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Moving Toward Person-Centered and Recovery-Oriented Services and Systems

Parachute NYC: A New Approach For Individuals Experiencing Psychiatric Crises

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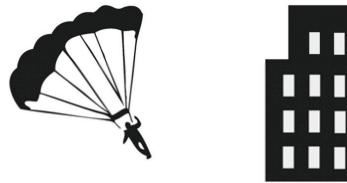
Think back to the last time you had a really bad day. One that even now you shudder to recall—a day characterized, perhaps, by heartache, or disappointment, or loss. Or even physical pain. A day you were glad to get to the end of, which left a mark on you somehow, and which you hope never to repeat.

Imagine that day also involved police officers in your home, handcuffs, hours spent restrained in a chaotic hospital emergency room, transfer to a slightly less chaotic locked hospital ward, and a heavy dose of a tranquilizing drug: a day defined by a profound loss of control, privacy, dignity, and respect.

You have just imagined the very scenario that thousands of people in the U.S. experience every day. Too often, an emotional crisis overshadows the person, becoming the catalyst for treatment options that typically emphasize short-term stabilization (medication), rather than long-term recovery and wellness.

The trajectory of treatment that follows is familiar: more, and extended, hospital stays, deteriorating physical health, loss of connection to friends and family, and

PARACHUTE
NYC



what insiders often refer to as “professional patient-hood.” Considerable funds and expertise are expended throughout – but at what cost to both the mental health system, at large, and the person who is trapped in a debilitating cycle? And, indeed, what kind of “recovery” is made possible as a result? As a lead partner in Parachute NYC, we at Community Access are taking a leadership role in changing the course of this trajectory.

Parachute NYC, a major new citywide project, is poised to provide some compelling answers. Over time, as its services are launched in four phases between now and the winter of 2014, it may even change

the way we frame how these issues are discussed. “It is a bold person-centered approach,” says Pablo Sadler, Project Director of Parachute NYC and Medical Director of the Bureau of Mental Health at the NYC Department of Health and Mental Hygiene, “that will create new networks and possibilities for program participants, while at the same time maximizing existing resources.”

Funded by a three-year, \$17.6 million Healthcare Innovation grant from the Center for Medicare and Medicaid Services, Parachute NYC will provide a “soft-landing,” community-based alternative to emergency hospitalization treatment as usual for individuals experiencing psychiatric crises.

Parachute NYC is projected to reduce gross Medicaid expenditures by \$50 million over the next three years for individuals receiving these services, while also improving the care and health of participants. It will do so through an integrated series of interventions that will form a new type of response to psychiatric crises—one that relies less on medication management and more on engaging the participant and the family in developing a comprehensive recovery plan.

Led and coordinated by New York City’s Department of Health and Mental Hygiene, Parachute NYC involves the

collaboration of the New York State Office of Mental Health and several voluntary organizations, including Community Access, Inc., the Visiting Nurse Service (VNS), the Mental Health Association of New York (MHA), Services for the Underserved, Transitional Services of New York, Inc., Riverdale Mental Health Association, Community Healthcare Network, The Coalition of Behavioral Health Agencies, Woodhull Hospital, and trainers and consultants from around the country and the world. Program evaluation is being conducted by the Nathan Klein Institute.

Parachute NYC has several unique features. First and foremost, continuity of care will be of paramount importance—there is no hand-off between one provider and another. Second, trained peers will constitute a significant proportion of the Parachute workforce, leveraging their personal experiences to help participants more effectively engage with the health care system and other community resources.

Third, using the principles of the Need Adapted Treatment Model (NATM) and Intentional Peer Support (IPS) – both described in more detail below – Parachute services will support participants in the pursuit of self-identified wellness and recovery goals. There will be an emphasis

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on prevention, wellness, and quality health care and linking participants to a medical provider who will be integrated into the treatment team.

A fourth new element will be the establishment of New York City’s first peer-operated support line. To be operated by peers hired by Community Access, it will provide a contact point for New Yorkers experiencing emotional distress, an opportunity to connect with individuals who have had similar experiences.

A fifth component will be the establishment of four new crisis respite centers that will have a capacity of seven to ten guests at a time, serving as an alternative to hospitalization for those participants who need this level of support.

Finally, all Parachute services will focus on engaging an individual’s entire support system—family, friends, colleagues—however that system is defined by the person being helped.

The primary entry point for Parachute NYC will be MHA’s 1-800-LIFENET hotline, which will screen calls and make referrals to borough-based Need Adapted

Mobile Crisis Teams. In Manhattan, the first Parachute service to open, VNSNY operates the Need Adapted Mobile Crisis team. Referrals from mental health providers, family members, and self-referrals will first go to VNSNY. The teams will respond with an in-person visit within 24 hours and will provide ongoing services for up to one year for interested participants.

The first crisis respite center, operated by Community Access, opened in January 2013. Located in Manhattan on Second Avenue, the site was formerly an OMH-licensed community residence that has been renovated and downsized from 14 to seven beds. We have created a respite center that will be a hopeful place where people will be encouraged to think differently about the crises they are experiencing and through support to make connections with others who have had similar struggles. Guests will have an opportunity to learn about and develop self-help and mutual support strategies.

Three additional crisis respite centers will be established in Brooklyn, the Bronx, and Queens – to be opened by Services for the Underserved in the spring

of 2013, Riverdale Mental Health Association in the summer of 2013, and Transitional Services of New York, Inc., in the winter of 2014, respectively.

The Need Adapted Treatment Model (NATM), one of the approaches that will be integral to Parachute NYC, ensures that open and transparent communication guides the treatment process. Individuals experiencing crisis identify members of their support network, which may include family, friends, and treatment providers. In Parachute NYC the enhanced mobile crisis team will use NATM principles to engage individuals in their homes and communities and will work with people for up to a year to help sustain them in the community. In the NATM approach all voices, those of the individuals in crisis and those of the support network members, are valued and given the space to be heard.

An equally valuable component of Parachute NYC is Intentional Peer Support (IPS), an approach developed by Shery Mead, a peer professional. Among the values of IPS are learning versus helping, focusing on the relationship versus the individual, mutuality, hope and connection. It is an approach

that seeks to diminish the power differential between service providers and recipients.

Parachute NYC will bring together the values and practices of these two approaches in a new environment. Both emphasize the value of relationships, hope, transparency, honesty and acknowledging not having all the answers.

By establishing these new contexts in which peers can help others to recover, Parachute NYC offers both more rewarding futures for individuals experiencing psychiatric crises and illuminates a path for other providers of human services to follow.

In closing, here is the perspective of Jamie Neckles, Project Manager of Parachute NYC at the Department of Health and Mental Hygiene: “This exciting new initiative is a clear demonstration of our belief in the value of peer involvement. It will create 185 new jobs, 165 of which will be for peers. It will connect many people, build many new relationships, create space to think about things differently, and invite some new people into the conversation.” In every respect, the launch of Parachute NYC is certainly a cause for celebration.