What if New York were the Center of Healing for the World?

September 11, 2021 will mark the twentieth anniversary of the terrorist attacks that changed our world. The horrors of that day linger in the collective memory of our cities and our nation, leaving deep wounds that have not fully healed. In the past year, those touched by the COVID pandemic experienced an extended period of loss, grief, and isolation; many people lost contact and connection with others as the digital divide between those who had and those who did not have access to computer and internet technology became apparent; the presidential election led to violence upon our nation's leaders and highlighted the sharp political division that exists in the country, and Black Lives Matter protests following the murder of George Floyd brought the nation face to face with pervasive racial and social inequities. **In the midst of this turmoil, more people than ever before reached out for mental health care and substance use prevention, treatment and recovery services.**

Over the past year, a workgroup led by members of several training organizations funded by the New York State Office of Mental Health (OMH), in collaboration with members of the New York State Office of Addiction Services and Supports (OASAS), wondered what would happen if we asked people who are receiving services (and their families, peer supporters and service providers), what creates a sense of healing after trauma? What would those receiving, providing, or impacted by someone's mental health or substance use services recommend to those systems of care?

What follows is brief highlights of a more extended list of recommendations by 3848 people in New York who responded to a survey, based on service user input, circulated between October and December 2020.

The project was titled, ***"What if New York were the Center of Healing for the World?"*** While New Yorkers are not the only ones with a need for healing from traumatic loss, the Anniversary of September 11, 2011 offers a unique opportunity to pause, remember, and reflect on what people themselves are telling us about what helps and what hinders in gaining or regaining a sense of healing.

Not surprisingly, people prefer a one-stop shop (i.e., integrated care) for person-centered care focused on wellness, recovery, empowerment, and person-centered goals that includes choice between recovery options and where they can access those options.

Access to basic needs (e.g., food, universal healthcare, safe housing, technology, transportation) and community integration (e.g., employment, education), including treatment in the community of their choice with alternative and complementary approaches, were also seen as critical to healing. People noted that billing and regulations can hinder recovery by forcing "cookie cutter" approaches to treatment and there is a continued need to address discrimination, stigma, and systemic oppression.

There was 96% agreement that having an awareness of trauma and its impact on healing was important for systems of care.

Following are some actionable recommendations based on themes from the survey.

People value peer services as part of their recovery process. A top recommendation is finding ways to increase access, availability, and quality of peer support services.

People also value options that may not currently fall under billable service delivery systems (e.g., yoga, building supportive relationships in the natural environment).

Given this, it could be helpful to explore not only how to increase access and availability, but also how peer services can be expanded to extend the range of options for people as they heal. Ideally, the system would also explore mechanisms, e.g., under the psych rehab services, to bill for these services.

Choice was also a recurring theme in responses. While expanded peer services can help broaden choice, there are additional measures the system can take. For example, with telehealth, people can decide how often they would like to meet with providers in-person and via telehealth. Similarly, complementary options like community-based yoga, sports, acupuncture, and music (offered in the community, rather than segregated into 'program offerings') should be supported.

Ideally, people could decide how Medicaid dollars are spent, purchasing what they think they need for their own recovery, including community-based resources (e.g., joining a gym) and health care needs (e.g., purchasing an air conditioner to alleviate symptoms of asthma). Similarly, flexibility of funds for supportive housing (e.g., allowing funds to go toward mortgage payments) and education (allowing application toward the college of someone's choice) would support healing.

While this recommendation may require some systems-level changes, there are some models that can inform those changes (e.g., OMH pilot project around self-directed funds, OASAS recovery centers, HRSI, and Judith Cook's work). Shifting the culture to empower people to make their own choices recognizes that recovery is possible and promotes hope.

Closely related to increased choices was a desire for options that focus on community inclusion. To this end, providers can develop partnerships with community-based providers (e.g., community gardens, yoga studios) and help connect people with those opportunities. Providers can also explore whether Medicaid will pay for helping people develop skills to connect to those community services.

Helping people build supportive relationships in their natural environment is also a way to promote community inclusion.

For example, providers can support familial relationships or families of choice by having family night events and can, with a person's permission, include these supports in helping people apply the skills they are learning to real life situations. Similarly, helping people find meaningful work or volunteer activities and helping people with educational goals increases both a sense of purpose and community inclusion. Community inclusion was also related to a desire for more time-limited services focused on helping people build skills to participate in their communities more fully.

Within the context of services, people were seeking more individualized care from providers who take the time to understand a person's life story and circumstances. This would include helping people with basic needs (e.g., connecting people to a food pantry in the community) and setting aside a quick diagnosis in favor of truly understanding a person's life circumstances. It also includes understanding what a person's physical health needs are and helping them access needed care. It is critical to understand what the person considers most impactful to their healing; providers and family members should not assume they know what the person values (in fact, the data often showed differences between service recipients, providers/family members and service providers).

The behavioral healthcare system has changed significantly in recent years in NYS with the aim of providing more person-centered and trauma informed care. Some of the survey responses indicate that providers may benefit from additional education around these changes. Some areas mentioned included determining which level of care is suitable and discussing this with the person receiving services; when to revise treatment plans with a person between annual revisions; an understanding that recovery is possible and mental health and substance use symptoms are not as chronic and severe as some think; and efforts to reduce stigma.

NYS can learn from other states (e.g., CT) that followed an intentional process to transform the system toward recovery and from existing programs (e.g., OnTrackNY) that are modeled as a time-limited approach with a significant focus on community inclusion**.**

Also seen by respondents as important was the need for organizations themselves to heal; to provide care for staff around vicarious or secondary trauma and to identify and address oppressive practices that are still rooted in institutional racism, stigma, and exclusion. **A Wellness Recovery Action Plan (WRAP) for the whole organization or team might be helpful.**

The findings in this brief summary only scratch the surface of the rich responses from those who provided their commentary at the OMH Regional Advisory Committee (RAC) meeting and within the open-ended responses to the larger survey. Many more conversations, action plans, and implementation projects, which include the people most affected, the service recipients and their families, are needed to for our systems of care to truly give service recipients and their families a sense that New York has become the Healing Center of the World.

The NYS Training and Technical Assistance Huddle includes members from the following organizations:

Many Thanks to the Members of the Huddle:

Susan Brandau (OASAS)
Andrew Cleek (CTAC/MTAC/NYU)
Andea Cole (Center for Practice Innovations)
Ruth Colón-Wagner (NYAPRS)
Nancy Covell (Center for Practice Innovations)
Rita Cronise (Academy of Peer Services)
Tamara Dawson (OMH, Consumer Affairs)
Julia Fesko (OASAS)
Lydia Franco (CTAC/MTAC/NYU)
Clinton Green (The Coalition for Behavioral Health)
Melissa Hinds (Center or Practice Innovations)
Natalie Lleras (The Coalition for Behavioral Health)
Paul Margolies (Center for Practice Innovations)
Marlo Pasion (The Coalition for Behavioral Health)
Sapana Patel (Center for Practice Innovations)
Paige Pierce (Families Together in New York State)
Marshall Rosier (MHEP)
Amanda Saake (OMH, Consumer Affairs)
Regina Shoen ((OMH, Consumer Affairs)
Amy Spagnolo (Academy of Peer Services)
Tiara Springer-Love (Families Together in NYS)
Len Statham (NYAPRS)
Tony Trahan (OMH, Consumer Affairs)
Boris Vilgorin (MCTAC/NYU)