_show.htm?doc_id=1261373

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Next Webinar:

**Improving Services and Supports for Youth Who Are
Lesbian, Gay, Bisexual, Transgender, Questioning,
Intersex, 2-Spirit (LGBTQI2-S)**

May 16th at 1pm ET

Register at NTAC Webinar website:

<http://gucchdtacenter.georgetown.edu/resources/TAWebinars.html>



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IMPORTANT LINKS

Evaluation Form:

<https://www.surveymonkey.com/s/TACenterWebinarEvaluation>

Webinar Website:

<http://gucchdtacenter.georgetown.edu/resources/TAWebinars.html>

Data Matters: <http://www.gucchdgeorgetown.net/data/>