

Learning Objectives

How to...

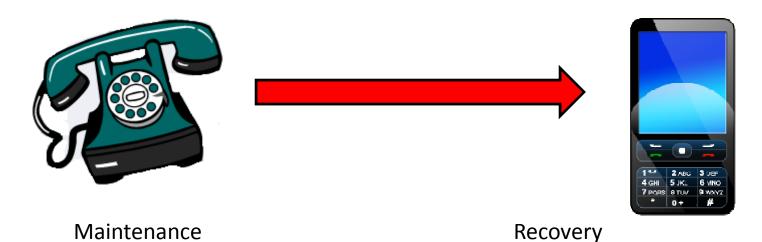
1. Create a Recovery Assistant service

2. Develop a training for this service

3. Identify the ways this service has benefitted the recipients

rahalancing Nursing Homes MAS Mobile Crisis De-Institutionalization

Maintenance to Recovery



- Then:
 - People did not believe in recovery
 - Huge hospitals to house clients
 - "Stabilize" and "Maintain"
 - Custodial care

Now:

- People <u>can recover</u>
- Recovery is not linear, it's a process
- Principles of psychiatric rehabilitation model work
- People need <u>support</u> in the community
- Emphasis on skills and abilities

SAMHSA, 2011

Definition of Recovery

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Source: http://www.samhsa.gov/newsroom/advisories/1112223420.aspx

CT Dept. of Mental Health (DMHAS)

Interpretation of Recovery

- We endorse a broad vision of recovery that involves a process of restoring or developing a positive and meaningful sense of identity apart from one's condition
 - Who am !?
- and a meaningful sense of belonging while <u>rebuilding a life</u> despite or within the limitations imposed by that condition.
 - Where do I fit in the world around me?

Source: CT Department of Mental Health & Addiction Services

So what is a "Recovery Assistant"?

The Fine Print:

A flexible range of supportive assistance provided face-to-face in accordance with a Waiver Recovery Plan that enables a participant to maintain a home/apartment, encourages the use of existing natural supports, and fosters involvement in social and community activities. Service activities include: performing household tasks, providing instructive assistance, or cuing to prompt the participant to carry out tasks (e.g., meal preparation; routine household chores, cleaning, laundry, shopping, and bill-paying; and participation in social and recreational activities), and; providing supportive companionship. The Recovery Assistant may also provide instruction or cuing to prompt the participant to dress appropriately and perform basic hygiene functions; supportive assistance and supervision of the participant, and; short-term relief in the home for a participant who is unable to care for himself/herself when the primary caregiver is absent or in need of relief.

Source: Application for 1915 (c) HCBS Waiver: CT.0653.R01.00

In Plain English:

- Staff cues, prompts and assists an individual in his/her recovery from Severe Mental Illness
- This service teaches skills, instead of "doing for"
- All actions <u>centered on the person</u>, not the diagnosis!

What does a **Recovery Assistant** do?

- Based on principles of psychiatric rehabilitation
- Combination of multiple services
 - 1 staff performing 4 functions
- Helps the client <u>learn skills</u> to live independently in the community
 - Cooking, cleaning, budgeting, social integration
- Works with clients who exhibit both positive and negative symptoms of mental illness

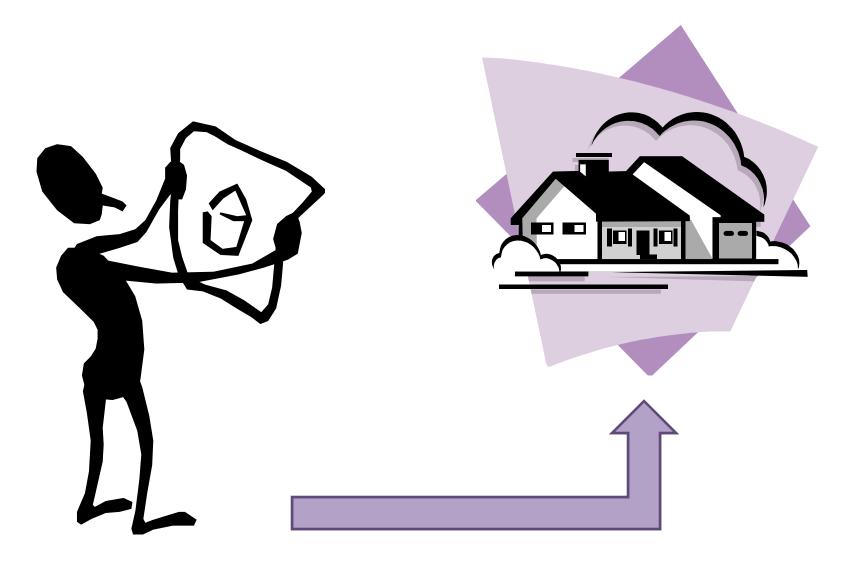
Combination of Services



RA Job Description

- Assist, cue and prompt clients by (i.e., billable):
- Increasing life skills (e.g., meal prep, cleaning, budgeting)
- Decreasing risky behavior & substance abuse
 - Teaching to schedule and attend appointments
- Acting as a companion and support system
- RAs <u>cannot</u> bill for:
 - Telephone contact
 - No shows, cancellations
 - Anything where the client is not present
 - Transporting clients

How to Build the RA Service





Marketing/Outreach

- Recruited providers from all areas of the state
 - PNPs, behavioral health agencies and stateoperated facilities
 - The provider determines its service area
- Hired an Outreach & Engagement Specialist
- Numerous training and informational sessions
- Mailings to probate courts
- Pens, sticky notes, etc.



Credentialing Requirements

Provider

- Accredited by CARF, Joint Commission, CHAP or other approved agency
- Credentialed by ABH
- Enroll as a Medicaid billing provider
- Provide supervision by a licensed clinician
- Re-credentialed every two years

Staff

- 18 years old
- HS diploma or GED
- Valid CT driver's license
- Complete RA Training
- Complete 6 hours a year of post-education training

RA Training Process

- Original Process (2009-2013)
 - Initially an in-person training of two classes
 - Participants required score <u>></u>80% on 33 question exam
- Current Process (2013- present)
 - Mandatory online module
 - Must score ≥80% on 20 question exam
 - Mandatory in-person one day training
 - Must score >80% on 22 question exam



RA Training

- ABH has conducted 136 trainings to date
- Over 1,000 individuals trained to date
- The training has received an average satisfaction score of over 90%



RA Role – A paradigm shift

A Recovery Assistant should:

- Use motivational interviewing techniques to encourage the individual to work towards their personal goals, dreams, hopes and aspirations.
- Assist the individual to do for themselves rather than "do for" the individual. Try and know their limits
- Work towards self empowerment; use their name, and ask for their input and assume they are listening.
- Be empathetic, not sympathetic to the individual's situation and remain professional at all times.
- Always consider professional boundaries at all times when working with the individual.
- > Always treat the individual as a person not as a diagnosis.

The Soloist



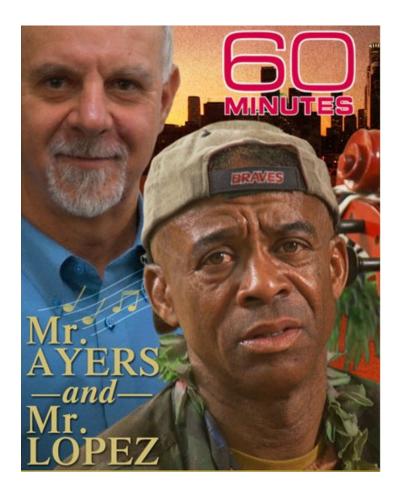
One day I asked about his **hopes** and **dreams**.

"Oh, that's easy," [Nathaniel] said. "I need to get these other two strings, but I don't have the money right now."

He had no use for a house, he said, or a car or anything else.

"All I want is to play music, and the crisis I'm having is right here," Nathaniel said, pointing to the missing strings

Source: http://www.latimes.com/entertainment/la-me-lopez17apr17,0,4390036,full.column
The Soloist, Steve Lopez



- "Mr. Ayers and Mr. Lopez"
- Originally aired March 22, 2009
 - CBS 60 Minutes

Source: 60 Minutes home video

Photo Source: Amazon.com

Basic RA Training Curriculum

Online (Day One)

- More fact-based content
- General introduction to the MH Waiver
- Pass exam with ≥80%

In-Person (Day Two)

- More interactive
- Sections presented by experts in each field
- Activities generate discussion on gray areas such as boundaries and handling unusual situations
- − Pass a second exam with ≥80%

In-Person Agenda

| 9:00 to 9:30 | Introduction/Role of the RA |
|----------------|-----------------------------|
| 9:30 to 10:00 | Boundaries |
| 10:00-10:30 | Wellness |
| 10:30 to 11:30 | Providing Support |
| 11:30- 11:45 | Documentation |
| 11:45 – 12:30 | Lunch |
| 12:30-1:30 | Mental Health |
| 1:30-2:15 | Group Activity scenarios |
| 2:15-2:30 | Review- Jeopardy |
| 2:30-3:00 | Test/Evaluation |

Sample Video



- "Is schizophrenia linked to violent behavior?"
- Originally aired Jan 31, 2013
 - CBS Evening News with Scott Pelley

Source: http://www.cbsnews.com/video/watch/?id=50140154n

Post Education



- All Recovery Assistants are required to complete six hours of post education every year after certification
 - Starting in 2012, all RA's must attend a boundaries training conducted by ABH once every two years
- ABH has provided training in boundaries, diabetes, wellness, active listening and toolkit building



How have clients benefitted?

Research on the impact of the Recovery Assistant service in the MH Waiver

Research/Data



- CT DMHAS contracted with UCONN Health Center researchers to evaluate the MH Waiver
- CT Dept. of Social Services (DSS) contracted with UCONN Health Center to evaluate Money Follows the Person (MFP)
 - Note: Clients on MFP transition to the MHW after 365 days

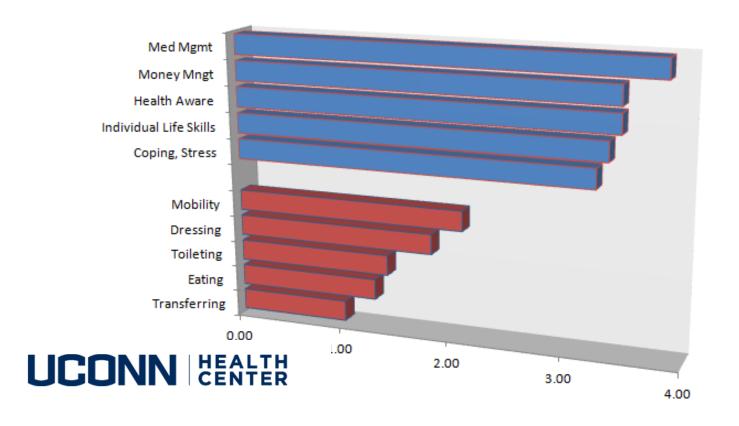




UCONN Research

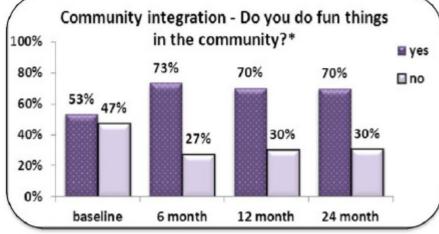
 UCONN validated that MHW clients failed in the past due to lack of <u>life skills</u>

Levels of Assistance (LOA)



MFP Research





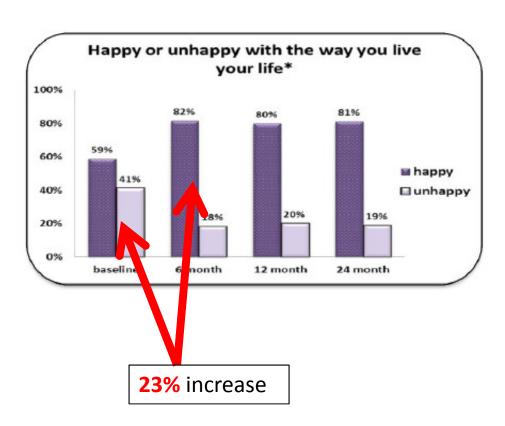
57% increase after SNF discharge

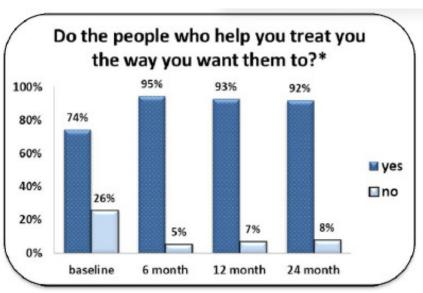
Note: Baseline assessments were conducted while client was still in SNF





MFP Research (cont.)









Actual client receiving RA services

| | Working for Integration | n Support and Em | powerment | | | | | | |
|---|--|--|----------------------|---------------|-----------|-------------|-----------|-----|--|
| | Date of Status | Reviews: | 6/18/13 | | 8/19/13 | - % | | | |
| То: | Comments: | | | | | | | | |
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| Client | MIKE HAS DONE GREAT WITH WAIVER SUPPORT SERVICES! HE IS NOW INDEPENDENT W/ ALL ADL'S & NO LONGER MEETS NURSING HOME LOC. | | | | | | | | |
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| Disco | | | | | | | | | |
| Date of the even | t resulting in the discontinuar | nce recommendatio | n: | $\overline{}$ | | | | | |
| Death: | Admission to LTC: | N | Tursing Facility | | | | | | |
| Other: 8/21/13 | | | | | | | | | |
| Date of Status R | eviews: 6/18/13 | 8/19/13 | | | | | | | |
| 111111111111111111111111111111111111111 | NE GREAT WITH WAIVE T W/ ALL ADL 'S & NO LO | R SUPPORT SERV | 1020.112.101.01. | | | SI, | | | |
| FOR DS | SS USE ONLY | <u>RI</u> | EASON CODES | | | | | | |
| Discontinuance E | Pate: | 1. Died | | | | | | | |
| Comments: | | Hospital star Became fin. Became ineli Care plan exce | llyin jibli level | it | | | | | |

Waiver Data

January 2018

- 1,046 Served to date
- 593 Currently Active
- 569 (~96%) currently receiving RA service
- Clients receive ~20-25 hours per week of RA service

Take Home



- People <u>can</u> recover
- Recovery means having a meaningful life
- Use psychiatric rehab principles
- Recovery Assistants teach <u>skills and abilities</u>

Use Recovery Assistants!

For more information...

MH Waiver homepage (DMHAS)

http://www.ct.gov/dmhas/cwp/view.asp?a=2902&Q=425724&PM=1

MH Waiver Referral Form

http://www.ct.gov/dmhas/lib/dmhas/MHWaiver/MHWrequestform.pdf

Fiscal Intermediary (ABH)

http://www.abhct.com/Programs Services/WISE/Forms and Resources/