You and Me
New York Association of Psychiatric Rehabilitation Services (NYAPRS)

A peer-led statewide coalition of people who use and/or provide community mental health recovery services and peer supports that is dedicated to improving services, social conditions and policies for people with psychiatric disabilities by promoting their recovery, rehabilitation, rights and community integration and inclusion.
New York Association of Psychiatric Rehabilitation Services (NYAPRS)

Advocacy
Training & Technical Assistance
Peer Service Innovations
Employment & Economic Self-Sufficiency
Cultural Competence

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Madame Co-President
The Perfect Storm for Recovery

* Medicaid programs seek community alternatives to high cost inpatient, ER use
* Increased Medicaid Flexibility from CMS
* Increased Focus on BH benefit/Parity
* ADA, Olmstead and DOJ Pressures
* Maturation of Consumer, Recovery and Peer Support Movements
Who We Are: The Transformational Recovery Movement

- Custodial Care to Community Support
- Patienthood to Personhood
- ‘Professionalism’ to Empathy and Example
- Encouragement for disclosure
- Illness to Wellness and Recovery for all
Who We Are:
The Transformational Recovery Movement

- Despair to Hope
- Shame to Dignity
- Isolation to Inclusion
- Idleness and Poverty to Employment and Economic Self-Sufficiency
- Incarceration to Integration
- Homelessness to Housing
Who We Are: The Transformational Recovery Movement

- Start with where the person is
- Empowerment
- Informed Choice
- Liberty and Privacy
- Self-Directed Lives and Healthcare
Yet, Change Has Been Too Slow

- Very high health, social and criminal justice costs with very low outcomes
- Early mortality: cardiovascular, respiratory and infectious diseases, diabetes and hypertension
- Highest rates of avoidable readmissions
- High rates of violence victimization, incarceration, homelessness and suicide
Yet, Change Has Been Too Slow

* High rates of poverty: unemployment and idleness
* Stigma and discrimination
* Struggle for hope, purpose, dignity
* Magnified exponentially for communities of color and other underserved groups
The Most Transformational Force in Healthcare?
New York State’s Challenge (2011)

* $54 billion Medicaid program with 5 million beneficiaries
* 20% (1 million beneficiaries) use 80% of these dollars: hospital, emergency room, medications, longtime “chronic” services
  o Over 40% with behavioral health conditions
* 20% of those discharged from general hospital BH units are readmitted within 30 days: NYS avoidable Medicaid hospital readmissions: $800 million to $1 billion annually
* 70% with behavioral health conditions; 3/5 of these admissions for medical reasons
How can we help reduce avoidable emergency room visits and hospital admissions and readmissions?
NYS MRT Mantra #2

How can we best engage the unserved and underserved?
We Have the Answers!

- Outreach and Engagement (‘feet on the street’)
- ‘Person centered care’: enhanced by recovery centered tools like WRAP, Psychiatric Advance Directives, Self-Directed Budgets/Care
- Increasing Health Literacy and Activation: 8 Dimensions of Wellness, Peer Wellness Coaching, Whole Health Action Management
- Intentional Peer Support
We Have the Answers!

* **Relapse Prevention and Crisis Management Support:** peer warm lines, crisis respite programs, peers in ER
* **Economic Self-Sufficiency:** We Can Work!
* **Housing Stability:** Housing First
* **Criminal Justice Diversion:** Crisis Intervention Teams and Re-entry programs
* **Program, System Transformation Agent**
If We Can be a Policy Player and Find the Right Balance and Business Skills….

We can go from being ahead of our time to being Right on Time!
New York State Backdrop
Key Tenets of NYS Medicaid Redesign
Triple Aim: Better Quality & Outcomes for Less Money

* Managed Care for all: BH Carve-in
* Accountability, Care Coordination, Network Development and Electronic healthcare records: Health Homes
* Collaborative Integrated Care: DSRIP
* Tying reimbursement to savings: Value Based Payment
* Prevention and Wellness outcomes
* Person-centered Care
Rapid Pace of Change
Many Bumps in the Road
Mainstream Medicaid Managed Care Plans Now Offer Behavioral Health Services

* Inpatient - SUD and MH
* Clinic – SUD and MH
* Personalized Recovery Oriented Services
* Partial Hospitalization
* Assertive Community Treatment
* Comprehensive Psychiatric Emergency Program
* Targeted Case Management
* Opioid treatment
* Outpatient chemical dependence rehabilitation
* Rehabilitation supports for Community Residences (phased in in 2016)
Health and Recovery Plans

• Designed for people with more extensive mental health and/or substance use related conditions

• Covers all benefits provided by Medicaid Managed Care Plans and

• Access to Home and Community Based Services to help people live better, go to school, work and be part of the community
Health homes are ‘a home for your healthcare’

Everyone gets a care coordinator who conducts an assessment and works with each individual to develop their own goal and service plan which are intended to be shared electronically with all providers and social services that support them.

Health home responsibilities include:
* Active engagement
* 24-7 response
* Focus on well coordinated discharge and treatment planning
1915.i Home and Community Based Services
Option: Medicaid Can Now Pay for

**Rehabilitation**
- Psychosocial Rehabilitation
- Community Psychiatric Support and Treatment (CPST)
- Residential Supports/Supported Housing

**Habilitation**

**Crisis Intervention**
- Short-Term Crisis Respite
- Intensive Crisis Intervention
- Mobil Crisis Intervention

**Educational Support Services**

**Support Services**
- Family Support and Training
- Non-Medical Transportation

**Individual Employment Support Services**
- Prevocational
- Transitional Employment Support
- Intensive Supported Employment
- On-going Supported Employment

**Peer and Family Supports**

**Self Directed Services**
Physical and/or behavioral health care provider, including HCBS

Health and Recovery Plan (HARP) with a BHO

Health Home Team: Provider Network

Health and Recovery Plan (HARP)

Health Home Team

Health Home Team

OASAS

STATE MEDICAID AGENCY DOH

OMH

= Physical and/or behavioral health care provider, including HCBS
Policy Advocacy is Essential
If you are not at the table you are on the menu.
NYS Medicaid Redesign: Key Elements

* Use increased Medicaid flexibility within 1915.i waiver to add HCBS recovery and peer run services to the benefit package and promote their use in all settings

* Outcomes related to recovery and the social determinants of health

* Reinvestment of Savings
Beyond HEDIS Outcome Measures…

* 7 days from inpatient discharge to outpatient appointment
* 30 days to filled prescription
* Depression screening and follow up
Recovery Outcome Measures

- Percentage of members who maintained/obtained employment or maintained/improved higher education status
- Percentage of members with maintenance of stable or improved housing status
- Percentage of members with reduced criminal justice involvement
Transition to Medicaid

- Training and Technical Assistance: Managed Care Technical Assistance Center
- Start up Dollars
- Infrastructure Fund
- Behavioral Health IT funding
- Retain state aid for 2+ years
- HCBS Rates: e.g. peer support at $60/hour
Consumer Focused Advocacy

- HARP, Health Homes, HCBS Education
- Informed Choice
- Assistance and Advocacy: ombuds
- Incentives
- Privacy Protections: selective opt in
New Jersey Advocacy Priorities?
The Business of Recovery
Great interest from new payers and potential partners, like Medicaid funded health plans, behavioral health organizations, health homes, health centers, behavioral health service providers

Recovery values and approaches bring value to the business of healthcare and yield a good return on investment (ROI)
Recovery is Good For Business?

- Surprise! We are healthcare providers
- We have competitive value
- Buy or Build?: Will payers and other providers contract with us to deliver peer services….or will others just ‘build’ them?
Recovery Takes Good Business Skills

- Be a prominent and valued member of all networks
- Be able to respond immediately
- Be effective in engaging individuals on their own terms so they’ll follow through on a plan in which they have buy-in
- Demonstrate you can help reduce avoidable ER visits & hospital stays/days
Recovery Takes Good Business Skills

* Contract with the MCO: negotiate the price, go thru the audit and meet the credentialing guidelines
* Explore MMC contract options, including Medicaid mainstream and HCBS funding, as well as commercial insurance reimbursement.
* Purchase and maintain good liability insurance
* Promote career ladders: Daniels et al survey found mean FT wage for peer specialists to be $16.36/hr and 10-30 hrs weekly at $12-13/hr
Building the Infrastructure
Developing the Network

- Collateral agreement with a larger provider
- **Managed Services Organization:** provides ‘back office’ management and administrative services to other organizations
- **Individual Practice Association:** association of independent provider agencies that contract to provide services via a negotiated rate
- Enter into **gain-sharing arrangements**
Developing Value-Based Propositions
Sample arrangement... working in subcontract with a health home to be part of a ‘service triangle’:

- Care manager
- Nurse
- Peer wellness coach/navigator: outreach, engagement, service planning, recovery coaching, diversion, advocacy
The Power of Peer Wellness Coaching: Rohan’s Story

* Had issues with mood, addiction and kidney disease
* 2009-prior to enrollment: 7 detox stays (4 different facilities) $52,282
* 2010-1 detox, 1 rehab (referred by the CIDP team) $20,650.
* 2011-1 relapse with detox/rehab no claim yet.
NYAPRS proposed to adapt our pioneering peer bridger model to help Medicaid Managed care beneficiaries with ‘serious’ mental health and addiction related conditions who have been high users of ER and inpatient services to:

* Reduce avoidable emergency room and inpatient visits by 40%
* Increase their self-management & participation with chosen supports, services & treatments.
Our model is comprised of the following stages:

1. Outreach
2. Engagement
3. Crisis stabilization
4. Personal goal plan development
5. Activation: Wellness self-management
6. Crisis Support and Relapse prevention
7. Community Connections/Stepdown
6 months pre-post, members who enroll in the program show:

- Significant Decreases in % who use inpatient services
  - NY: 47.9% decrease (from 92.6% to 48.2%)
- Significant Decreases in # of inpatient days
  - NY: 62.5% decrease (from 11.2 days to 4.2)
- Significant Increases in # of outpatient visits
  - NY: 28.0% increase (from 8.5 visits to 11.8)
- Significant Decreases in total BH costs
  - NY: 47.1% decrease (from $9,998.69 to $5,291.59)

*Among subsample of enrollees in NY (N = ) and WI (N = 130) with continuous eligibility 6 months pre-referral and 6 months post-referral and at least one behavioral health claim during that period
NYAPRS Value-Based Proposition 2016

* NYAPRS proposes to adapt our pioneering peer bridger model to help engage and support eligible individuals with ‘serious’ mental health and addiction related conditions to successfully enroll in a health home and to make use of Home and Community Based Services
1. Outreach: Find
2. Engagement: Start relationship
3. Enrollment: Introduce to Health Home Care Manager
4. Advocacy: Help support individual through the process
5. Help prep individual for **Assessment** and **Service Planning**

6. **Retention:** start and stay engaged with care manager and treatment

7. **Bridge to support enrollment and follow up with HCBS service**
Housing Options Made Easy

http://www.housingoptions.org/

- 2 respite centers
- 3 recovery centers
- Peers on 2 mobile transition teams
- Peers on community integration teams (inc medical staff)
- Peers in PROS programs
- 2 warm lines with outreach, texting capability
- Peer bridger services with 2 public hospitals
- 440 supported housing beds
- PPS advisory, training roles
- In 5 Health Home Networks
- Transition aged youth program w 18-24 years old staff
The Challenge and Change of a Lifetime
The movement moved us from a purely bio-medical model of psychiatry to a holistic recovery model.

Now we are faced with integrating with integrity with the Medical Model.

If we are not successful, what we have spent decades to build for those we serve and support would be jeopardized.
Protecting the Integrity of Peer Support

* We work for and with the individual
* We are not assistant case managers or transportation aides; nor are we ‘cheap staff who get people to take their medicine’.
* On the other hand, we can help a person with appointments and medications if they define those needs as part of their self identified wellness and recovery plan.
Protecting the Integrity of Peer Support

* Peers frequently work for subcontracted peer run agencies and are supervised by peers
* Peers who are embedded in traditional settings without peer supervision are at risk for co-optation.
* Groups are developing competency, training, credentialing and accreditation standards for peer delivered services and their supervisors
The Change of a Lifetime?

- Opportunity to transform systems, program cultures and to help millions to get support, improved health and healing
- Opportunity to put recovery and recovery supports at the center of the healthcare system
- Opportunity to create thousands of jobs
Homework

* **NYAPRS, NJPRA:** Advocacy, Education, TA
* **Member agencies:** attain good positioning in health home and DSRIP networks, offer relevant and reliable value propositions, raise level of infrastructure (contracting, billing, compliances) and workforce
* **Recovering people:** be prepared to make informed choices!; New health home assessment, plan and selection of recovery and HCBS services; use of self-directed care dollars and ‘patient incentives’
Thoughts?
Dignity!

* Kenneth Cole Billboard
* Cedar Fair and Six Flags
* Walmart and Rubie’s Costume Company
The March for Mental Health: Destination Dignity 2018 in NYC!