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

Parachute NYC: A New Approach
For Individuals Experiencing Psychiatric Crises

By Steve Coe, Chief Executive Officer, Community Access, Inc.

T

hink back to the last time you had a really bad day. One that
even now you shudder to recall—day characterized, per
haps, 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 emo
tional crisis overshadows the person, be
coming the catalyst for treatment options
that typically emphasize short-term stabi
lization (medication), rather than long-
term recovery and wellness.

The trajectory of treatment that follows is familiar: more, and extended, hospital
days, deteriorating physical health, loss of connection to friends and family, and
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 solve some compelling
answers. Over time, as its services are launched in four phases between now and
the winter of 2014, it may even change

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 estab
lishment 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 pro
viders, family members, and self-referrals will first go to VNSNY. The
team 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 OML
cell 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 differ
dently about the crises they are experienc
ing and through support to make connec
tions 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 Asso
ciation in the summer of 2013, and Transi
tional 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
enhances 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 communi
ties 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 Sup
port (IPS), an approach developed by Sherry Mead, a peer professional.
Among the values of IPS are learning versus helping, focusing on the relation
ship versus the individual, mutuality, hope and connection. It is an approach

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

Parachute NYC will bring together the values and practices of these two ap
proaches in a new environment. Both empha
size 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 differ
tenly, and invite some new people into the conversation.” In every respect,
the launch of Parachute NYC is certainly a cause for celebration.