

## Regional Advisory Committee Meeting 6/17/13

### Kingsboro Psychiatric Center Breakout Questions

Question One: As we think about making peer services eligible for Medicaid funding, what concerns and suggestions do we need to consider?

1. Cannon of Ethics for Peers who are certified to receive Medicaid
2. Does salary scale for Peers Specialist change when they become certified? Will there be a pay upgrade?
3. If Peers are not under prescribed medication, will they still be eligible for Medicaid services?
4. Education
5. Going to work – how to make it work while on SSI/SSDI?
6. Supports while on SSI, SSDI – housing, more food stamps, more cash assistance
7. Availability to the Public
8. Accessibility to the Public
9. Accessible to service
10. Health Home Concerns
11. Eligibility for Medicaid
12. Lifestyle of living
13. Responsibility of those who are eligible for benefits – cannot miss use or abuse it.
14. Peers should be encouraged and scholarships should be made available so that Peers can obtain licenses and Certifications in (but not limited to): 1) Substance Abuse Counseling, 2) Food Handling & Preparation, 3) CPR, 4) language (Spanish, French, French Creole, Arabic, Chinese, Russian, Tree, Swahili, Urdu (Pakistani lang.), etc.), 4) Trauma Informed Care, 5) Post Traumatic Stress Disorder, 6) special training working with Veterans, 7) degrees and licensure in Social Work, 8) Cognitive Behavior Therapy, etc., etc. By obtaining these certifications, licensures, degrees – peers will be able to bill for services.

Question Two: If peer services are funded by Medicaid, how can we make documentation more peer friendly?

1. To be able to use tech. & mobile applications to communicate more efficiently.
2. Modules to teach Peers how to document
3. Modules to teach Peers how to write, i.e. – the assignment could be – write about yourself.
4. Documentation in a Recovery Framework language
5. Standard Format for documentation
6. Employ Howie the Harp writing instructors to teach how to document
7. Just the facts, not the emotion
8. Let the client write their own notes
9. Goal-oriented progress notes
10. Let Peers write forensic documents
11. Clinician and powers that be respect the Peer's opinions
12. Treatment plan should be made or collaborated by the client and the clinician

13. Let the client decide on their own treatment plan
14. Make the documentation easier to understand
15. Client to keep their own progress notes and bring them to the doctor
16. Be better informed so that they can take care of themselves
17. More education on diagnoses
18. More education on making healthy lifestyle choices

Question 3: How do we insure that peer programs can take advantage of insurance funding, like Medicaid?

1. Utilize Benefit Counselors in outpatient settings
2. Show difference between clinical insurance model and peer support model – its more cost effective.
3. Peer Services are to be paid by insurance
4. Create a list of billable services – compare to what peers are already doing; then make sure that if licensure is needed, provide access to financial aid to obtain such license
5. Peer Credentialing / Licensure – all peers should be made aware of this option and be allowed to pursue it.
6. Peers reaching out to Medicaid showing the services we offer
7. Offer Life Skills Groups like: Healthy Choices, i.e. Smoking Cessation; Personal budgeting, etc.
8. Groups that help clients function better in the community
9. Show the ratio of how the Peer to Peer modality gives the best results and outcomes
10. Everyone should be trained in “Cultural Competency” - shows greater positive outcomes with Peer-to-Peer Recovery-Focused care.
11. Ask specific, goal- oriented and open ended questions, i.e., “how would you cope with it?”
12. Only give Medicaid to people that need so that it won't get put to waste
13. Include SAMSHA 8 Dimensions of Wellness as a foundation or guide to peer programs
14. Provide parenting classes – this is a billable service
15. Chart or maintain the goals and objectives and progress of the clients – documentation will show how therapeutic care is helping the person stay healthy
16. Peer Academy – put a link on so that you can be informed about services & training opportunities
17. Assistance in helping people to make the right choices, conflict resolution
18. Advocate for better learning, (obtaining GED, reading comprehension, assessing for cognitive challenges)
19. Peer Services should be listed with 311
20. On the N.Y.S.ny.gov website, post Peer Wellness forums / health fairs
21. Advertise on the radio station
22. RAC Conference
23. NYAPRS Conference – all peers who want to go should be able to go.
24. Service available to all ages
25. Outreach to Agencies, i.e. all disabilities agencies
26. Make groups, forums, etc. more educational and relevant
27. More educational and vocational programs, run by peers in the community

28. Advertise clothes
29. Current events – reconnect to changes in the community and the world at large.
30. Keep clients up- to- date on what is happening in the news; how things have changed, the way of thinking, etc.
31. Changes have been made in Medicaid and in government and policy – educate people
32. Show working / volunteering peers as a positive role model in the community (or peers that go to Clubhouses, or vocational school or college, or are reconnected with their family (peers who may not work) – successfully living in the community.
33. Create documentaries on peers working, coming to work every day, teaching recovery.
34. Helping peers to know that when they stay on their meds they can stay in their community
35. Offer Services such as: Medication plus nutrition, exercise, relaxation, nature walks,
36. Peer Bridges that link in-patient services to outpatient services
37. In-service treatment should be the same as outpatient service
38. Art therapy, photography, alternative therapy (yoga, deep breathing, sensory modulation, stretching, dance, etc.) should be offered to in-patient consumers.

Question 4: If you had a magic wand and could make Medicaid peer friendly, what would you do?

1. Serve meals such as: breakfast / lunch / dinner = (hot or cold)
2. Medicaid can be used in other islands and countries (if traveling to the West Indies, to Canada, to Europe,)
3. After working – volunteer part- time at a Mental Health facility to show that people can lead successful lives and work in the community of their choice.
4. Opportunity outs for the young – they need it more than the old
5. Make Medicaid transport accessible MTA ½ Fair Card
6. Person to Person Peer support for all groups and activities – billable services
7. Medicaid should not expire
8. Restaurant – should be able to use your Medicaid Benefit card with cash assistance for hot and cold foods without any additional surcharge.
9. Community outreach in the community to educate the peers and their families
10. Tracking number for Medicaid in case you lose it – replaceable within 72 hours.
11. Make Medicaid available for anyone who needs it regardless of income.
12. Create more peer friendly programs in the community.

Question Five: Any other issues or concerns?

1. Do not get too personal with the client – boundaries / ethics
2. Wellness consumers' life expectancy
3. Compatible with energy efficiency
4. ½ Metro Card for MH regardless of SSI or SSDI and physical disability
5. Everyone treated equally – paying close attention to ethnics disparities
6. Require Medicaid, every winter season, to give seasonal compensation
7. Career ladder/ grade system for Peer Specialist needs to be confirmed /realized
8. NYESS to be used appropriately – more than one person should have access; the peers should be able to log on and help the fellow-peers to access jobs.
9. Create / Conduct a group called “Lifestyle Balances” for peer, by peers.
10. More “Life Skills” programs should be offered to consumers who are in-patient to curtail recidivism.
11. In-patients should be allowed to go on short trips more often.
12. In-patients need to be offered physical activity at least 3 – 4 times per week.
13. Support Staff need additional training as well as management – on person-centered care, healing through the arts, emotional intelligence, trauma informed care, de-escalating violence, recognizing side effects of medications and reporting process.