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Transforming Recovery Services

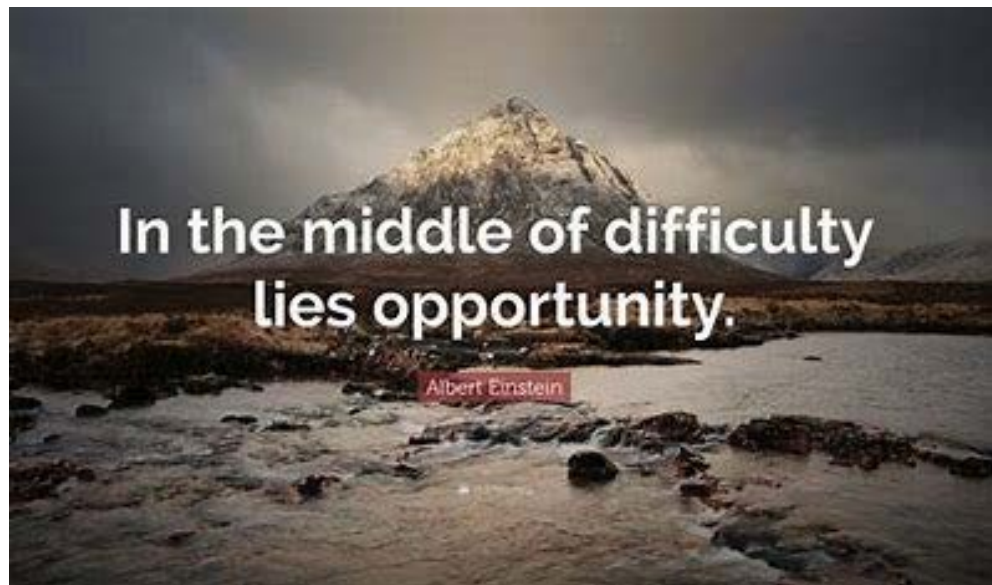
2020 NYAPRS Annual Recovery and Rehabilitation Academy

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Objectives

1. Understanding how state and federal policy changes allow opportunities for direct access to recovery-oriented services
2. Learn about the new array of proposed services for HARP enrollees, as well as considering new ways to look at the OMH PROS program and how it may better meet individual needs, goals and aspirations.
3. Develop knowledge of how key evidence-based practice will inform the future of recovery services in NYS





Transforming Recovery Services

- Policies have changed rapidly to keep pace with the Covid-19 crisis, pushing the State and mental health providers to develop and discover emerging best practices in telemental health and community-based interventions.
- PROS programs and Adult BH HCBS providers have had to think creatively about how best to engage individuals and advance their recoveries during this time.
- As we approach 2021, more changes are in store, including the transition of BH HCBS to Community-Oriented Recovery and Empowerment (CORE) services and the modernization of PROS.



Shift from Clinical to Rehabilitation Services



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Before PROS...

Day Program Model:

- Focused on treatment of MH symptoms.
- Predominantly medical personnel.
- Few meaningful personal outcomes.
- Large group services with little to no personal attention.
- Long program length of stay.



Implementation of PROS

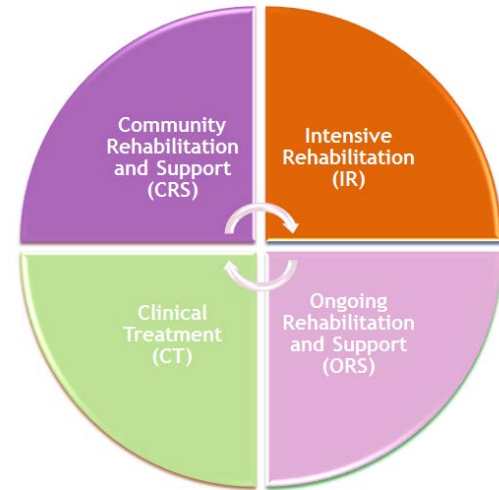
- *Recovery is possible!*

- PROS model integrates Rehabilitation and Treatment.
- Person Centered Services and activities.
- The “Sky is the Limit”; what are your goals?
- The Participant is driving his or her Recovery Plan.
- Smaller group sizes, more focus on participant interests.



Psychiatric Rehabilitation – A new path to achieve independence.

- Addressing barriers and working toward *any* goal.
- Learning about and utilizing community resources.
- Focus on full community participation.
- Employment is valued as a goal.
- Opportunity for Peers to teach and lead others.



Role of Peers continues to grow...

- PROS model allows a mixed staffing plan of Professionals and Paraprofessionals which also provides opportunities for Peers.
- The number of Peers hired in PROS has increased significantly since PROS was implemented.
- Model supports skill development through experiential learning and supervision.



Impact of COVID-19 on PROS



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Beginning of COVID-19

- The on-set of the COVID-19 pandemic affected all programs as in-person services could not be provided.
- Telehealth had never been implemented for PROS and technological, along with billing barriers were quickly discovered.
- COVID guidance ensured immediate focus on participant and provided flexibility for documentation.
- Disaster Emergency Billing allowed for flow of revenue to programs.

What's working and how to move forward?



PROS & Telemental Health

- Programs rapidly adapted and secured technology for participants and program staff to allow for engagement and communication.
- Program staff quickly organized supports, including treatment, for participants for the short-term.
- Adaptation to new technology utilizing a wide variety of resources to hold groups securely.



Telemental Health & Lessons Learned

Delivering services remotely works!

- Telemental Health allows a new flexibility and offers efficiency.
- Skills can be learned and practiced through use of technology.
- Participant to participant support has continued.
- Focus on Recovery Planning and long-term goals has resumed.



Moving Forward....

- Possibility of Hybrid Model of in-person services with others joining remotely.
- Shift toward skill development in the community and away from a program site.
- “Hands on learning” in a person’s natural environment (apartment, grocery store, etc.)
- PROS statewide census is getting younger (1/3 under 34 years old)
 - How can we better meet their needs?
- Use of emerging technology (apps) to further improve engagement.





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Adult BH HCBS to Community-Oriented Recovery and Empowerment (CORE) Services

Rehabilitation and Recovery Vision

It is about the person – helping people live a life in the community, get a job, have successful relationships and go to school.

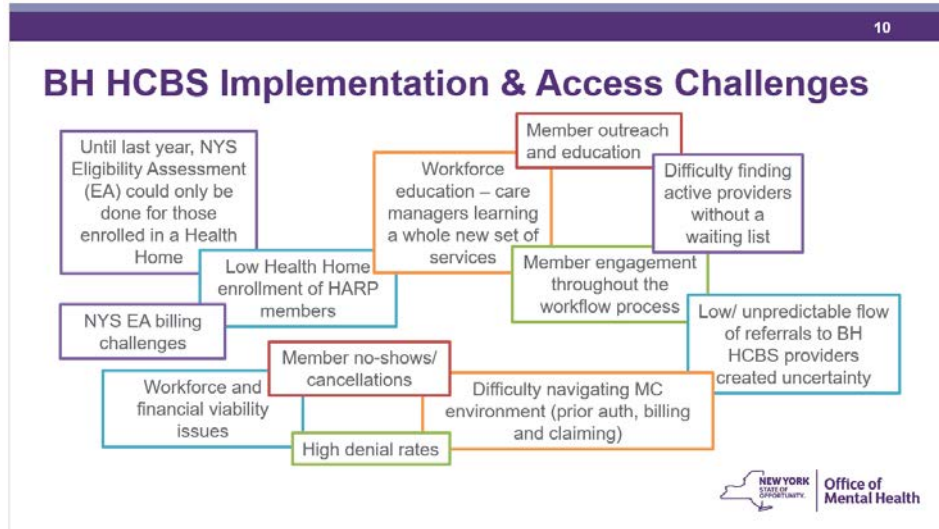
The system should include a broad range of services that support recovery from mental illness and/or substance use disorders.

These services support the acquisition of living, vocational, and social skills, and are offered in settings that promote hope and encourage each member to establish an individual path towards recovery.



From There to Here

- At last year's conference we shared details about the challenges with BH HCBS...



Remember this slide?

- This year we can share the awesome news that we've officially applied to transition from BH HCBS to a new array of community-based services!

Transition to CORE

- OMH and OASAS have submitted an application to CMS to transition the current Adult Behavioral Health Home and Community Based Services to **a new adult rehabilitation services demonstration** under the 1115 Waiver

- These new services will be called:

Community-Oriented Recovery & Empowerment (CORE) Services

- This transition will eliminate many of the barriers to access while preserving the heart of **individualized, community-based rehabilitation** services
- Focus on **staff development** to support a culture of recovery and rehabilitation



CORE Service Array

Community
Psychiatric Support
and Treatment

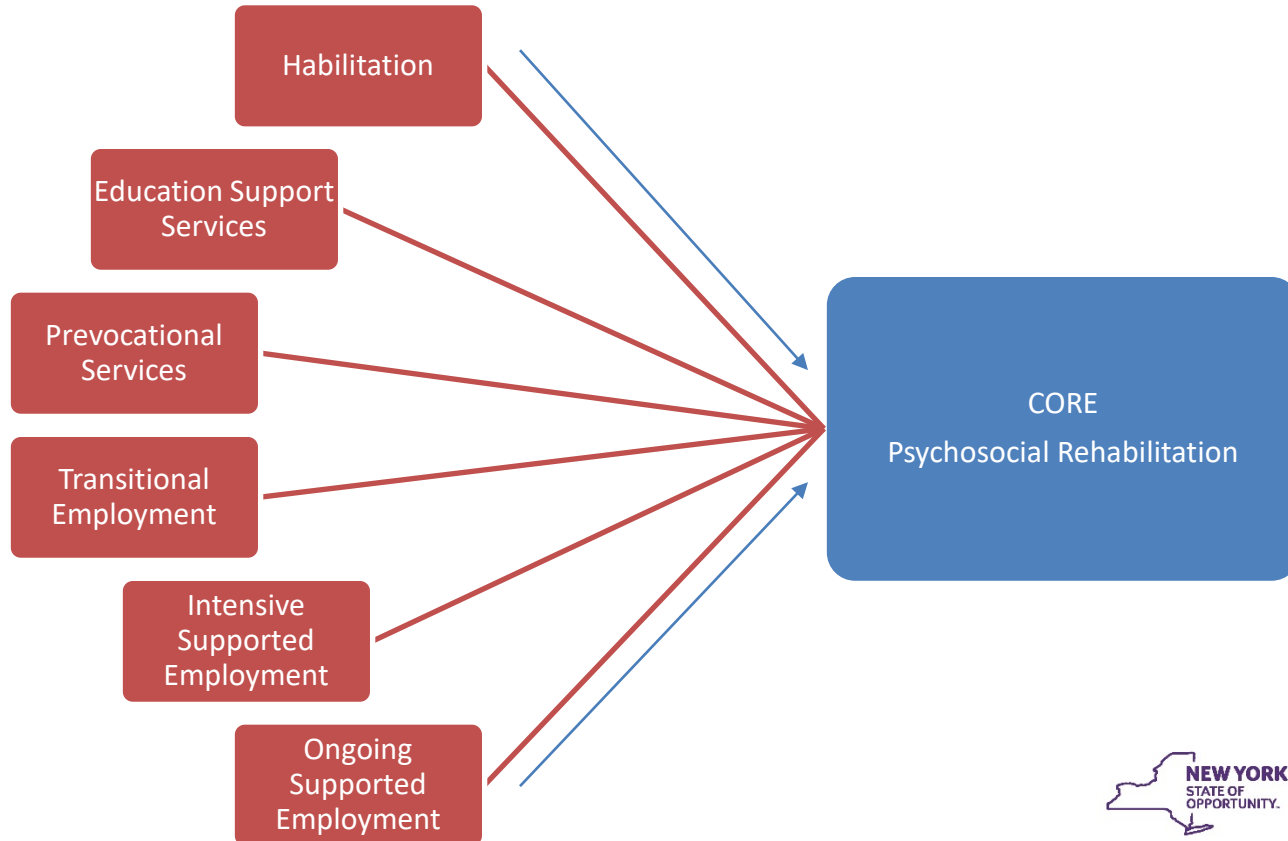
Psychosocial
Rehabilitation

Family Support &
Training

Empowerment
Services – Peer
Support



The New PSR



Crisis Respite Transition

- BH HCBS Short-Term Crisis Respite and Intensive Crisis Respite will transition to the Mainstream Managed Care benefit package, opening up access beyond HARP so that any Medicaid Managed Care beneficiary experiencing a behavioral health crisis can access these vital services.
- Crisis Residences will be licensed by OMH to ensure that high quality services are delivered.
- This transition will help provide a broader funding stream.



How will this change decrease barriers and improve access to services?

As an adult rehabilitation services demonstration, these services will no longer fall under the federal HCBS Final Rule, which means...

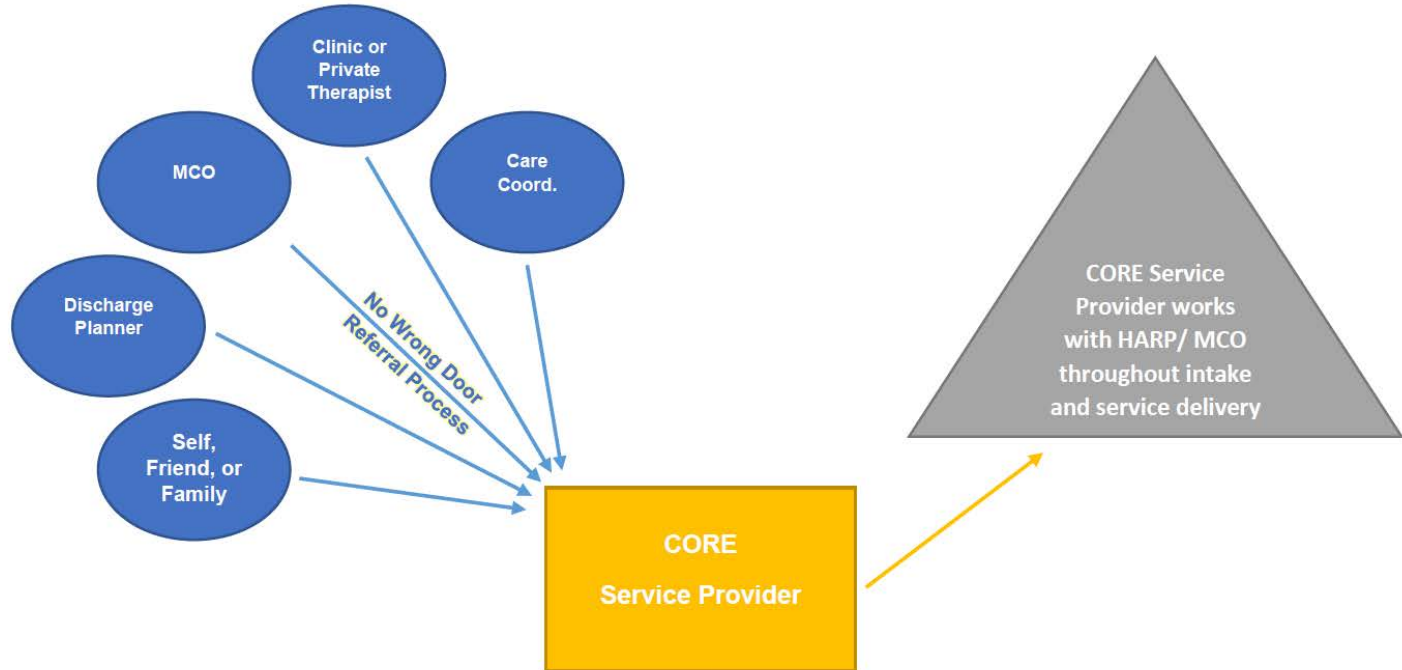
- “No wrong door” access to services for HARP members – referrals don’t have to come through a care manager or recovery coordinator
- An “independent assessment” is not required.
- Services will be driven by individualized service plans developed between the individual and their provider
- Services will no longer be restricted based on where an individual lives



What will access to CORE look like?

The answer is... we're still working on it. But your input can help!

Here's one example of how things might work...



The impact of Covid-19

- As we plan for the transition to CORE Services, we cannot ignore the lessons learned about mobile rehabilitation services during the pandemic:
 - Demand for services has continued, despite the current barriers to access... referrals have increased in many places and providers are conducting intakes both in-person and through telehealth
 - HARP members enjoy receiving services through telemental health; there is significant demand for ongoing telehealth flexibility after the crisis
 - HARP members report feeling connected to their service providers during this time of crisis
 - HARP members have benefitted from increased flexibility and creativity in service delivery modalities
 - Supportive services (e.g. Peer Support, Family Support and Training) are particularly well-suited for telehealth and may have played a key role in decreasing hospitalization and emergency room use during the crisis



YOUR Feedback...

What would you like to see in terms of:

- Access to services
- How someone works with a provider
- Do's and don't of using new technologies while keeping connected



Thank You!