Pathway Home 2019

January Newsletter

CBC COORDINATED BEHAVIORAL CARE

Barry's Message

"It was the best thing that could have happened to her, a transference of the most fortuitous kind" described a psychiatrist about the character Nicole in F. Scott Fitzgerald's Tender is the Night.

He is referring to the "accidental assistance" of an exchange of letters over an 8-month period with Diver. About the 50 letters, the psychiatrist wrote, "It gave her somebody to think of outside" which was key to Nicole's recovery. It also was "a measure of her condition." The depth of the emotion in her letters allowed the inpatient team to understand how to better help Nicole.

Nicole had been institutionalized in a psychiatric institution after a breakdown following her fathers' molestation. The letters from Diver "had a lot to do with her getting well." As the letters are exchanged, Nicole's condition improves. The psychiatrist comes to see this progress as a result of the letters. The first series of letters are described by Fitzgerald as containing "a marked pathological turn." Evidence of Nicole's improved mental status, the later letters are described as "displayed a rich, maturing nature" and eventually "hopeful and normally hungry for life." This maturation, the instillation of hope and normality, points to a restoration from her condition and personality development.

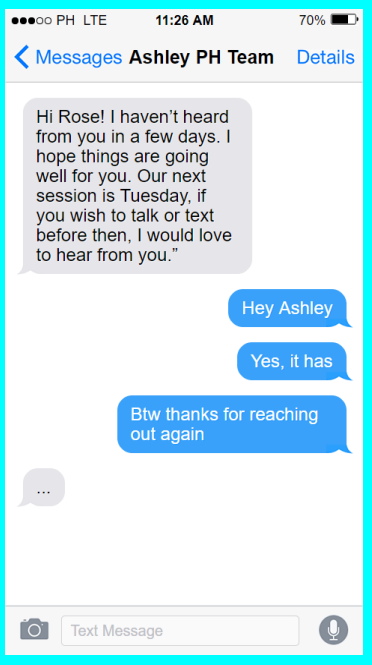
Fitzgerald understood the therapeutic power of what German psychoanalysis Hellmuth Kaiser asserted: the most disturbed could be helped if they felt a sense of connection. Years after Fitzgerald wrote his books, researcher Jerome Motto studied whether sending occasional letters to individuals after a psychiatric hospitalization for depression or suicide would reduce deaths by suicide. Motto targeted those who choose not to continue with outpatient treatment, the folks with the least optimistic prognosis. Motto thought that by showing people that someone is there for them, expecting nothing in return, would cause people to feel less isolated. The letters he sent were simple and direct, had no clinical jargon, CYA language, or asking for anything. They purely conveyed a genuine sense of kinship.

What Motto's extensive research found is that even people who were disenfranchised with the mental health system could still be reached. The messages helped to reduce depression and suicide - at the minimal cost of sending a letter.

With modern technology, the ability to interact and communicate with individuals in treatment is even easier and more cost effective than ever. In an article by Jason Cherkis "The Best Way to Save People from Suicide", Cherkis describes how one therapist is using Motto's methods to interact with individuals through email and text messaging. The therapist described how individuals in treatment may often struggle between sessions. As clinicians, we often feel confined to the finite time we have with those we treat, powerless to provide encouragement and communicate concern during the in-between times. The emails and texts act like "evidence of a relationship...she had been thinking about them, that's all."

More recently, Dr. David Luxton from the Naval Health Research Center has researched the effects of email messages through what he calls a Caring Contacts Intervention. The idea is the same as Motto's: to routinely send brief, thoughtful messages to people at high risk for suicide after being discharged from the hospital. The emails are simple letters of concern, do not ask for any response, and are a gentle reminder of service offerings. Dr. Luxton's studies have shown that this simple and inexpensive intervention can reduce risk of mortality and provide another route to care.

We don't generally have the privilege of finding out what happens in between the time we spend with service recipients. As Fitzgerald intuited, the road to recovery often includes connecting nonjudgmentally with those we serve. A letter, email, or text saying, "I care and am interested in how you are doing" can make a big difference.



At Pathway Home, small caseloads are an opportunity to communicate regularly – during the in-between times and not instead of the face to face time. To help facilitate frequent connection, we offer smart phones to those without access to a mobile device. In 2018 alone, PH supplied 142 smart phones, about 35% of those we enrolled. How powerful would it be, if we send the occasional note of encouragement, message of hope, or call to just say "hi" and "how are you?"

Warm Regards,

Barry Granek

Specialty Meetings

Disability and Ableism

The PH clinicians attended a training led by CBC Intake Coordinator Jackie Boenisch on how disability and ableism impact our colleagues, members, and the systems that we work in. Topics discussed included the pros and cons of both person-first language and identity-first language, how lack of accessible spaces and services creates disability, and the role medical intervention has vs the role it should have in the lives of those living with disabilities. The take home message was that is it our responsibility to listen and boost the voices of individuals within the disabled community and to be advocates to promote a more accessible community that is inclusive to all levels of ability and disability.

Pathway Home Training Institute

"People don't care how much you know until they know how much you care." — Theodore Roosevelt

The above quote is how Don Decker gets his audience to think about the topic at hand. This month, Don conducted an interactive presentation with the Case Managers on Engagement. Initially, Don was planning on doing a presentation on Rolling with resistance, but he realized that there was far more experience in the room with regards to the topic of Engagement and that a typical lecture style presentation just wouldn't fit.

Don spoke about the power of non-clinical engagement styles and a reviewed a brief overview of the Stages of Change. The next hour and half were spent role playing different scenarios. The group was split into 3 teams of 4-5 people. Each team was provided a snapshot of a potential or current member in varying stages of participation in the PH program. One group was provided with the scenario of a member who no longer wished to engage in services. Another group was given the scenario of a potential member who was not interested in signing up for services. Each team was given time to role play and present to the larger group. One person was the staff and one person was the member with the other team mates as observers. Don had each observer complete a check list of non-clinical engagement styles that could be utilized in each scenario. Each team then gave feedback to the larger group about their interactions and observations.

Don ended the training with the important reminder that we must put our ego's aside when we are in this line of work. If we can't put our ego aside, then maybe it is time for another staff member to step in. Therefore teamwork is integral to the Pathway Home model and we continue to model team work with our excellent Case Managers every day.

Designing a Future One Note at a Time

Nicole, an exceptional 22 year old, holds inspirational talents such as playing the saxophone, painting, fashioning clothes, and performing. "I have strong desire to help others" she says.

After spending a year inpatient at Creedmoor Hospital following a serious suicide attempt, Nicole was referred to Pathway Home. She was ready to come home and reunite with her two dogs, whom she says "help me calm my anxiety when my emotions run high."

One dog, named Parker, was certified by a medical professional as an "emotional support animals," bringing comfort to Nicole in a variety of situations. Nicole wanted to train Parker to also be a "therapy dog" to provide comfort to those in hospitals, schools, and nursing homes. Nicole requested assistance through PH step down funds to help pay for the therapy dog training so she can join programs that will allow her Parker to help others. Parker would work by allowing people to pet him, lay with him, or to simply listen. To Nicole, this would help her work on her own mental health by getting out of the house and engaging in the community. Parker passed the testing process and Nicole is looking into connecting with local hospitals.

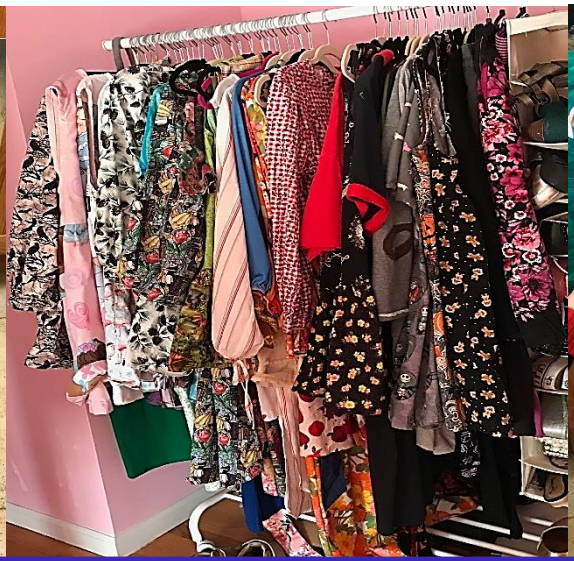
Nicole desired to return to school and enrolled in college. As a former musician in high school, her confidence dwindled after her hospital stay and she felt she needed some tuning to audition for the ensemble through her college. Pathway Home facilitated payment for saxophone lessons to learn a musical piece for an audition. Nicole has been working hard practicing for her audition with the college ensemble.

Nicole is an artist and fashion designer, painting portraits and hand sowing fashionable cloths. "This keeps me occupied when my mind is restless" Nicole says.

Today, Nicole is committed to her school work, her passions, and her mental health treatment. She has come a long way, feeling positive about her future life, and wants to share her story with others. "To be active and future oriented" was how Nicole described her goals to Allison, her Pathway Home clinician, when they first met. Allison says about Nicole, "Being able to tap into her artistic abilities helped with her recovery and to fully transition into the community."

Message from Nicole's dad:

"The program provided timely financial support to help our daughter achieve many of the goals she had upon discharge. She obtained painting supplies to continue her remarkable series of dog portraits. She was able to have saxophone lessons that helped to prepare her for restarting her college studies. She was able to pay for training her cherished dog Parker to become certified as a Therapy Animal so she can work with children and seniors. And she was able to purchase fabric and other sewing needs that made it possible for her to create a new wardrobe for herself. Medication caused a change in her body shape, so she was able to sew outfits that looked good on her and 'made her happy' with colorful fabrics."



Living as Lee

Upon his initial arrival to Metropolitan Hospital, Mr. Lee preferred not to make eye contact when addressed by others on the unit. He was arrested in August 2018 after being charged with Petit Larceny. Daily, PH attempted to engage him on the unit. Mr. Lee would just pace around the unit and was responding frequently to internal stimuli.

Soon after Mr. Lee was started on medication treatment, after being taken to court for treatment over objection by hospital, the PH Embedded team began to engage Mr. Lee on the unit. Mr. Lee participated in individual sessions with PH clinician, Shannon, while setting some realistic goals for himself post discharge. Shannon, worked with inpatient unit to coordinate a referral to the 30TH St Assessment shelter, scheduled for a follow-up treatment appointment at MHC OPD Clinic,

"...never had this kind of help after being inpatient."

connected to the Pathway Home ICL Community team and enrolled Mr. Lee in WELLTH. Shannon continued to work with Mr. Lee on the unit to train him on smart phone use.

As he transitioned to the community team, the embedded team completed his HRA2010E and Mr. Lee was approved for supportive housing. Embedded team forwarded his application to Comunilife who scheduled him for an interview at the Community Care level. ICL Pathway Home team assisted Mr. Lee upon hospital discharge to complete his shelter intake and also accompanied him to MHC OPD for his first behavioral health appointment. In addition, the community team also supported him to attend his housing interview where he was accepted right away.

Shannon met with Mr. Lee at the clinic when he returned to MHC OPD, with support of ICL Community team, he was given a copy of his approved HRA2010e and expressed his thanks for such assistance with connecting to providers and support as soon as he left the inpatient environment. He stated, "he never had this kind of help after being inpatient" and really was happy— his smile and talkative way was good to see as he was much improved from his arrival presentation.

Mikey's Break-through

"Revolving door" is an understatement when it comes to Mikey Star's institutionalized history. Since 9 years old he has been in and out of hospitals or criminal justice settings. His lengthy history of incarcerations and hospitalizations has left him with limited time living in the community.

He was connected to PH from Pilgrim Psychiatric Center after he was transferred there from Rikers island. It quickly became evident that Mikey's "rinse, wash, repeat" cycle of institutionalization impacted his daily functioning within the community. Things we take for granted and do with ease on a daily basis like riding the subway or being in crowds became triggers from Mikey. His stress tolerance was low leading to him being highly reactive in certain situations, triggering his impulsivity which of course led to poor decision making. A familiar cycle Mikey was accustomed to whenever he was in

the community for a short time. This impulsive-reactionary cycle led Mikey to form few positive relationships with providers as he would constantly "press charges" or file grievances whenever he felt triggered.

PH was able to provide consistent stability and become the supportive entity Mikey needed so that he could verbalize his frustrations and talk through stress during triggering situations. Frequent and focused visits by his Clinician, Ariane Ernst allowed him to build up his stress tolerance, better control his impulses by thinking through his responses and processing the consequences of his actions. The results were extraordinary as Mikey was able activate his benefits, become connected to resources and successfully obtain housing.

Once Mikey's immediate needs were met and he was living in a stable setting at a scattered site apartment his behavioral issues continued to subside. He is now applying for jobs, is enrolled in a GED course, is a member of a psychosocial clubhouse, and has not been arrested or hospitalized in five months. This is the longest period of time Mikey has successfully maintained stability in the community since childhood.

Boots on Ground

By Angelo Barberio

Got the chance to chat with Monisa Lane, Team Leader with the SUS-Embedded Pathway Home Teams this month and we talked all things Pathway Home as well as about her background and interests.

Me: So Monisa, How long have you been working for SUS? Pathway Home?
Monisa: "I've been working with SUS since 2015 and joined the Pathway Home team in Oct. 2017. I was originally working as Team Leader for the SUS ACT team."

Me: That's Great! So why did you decide to join the Pathway Team?
Monisa: "I was actually recommended by a couple different people to join the pathway team. I was looking for a change from ACT but, at the same time, was a little scared to start a new program. Overall, I was open to new challenges and driven to not fail."

Me: How do you like working for the Pathway Team?
Monisa: "I love it! I think it was definitely a change from ACT, PH being more flexible and more creative in how we can help. The high level of support I receive from Pathway Home managers and directors have also definitely helped me on this journey."

Me: What do you find challenging working in Pathway?
Monisa: "Initially, we had to get these teams up and running pretty quickly. Juggling hospital expectations and ensuring hospital staff buy-in, along with maintaining the great reputation of the previously established PH teams, was initially a heavy load to bear. Together, with my team, we were able to conquer this challenge."

Me: One lesson you'd give to new pathway members like myself?
Monisa: "Be flexible, be person centered and make it about the individual. Remind yourself why you got into this field. Don't forget the importance of self-care."

MONISA LANE
TEAM LEADER, SUS-EMBEDDED

DID YOU KNOW?!?
Monisa is the youngest of 3 siblings and has BA in Psych and MA in Mental Health Counseling. She's hopefully submitting her paperwork to become a LMHC in a few weeks! (congrats!)

Strengths: "Observant, organized, caring, strengths-based, protective (staff & members), goal-oriented"

Weakness: "Shy at times, especially in front of large groups"

Outside of work: NY native living in NJ but spends most her time in NY-loves plays, movies, musicals, travel, and baking

Greatest Achievement: Moving up the ladder in her career

Personal PH Motto: "Pathway Home, where members succeed!!"

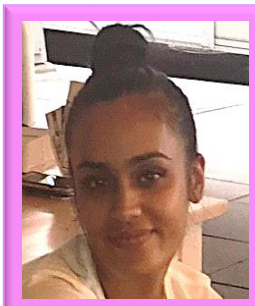
Staff Spotlight

Jan 2019
Staff Appreciation
Awards

We take this opportunity to congratulate Marlon Powell (ICL) and Alexis Dominguez (BPC) and Jackie Boenisch of this month's Staff Appreciation Award!

Marlon Powell
Senior Case Manager

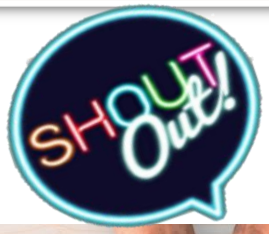
Marlon Powell is one of our most dedicated case managers. Instead of "managing" his clients, he helps them to manage their own situations assisting them with tools for navigating everyday life and varying degrees of difficulty. He is a constant presence in their lives and does not push or force his clients into making decisions that they don't agree with. Marlon is a self-proclaimed "member-guy" and when it comes to being person-centered, he is absolutely right. He is encouraging, fun-loving, and passionate. As the "paparazzi" of our team, we can always count on Marlon to capture important events in our work together. It's always wonderful to reflect on momentous occasions. Marlon, we look forward to the day when you will share your photo montage with the rest of the world. – AG*, team leader*

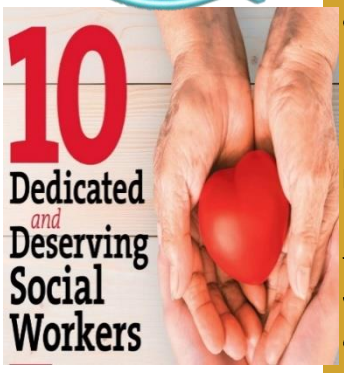


Alexis Dominguez
Senior Mental Health Clinician

Alexis was recently promoted from the role of Case Manager to the role of a Senior Mental Health Clinician as a result of her hard work, organization, and work with her members. Since her promotion, she has elevated her skills and level of work with her members. She is very dependable and can always be counted on to provide great care and coordination to her clients. She never backs down from a challenge and is always willing to take on new tasks and responsibilities, including her most recent title as Wellth Champion for BPC. Alexis, your dedication and determination is admirable. You're appreciated!! – ML*, director*

Celebrating you!!!!





Jackie is an extraordinary person, social worker, and colleague whose dedication to the social work and community health care system has made her a true hero for the people she serves and for Pathway Home. On behalf of CBC and Pathway Home, we congratulate Jackie for being named a Dedicated & Deserving Social Worker by Social Work Today.

For the last few years, Jackie has been the face of Pathway Home. For hospital providers throughout NYC, she is the one they call to learn about Pathway Home and access services. For those PH serves, she is the first one they meet and the one who signs them up for services. This important role was taken on by Jackie in a determined and passionate way. All see the dedication and willingness to go the extra distance, the humility, advocacy, and professionalism, and as a result trust Jackie's judgement and go the extra distance themselves. Keep up the great work Jackie!!

JACKIE BOENISCH, LMSW
Intake Coordinator for Pathway Home at Coordinated Behavioral Care in New York

Knowing she wanted to work in mental health, Jackie Boenisch assumed she would need to become a psychologist—but she ultimately learned it wasn't the right path for her. Instead, a professor suggested she pursue a master's in social work.

"At that point, all I knew of social work was child protective services," Boenisch admits. "I didn't realize how diverse the field was and I certainly didn't realize that social workers were among the largest providers of mental health."

Upon the professor's advice, Boenisch enrolled in an MSW program at Columbia University and during her first-year placement was confident she was on the right path. During her second-year placement at a psychiatric hospital in Manhattan she knew she wasn't just on the right path—she'd found her true calling. While there, she learned about the Pathway Home, which provides intensive case management services to adults with severe mental illness transitioning from one setting to another.

Upon earning her MSW, Boenisch sent them her résumé and, as she says, "The rest is history."

At Pathway Home, Boenisch has worked with individuals who have the stigma of being "too severe to treat." That's included many individuals coming from the criminal justice system—often those who have been in prison for a long time and are then transferred to a psychiatric hospital.

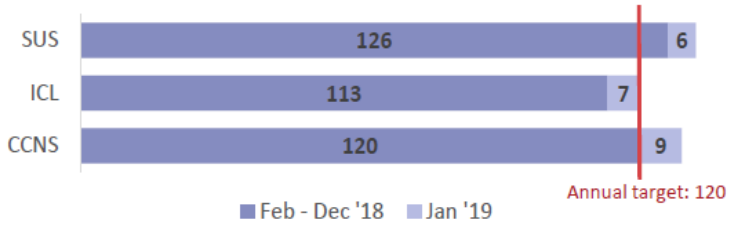
"We work with people who have been convicted of manslaughter, arson, even murder—who did something 30 or more years ago, but it follows them to this day even when they want to change," Boenisch says. "Many people have said no to them. But how do I say no? These are people who really need support—and I want to be able to provide it. If someone has received support they are less likely to get readmitted, more likely to engage in treatment, and more likely to become a productive member of society. That's why I say yes."

Coordinated Behavioral Care Pathway Home (PH) Program OMH Report – January 2019

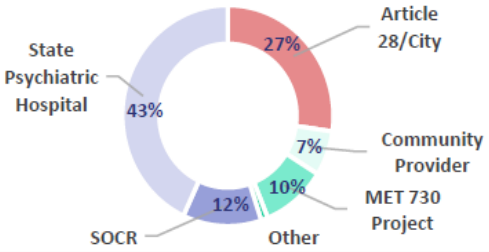
Community Teams

Feb '18 – Jan '19 Demographic Data *(Recipients Served n = 557)*	PH Program Data (Feb '18 – Jan '19)
Age: 25-44 (47%), 45-64 (37%)	**557 Served*** (SUS: **194**, ICL: **190**, CCNS: **173**)
Gender: Male (65.5%) Female (34%) Transgender (0.5%)	**16,340:** Total Services Provided
County: Queens (32%) & Bronx (25%)	**2.37:** Avg # of days between referral and enrollment
	366: Recipients discharged

ENROLLMENTS** BY PH COMMUNITY TEAMS
(Feb '18 - Jan '19)

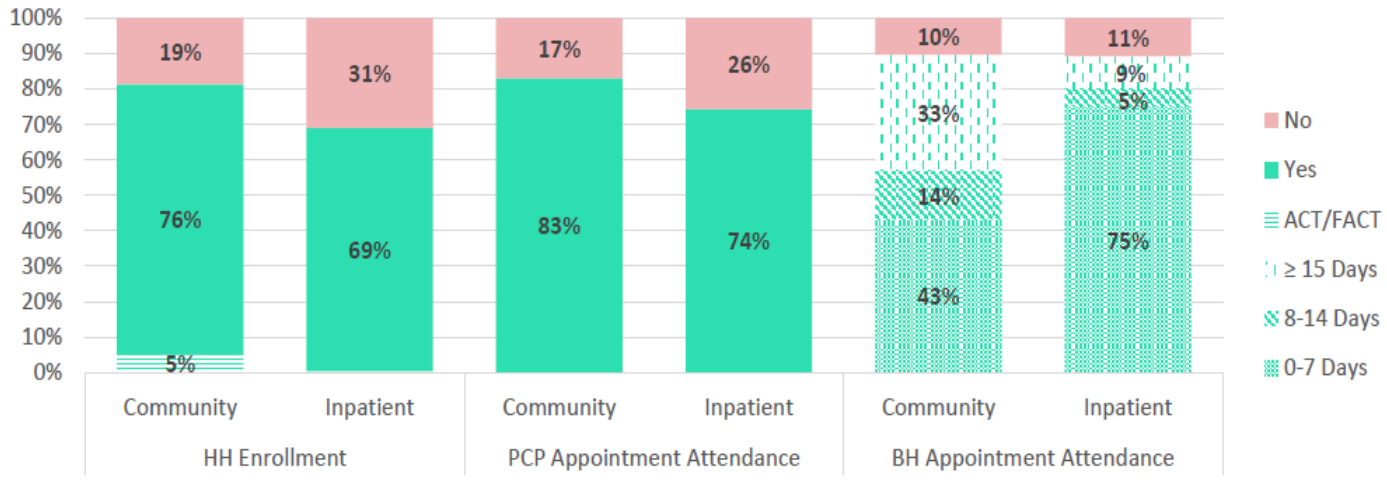


REFERRAL TYPES AMONG ENROLLED RECIPIENTS
(Feb '18 - Jan '19)

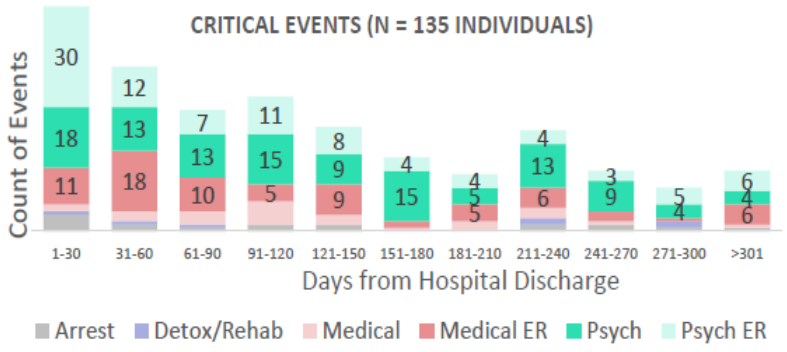


OUTCOMES AMONG THOSE WHOM COMPLETED PATHWAY HOME - FEB '18 – JAN '19 (n = 301)†

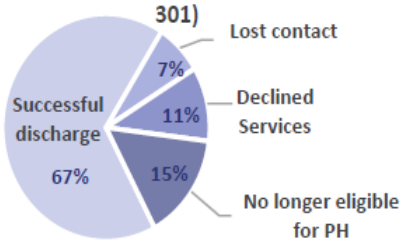
HH ENROLLMENT AND APPOINTMENT OUTCOMES FROM COMMUNITY ENTRY/HOSPITAL DISCHARGE DATE††



CRITICAL EVENTS (N = 135 INDIVIDUALS)



REASONS FOR COMPLETING PATHWAY HOME PROGRAM, FEB '18 - JAN '19 (N = 301)

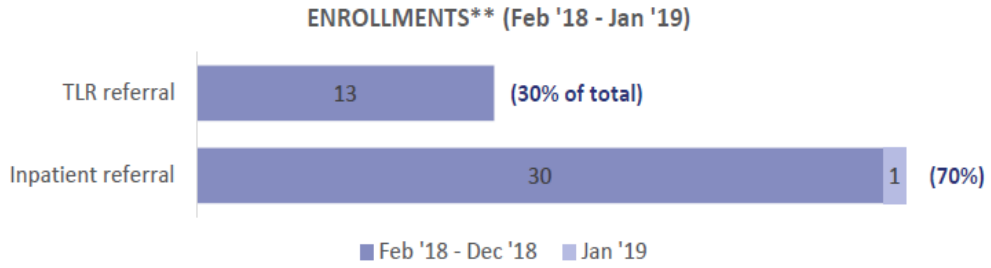


*SERVED = PATIENTS WHO RECEIVED 1 OR MORE SERVICES THROUGH THE PATHWAY HOMES PROGRAM AFTER ENROLLMENT
**ENROLLED = NEWLY ENROLLED IN THE PATHWAY HOMES PROGRAM
† EXCLUDES RECIPIENTS IN MET POPULATION
†† DAYS FROM CE/HOSPITAL DISCHARGE FOR CLIENTS SCREENED IN COMMUNITY; DAYS FROM ENROLLMENT FOR CLIENTS SCREENED IN HOSPITAL

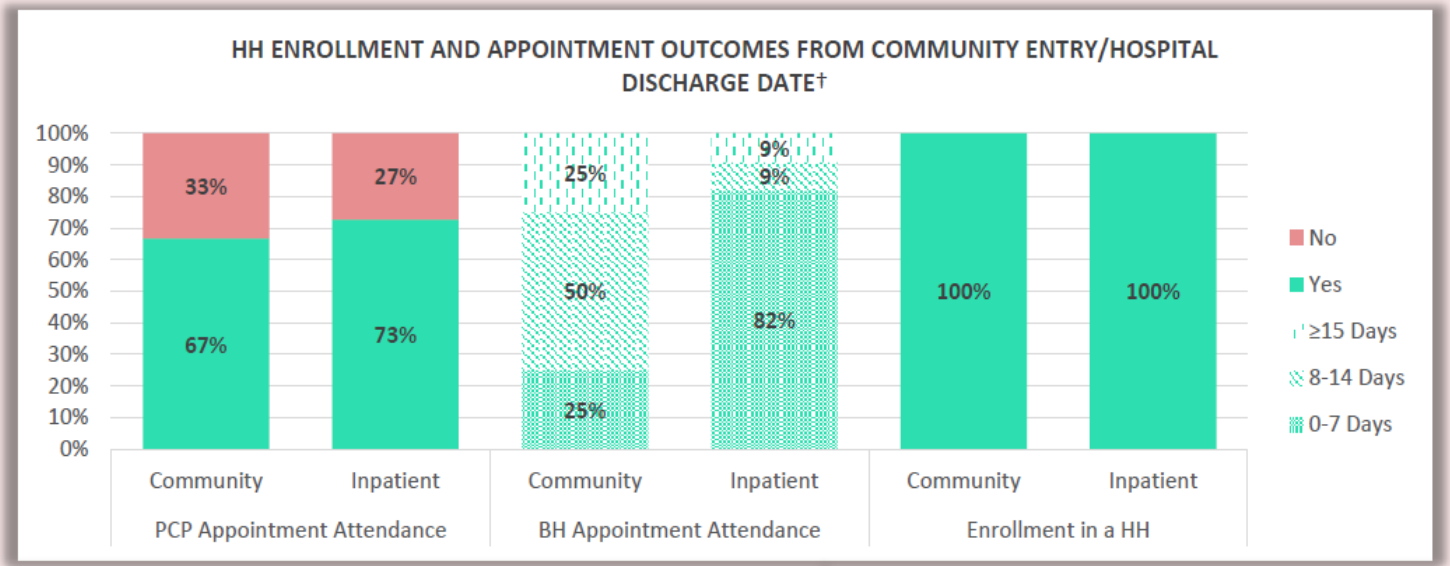
Coordinated Behavioral Care Pathway Home (PH) Program OMH Report - January 2019

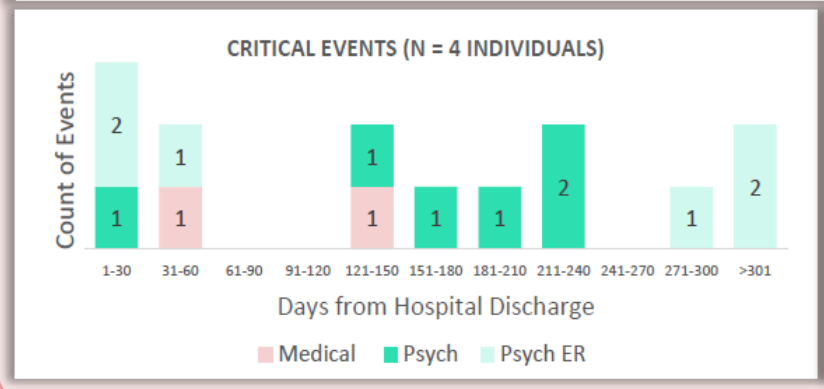
BPC Embedded Team

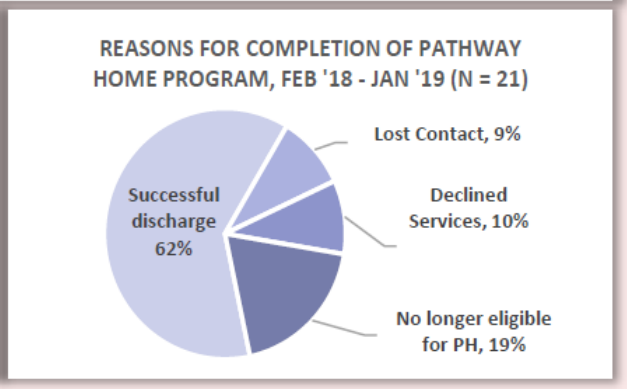
Feb '18 – Jan '19 Demographic Data *(Recipients Served n = 68)*	PH Program Data (Feb '18 – Jan '19)
Age: 45-65 (34%), 25-44 (51%)	**68:** Total served*
Gender: Male (75%) Female (25%)	**3,374:** Total Services Provided
County: Bronx (97%) Manhattan (3%)	**5.27:** Avg # of days between referral and enrollment
	21: Recipients discharged



OUTCOMES AMONG THOSE WHOM COMPLETED PATHWAY HOME - FEB '18 – JAN '19 (n = 21)







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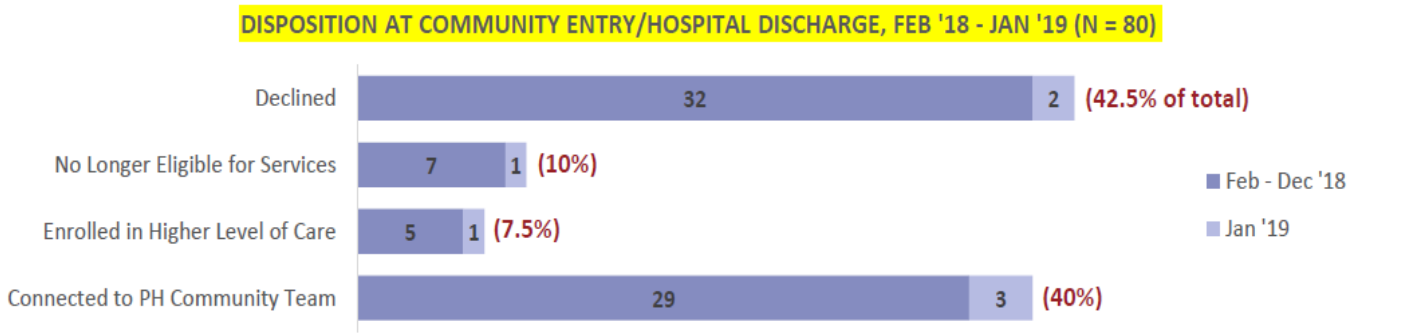
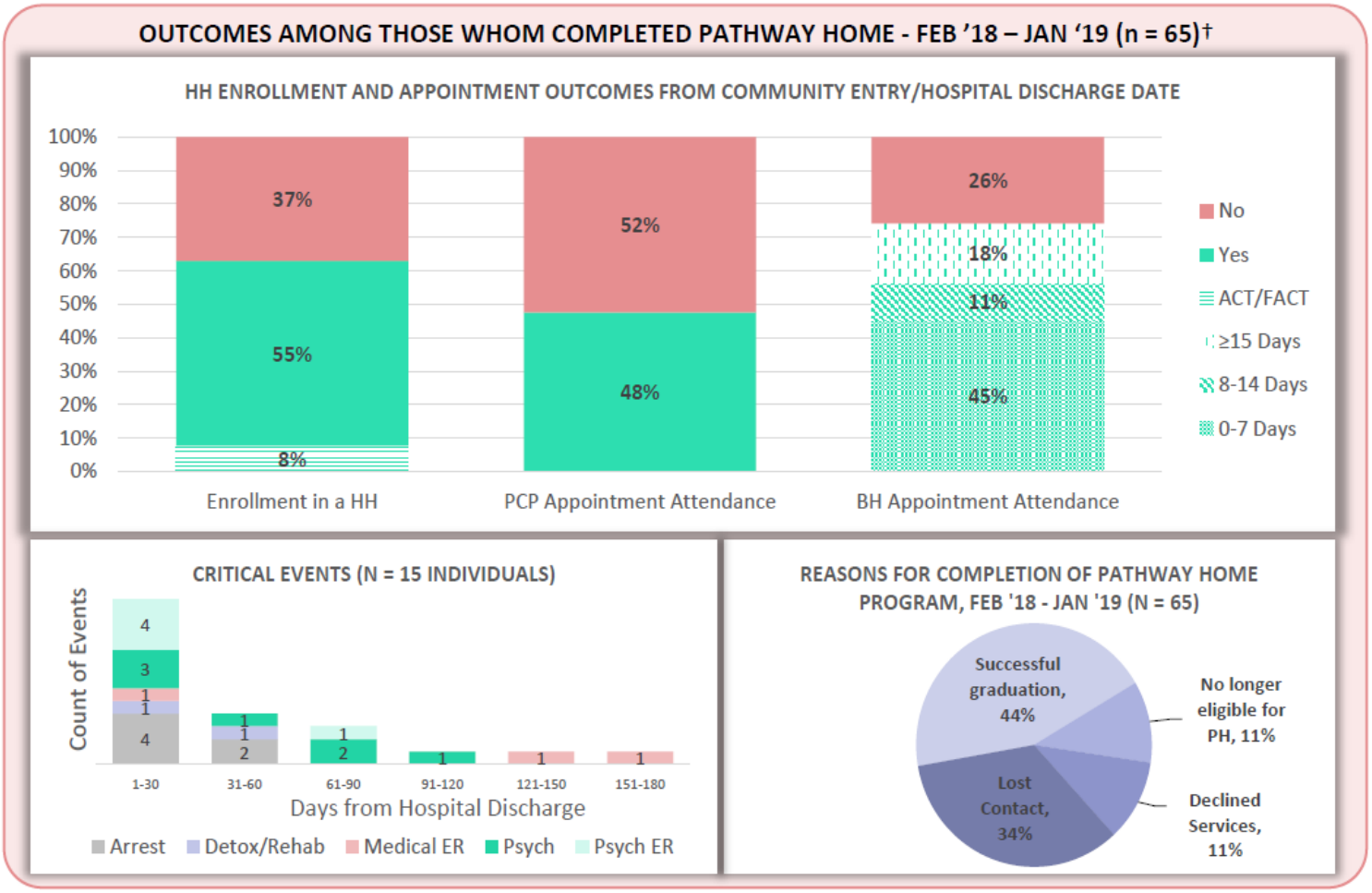
**ENROLLED = NEWLY ENROLLED IN THE PATHWAY HOMES PROGRAM
† DAYS FROM CE/HOSPITAL DISCHARGE FOR CLIENTS SCREENED IN COMMUNITY; DAYS FROM ENROLLMENT FOR CLIENTS SCREENED IN HOSPITAL

Coordinated Behavioral Care Pathway Home (PH) Program OMH Report - January 2019

MET Embedded Team

Feb '18 – Jan '19 Demographic Data *(Recipients Served n = 78)*	PH Program Data (Feb '18 – Jan '19)
Age: 25-44 (49%), 45-64 (40%)	**78** Served, **614** Total Services Provided
Gender: Male (85%) Female (15%)	**1.2:** Avg. days to enroll
County: Manhattan (35%) Queens (28%)	**12.9:** Average days inpatient stay
Housing: Temp Housing/Shelter (39%), w/ Family (26%)	**65:** Individuals discharged by PH Community Team





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**ENROLLED = NEWLY ENROLLED IN THE PATHWAY HOMES PROGRAM
†INCLUDES RECIPIENTS CONNETED TO PH COMMUNITY TEAM