



PROS NEWSLETTER

A Resource for Personalized Recovery Oriented Services

Your Program Schedule as an Engagement Tool

A robust Program Schedule takes a lot of solid planning, and has the potential to greatly improve attendance and engagement. Diversity in class offerings is important, reflecting the array of PROS services. Often PROS programs refer to PROS services as “classes” to emphasize the interactive and goal-focused nature of the class compared to a traditional therapeutic “group.”

Strong programs often develop curriculum for the classes offered. Using curriculum for a class helps the facilitator organize the flow of information, gather relevant handouts, and prepare to best reach the various needs of each participant. Having a curriculum with lessons planned ahead is very helpful for providing relevant coverage when a staff person calls out sick or goes on vacation.

Keep it Vibrant and Growing

Refreshing the Program Schedule regularly keeps a program vibrant and growing; statewide, the average timeframe seems to be between 8-12 weeks. While repeating popular classes can be useful, care must also be taken to avoid falling into a “comfort zone” of offering something because it is what the staff is most familiar with.

Some programs rollout the new schedule like a college at a new semester, with a day or two of sign up periods. Other programs have participants sit 1:1 with staff acting as “class advisors” who help participants select the most appropriate courses to reach their personal goal. Developing a strong personalized schedule can help improve attendance.

If a person is aware of why they’ve signed up for a certain class this can promote engagement for the duration of the “semester.” Alternatively, if attendance trails off, it is worth exploring if that service was actually helping someone achieve his or her goal.

Use the Time Between Classes

As with a college learning environment, attending class is critical, though the time between classes also can be invaluable. When looking at measuring PROS Units, it helps to recognize the full value of recovery oriented activities counting towards Participation Time.

Activities can be used as a way to practice the social skills they have been learning and provide a chance for peer volunteers to develop leadership skills (see article on Peer Involvement for more ideas). Activities such as gardening



or painting between PROS classes lead someone to discover their passions, gain confidence, and motivate further learning.

On a technical note, the PROS should have at least one version available of a Program Schedule which clearly labels both the PROS component and the specific PROS service. Often programs opt to use creative names for their classes too, which adds some fun for participants; some programs will use the creative names on the schedule they share with the participants and keep another version for the staff that identifies the codes, for example: “CRS/WSM Coping Skills/ “Using Mindfulness Daily for Stress Reduction.”

Program Schedules highlight a lot of the wonderful work being done within a program. It is worth reviewing your program often to see what else you can do!

In Our Own Words

During a recent visit to a PROS, Central Office staff interviewed several participants. Here are some comments provided in response to being asked what they liked about PROS:

“Everyone takes the time to listen and not undermine or talk to you like a kid. They don’t talk down to you, and it is respectful both ways.” “It’s very positive and makes you think to try to grasp it.” “Topics are very relevant, one day at a time.” “After a while, it is helpful.” “Everyone contributes with very little conflict.” “Affirmations lift my spirit.”

When asked what they would change:

“We should have a class to try it out - to practice techniques we learn (for coping skills).” “More staff!” “More hands-on learning, less lectures.”

Wonder what you own program’s participants would say? Ask them!

Peers & PROS

This past spring, OMH Central Office SUNY MSW intern Matt Hamzaoui completed a research project regarding the role of peers within PROS settings.

Matt visited seven PROS located near the Capital District and interviewed staff and participants. Matt determined that peers are involved in supporting PROS in various ways in different programs.

“The infusion of the first person experience of mental illness into the service component is the unique asset that Peer Support Workers contribute,” Matt explained.

Volunteers

Many PROS programs use peer volunteers to lead non-billable, regularly scheduled activities. One example Matt saw was a Peer Support Group, which the PROS provided a regular time on the Program Schedule for a peer volunteer to coordinate this popular activity, which was empowering for all the participants. Programs with a strong culture of volunteerism also had high levels of engagement.

After discharge, some former PROS participants chose to go through an agency’s volunteer training and return as volunteer on a short-term, part-time basis to share a specific skill or encourage peers as an advocate. They report feeling like they are “giving back.”

Hiring

PROS may also opt to hire a PROS participant while they are still enrolled in PROS, and include them on the staffing plan (reference the PROS Recipient Employee Clarification document for details). Per regulations: If a recipient employee provides a medically necessary service to other participants in the PROS program, such service may be included in the calculation of PROS units for such participants, as applicable. However, such service may not be included in the calculation of PROS units for the recipient employee.

Peers who are hired as Recipient Employees may work in a wide variety of roles. Some work as paraprofessionals, such as administrative support staff (for sign in and sign out monitoring) or serving lunch or running a snack bar to leading activity groups while others may run a service group when they have the appropriate credentials. Other PROS programs find peer volunteers do these same tasks, rotating different PROS participants for the opportunity to gain prestige among peers, and confidence and work



experience towards future employment. Whether through paid or unpaid positions, peer involvement as leadership has been shown to be an effective means of encouraging stronger engagement and motivation toward setting hopeful, self-directed life role goals.

Regional Advocacy Specialists

Central Field Office Regional Advocacy Specialist Elizabeth Patience, shared more ideas on the roles peers can take on: Peers can help be the “interpreter of mental health clinical lingo” and help change the tone of the language used to be more person-centered, or can share information about benefits, assist in explaining a complex transportation system in the community, and so much more.

Overall, inclusion of peers in the design and leadership of PROS can help align the programming to the needs and desires of participants. All PROS should continually re-evaluate where they can expand the inclusion of peers throughout the model. Contact your Field Office if you would like to consult with the Regional Advocacy Specialist, who is available to assist programs in discovering new ways to include peers.

Young Adults & Medicaid Eligibility

Did you know that young adults, ages 18-25 who are still on their parents’ insurance may also be Medicaid eligible?

The Affordable Care Act made changes to how household income is determined for Medicaid eligibility. If the young adult is claimed on his or her parents’ taxes as a dependent, he or she is considered a part of their household and the parents’ income may impact the Medicaid eligibility determination.

However, if the individual is not claimed as a tax dependent, he or she can apply for Medicaid without reporting the parents’ income. The individual can remain on his or her parents’ health insurance and receive Medicaid as secondary insurance.

Referral Sources: Are You Tapping into All You Can?

While PROS is a personalized approach to assisting people to reach their life goals, there is one goal that all PROS participants have in common; being able to live as independently as possible in the community.

This means that the length of stay for each individual should be no longer than the period of time during which PROS services are helping them achieve their goals. Providers who help participants successfully move on recognize that the program will need to have ongoing community referral sources.

Have you found all the referral sources available in your local area? Here are some you may not yet have reached out to that could become valuable referral sources.

- Educational settings: The Disability Center at your local college may be willing to take your brochures, BOCES, and ACCES-VR.
- Community Health Centers and primary Care doctors.
- Veterans' Centers.
- Supported Employment providers.
- Local County Probation Dept., Dept. of Social Services, Dept. of Labor, and Single Point of Access.
- Adult Homes, Nursing Homes, state-operated PCs, and Clinics.
- Psychiatric inpatient units; with coordination, some programs have used "in reach" to meet a potential PROS participant while they are still in the hospital, and invited them to come visit the PROS site after discharge. This face-to-face meeting can be more effective than a brochure!



In small communities, it may be appropriate to be sure that the popular hair salons and barber shops know what your program does, because they often hear from their customers about what is going on at home and may just mention your program.

Be creative! Break stigma! Let the community know PROS is there to help. Has your program found other sources? Let us know!

The Goal: ZERO Suicides

According to the Centers for Disease Control, there were over 40,000 reported suicides in the United States in 2013.

This makes suicide the 10th leading cause of death in the United States. Additionally, 9.3 million adults (3.9% of the adult population) reported having suicidal thoughts in the past year.

NYS OMH recognizes suicide as a serious statewide public health concern and accordingly, has established suicide prevention as a top priority.

Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems, and also a specific set of tools and strategies. It is both a concept and a practice. The Zero Suicide website has many suggestions for individuals interested in supporting the Zero Suicide movement:

<http://zerosuicide.sprc.org/champions>. See the links to further trainings in the archive section of this newsletter.

The Suicide Prevention Center of New York State (SPCNY) aims to develop and implement community-based suicide prevention, intervention, and recovery programs by providing technical assistance, training, and linking with expert resources. **SPCNY will arrange and/or directly deliver training of validated programs to caregivers and clinicians as appropriate for the targeted audience and provide resources.**

<http://www.preventsuicideny.org/#!find-a-training-near-me/c1ylq>.

The Suicide Prevention Center of New York is operated by the Research Foundation for Mental Hygiene with funding from OMH.

Language Matters!

Say "He died by suicide," rather than "He committed suicide."

Say "It was a completed suicide," rather than "It was a successful suicide."

Archives: Webinars & Resources



- **Breaking Through the Barriers: Implementing the Zero Suicide Approach in States and Organizations** – A National Council and Suicide Prevention Resource Center Webinar; the archived Power Point slides may be viewed at: <http://www.thenationalcouncil.org/events-and-training/webinars/webinar-archive/>.
- **Zero Suicide: Providing Suicide Safer Care in New York: OMH Statewide Grand Rounds** – Videoconference previously broadcast in April 2016 (1.5 hours in length) to provide OMH physicians and psychiatrists with skills and knowledge based on the latest applicable research findings. OMH hopes that these programs will be of benefit to other mental health service systems and professions. <http://www.omh.ny.gov/omhweb/bps/160420-zero.html>.

Look Around With Fresh Eyes!



If it's been awhile since you first walk through the front door of your PROS program, you may be so used to it you barely notice the environment. Invite a group of volunteers to take a fresh look and report on what they notice.

- Is the entrance clearly labeled and well lit?
- Is there welcoming and useful signage in appropriate languages to direct newcomers?
- Are there "Staff Only" signs creating barriers; do staff speak to each other in same tone they use to speak to participants?
- Does the space have an odor?
- Is there a clean, comfortable area to wait that includes updated resources and notices?
- Are the walls decorated attractively or is your place looking shabby so a newcomer might think "does anyone care?"
- Plants, artwork, and fresh paint can do wonders to make your PROS inviting, and more engaging while instilling hope right from day one.

CAIRS Reminder

PROS programs are required to input data into CAIRS every six months. The data is used to demonstrate PROS outcomes statewide, and regionally, and for each program.

Technical Assistance File

- **CAIRS RFA** – When applying for access to CAIRS for PROS, the RFA must be completed accurately for the OMH Security Unit to approve it. Tip: All forms and the cover letter must be original and have original staff/supervisor signatures. "Requestor" signature is where the staff person must sign. "Request approval" line is for the supervisor's signature; agency leadership should have another administrator or a Board members sign.
- **FQA's About Medicaid Managed Care Tool** – The Managed Care Technical Assistance Center (MCTAC) has made available a new interactive FAQ tool, a collection of the most frequently asked questions pertaining to managed care. Find the answers to your questions on general managed care, billing, contracting, utilization management, revenue cycle management, Home and Community Based Services, and outcomes. Just interested in browsing or exploring the information? Try sorting by top questions or state policy. Learn more at faq.mctac.org.
- **MCTAC's first Decision Tree** guides users through the criteria that can pre-determine your agency's managed care payment status. Additional decision trees are coming soon! <http://dt.mctac.org/>.



Office of
Mental Health

This newsletter is written by the Bureau of Rehabilitation Services and Care Coordination at the New York State Office of Mental Health.