



# Recovery Assistants

## Specialized Homecare for People with Mental Illness

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CT Dept. of Mental Health & Addiction Services

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Arlington, VA

# 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

**WHEELER**

Nursing Homes MFP  
Team ACT  
Olmshead  
rebalancing  
De-Institutionalization OPA  
Mobile Crisis

# Maintenance to Recovery



Maintenance



Recovery

- Then:
  - People did not believe in recovery
  - Huge hospitals to house clients
  - “Stabilize” and “Maintain”
  - Custodial care
- Now:
  - People can recover
  - Recovery is not linear, it’s a process
  - Principles of psychiatric rehabilitation model work
  - People need support 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 I?*
- *and a meaningful sense of belonging while rebuilding a life despite or within the limitations imposed by that condition.*
  - *Where do I fit in the world around me?*

# 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.

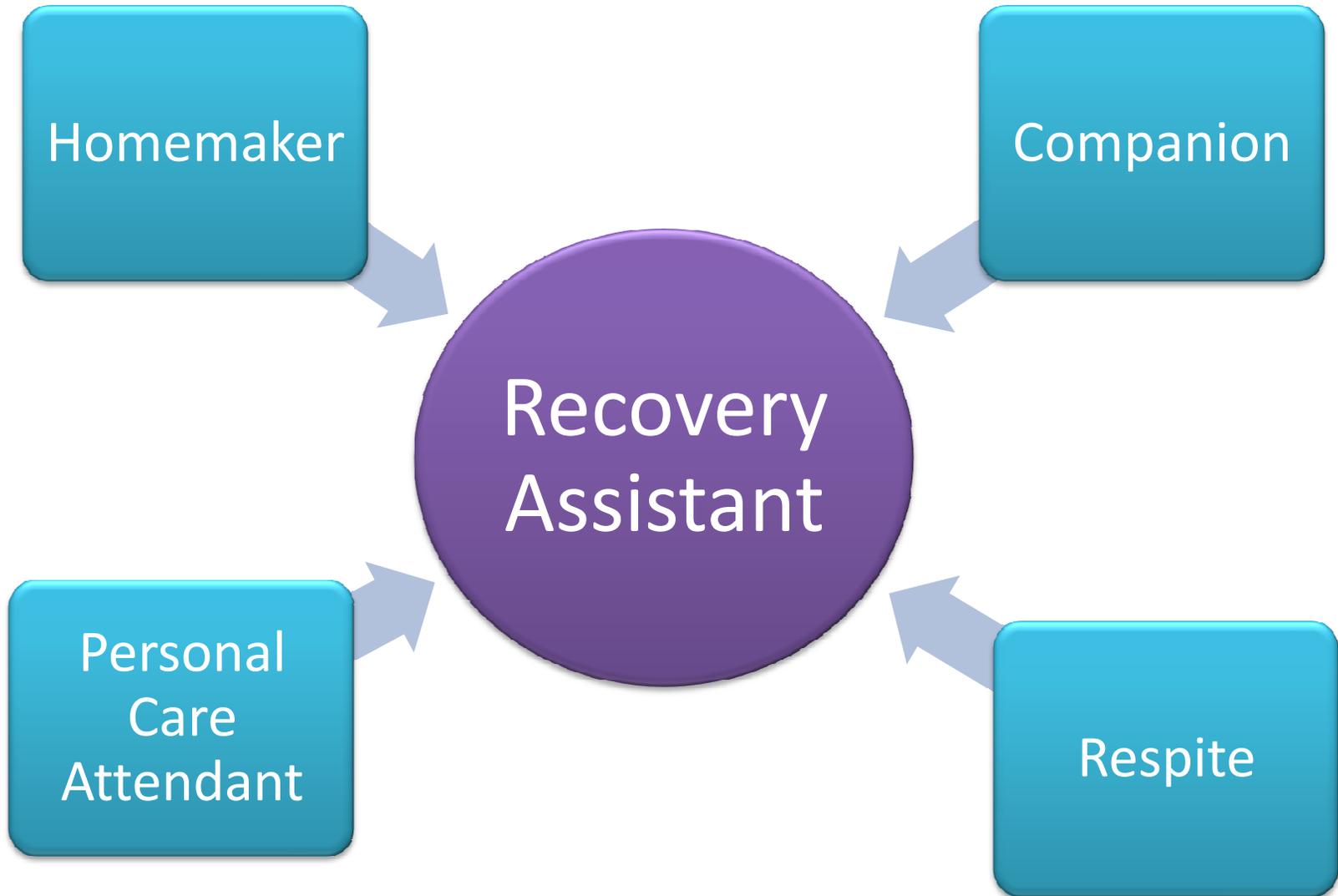
Source: Application for 1915 (c) HCBS Waiver: CT.0653.R01.00

- 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 **centered on the person**, 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 learn skills 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 cannot bill for:

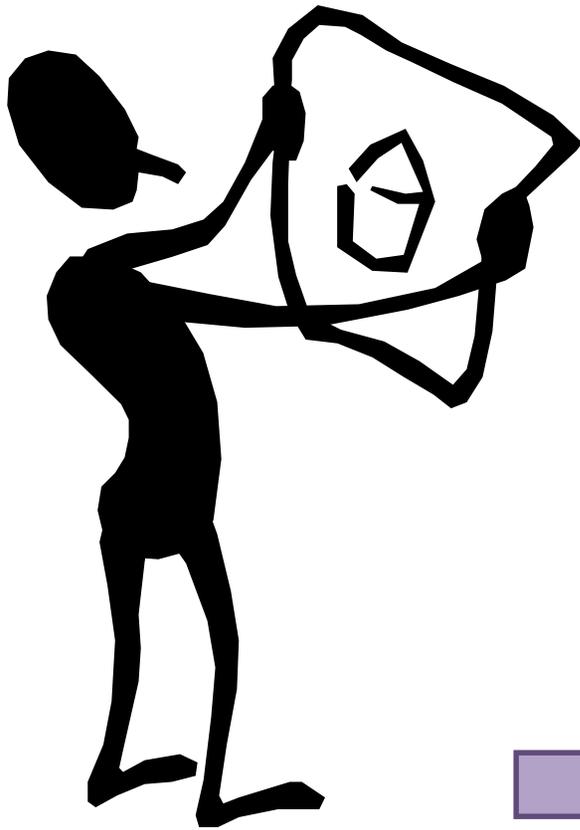
- Telephone contact

- 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 state-operated 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 (2009-2013)

- **Original Process (2009-2013)**
  - Initially an in-person training over two full days
  - Participants required score  $\geq 80\%$  on 33 question exam
  - In 2012, added online training to provisionally credential a staff for 60 days.
- **New Process (2013- present)**
  - Mandatory online module
    - Must score  $\geq 80\%$  on 20 question exam
  - Mandatory full day in-person training
    - Must score  $\geq 80\%$  on 22 question exam



# RA Training

- ABH has conducted 45 trainings to date
- 925 individuals trained to date
- The training has received an average satisfaction score of 94.59%



# 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.*

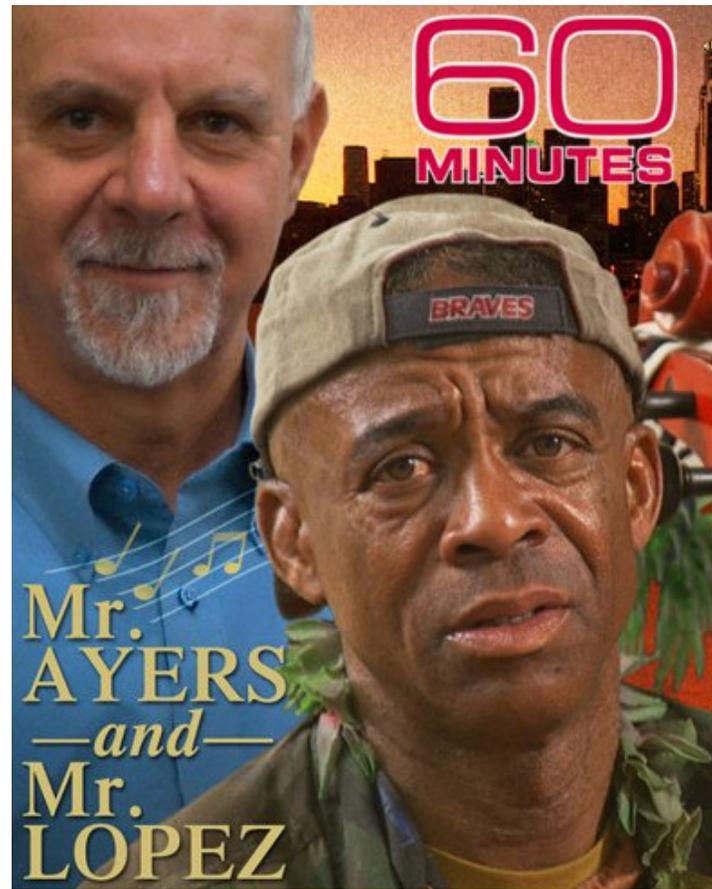
*"Oh, that's easy," [Nathaniel] said. "I need to get these other two strings, but I don't have the money right now."*

*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  $\geq 80\%$
- Provisionally credentialed to provide service for 60 days

## In-Person (Day Two)

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

# In-Person Agenda

9:00 to 9:15	Introduction/Video DMHAS Video
9:15- 9:45	Recovery David Howe presentation
9:45 to 10:45	Mental Health-Laurel Video- Soloist & CBS
10:45 to 11:00	Break
11:00 to 12:00	Providing Support- Sharon Tasks Activity
12:00- 1:00	Lunch
1:00 to 1:30	Wellness- Dan
1:30 to 1:45	Documentation-narrative/complete encounter note
1:45 to 2:30	Working as an Recovery Assistant Group Activity-Mary video/scenarios
2:30 to 3:00	Boundaries
3:00-3:15	Review- Jeopardy
3:15-4:00	Test



## Documentation of Attendance

State of Connecticut  
Department of Mental Health and Addiction Services

**John Smith**

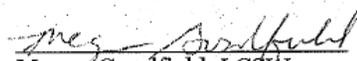
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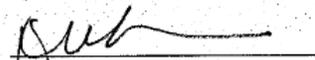
### **Initial Recovery Assistant Training**

Completed on November 4, 2011 at  
Connecticut Valley Hospital, Middletown, CT

Instructors:  
DMHAS Waiver Team and ABH®, Inc

This documentation of attendance does not constitute any arrangement for or guarantee of employment.

  
Megan Goodfield, LCSW  
DMHAS Program Manager

  
Kristie Scott, MSW  
ABH Program Manager

# 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

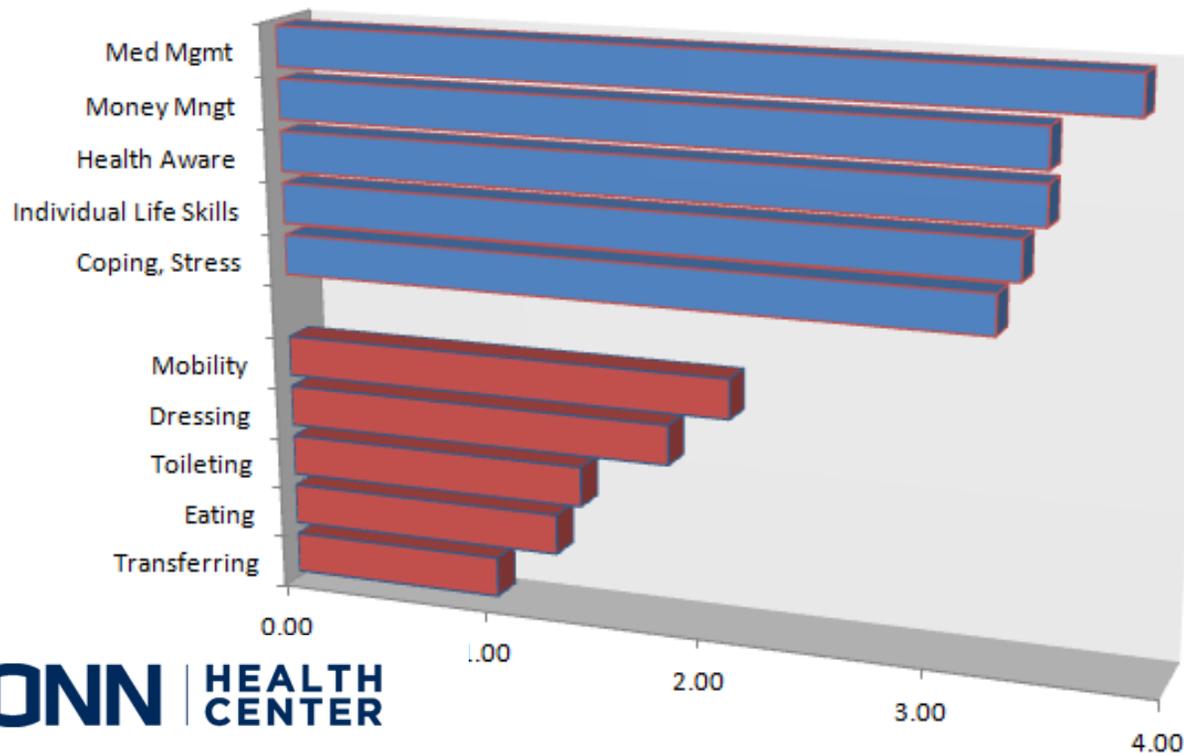
**UCONN** | HEALTH  
CENTER



# UConn Research

- UCONN validated that MHW clients failed in the past due to lack of life skills

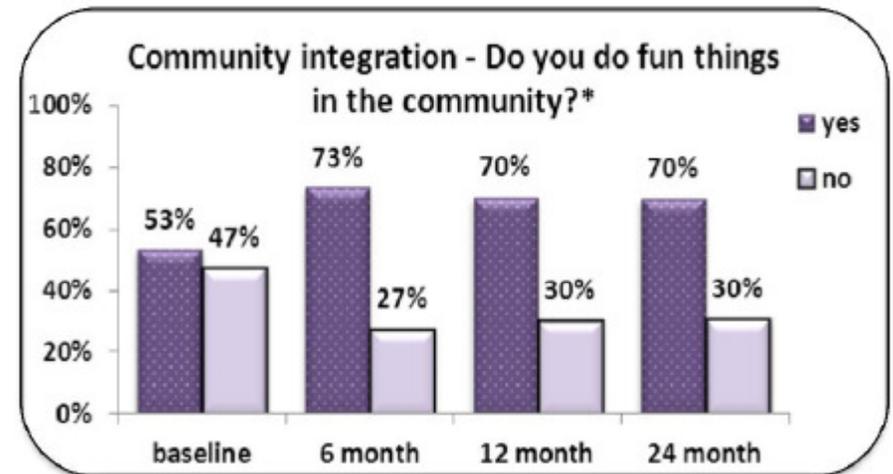
**Levels of Assistance (LOA)**



# MFP Research



**57%** increase after SNF discharge



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

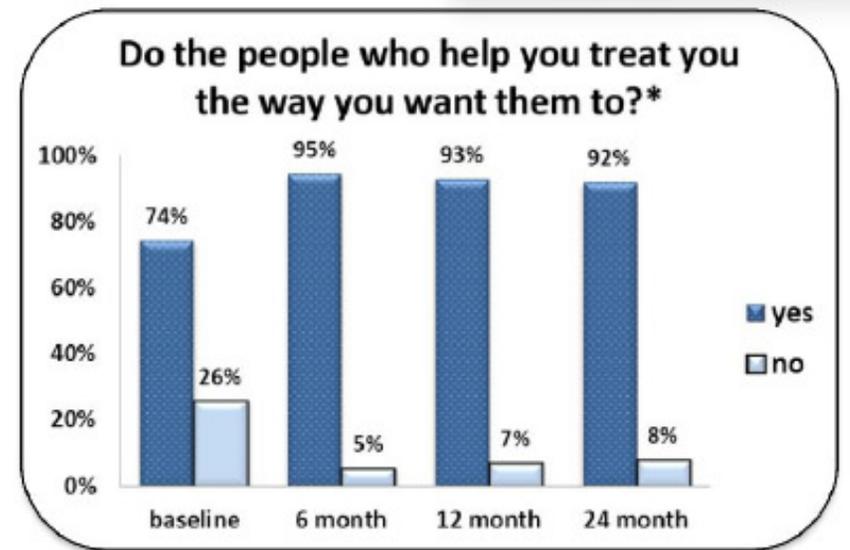
Source: MFP Quality of Life (QOL) Dashboard, UCONN Center on Aging



# MFP Research (cont.)



**23% increase**



Source: MFP Quality of Life (QOL) Dashboard, UCONN Center on Aging



# Actual client receiving RA services

DMIAS MII Waiver  
Working for Integration Support and Empowerment

Date of Status Reviews: 6/18/13 8/19/13

To :  
FRO:  
Client:  
EMS:  
Disco:

**Comments:**

**MIKE HAS DONE GREAT WITH WAIVER SUPPORT SERVICES! HE IS NOW INDEPENDENT W/ ALL ADL'S & NO LONGER MEETS NURSING HOME LOC.**

Date of the event resulting in the discontinuance recommendation:

Death:  Admission to LTC:  Nursing Facility

Other: 8/21/13

Date of Status Reviews: 6/18/13 8/19/13

Comments:

MIKE HAS DONE GREAT WITH WAIVER SUPPORT SERVICES! HE IS NOW INDEPENDENT W/ ALL ADL'S & NO LONGER MEETS NURSING HOME LOC.

<u>FOR DSS USE ONLY</u>	<u>REASON CODES</u>
Discontinuance Date:	1. Died
Comments:	2. Hospital stay > 30 days
	3. Became financially unable to pay for care
	4. Became ineligible for Medicaid
	5. Care plan exceeds Social Services cost limit

**Recovery!!!**

# Waiver Data

- 285 Enrolled to date
- 223 (78%) maintained or achieved level of functioning in the community
  - Success is due to the use of Recovery Assistants!
- 196 (94%) currently receiving RA service
- *Clients receive ~20-25 hours per week of RA service*

# James

- James is an actual MH Waiver client
- We use this clip to educate RAs on working with a client in the community
- James has been active in his recovery and in MH Waiver Advisory Council meetings



# Take Home



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

**Use Recovery Assistants!**

# Contact Info

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# Questions?

