Family Behavioral Health

Georgia Child Abuse and Neglect Prevention Plan

2020-2029

GEORGIA essentials for childhood

Highlights

Issues

- Research shows there is a strong connection between a child's well-being and experience of abuse or neglect to the development of a behavioral health condition and/or a physical health condition
- The more adverse childhood experiences a person has lived through the greater likelihood they can develop health challenges as an adult

Solutions

- Combating the stigma that surrounds behavioral health services
- Build capacity and increase access to mental health services for school-aged youth
- Utilize Peer Support programs to leverage the unique lived experiences of a person who is in recovery as a way to support others who are also recovering

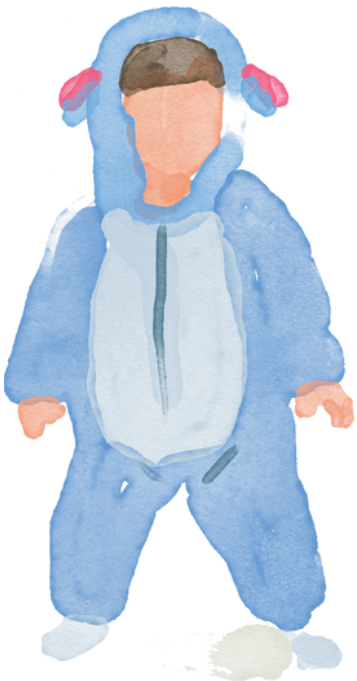
Background

Behavioral Health is an important issue impacting the state of Georgia. This includes a direct impact to those who may be experiencing a behavioral health challenge, workforce shortages in certain communities, an economic affect to the state at large, as well as complications from COVID 19 which may have compounded these challenges (NHCS, 2021). While behavioral health may initially seem independent of a child's exposure to abuse/neglect, research strongly supports the opposite. Because of the relationship between the two, state leaders/workgroups would be wise to invest in high efficacious behavioral health services/resources in addition to child abuse/neglect prevention strategies.

Relation to Child Well-Being

Research supports the correlation between a child's well-being (i.e. exposure to abuse, neglect, and/or a dangerous environment) and the development of a behavioral health condition and/or a physical health condition (e.g. mental health, substance use, heart complications, stress, etc.) later in life (Dube et al., 2001, Dube et al., 2003; Edwards, Holden, Felitti, & Anda, 2003). The largest and still ongoing study investigating the relationship between child abuse/neglect and one's health as an adult is the CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study. This study led to the development of the ACE Scale which can be used to predict an individual's health later in life based on their wellbeing as a child. The ACE Scale is comprised of 10 yes or no questions which all refer to the respondent's first 18 years of life. The questions are:

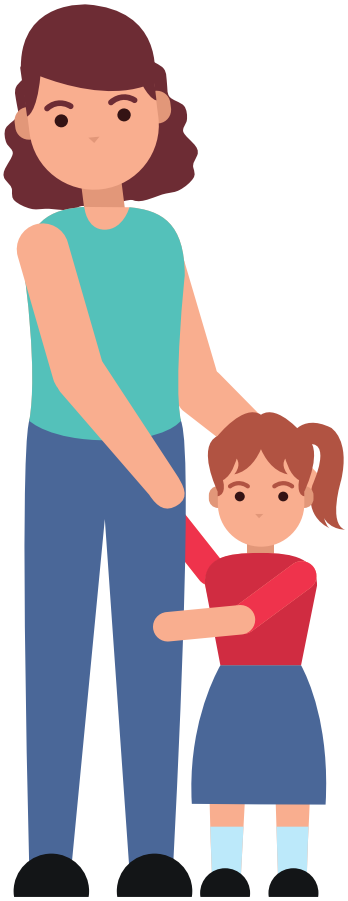
1. Before your 18th birthday, did a parent or other adult in the household often or very often swear at your, insult you, put you down, or humiliate you? OR act in a way that made you afraid that you might be physically hurt?
2. Before your 18th birthday, did a parent or other adult in the household often or very often push, grab, slap, or throw something at you? OR ever hit you so hard that you ad marks or were injured?
3. Before your 18th birthday, did an adult or person at least five years older than you ever touch or fondle you or have you touch their body in a sexual way? OR attempt or actually have oral, anal, or vaginal intercourse with you?
4. Before your 18th birthday, did you often or very often feel that no one in your family loved you or thought you were important or special? OR your family didn't look out for each other, feel close to each other, or support each other?
5. Before your 18th birthday, did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? OR your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
6. Before your 18th birthday, was a biological parent ever lost to you through divorce, abandonment, or other reason?
7. Before your 18th birthday, was your mother or stepmother often or very often pushed, grabbed, slapped, or had something thrown at her? OR sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? OR ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
8. Before your 18th birthday, did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
9. Before your 18th birthday, was a household member depressed or mentally ill, or did a household member attempt suicide?
10. Before your 18th birthday, did a household member go to prison?



The more 'yes' answers a respondent has, the higher the likelihood they may develop health challenges as an adult. The 10 questions can be organized into the following categories 1) Abuse, 2) Household Challenges, 3) Neglect. While the original data of the CDC-Kaiser Permanente study is not available to the public, there are many studies that have investigated the relationship between an individual's exposure to ACEs and their long term health consequences (Petruccelli, Davis, & Berman, 2019). According to research, there is a strong correlation between an individual's exposure to ACEs and their behavioral health later in life (Petruccelli, Davis, & Berman, 2019).
Because of this correlation, an investment in child abuse/neglect prevention strategies and programs as well as Family Mental Health services are important for the long term health of Georgia residents.

Programs in Action

There are many evidence-informed/based practices and programs in Georgia whose purpose is to support families and/or individuals who may have a behavioral health condition. The purpose of this section of the report is to present key programs that are effective, currently being implemented so that families may enter into the service as quickly as possible, and are generally suitable for the majority of Georgia families.



One of the more innovative services that Georgia not only offers, but is a national leader is with the Certified Peer Support Service. Peer Support, as it's colloquially known in Georgia, may differ in name in other states and countries even though the premise of the service is the same. The service is predicated on leveraging the unique lived experience of an individual who is in recovery in a way to support individuals who are in their own recovery journey. Characteristics of the service include a shared understanding, respect, and mutual empowerment between individuals who have experienced similar challenges (Chapman, Blash, Mayer, & Spetz, 2018; Gidugu et al., 2014; Repper, 2013). The purpose of Peer Support is for the trained individual in recovery (i.e. the Certified Peer Specialist) to support an individual in their recovery journey.

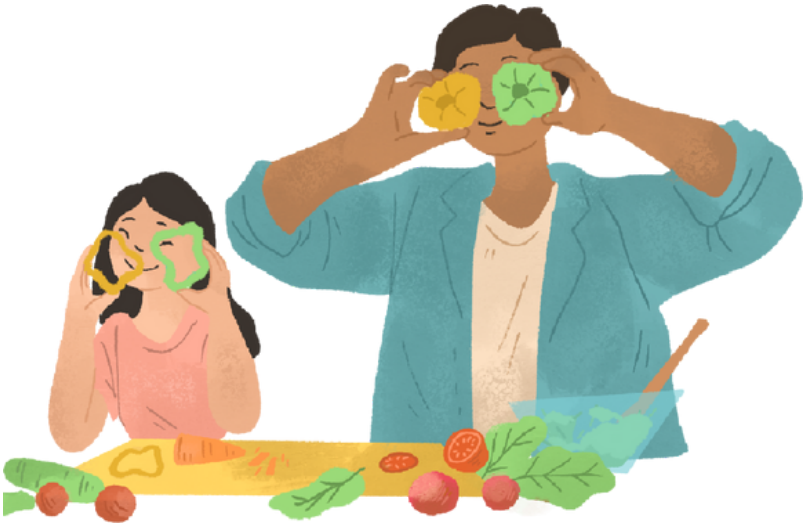
This shows that the core principles of peer support truly transcend culture, ethnicity, and race. Outcomes include reduced re-hospitalization rates, reduced days in inpatient care, lower overall cost of services, increased use of outpatient services, increased quality of life outcomes, increased engagement rates, as well as increased whole health (Davidson et al., 2018; Evidence for Peer Support, 2018).

In addition to assessing the efficacy of this services from a quantitative lens, a qualitative analysis was also conducted. This analysis includes reflections by those who are trained in Peer Support as well as those who are receiving the service. Key themes identified include the importance of shared understanding, the flexibility of the service in that it may be implemented in multiple settings (e.g. the community, schools, clinics, jails, hospitals, etc.), and the positive impact peers have on behavioral health teams. Excerpts from interviews include:

- "They [the person receiving the support] know I'm [the Peer providing the support] not the expert, they know we're just us, both trying to beat the same demons and we're trying to work things through together" (Repper, 2013). – From a trained Peer Support Specialist
- “Peer workers have the time and flexibility to listen. They always take the time to talk, whereas other staff members may get called away” (Repper, 2013) – From an individual receiving Peer Support
- “I just stand back and watch him [implement the service]. Not just with patients who come in here so frightened and hopeless, but with staff too. He can help them see things in a completely different way (Repper, 2013) – From a non-peer who works with trained Peer Support Specialists

Our research confirms that Peer Support should be considered as a standalone service for certain individuals and as a complimentary service for the majority of individuals. An important note about this service from a Georgia perspective is that it is eligible to be billed to Medicaid. This means that a certified Peer Support Specialist may bill their time to Medicaid, which is key for expansion and sustainability purposes.

A breakdown of the different Certified Peer Support types that are offered in Georgia are provided below. This information includes the requirements an individual must meet to become certified in the respective type and key contact information for those interested in learning more about the type.



Certified Peer Specialist Mental Health (CPS-MH)

- An individual certified by the State Department of Behavioral Health and Developmental
- Disabilities (DBHDD), who has lived experience with a mental health condition and is practicing recovery as related to that condition.
- Must be 18 years or older
- To learn more about the CPS-MH service, questions may be directed to: Info@GMHCN.org

Certified Peer Specialist – Addictive Disease (CPS-AD)

- An individual certified by DBHDD who has lived experience with addiction and is practicing recovery as related to that condition
- Must be 18 years or older
- To learn more about the CPS-AD service, questions may be directed to info@gasubstanceabuse.org

Certified Peer Specialist – Youth (CPS-Y)

- A young adult between the ages of 18 to 30 who has lived experience of either a mental health condition and/or a substance use disorder as a youth and is practicing recovery as related to that condition. The certifying body of the CPS-Y service is DBHDD.
- Ages 18 – 30 years
- To learn more about the CPS-Y service, questions may be sent to Dana.McCray@dbhdd.ga.gov

Note that other peer related credentials (e.g. Whole Health and Wellness Coach, Forensic Peer Mentors, etc.) may be added to the CPS-MH credential. The related credentials are not recognized on their own with regards to a Certified Peer Specialist type. The only state recognized CPS types are the four listed above.

Another effective behavioral health program that is rapidly growing with much success is Georgia's School Based Behavioral Health program known as APEX. The premise of the program is to build capacity and ultimately increase access to mental health services for school-aged youth (i.e. Pre-Kindergarten to 12th grade) throughout the state.

This goal is accomplished by schools and community services boards (i.e. Community Mental Health centers) working together so as to serve youth and young adults in the school setting. Mental health workers can lead services with youth during the school day so as to take advantage of the school infrastructure. Schools are a natural environment for identification and intervention with regards to serving youth who may have unmet mental health needs.

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In addition to mental health services being implemented, APEX also offers workforce development trainings to school personnel. These trainings include Youth Mental Health First Aid, Suicide Prevention, Cultural Competency, as well as others.

For more information on APEX, click here.

Another investment made by the state is the Georgia System of Care (SOC). A SOC is a philosophy rather than an evidence based practice. It is defined as "a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life" (Stroul, B., Blau, G., & Friedman, R., 2010). Core values of a SOC include 1) Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided, 2) Community based, with the focus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level, 3) Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care (Stroul, B., Blau, G., & Friedman, R., 2010).

The SOC framework is predicated on providers and other relevant partners as identified by the family being served, working together to empower the individual/family and equip them with the services and resources they need to live healthy lives. Resources/services offered may include 1) substance use treatment, 2) therapy, 3) referral, among many others.

One way families can access their local SOC is through their community based Local Interagency Planning Teams (LIPTs). These teams are state mandated that meet with the goal of supporting families/individuals in need. Organizations in attendance range from DBHDD and The Department of Education to local school officials and faith based leaders.

A System of Care website is currently being developed through the AIME System of Care expansion grant which operates out of DBHDD. The website will contain information as well as how to access the system. For now, if you're interested in learning more about Georgia's SOC, you can do so by following this link: https://gacoeonline.gsu.edu/soc/ or by emailing AIME Project Director Matthew.Clay@dbhdd.ga.gov.

Recommendations

There are a number of important ways for Georgians to get involved in the Family Mental Health movement. One way is for them to connect with their local Federation of Families for Children's Mental Health Chapter. There are currently 31 Federation Chapters in Georgia and each chapter is an extension of the National Federation. All chapters are "family run" (i.e. leadership and members have lived experience and/or is a mental health stakeholder/champion). While each local chapter may focus on a specific topic or sub population (e.g. single dads, coordinating food/resource drives, parent centered workshops, awareness campaigns, etc.), the vision of all chapters can be universally explained as the following: Through a family-driven and youth-guided approach, children and youth with emotional, behavioral, and mental health needs and substance use challenges and their families obtain needed supports and services so that children grow up health and able to maximize their potential (National Federation of Families, 2021).

The Georgia Parent Support Network (GPSN) is the Statewide Chapter of the Federation of Families Chapters. For information on how to find your local chapter or how to start your own chapter you may contact Sue Smith of GPSN at Sue.Smith@GPSN.org.

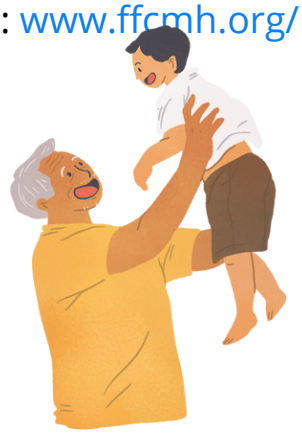
A specific way Georgia youth and young adults can get involved is through Youth MOVE. Youth MOVE (Motivating Others through Voices of Experience) is similar to Federation Chapters in that all chapters must be approved by the National organization, all chapters are driven by consumers and/or mental health champions, and all chapters are tasked with advocating, influencing, and educating communities on mental health related topics. What is unique about Youth MOVE chapters, however, is that they are led by youth/young adults. The overall mission of Georgia Youth MOVE Chapters is "to advocate and collaborate actively to ensure our input is heard by the adult leaders who make big decisions about our welfare during our transition from young adult to adulthood" (Youth M.O.V.E. Georgia, 2021).

Youth MOVE Georgia operates out of the Georgia Parent Support Network. For more information on how to find your local chapter or how to start your own chapter, you may contact Sheena Biggerstaff of Georgia Parent Support Network at Sheena.Biggerstaff@GPSN.org.

Another important way that Georgians can get involved with the Family Mental Health movement is by taking action towards negating the stigma that surrounds behavioral health services. This can be accomplished through a number of different ways which may include 1) attending behavioral health awareness events (e.g. Children's Mental Health Day at the Capitol, Mental Health Awareness Month, The System of Care Academy, etc.) 2) participating in pertinent social marketing campaigns (e.g. Free Your Feels), 3) advocating for those in need through Federation Chapters and/or Youth MOVE chapters, among other ways. Misconceptions, misunderstandings, and mistruths play a large role in strengthening the stigma that comes with behavioral health services. Public education, awareness, and normalization are key when it comes to defeating this stigma.

Resources

- Georgia's System of Care Website: www.GASystemofCare.org
- APEX, DBHDD: https://dbhdd.georgia.gov/georgia-apex-program
- Federation of Families for Children's Mental Health, National: www.ffcmh.org/
- Georgia's System of Care: https://gacoeonline.gsu.edu/soc/
- The Georgia Parent Support Network: www.GPSN.org
- Youth MOVE, National: www.Youthmovenational.org
- Respect Institute: www.therespectinstitute.org
- SAMHSA: www.SAMHSA.gov



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