Pathway Home 2019

April Newsletter

Announcements

CMSA Conference Case Management Practice Improvement Award

Case Management Society of America Foundation will be recognizing Pathway Home as the recipient of the 2019 Case Management Practice Improvement Award. This award is an opportunity for case managers to be recognized by their peers, demonstrating innovation and the value case management brings to the populations we serve. The selection process included reviewing and scoring of each entry based on the candidates' ability to meet the criteria established. This year, there was a record number of entries.

The award will be presented on June 13, 2019, 4:00pm during the Main Session event at the CMSA Annual Conference, in Las Vegas, NV

Inside This Issue

Barry's Message

"We don't set out to save the world; we set out to wonder how other people are doing and to reflect on how our actions affect other people's hearts." - Chödrön

The first time I met Larry, he looked at me with this skeptical, apprehensive look that said "What can you possibly offer me? We are nothing alike". With a smile and friendly demeanor, I wondered aloud if we could "talk and get to know each other." He reluctantly agreed.

As I sat on his plastic covered sofa, I noticed the boxes and plastic containers cluttering the apartment. It smelled of good cooking and cigarette smoke. I detected several contusions on his body. The conversation consisted of me talking, asking a question, a pause, waiting, holding back...no answer. A little more me talking, another question, pause, waiting, anticipation... no response. Not long after, Larry ended the meeting.

A few days later Larry invites me in. We sat on the sofa, this time the TV volume up. The conversation rapidly turned into threats and accusations; I couldn't make sense of it. Yelling "I don't need your help", I am told not to visit anymore. "If you do, then...." I wonder if Larry was feeling confused, scared, angry that I wasn't understanding his experience? Carefully removing myself from his apartment, I consulted my colleagues on what to do next. Decision; evaluation at a hospital.

As a community health worker, it can be difficult calling EMS for a person re-experiencing symptom. It feels like an imbalance of power to compel someone to go to hospital. Though I had hospitalized before, this time was less tolerable. Not because Larry didn't subscribe or was more symptomatic, rather I assumed the others understood that I would only resort to this under unavoidable conditions. With Larry, we barely knew each other. There was no formative, foundational relationship to fall back on.

To keep from escalating, I prepared the first responders of what to expect and to Larry on what was happening, hoping Larry would consent to go. While Larry's initial reaction was of anger, he went agreeably, under verbal protest. After explaining to the hospital social worker what prompted this visit, I remained with Larry to show him I was here for him. As I sat there, I reflected that I barely had the opportunity to build a relationship, and already was in the position of relationship repairing and rebuilding trust. I wondered if this was preventable? If I hadn't visited, then Larry wouldn't have escalated and he would be safe and comfortable chain smoking at home while watching afternoon gameshows.

A not uncommon theme in community behavioral health services is ambivalence to treatment and people avoiding or not showing up. Larry showed uncertainty about services. A Lehigh University study examined data to better understand how individuals enter behavioral health care — via individual choice or coercion — and the association with how the individual perceives care. The authors suggest implementing programs that are empowering and promote self-entry into care.

Determined to do this properly, Larry would be offered the choice to sign up. As long as he was still ambivalent and unengaged, my duty was to educate and show him I cared. In K. Michel's book, Building a therapeutic alliance with the suicidal patient (pp. 63-80), on topic of "The narrative interview with the suicidal patient", the authors explore how therapeutic relationships are significantly better when the clinician asks for a story and remains empathic, attentive, nonjudgmental, and leaves room for one's own account of the story. So I visited Larry, worked on developing the relationship by just listening to him tell me his story.

I conferenced with his roommates, his two sisters. The oldest sister expressed gratitude for the intervention, explaining Larry was in the hospital the fourth time in twice as many months. The last time was after he pushed her. I felt slightly less guilty about hospitalization.

Upon hospital discharge, I walked Larry home and talked about his plan now that he is feeling better and healthy. I assured him I would visit him on his terms and be here for him in the way that he wants me to be. While Larry wasn't offering much, I sensed tolerance, even acceptance of my presence. Progress.

There is evidence that short term and targeted interventions enhance the efficacy of long term supports (see Herman, 2011). Providing practical assistance and support rather than solely focusing on treatment and medications can facilitate increased long-term engagement (see Kuttikat 2015). So we front loaded visits and focused on practical assistance.

There were times when Larry indicated he didn't want services. Some argue the recovery model promoting consumer choice means to discharge immediately when someone is not interested in services. In an article on the Uses and Abuses of Recovery, the authors address recovery myths. They admit ineffective services should of course be replaced, still a recovery orientation does not mean closing services prematurely. Rather, a gradual reduction in contact, as part of a jointly agreed plan and with support to access natural community supports, is helpful in supporting recovery. Not wanting to give up on Larry, I reminded myself to be patient and persistent.

Over time, Larry slowly came around. He began seeing a doctor and obtaining treatment for his medical conditions, even asking for medications. As trust builds and anger abates, Larry's story emerges. He recounts his younger self's ambitions and interests, and how his illness got in the way. After years of being cooped up, he began going outside and taking to his neighbors. He converses, laughs, and reminisces with his sisters. There are times he sits home, smoking, watching his shows, but the apartment is cleaner, less cluttered.

For years Larry had been neglected, ignored and allowed to sit at home without any contact. He now freely takes care of himself and his health. A turning point for me was when he started expressing gratitude, initially with a "thanks so much for coming and visiting today" and then later to a discussion where he showed insight and mutual care back at me.

Warm Regards,

Barry Granek

Hot Press

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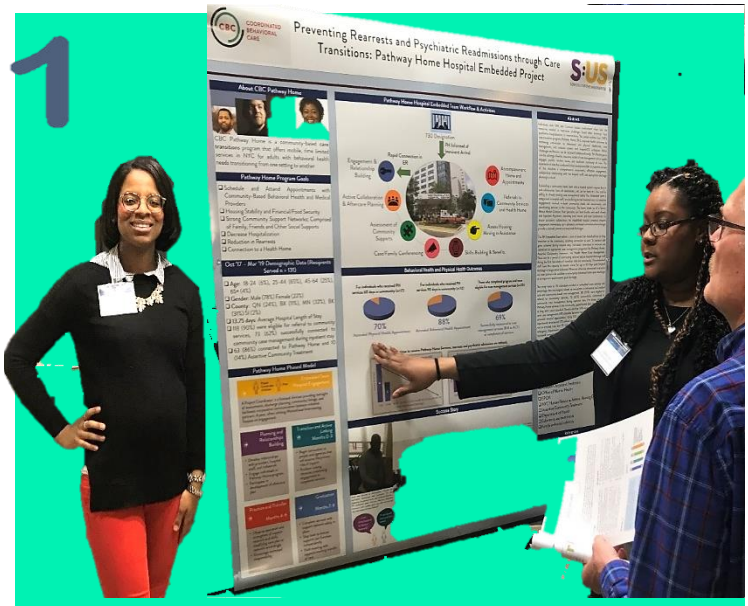


ASAP Statewide Prevention Conference

Pathway Home's Aja Evans, LMHC (CBC) and Monisa Lane (SUS Embedded Teams) presenting a poster board sharing successful outcomes of the Pathway Home Embedded Team 730 project at the Alcoholism and Substance Abuse Providers of New York State, Inc. (ASAP) and the Office of Alcoholism and Substance Abuse Services (OASAS) Statewide Prevention Conference. The Pathway Home Embedded 730 project provides care transition services at MHC for individuals diverted from State Hospitalization / Incarceration with a 730.40 designation (unfit to stand trial). Congratulation and keep up the impactful work!!!

3

CBC's Pathway Home Mark Graham a finalist for the Crain's 2019 Heritage Innovation in Healthcare Delivery Award

Heritage Provider Network and Crain's Custom are recognizing the best of today's healthcare clinicians, administrators, entrepreneurs, scientists and researchers in New York who are leading the way to solve today's top challenges. The program honors those who are making measurable and scalable improvements in health status, improving access to healthcare, and positively impacting patient quality of care and demonstrating long-term affordability. **Mark Graham** has played a critical role in developing and expanding CBC's array of innovative program as well as the growth of the CBC behavioral health IPA. Graham was instrumental in designing the clinical model for and implementing CBC's innovative **Pathway Home** program. Under his leadership, this one-year grant funded pilot has become a multi-year State Office of Mental Health-funded contract. Finalists and winners in the five categories will be honored at a luncheon in Manhattan, Monday, May 20, 2019.

2

ACMA 2019 National Conference

On behalf of CBC and Pathway Home, Mark Graham and Barry Granek presented the Pathway Home care transition program model, guiding principles, and impact at the ACMA 2019 National Conference in Seattle. The break out session titled Pathway Home: Bridging Behavioral Inpatient Stays with Community Services was well attended with over 50 participants from all over the United States.

Pathway Home Adult Home + Table Talk

On 4/10/19- Pathway Home Adult Home + teams, WellLife Network and Postgraduate Center for Mental Health came together with CBC's VP of Program Services-Mark Graham, Program Manager of AH+/HH+ services- Teresa Hill, Senior Director- Barry Granek, Program Director- Angelo Barberio, and Senior Program Administrator-Enmy Perez to discuss how the initiative is going thus far. As both teams have been operational and enrolling members for several months, it was a good time to meet and converse about this new Pathway Home landscape. The group broke bread together as they discussed:

- Challenges with communicating and collaborating with other professional staff and connecting all the moving parts of the settlement (e.g. housing contractors, AH, insurance, DOH, OMH)
- Successes like having first member transition from AH to community in March! Helping a member get art supplies to reconnect with their creativity!
- Collaborative efforts with providers – like a monthly meeting with Jewish board housing contractor to review status of members and their move
- High needs situations such as members who require numerous community wrap around services due to complex medical needs services due to complex medical needs like vision or hearing issues or members with benefit issues like Medicaid spend downs. Through utilizing PH Step Down Funds, team was able to pay for needed services like Home Health Aid
- Participated in an exercise on how to describe PH services as it relates to the AH+ population. There were helpful take away talking points including….intensive person centered approach, innovative solutions/technologies, ability to be creative, and support from linkages within the community and the PH multidisciplinary team.

Specialty Meeting


SMHC Shannon Cameron presenting to the PH clinicians.

The Pathway Home clinician's bimonthly specialist meeting on April 30th was led by Shannon Cameron, MHC of the Met Embedded team, on the topic of "Supporting the Incarcerated throughout Re-Entry For Clinicians". Shannon led the group in a guided imaginary exercise in visualizing the struggles of what PH participants may go through when they are criminal justice involved. Trauma and incarceration go hand in hand. The Adverse Childhood Experience (ACE) Study found that the more ACE's a person is exposed to can be associated to negative adult experiences and outcomes. In a mental health crisis, people are more likely to encounter police than to seek medical help. Pathway Home aims to shift the negative stigma and ensure when participants are under our care we are empathetic, resourceful, caring and ready to help.

For further resources:

Guided Imaginary: https://pilotonline.com/news/local/projects/jail-crisis/article_d4099ae6-975b-11e8-bc49-bb2da6c825f2.html

CUCS Criminal justice Program: https://cucsacademy.learnupon.com/users/sign_in

Ismael Nazario's Story: https://www.ted.com/talks/ismael_nazario_what_i_learned_as_a_kid_in_jail

The monthly Peer Meeting this month was held on April 16th. The group met for two hours and spoke on a range of topics. The first half of the meeting, Sarah Abramson presented an Mental Health Housing 101 training. The training sparked a lively discussion about the current state of mental health housing and what can be done to better support our members in obtaining and maintaining MH housing in NYC. The second half of the meeting was a group supervision which touched on an array of topics. Everything from how to balance the actual work versus the paperwork as well as tips on ways to engage a member who may have struggled with engagement in the past.

We look forward to the next meeting on May 21st to be held at CBC!

Homecoming Queen

Jasmine Farzana awaiting to be seen by her doctor

Jasmine struggled with maintaining her appointments and would often end up in the hospital for medical reasons. This would then result in a psychiatric hospitalization.

Jasmine's primarily language is Urdu. The CCNS PH team did not shy away from working with Jasmine, rather communicates with Jasmine with a translator. Jasmine believes she is the Queen of Pakistan and that her family are her servants. PH joined with the family to help Jasmine trust the PH team without challenging her fixed beliefs.

Jasmine was spending most of her time alone in the house or studying in the library. While she still enjoys these activities, she wanted to explore more social experiences. With the assistance of Medicaid transportation, Jasmine attends the CCNS PROS program 3 days a week. This has been a wonderful for Jasmine's promoting socialization and providing support. One of Jasmine's main goals at PROS is working on being more social. Since transitioning to community, Jasmine has maintained all her appointments.

Recently, Jasmine had to have a medical procedure for some stomach issues and the PH team was there to support her. The procedure did not result in a hospitalization for medical or psychiatric concerns. Jasmine was supported by the team's Peer Specialist, Dustin Grose, throughout the entire process.

Jasmine's family has noticed and stated to the PH team that Jasmine is doing well, attending appointments, and taking medication. The PH team meets regularly with Jasmine's family. Her brother and her niece are very involved in Jasmine's life and are her biggest supports. The family reports that Jasmine appears more social and in better spirits. The PH team is proud of Jasmine for finding joy in her day to day activities.

Dustin Grose, Peer Specialist, and Jasmin Farzana at her home

A Map to a Better Place

When Nicole initially met Lizza on Bellevue hospital's inpatient unit, Lizza was disorganized and guarded, but had direct insight related to her future goals. During this meeting Lizza stated, *"I want to get my life together. I want to see my kids, I want a place to live, I want to go to school and have a career."*

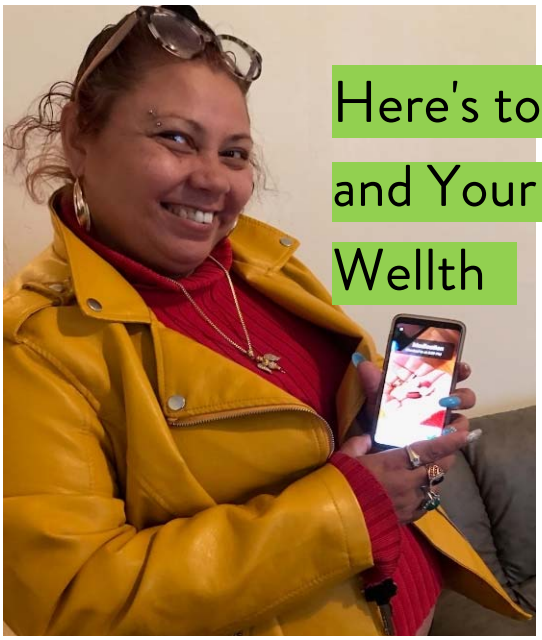
Over the past few years Lizza has faced some challenges, including the inability to visit her children, street homelessness, limited social support, substance abuse, and difficulty trusting other. While writing this story together, Lizza stated *"I lost my husband a few years ago and it was the hardest thing I've ever experienced. I began hurting myself, I've been hurt by others. I had the worst few years of my life, I went through such pain, but look at me now."*

Lizza and Nicole prom shopping for Lizza's daughter

Shortly after entering community, Nicole and Lizza created a 'map' that included her goals and the different roads the two needed to take in order to achieve them. Lizza and Nicole met nearly every day and tackled these tasks one by one. Despite experiencing some bumps on the road, together they persevered. During a bus ride one day, Nicole attempted to encourage Lizza to keep the faith in their plan by re-telling her the stories she shared about happier days with her family. The two spoke about the bond between mother and child and second chances. During this conversation Lizza immediately stated *"I won't give up."*

Week after week, Lizza and Nicole continued to plan activities for the upcoming days. Lizza began planning her own activities, scheduling appointments, and attending many alone. It didn't take long for Nicole to see the strength and ability Lizza possesses, but the depth of her capabilities is truly astounding.

Today, we are so happy and proud to celebrate all Lizza's victories. She is visiting her children, she is babysitting her grandson each weekend, she has stable housing, and she has built a support network. She is working for Postmates again, she is exploring education options, and most of all, walking around with her big and beautiful smile!



Here's to You and Your Wellth

As a registered nurse, I thought of the Wellth app as a potential method of reminding Francis to take her medication and check her glucose levels each morning. Pathway Home provided Francis with a new phone that had Wellth app download. After training Francis on navigating the app, I set her schedule that would build a routine. Francis had some difficulty using her new smart phone. I spent more time with Francis retraining her to ensure she was able to use her smart phone and the app. Since being retrained, Francis was more comfortable using the app and has shown more interest in maintaining a healthier lifestyle. It was clear that she benefited from using Wellth. She was more attentive in monitoring her glucose levels and followed medication schedule. Wellth has proven to be a helpful tool in monitoring Francis' glucose levels and assessing how she is doing with her diabetes. Francis noted that Wellth has "really helped keep her on track."

- Harley Romelus, RN, PH ICL

Bert Came to Slay

Bert disclosed "I am struggling with weight" referring to her obesity, she currently weighs 264 pounds. Bert was diagnosed with diabetes and high cholesterol. When getting to know Bert, I learned she had poor eating habits and lacked motivation to manage her health. She once commented, "I feel tired all the time."

A nutritionist advised to implement exercise and dieting. These became initial goals. Starting with changing eating habits was challenging because her residence did not provide lunch. This meant Bert developed the habit of eating fast food. She was going through her money and food very quickly, and needed help with finding way to have the food last longer. Using PH step down funds allowed me to take Bert to the market and demonstrate how to budget groceries in her monthly budget of $190. This hands-on demonstration was helpful for Bert to practice looking for and purchasing healthy options. Additionally, Bert learned to budget her money to save for her other personal needs and to ensure she had healthier eating options that lasted throughout the month.

Bert has set a personal goal to lose 10 pounds within the next two months. To accomplish this, Bert applied for a one-year membership at the NYC Parks and Recreational Center where she has access to an indoor swimming pool and an exercising fitness room. Her first day attending, she used the treadmill for 30 minutes and shared "I am exhausted, but I feel good."


Bert enjoying her salad

In addition to using the Recreation Center, Bert was introduced to the in Wellth app to help her learn to take her medication. Using the Wellth app assisted Bert with taking her cholesterol medication more frequently. Team's peer Nyasia shared "the additional funds helped Bert purchase healthier food options."

Bert has taken her health and fitness journey a step further, she started attending groups at her clinic for healthy living and nutrition. As Bert continues to make progress, she has expressed her gratitude for Pathway Home's support in helping her work towards achieving her goals with managing her overall wellness.

- Nyasia Forde, Peer Specialist, ICL

Jamel Hold On, We are going Home

Jamal *(picture 1)* was diverted to Metropolitan Hospital for psychiatric assessment and treatment. He was displaying disruptive, bizarre, and confused behaviors. PH embedded team clinician, Shannon, described Jamal as a "soft – spoken, quiet man, who was nice and very determined to better himself." Shannon *(picture 2)* engaged him immediately upon hospital arrival, completed needs assessment, submitted the housing application, and communicated with community supports. Peer Specialist Gerald Washington *(picture 3)* assisted with housing plan, reinstating benefits, and with job search. Pathway Home and Housing Provider collaborated to ensure Jamal's apartment was ready when he was discharged from hospital. Jamal is now in his new home *(picture 4)*. Jamal said "I can finally rest and have peace." Jamal attributes his success to the help and persistence of Pathway Home.

"What's the Deal with SDOH?

By Enmy Perez

In recent years, a new buzz word has emerged to describe aspects of one's life that significantly impact the ability to live a fruitful and meaningful life: Social Determinants of Health (SDOH). For centuries, scholars, community advocates, researchers and politicians have always talked about this theme, so technically it's not a new concept. The WHO (World Organization of Health) defines social determinants of health as *the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.*

What do you need in life? Think about it?

The answer varies from each individual and what their needs are. For most, they seek to be happy and at peace. But what if your zip code is the reason that you suffer from respiratory conditions 20 years from now? There are different factors that both directly and indirectly shape the outcomes of a person's life. SDOH is accumulated of five main domains:

- Neighborhood & Environment
- Health & Healthcare
- Social & Community Context
- Education
- Economic Stability

Dr. Nadine Burke Harris' TED Talk, highlights "using a multi-disciplinary treatment team that provides best practices via home visits, care coordination, mental and health care, holistic interventions and medications (when needed) to address early adversity." Pathway Home understands that all the domains of SDOH affects the progress of our participants. Often the PH team addresses multiple factors during the intervention. In Jamel's story, the PH team ensured that stable housing and entitlements were obtained prior to his hospital discharge. His clinician focused on treatment education while his peer assisted in dismantling potential barriers for food and job security. These methods were taken to also prevent Jamel from possibly returning to the criminal justice system if he were discharged without any supports in place. SDOH may play a part in health outcomes but with the right supports a fruitful life can still be attained.

Boots on the Ground
Arianna Metz

Personal PH Motto:

"Pathway Home, Creative solutions..."

ARIANNA METZ, LMHC
SENIOR MENTAL HEALTH
CLINICIAN, PGCMH TEAM

By Angelo Barberio

April came in like a Lion and out like a lamb! This month I got a chance to sit down with Arianna Metz! Arianna is a Senior Mental Health Clinician with the PGCMH Pathway Home Team working with Adult Home members. We talked all things Pathway Home as well as about her background and interests.

Me: So, Arianna How long have you been working for PGCMH? Pathway Home?
Arianna: "I actually started with PGCMH on their ACT team in 2015 until about 2017 when I left to go work with the developmentally disabled at YAI. I missed case management so at the end of 2018 I decided to apply for a clinic position with PGCMH and when I went in for the interview, they thought I would be a good fit for the PH team they were starting."

Me: That's fantastic! So why did you decide to join the Pathway Team?
Arianna: "Like I mentioned prior to Pathway Home I was actually working with PGCMH ACT team. I enjoyed the field work and I enjoyed the team-based approach, so PH seemed like a good fit"

Me: How do you like working for the Pathway Team?
Arianna: "I love it! I love the innovation, the team approach, and I love all the support. Support not only for the clients but staff as well."

Me: What do you find challenging working in Pathway?
Arianna: "working with the Adult Home. It's hard to collaborate with their staff and there's so many moving parts with the AH settlement that getting anyone on the same page is hard enough."
Me: One lesson you'd give to new pathway members?

Arianna: "Utilize the support of your team, that's what lifts me up when I don't feel up for something. Don't feel uncomfortable asking for help."

DID YOU KNOW?!?

Arianna is a 2nd year doctoral student at Aldelphi studying to get her Ph.D in Social work!. She is also loves animals and is a rescue mom

Strengths: "Compassionate about the work, the clients and I give it my all. I'm a good team player"

Weakness: "sometimes I'm overly sensitive"

Outside of work: Arianna loves making jewelry, crafting, pottery and has dreams of renting a space at BK Flea to sell her Jewelry. Her favorite meal is Brunch and also loves cooking.

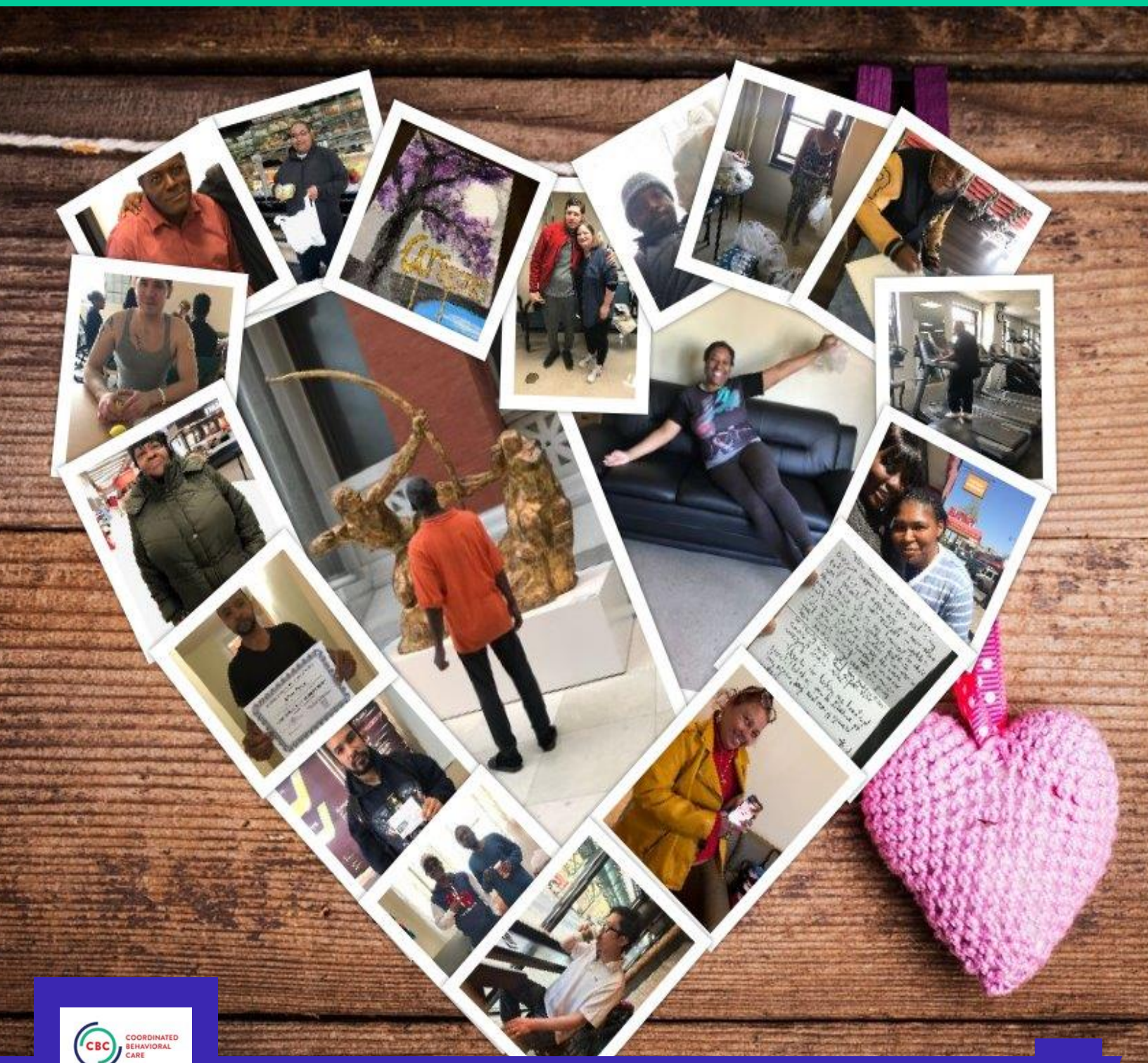
Greatest Achievement: "Getting into the Ph.D program at Aldelphi."

ICL

Special Note

At the heart of each and every connection, there is kindness, there is compassion, there is gratitude. Whether it's a cup of coffee, a bag of groceries, a trip to the museum, or a trip to the gym. Whether it's furnishing an empty apartment, reuniting a mother and son, or serving as part of a support system, these interactions have one thing in common. Hope.

"When the world says give up, hope whispers...try it one more time."



Things to Do: May Events

PH Staff Orientation

Dates:

- Day 1 – May 3rd, 2019
- Day 2 – May 10th, 2019

Location: CBC Office (Bond), 4th floor
Time: 9:30am-4:30pm

All new staff are welcomed!

Case Manager

Date: May 7th, 2019
Location: CBC Office (Bond), 4th floor
Time: 2-4pm

Theme: What does Person centered really mean? To find out, join us!

Peers

Date: May 21st, 2019
Location: CBC Office (Bond)
Time: 10am-12pm

Stay tune for more details from Sarah!

For more information, visit our CBC website

CBC PATHWAY HOME