Pathway Home November 2018
Newsletter

Volume # 2 | Issue# 5 | Coordinated Behavioral Care, Inc.

Announcements

Staffing Growth

Please join us in congratulating Alison Hann from the PH Queens Catholic Charities Team in her well-deserved promotion to Assistant Team Leader. Alison has been working at Catholic Charities since 2014 and has worked in many roles in the agency. She started as an Intake Coordinator and outpatient therapist at the Jamaica Behavioral Health Center. Alison's focus was on socialization with young children with trauma through play therapy. Many of the individual clients that she worked with were high risk including people experiencing recent suicide attempts, psychosis, homelessness, human trafficking, and those trying to battle addiction. This experience prepared her well for her transition into the Pathway Home Program as Senior Mental Health Clinician in 2016. Alison's new role consists of continuing to hold some of the highest risk cases, supervising staff, and covering for administrative duties when necessary. **Congratulations Alison!**

Inside This Issue

Barry's Message

"The sole purpose of human existence is to kindle a light in the darkness of mere being." - Carl Jung

The "pre-transition" phase is a formative one. Earlier phases in care transitions are intensive and attentive – activities are intentional and focused. Expect visits to be frequent with longer duration. Before transition, value is placed on building aftercare plans, teaching skills to equip individuals to care for themselves, and nurturing the relationships one has with self, others, and the world.

Inpatient teams build the foundation for eventual success in the community through tasks like making clinic referrals and providing scripts. The PH team participates early so to offer their expertise in helping avoid known issues and ensuring the plan is complete and sensible. When unexpected issues arise related to transportation, housing, access to services, medication, socialization and the list goes on - we can offer expertise towards a resolution.

Together with addressing access to care, we explore the inner world of individuals when we meet for the first few times. It is common to observe a variety of conflicting and strong emotions. Excited yet overwhelmed. Relieved yet anxious. Eager yet cautious. Hopeful yet skeptical. About the transition and whether the community supports will be present, responsive, accommodating, and helpful.

With the knowledge that these feelings are present, we gently and generously listen to hear people out. We show up, consistently, when we said we would, and are in no rush to get to our next meeting. We acknowledge the loss of inpatient support, learn about the severe trauma, and make amends for the disappointment of previous community providers.

Our remedy is to invest time during the weeks and months before the transition, having multiple team members with a variety of expertise and roles, meet and discover this person, learn about interests and desires, cultivate a relationship, and offer unrelenting encouragement.

We offer up the ingredients that create a trusting relationship and nurture belief in one's ability to thrive in the community.

Once we earn trust and know the individual, a "prescription for fun" is offered. It is not unusual for me to hear about the teams' resourcefulness and inventiveness to use music, art, dance, writing/literature, drama, play and humor, animal companionship gardening, and nature experiences to engage individuals in social and pleasurable pursuits. Activities usually outside the realm of case management and healthcare, yet incredibly therapeutic.

For those still inpatient, something tangible to engage like an items/activity of interest will show that we care, are listening, and are reliable. So, we offer a magazine or book to read. A cup of coffee or a good meal. For those needing a reason to get out of bed in the morning, we ask what makes them laugh or what they do for enjoyment. Then we watch as their hope reappears, anxiety begins to dissipate, ambition reveals itself, and confidence rises.

Paying attention to aftercare plans, quickly resolving gaps in care, and equipping individuals with life skill tools is fundamental. Equally impcrtant is nurturing the inner selves, through compassion and optimism that all can live a productive and meaningful life. The period to do this is early, before the transition, so by the time one is on their own, they are self-sufficient, capable, and engaged in community and pleasurable activities.

Warm Regards,

Barry Granek

New Kids on the Block

Pathway Home Article 28 Team

We are happy to announce the award of the Article 28 Pathway Home Team to Community Access! "For over 40 years, Community Access (CA) has helped individuals living with the disabling personal and social consequences of mental health concerns to acquire the resources they need to take direction over their treatment, wellness, and recovery." Community Access views all of their work through a Peer Oriented lens and reports 51% of their own workforce has had an experience with mental health services. The Article 28 Pathways Team run by Community Access will provide quick engagement to people experiencing acute hospitalizations.

CBC looks forward to our partnership with this population that can greatly benefit from the Pathway Home services.

Pathway Home Adult Home Teams

CBC and the Pathway Home family are excited to announce that Postgraduate Center for Mental Health and WellLife Network were chosen to represent the two new Adult Home Pathway Teams. "Postgraduate Center for Mental Health is dedicated to serve the housing and the mental health needs of individuals and families in the most innovative, effective, and efficient way possible". Since inception in 1945 PGCMH has striven to provide the highest quality of care and services to various communities in need within the NYC area. The PGCMH Pathway Home Team will be working with identified Adult Home members within the Brooklyn community.

"Understanding that access is a key element in engagement, WellLife Network believes there is no wrong door." Formally known as Professional Service center for the Handicapped, INC. (PSCH), WellLife rebranded in 2017 but has been working with individuals with intellectual/developmental disabilities and mental illness since 1980. Over the last year WellLife Network has assisted over 25,000 individuals and families throughout the New York area! The WellLife Network Pathway Home Team will be working with Identified Adult Home members within the Queens Community.

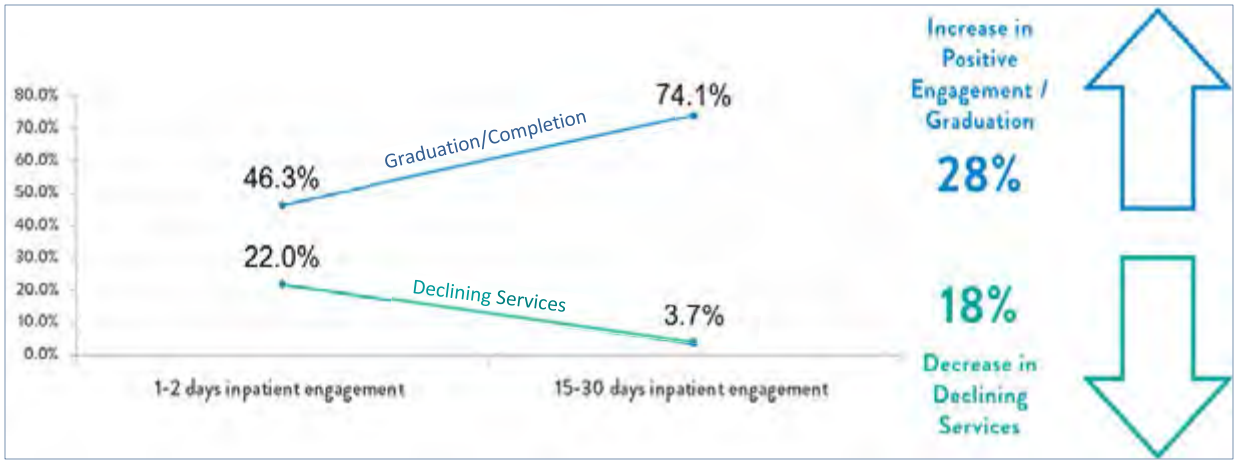
We are excited to partner with both PGCMH and WellLife Network to continue to expand upon their long-standing history of helping those in need!

Does Longer Inpatient Engagement Lead to Better Outcomes?

By Jackie Boenisch, LMSW

"Quick, out and go" is usually the slogan most New Yorkers experience in the day to day. When it comes to our healthcare systems, quick remedies, immediate discharge and repeat for the next patient seems to be the norm for most inpatient units. Often, this speedy cycle does not allow opportunities to address imminent barriers and/or thoughtful personalized treatment prior to community discharge. Pathway Home recently studied 310 individuals who completed services in 2018. The study was looking at whether time (days) of engagement during pre-transition phase for those referred from inpatient units is correlated to positive completion of services ("reason for discharge").

Results show that when individuals are engaged inpatient for 30 days or more by PH, they are 74% likely to complete the full 6-9 month intervention and graduate successfully from PH. That is a 60% increase from those who only receive 1-2 days of inpatient engagement. Those with 30+ days of inpatient engagement are less likely to decline services once enrolled, as the likelihood of an individual declining services increases by 7x for those with 1-2 days of inpatient engagement versus those receiving 30 days of inpatient engagement. For those with 60 days or more of inpatient engagement, the success rate is 79% with another 7% graduating to ACT – totaling 86% successful graduation.



2018, PH Data RTL, BG LMHC

These preliminary results point to the importance of the pre-transition phase that includes participation in aftercare planning and relationship building. This is the reason that Pathway Home invests in a speedy response to referrals so that initial engagement occurs quickly. In 2018, 95% of referrals received initial in person meeting on average within 2 days or less of referral receipt.

Trendsetting with Inpatient Providers

By Elizabeth Carmen

In a new effort to support not only the helping professionals that we employ, but those that we collaborate with on a daily basis in the New York hospitals as well, we would like to take a moment to step back and recognize the work that you are all doing and express our deepest gratitude.

In the spirit of last month's theme of collaboration, we would like to publicly share the story of a client we were privileged to share with Long Island Jewish Medical Center's Zucker Hillside Hospital (LIJ). We met Margaret (name changed for confidentiality) during her inpatient stay on the psychiatry unit of LIJ, while she was under the care of social worker, Nicole Medici. Although she was over 30 years old, she presented like a young girl. She hesitantly talked with me, with a slight frame, nervous, almost apologetic for existing. Margaret had spent a few years in Afghanistan in the army, become a prisoner of war where she was tortured and raped, and now at 30, she was back in New York, struggling with severe PTSD and depression in the psychiatry unit at LIJ.

With Nicole's help, warmth and support, we were able to engage Margaret, both in the hospital and throughout her transition. Her situation had more challenges than expected and was anything but smooth, but Nicole proved to be resilient, supportive, and incredibly present throughout: everything we could ask for in someone modeling mental health to our clients. "Margret was a very special case, and also I think at times, a bit misunderstood." Said Nicole Medici, SW on inpatient unit. During one particular stressful situation where Margaret had gone missing post-discharge, I found myself frantic and did something I don't often do: I called Nicole's cell phone. I realized that I couldn't do everything myself and that I needed to ask for help, even if it was going to inconvenience another clinician. Nicole not only answered immediately, she amazingly dropped everything she was doing to help a Margaret, even though she was no longer technically her patient.

In an ideal world, being part of the helping professions should be a beautiful thing, but reality is often a different story. "The typical care coordination and treatment that she was set up with in the past was not enough to meet her specific needs. I thought that Pathway Homes, in conjunction with her outpatient treatment and care coordination already set in place, was that extra support that she needed and deserved to live the life that she saw for herself."

What we see in real life is that many clinicians often experience significant stress, burnout and often become jaded or desensitized when faced with such significant issues on a daily basis. We want to thank Nicole, as well as the rest of the staff we work with at LIJ Zucker Hillside, for all of the work they put in, often thanklessly, for their patients and everyone else involved. We would also like to express this point: stronger clinicians inspire stronger clients. As clinicians and other professions in the field, we have the power to support, encourage and collaborate with each other so that we can come together and create something beyond ourselves.

Special Message from Nicole Medici, SW:

"The dedication that Elizabeth and the rest of the staff at Pathway Home had exhibited with Margret, was something truly remarkable. It's not often that we see such passion and dedication in this line of work. I am excited to continue working with Pathways in the future. I thank each and every one of you for the hard work that you put in for not only Margret, but for everyone that you help support. Margret is one of those clients that I think about often. We don't often know the outcome when we discharge individuals, it's amazing to know that she is doing well in such good hands! Thank you!"

A New Horizon with Priyanka

By ICL

Priyanka was used to living on her own in her apartment, but after a psychiatric hospitalization at Kings County, it became clear that she was at risk of injury due to her frailty and what appeared to be the onset of dementia. Priyanka struggled to care for herself and maintain her medication regime without supervision. She would either forget to take doses or take her medication twice, forgetting that she had already taken them. It took the combined, intensive efforts of SMHC and RN, with 2-3 visits per week to implement interventions to help client remain physically and mentally stable at home.

With consistent efforts, Priyanka was eventually approved for 11 hours of Home Health Aid assistance. Pathway Home was able to supplement those approved hours by utilizing wrap around funds to provide round-the-clock care for a period of several weeks, during which she stabilized. During this time, Pathway Home team collaborated with Priyanka's Home Health Aide to provide psychoeducation on teaching Priyanka how to take her medication as prescribed.

In addition, the team was able to purchase her calendars, alarm watches, medication machines to help manage her medications independently. After several falls that lead to hospitalizations, the team collaborated to get Priyanka connected to life alert systems to provide additional support. After each of these occasions workers would work diligently to make sure Priyanka had the resources she needed to stay safe.

Currently, after a more recent hospitalization, Priyanka is in the process of being referred to a long-term nursing care. The team hopes the safe and supportive setting will assist in meeting Priyanka's needs and keeping her safe.

DIFFICULT ROADS OFTEN LEAD TO BEAUTIFUL DESTINATIONS.

Just Charlie

By Leslie Chamorro, SMHC

There have been times in Charlie's life where he has not always received the support he required. Being an undocumented immigrant has made navigating the mental health system and community supports much more trying, limiting access to financial support, services provided by city, state, and federal government. Charlie has spent time inpatient at Manhattan, Rockland, and Bronx Psychiatric Centers. On June 21st, Charlie was discharged from Bronx Psychiatric Center to a family care provider in the community. He was connected with the White Plains Road Clinic, where he has been attending biweekly therapy and daily group sessions.

At the time of Charlie's discharge, he began working with Pathway Home in the community. He has remained out of the hospital since June and is establishing positive relationships. He is active in his church, which he states is a great support. His work with Leslie, Senior Mental Health Clinician on the SUS team, has assisted Charlie in exploring and expanding upon his independence as he continues to build a life within the community

Second Chance with Junior

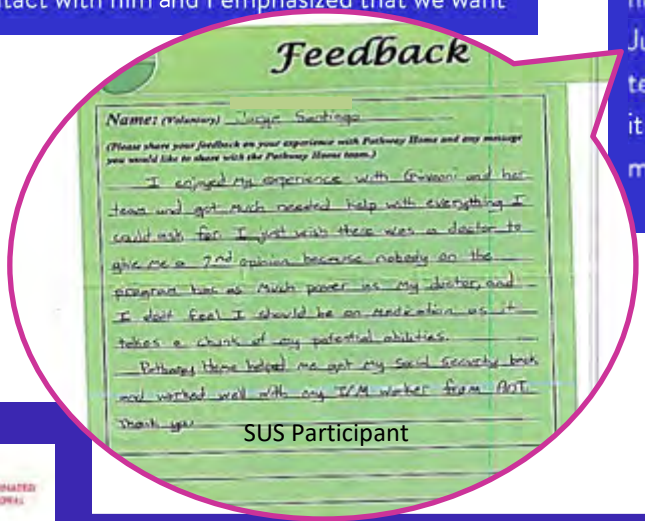
By Jackie Boenisch, LMSW

I picked up my phone to dial one more time. "I'm sorry, but the person you are calling has a voice mailbox that has not been set up yet." Back in March, Junior was referred to Pathway Home. From the beginning, it was a challenge to reach him in the community. Scheduled appointments were missed, phone calls went unreturned, diligent searches were done. Intake after intake was scheduled and rescheduled at the clinic near his home and the next thing we knew Junior was re-detained.

Fast-forward to Oct when his former housing case manager reached out advocating for Pathway Home to re-enrolled Junior again. She reported that he is currently in a shelter in the Bronx, but they want to move him back into his apartment in Queens, but can only do so if he is linked to additional support. Junior had no providers besides the court ordered groups he had to attend as a part of his parole. We spoke through some of the barriers that we encountered the first time around, but ultimately agreed that Junior may give us a second chance.

As the wise philosopher HOV once eloquently referenced "allow me to re-introduce myself," our re-introduction went off to a great start as Junior seemed more open and engaged. He was willing to get reconnected with services and goal oriented. We spoke about the difficulty we'd had getting in contact with him and I emphasized that we want to help him, but in order to help him, we need to see him. Junior expressed that he enjoys waking up early and doesn't like stay home all day, preferring to be out and about visiting his family. We discussed how seeing his family is important and we don't ever want to be a barrier between him and his family, but explained that when we make an appointment with him, he needs to make himself available or let us know if something else has come up and he needs to reschedule. Junior agreed to provide Pathway Home another shot and consented to services with goals of reconnecting with providers and obtaining his IDs and benefits.

I linked Junior up with his old team, CCNS, who helped him transition back into his apartment in Far Rockaway. Junior remains available and communicative with the team. With PH encouragement and support, Junior made it to his initial intake appointment on his own. A huge millstone showcasing how far he has accomplish.


Feedback

Name: (Voluntary) Jorge Santiago

(Please share your feedback on your experience with Pathway Home and any message you would like to share with the Pathway Home team.)

I enjoyed my experience with Gwen and her team and got much needed help with everything I could ask for. I just wish there was a doctor to give me a 2nd opinion because nobody on the program has as much power as my doctor and I don't feel I should be on medication as it takes a chunk of my potential abilities.

Pathway Home helped me get my Social Security back and worked well with my T/M worker from ACT.

Thank you

SUS Participant

Kelsey's World

By Enmy Perez, PA

"I love my house so much, I love my dogs," Kelsey said to PH Assistant Team Leader, Alison Haan during a tour through her house. It was Kelsey's first week back home after remaining inpatient for the past 15 months. Sitting on the floor surrounded by her two elated dogs, Kelsey, her family and Alison casually conversed about Kelsey's overall goals. As a young adult, Kelsey has experienced severe and traumatic symptomology as a result of her mental diagnoses, but this partial hospitalization was different. This time Kelsey was eager to re-gain her life back with Pathway Home's assistance along the way. As Kelsey became more accumulated to living in the community, she yearned to be connected to something else. Kelsey expressed to Alison wanting to join CUNY's musical program and needed to audition with her saxophone. She asked if Pathway Home could assistance in paying for her music lesson and increase her chances for acing her audition. Utilizing the Pathway Home funds, Kelsey continues her music lessons and has re-gain confidence in her life to live a more meaningful life a part from treatment.

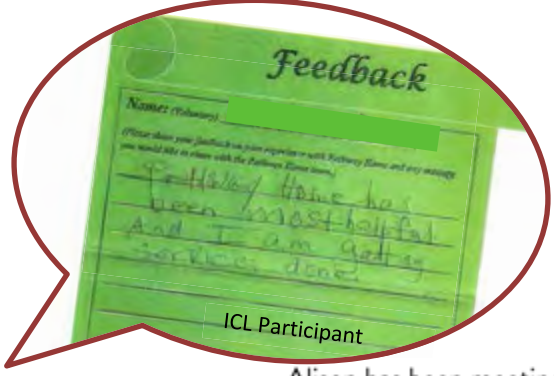
Monica Gets Her Wings

By Shannon Carmen, SMHC

Unexpectedly, Monica has recently been feeling the pains of her separation from her husband and the impact it has had on her relationship with her son. Monica had discontinued taking her medication and often times struggled to control her anger. During one of these moments, Monica was arrested for damaging the property of her husband, who has custody of her teenage son. As a result of her arrest, Monica was admitted to Metropolitan Hospital from Suffolk County Department of Corrections.

When Monica arrived to the hospital she was extremely symptomatic having loud outbursts, laughing uncontrollably and inappropriately, and refusing medication. While at Metropolitan Hospital, Embedded Clinician Cameron worked with the treatment team to assist in stabilizing Monica. Pathway Home (PH) clinician was able to work with Monica's external providers at SUS housing and ICL Central Brooklyn ACT to schedule a discharge case conference. Following a medication over objection hiring, Monica was stabilized on medication. She agreed to be followed by the Pathway Home ICL Community team who would collaborating with Monica's ACT team. The teams were able to work together to provide her with a warm coat, clothing, toiletries as well as an escort back to her residence at SUS. While Monica is seeking a higher more independent level of housing she will work with the team to help her maintain her treatment compliance along with medication compliance.

Throughout our interaction Embedded Clinician observed that Monica may have been confused initially about the path that her treatment was taking and with the support of the Embedded Metropolitan team and the Pathway home ICL Community team she was able to gain a deeper understanding of what her steps should be moving forward to avoid re arrest, to avoid violating the order of protection, as well as avoiding any future re-hospitalization.



Meeting Emily

By Elizabeth Carmen

Emily has faced many challenges in her 20 years on this Earth but does not let the past experiences of abuse define her. Even though she admits "it is hard for me to open up", she found trust in the PH Member Engagement Specialist, Elizabeth. Emily disclosed some very personal history that she says "I have never shared with any clinician." Elizabeth usually begins engagement in a way that fosters immediate trust and provides a safe environment for someone to open up. She describes it best, "I will focus in on one detail like that and ask them about it and try to connect with them on that so that to some extent, they forget they are being evaluated and it feels more like they're talking to a friend about something totally normal; not being asked to recite their symptoms and medications, etc." After Elizabeth's initial session with

"It is hard for me to open up."

Emily, she knew that a warm hand off with the right person would be crucial to continue the level of trust that was established in this short time together. The right person would provide space to allow someone to divulge painful experiences while at the same time, encourage growth and learning from those challenges. That right person was Alison, a clinician with extensive expertise in treating trauma, from our PH Catholic Charities Team.

Alison has been meeting Emily for the past month while she is inpatient at Creedmore. Alison reports,
"I was able to attend session with Elizabeth, the inpatient social worker, and client on the unit. At first, Emily was very bashful to share her experiences with me. With some time and connections to [Elizabeth and Emily's first visit], I was able to connect with Emily on many of her interests including swimming, music, singing, roller skating, and Disney movies. Without the help and introduction, it would have been challenging to have Emily open up to yet another person in the system from the beginning.

We now meet weekly and I am an integrate member of her treatment team. We have bonded the past few weeks and she often wants to discuss her upcoming discharge from the hospital, how Pathway Home will be helpful to her, and hope to trust a provider again. She even uses words such as 'I missed you this past week,' and starts the session with a hug. I have been able to engage her on many levels including showing her Disney clips from upcoming movies, playing songs together, and purchasing her some food to snack on while we chat. Emily is someone who is benefiting from a slow connection at the inpatient level, as she prepared to transition back into the community. This is allowing Emily to build a lasting relationship and experience the ongoing support."

Boots on Ground

By Angelo Barberio

This past month I had the pleasure of speaking with Leslie Chamorro, Mental Health Clinician with the SUS Pathway Home Team and decided to pick his brain a little bit about his background, interests, and overall thoughts about the Pathway Home Program.

Me: So Leslie, How long have you been working for SUS? Pathway Home?
Leslie: "Well, I've been working with SUS for 15 years and specifically with the Pathway Home team for the last 2-3 years. I started out working in a HIV transitional housing setting then as a housing case manager and then with care coordination with SUS before joining the Pathway team."

Me: That's awesome! So why did you decide to join the Pathway Team?
Leslie: "I was actually recommended by one of the Vice Presidents of SUS to join the pathway team. I don't regret my decision and haven't looked back since!""

Me: How do you like working for the Pathway Team?
Leslie: "I enjoy it! If I could describe it in a few words I would say "Fill the Gaps". Pathway has given me the opportunity to assist different individuals in ensuring they get the appropriate level of care and are connected to the necessary community resources. I say "fills the gaps" because Pathway fills the gaps in care, especially when hospitals are discharging folks without proper services in place"

Me: What do you find challenging working in Pathway?
Leslie: "Coordinating with difficult providers who do not collaborate well or who do not know about Pathway Home program in general. Sometimes I feel like I must educate providers on our services just, so they can let their guard down and coordinate with me."

Me: One lesson you'd give to new pathway members like myself?
Leslie: "Take your time, be open to the pathway program and adopt the model. Be creative in finding solutions, the Pathway Home model allows us to think outside the box when problem solving on how to best help our clients."

LESLIE CHAMORRO

SENIOR MENTAL HEALTH CLINICAN, SUS

DID YOU KNOW?!?

Leslie is a father of 3 children! He has his LMSW and received his BA and a MA from Lehman college!

He's also in the process of getting his LCSW in the 2019! (Good Luck Leslie!)

Strengths: "Patience, compassion"

Weakness: "Knowing when to stop and recharge to prevent burnout"

Outside of work: Leslie loves spending time with his family and especially watching his 16 y/o son pitch on his baseball team! He loves NY based sports and is a big Yankee Fan! He also uses his spirituality and belief in the Christian faith to keep himself grounded.

Greatest Achievement: Empowering and providing Hope to people for the last 15 years.

Personal PH Motto: "Yes, you can!"

Staff Spotlight

Nov 2018
Staff Appreciation
Awards

We take this opportunity to congratulate Kristen Nocerino (BPC), David Watson (SUS), Steven Poroski (ICL), and David Nuñez (CCNS) recipients of this month's Staff Appreciation Award!

David Watson
Senior Case Manager

David has been continuously growing personally and professionally since his start date. He is about to graduate with a LMHC degree, and he was able to successfully juggle work and school for last few years He has become proactive and decisive with our clients, taking initiative to look for housing, community resources and other opportunities for clients' successful reintegration. He is exceptionally patient, making the most resistant clients to warm up to him and to continue to work with us despite their initial resistance. David also took on collecting and editing success stories. He's known for good writing and diligence in getting them done on time – *SA, team leader*

Everard Lewis
Peer Specialist

Eddie has grown to be major part of the team. Since his start with the BPC team, he has hit the ground running and takes on any challenge that arises. He has displayed great passion for the members we serve, advocating and holding providers accountable for what is needed for our clients to succeed. Eddie relates well with each member and never gives up on them. He is continuously thinking about what he could do to assist our clients and can always be counted on to change the tone of a room with his jokes and quick wit. Eddie, your value to the team and clients is unspeakable. You are appreciated! – *ML. team leader*

David Nuñez
Senior Case Manager

David takes the most assertive members onto his case load with a sense of ease. He engages quickly, and has been known to travel from Far Rockaway to Whitestone all in one day to meet a member's needs. No escort is too much to member in David's eyes. David has an enormous sense of humor that keeps the team roaring even when feeling overwhelmed. David can see the bright side to assisting most members. He is able to help others find hope when they haven't been able to find it before. – *JS, team leader*

Steven Pokorski
Assistant Team Leader

Steven is certainly one of a kind. His drive and ambition know no bounds. He began working with the Pathway Home program as a Social Work intern and was quickly hired as a case manager. After graduating, he became our Mental Health Social Worker then Senior Mental Health Clinician, and now, Assistant Team Leader. In the almost four years he has been with the team, Steven has demonstrated such vigor and true compassion. He works tirelessly for his clients and supports his team however possible, while still ensuring that he is never late on documentation. Ever. He continues to grow as both a clinician and a leader. As of late, Steven has been facilitating trainings on LGBTQ rights and experiences, for which he is a strong advocate. One of 5 remaining veterans at Pathway Home, he assists with maintaining the supportive culture of our team and we are very grateful. Steven, thank you – *AG, team leader*

Celebrating you!!!!

Special Thank you

A LETTER FOR THE BPC PATHWAYS HOME EMBEDDED TEAM FROM A MEMBER

"I am writing to the BPC Pathways Home Embedded Team to express my deep appreciation and gratitude for your support and assistance in my recovery journey and for encouraging me to improve my life and ability to one day soon live in the community. Your support and dedication has allowed me to be a better person in many ways and I am grateful for that.

I would especially like to thank Kristen Nocerino, Senior mental Health Clinician, for her work and support in helping me with my journey and preparing me for life in the community. Kristen's support and selfless work has allowed me to express my growth in many areas, including attending Friday classes, encouraging me to express myself through my love of painting, and working with me to reduce the stress and anxiety that I have felt in my life. Without the program and Kristen's care and assistance, I would not be where I am presently.

I thank the entire Pathways team for all their support and care in my recovery. **And a special thank you to Kristen.** If I did not get connected to you and your services I would be lost. Because of you and the entire team, I have the confidence and ability to continue my journey and attain my goals of life in the community and a life full of hope."

- FV

FV was recently featured in our September issue!

Move Over Picasso: Up and coming emerging artist FV

Peer Corner: On Beat

The Dustin Connection

Dustin, the Peer Specialist from the Pathway Home Catholic Charities Team says that,

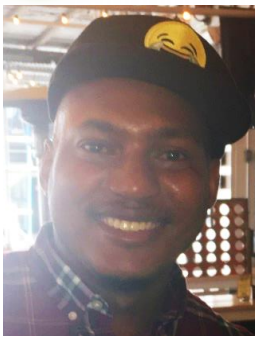
"It is rewarding to work with individuals with whom I can relate to on a personal basis. At times I'll grasp their attention through an experience that I shared with them, and other times I'll be the one to learn from their experience and coping skills."

Dustin establishes rapport with individuals quickly. He states, *"I find it effective to speak with the individuals I work with casually about mental health, as if it is 'not a big deal,' and in which my opinion, it isn't. I refer to mental illness as an issue that just needs genuine attention as opposed to tons of paperwork and referrals. I share this story with my Peers as an icebreaker. 'If someone undiagnosed has a headache, they'll most likely take a pain killer like Tylenol or Advil. Therefore 'we' take our psych meds whenever we feel depressed or anxious."*

Dustin continues, *"The point is whenever someone isn't feeling well, whether for medical or Psychiatric reasons, both parties rely on something to make them feel better."*

Through working with many individuals over the years, I've heard of stories that I once experienced my self- in some cases the same exact scenario. Setting professional boundaries are very important in a sense that most of the Peer's relationship is personal. Distancing ourselves appropriately from an individual's behavior, thought, or action is important. I find that setting boundaries helps keep the respect that one should have when working and assisting others. Everyone has issues that they go through diagnosed or undiagnosed, it is the support or skill-set that someone has during that period to determine if they break."

Joan, the Team Leader who oversees Dustin's work, has this to say about Dustin's, *"Dustin is supportive to individuals and staff. He is open about his experiences with mental illness, and able to hold strong boundaries that are necessary for the work he does. Dustin can reach through a person's fears, denial, and resistance and place the seed of positivity in them. If someone is reluctant to embrace their recovery, it is Dustin who can find the words to encourage them into the next step."*



Fun Facts about Toni

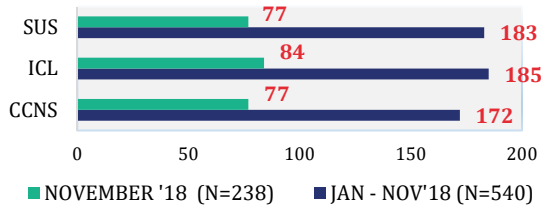
- I have 3 rescue dogs
- Former competitive dancer
- I'm from Gravesend, Brooklyn.

We wish you all a great holiday season!
See highlights from our team outing on our youtube page!

Coordinated Behavioral Care Pathway Home (PH) Program OMH Report – November 2018

Community Teams

 # SERVED BY PH COMMUNITY TEAMS 2018



2018 Demographic Data *(Recipients Served)*

Age: 18-30 years (27%) & 31-40 (24%) years old

Gender: Male (66%) Female (34%) Transgender (0.5%)

County: Queens (32%) & Bronx (25%)

2018 PH Enrollment & Program Data:

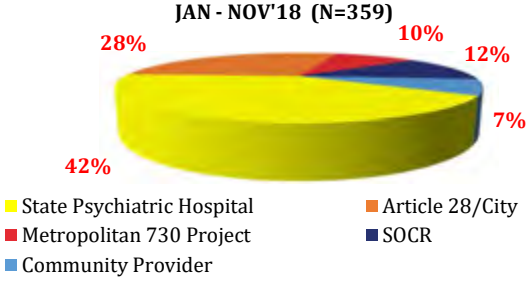
24: Referrals were enrolled in November 2018

4: Average # of days between referral and enrollment

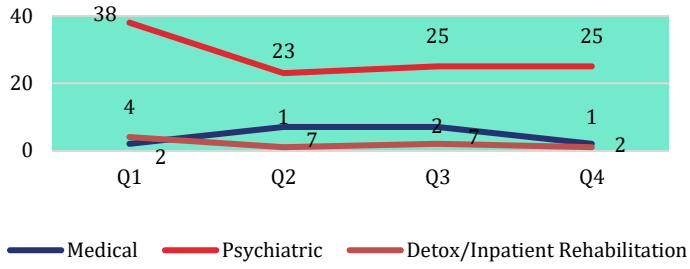
1555: Total # of Services Provided

323: Recipients discharged in 2018

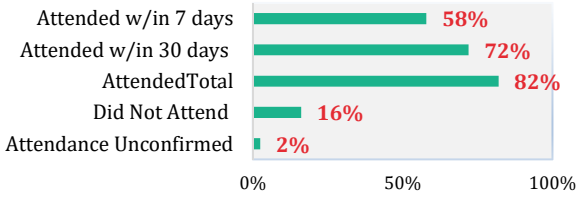
REFERRAL TYPES: ENROLLED RECIPIENTS JAN - NOV'18 (N=359)



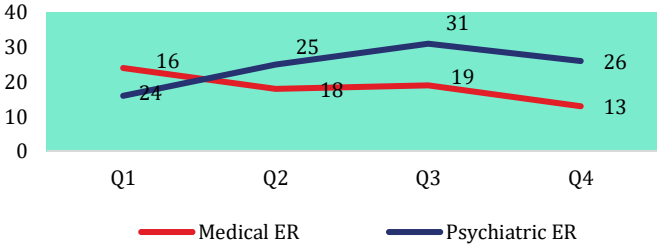
NUMBER OF HOSPITALIZATIONS 2018



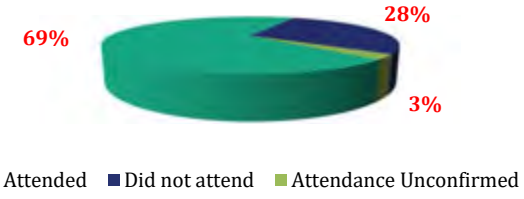
BH APPOINTMENT OUTCOMES JAN - NOV'18 DISCHRAGED RECIPIENTS (N=323)



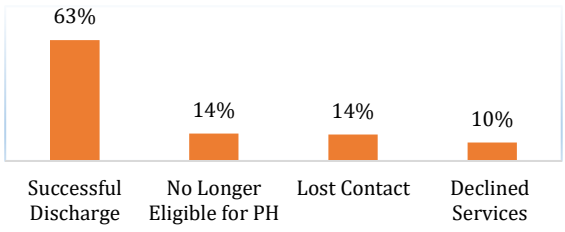
NUMBER OF EMERGENCY ROOM VISITS 2018



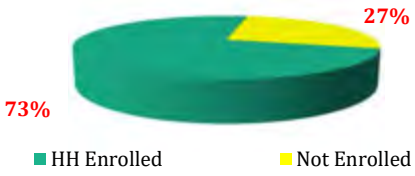
PCP APPOINTMENT OUTCOMES JAN - NOV'18 DISCHARGED RECIPIENTS (N=323)



DISCHARGE REASONS JAN - NOV'18 (N=323)



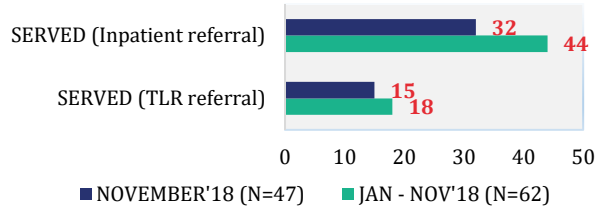
HEALTH HOME ENROLLMENT JAN - NOV'18 DISCHARGED RECIPIENTS (N=323)



Coordinated Behavioral Care Pathway Home (PH) Program OMH Report - November 2018

BPC Embedded Team

 # SERVED BY EMBEDDED TEAMS 2018



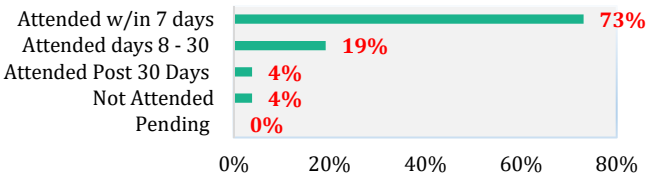
2018 Demographic Data

Age: 51-60 years old (29%) and 18-30 years old (24%)
Gender: Male (73%) & Female (27%)
County: Bronx (95%)

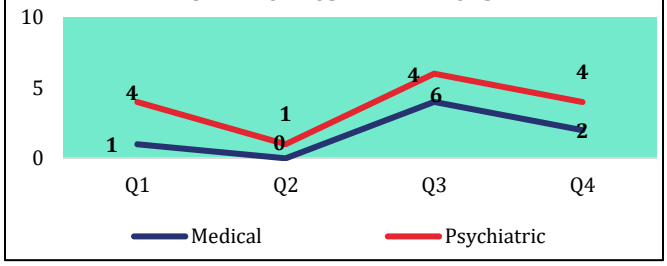
2018 Enrollment and Program Data:

1: Enrolled into the PH program in November 2018
270: Total # of Interactions November 2018
22: Individuals moved off BPC campus since Oct. 2017
44: Served in community (Inpatient Discharged + TLR)
2%: Individuals returned to BPC Inpatient

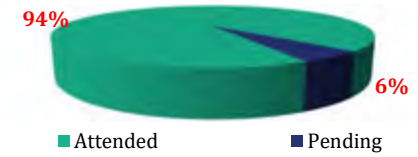
BH APPOINTMENT OUTCOMES JAN - NOV'18
INPATIENT REFERRALS ENTERED COMMUNITY (N=26)



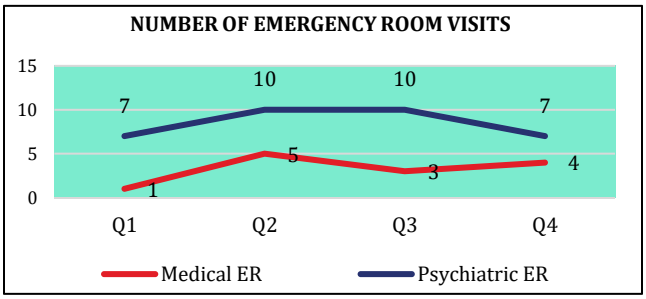
NUMBER OF HOSPITALIZATIONS



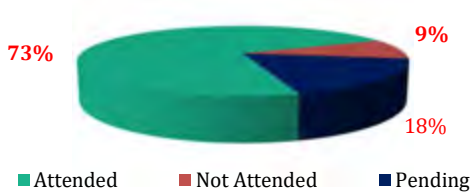
BH APPOINTMENT OUTCOMES JAN-NOV'18
ENROLLED TLR REFERRALS (N=18)



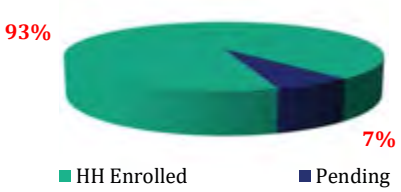
NUMBER OF EMERGENCY ROOM VISITS



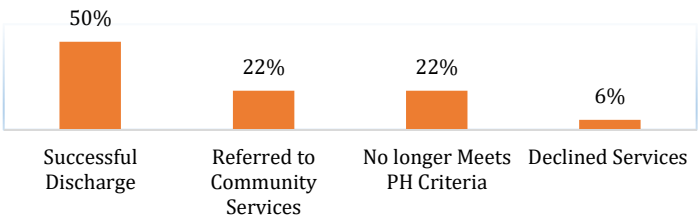
PCP APPOINTMENT OUTCOMES JAN-NOV'18
ENROLLED RECIPIENTS (N=44)



HEALTH HOME ENROLLMENT JAN-NOV'18
ENROLLED RECIPIENTS (N=44)



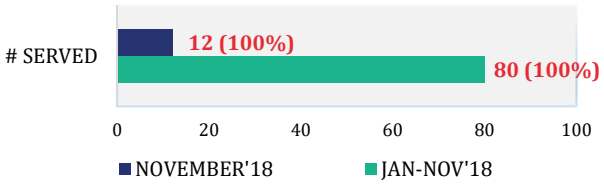
DISCHARGE REASONS 2018 (N=18)



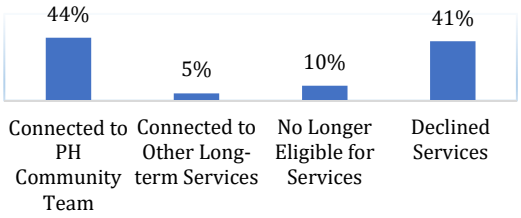
Coordinated Behavioral Care Pathway Home (PH) Program OMH Report - October 2018

MET Embedded Team

 # SERVED BY MHC EMBEDDED TEAM 2018



DISPOSITION AT COMMUNITY ENTRY / HOSP DISCHARGED RECIPIENTS IN 2018 (N=78)



2018 Demographic Data

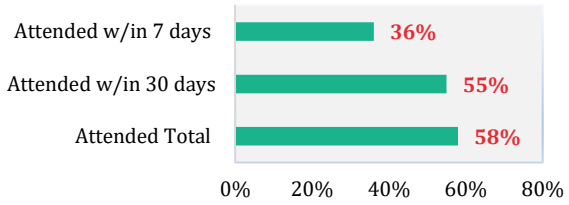
Age: 18-30 (33%) years old and 31-40 (30%) years old
Gender: Male (79%) & Female (21%)
County: Brooklyn (30%) & Manhattan (29%)
Housing: 38% with family, 30% Homeless

2018 Program Data:

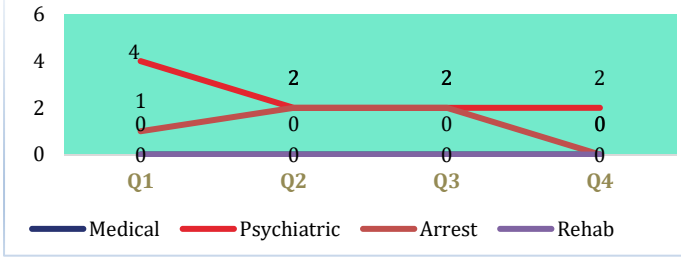
80: (100%): Designations enrolled in MET 730 Project
36: Served and discharged by PH Community Team
1: Average number of days for enrollment
10: Average days inpatient stay
42: Total # of November 2018 Interactions
5: # of individual rearrested

Outcomes for Individuals Served by PH Community Team

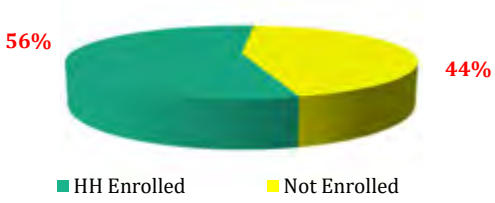
BH APPOINTMENT OUTCOMES JAN -NOV '18 DISCHARGED RECEIPIENTS-PH (N= 36)



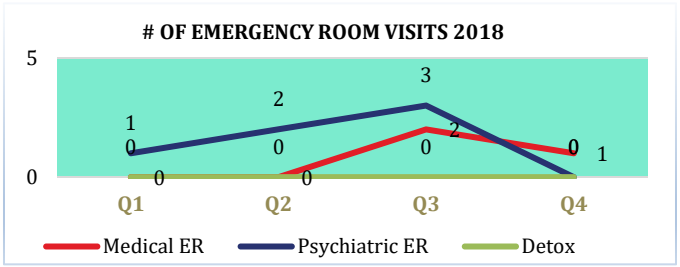
 # OF HOSPITALIZATIONS 2018



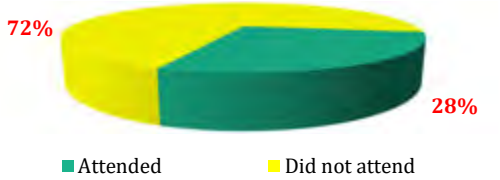
HEALTH HOME ENROLLMENT JAN - OCT '18 PH DISCHARGED RECEIPIENTS (N=36)



 # OF EMERGENCY ROOM VISITS 2018



PCP APPOINTMENT OUTCOMES JAN - OCT '18 PH DISCHARGED RECEIPIENTS (N=36)



2018 REASONS FOR DISCHARGE (N=36)