



Pathway Home 2019

March Newsletter

Announcements

ASAP Conference

Alcoholism and Substance Abuse Providers of New York State, Inc. (ASAP) and the Office of Alcoholism and Substance Abuse Services (OASAS), are holding a Statewide Prevention Conference for providers, educators, community coalitions, criminal justice professionals, government and others geared toward enhancing the prevention, treatment and recovery continuum in New York State. Aja Evans and Shannon Cameron will be attending the conference poster board presentation on Monday April 8th sharing the initial successful outcomes of the Pathway Home Embedded Team 730 project.

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Barry's Message



Bernie takes a chance, allows me to join his journey moving home. He shares his personal world.

Confides in me, shares his secrets. As a teenager, he came home from school to find his mother dead from suicide. His father, whom Bernie looks up to even though he never seems to reliably show up, is remarried to a woman whom Bernie does not get along with. Bernie's siblings all have successful careers while he struggles with homelessness, unemployment, and bipolar disorder.

Knowing I am aware of his previous failures, though never verbalized, I sense that my encouragement and approval is keeping Bernie on task, involved, motivated. The move goes smoothly and initial momentum achieved. The fridge is filled, transportation secured, and appointments attended. I am sure he will accomplish all his articulated ambitions.

The initial period after transition is characterized by prescribed activities. Practically all go through a similar process. Designated tasks like appointment attendance and medication learning have assigned times and deadlines. A thorough assessment informs on concrete needs. While some are time consuming, the intervention is nonetheless defined.

The middle PH phase (during months four to six) is when individuals are practicing and perfecting their skills so PH services can begin stepping back, allowing greater independence and reliance on support systems. This phase is less defined, more involved, the complications often unexpected. It is when realizations that initial plan was incomplete, imprecise to needs or wishes, and becomes apparent if goals are being ignored. We step back and see where motivation is lacking, insight is absent, or habits of reliance were developed. To taper services, precisely when changes to care is needed, tests our resolve as it requires risk taking and confidence in the process. This practice insists we relinquish our sense of control.

Months after Bernie's transition, I begin questioning his judgement, seeing he is disinclined to follow through on agreed tasks. I am wondering if the participation was intrinsically motivated or result of my cajoling. Suddenly, there are requested changes and diminished interest in my contribution. During one meeting, Bernie overexcited, was walking in middle of busy Manhattan street stopping vehicles to chat with drivers and offering his advice. Even approaching a police vehicle to share his feelings about police, and not the flattering type. I was stuck on the sidewalk laughing at the scene, concerned how I could possibly explain how Bernie was hit by a moving car or why police arrested him.

From the time Bernie was at MPC, he would exercise daily. Now he would pull of his shirt and pose for me (amazingly he has built a six pack!). One time Bernie shows up with a yarmulke and new Star of David tattoo. It didn't mask the apparent eye bruise. Bernie's tells a story of how his roommate sold his TV and when confronted, led to a physical altercation. Afraid to return home, Bernie was sleeping at his father's business, where trying to earn parental approval, Bernie was now working.

At Pathway Home, we use the word "daring" to describe how to maintain perspective. A dare isn't the normal description of healthy ways to accomplish something, as it implies demanding excessive courage and foolhardiness. As a verb, it means being bold, impudent, even disregarding others. There is a positive side to daring as well. This is the type of daring so critical for this middle phase. Daring to have confidence that there is something better. Daring to be assured of a solution when no apparent resolution is forecasted. Daring to see the hidden, the potential.

As services are stepped back, we encourage completing tasks, taking on responsibility, and making choices without our attention. At a time when the momentum of hospitalization begins wearing off. The key is to stay optimistic. To believe in people. To offer the right tools without taking over. To be courageous and foolhardy. To be daringly optimistic!

For Bernie, an alternative plan was developed. One that includes a new apartment in a different neighborhood. New providers and alternative supports. This time Bernie thrived. The signs of Bernie's energy, generosity, and ambition were present, we only needed perspective, to see this as potential and strengths, not barriers or symptoms. Even when Bernie's plan was crumbling and momentum dwindling, we maintained our belief that Bernie can and will succeed. That his problems can be resolved, that his potential previously hidden was meant to be manifested. In just a few short months, he was able to make the changes and learn how to independently manage his life.

Warm Regards,

Barry Granek



Exciting new partnership happening between Community Access' Pathway Home Team and Mt Sinai Hospital! The Community Access PH team has begun accepting referrals from the in-patient psychiatric units at Mt. Sinai Hospital. The Community Access team will be engaging members during their hospital stays while simultaneously helping those members prepare to transition into the community. The inpatient social work team and lead psychiatrists at Mt Sinai met with the Pathway Home team on March 12th for a meet and greet. The in-patient team is excited to send referrals. The Mt Sinai Hospital system is ranked among of the best in the country according to U.S. News and World Report. The addition of the Pathway Home services to the vast network of care will only increase Pathway's visibility as a premiere service.

Coordinated Behavioral Care in collaboration with the Office of Alcohol and Substance Abuse Services (OASAS) is launching a Pathway Home Team that will offer Pathway Home services for individuals transitioning from a detox or rehab stay. Services for the Underserved (SUS) was awarded the subcontract to provide the delivery of direct care services. The OASAS Pathway Home team will be staffed by Mental Health Clinician and two Case Managers and will serve between 70 and 80 participants annually.

The three main areas this team will address are:

- *Increasing access to Medication Assisted Treatment (MAT) using the 3 FDA approved medications*
- *Reducing the unmet treatment need*
- *Reducing overdose death through prevention, treatment and recovery activities*

Pathway Home will be partnering with BronxCare Detox/Rehab on this project. Team is scheduled to launch June 1st.



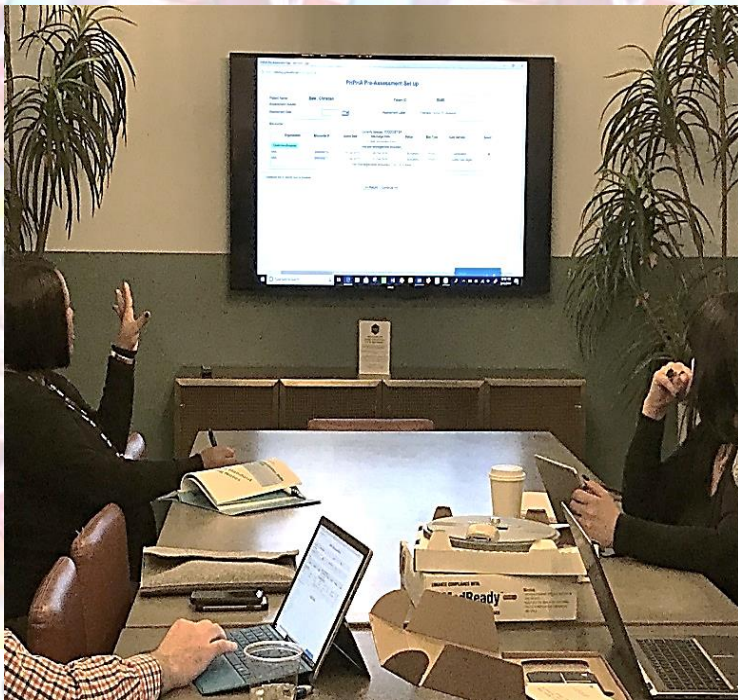
On behalf the Pathway Home CCNS team, Team Leader and Clinical Director, Joan Sass was chosen as a panel speaker on the Distractive Outcomes: Programs with Meaningful Measures at this year's CBC conference. Joan was an excellent choice for the panel due to her 30 years of expertise serving the disenfranchised. She is the leader of what we lovingly refer to as the CCNS cast of characters. Joan has brought together, fostered, and encouraged a group of clinicians, case managers, nurses and peers to produce results with those we serve. Joan shared her insight on what makes a team work in today's value based world. We were honored to have Joan represent all the hard work that Pathway Home does everyday.



Specialty Meeting

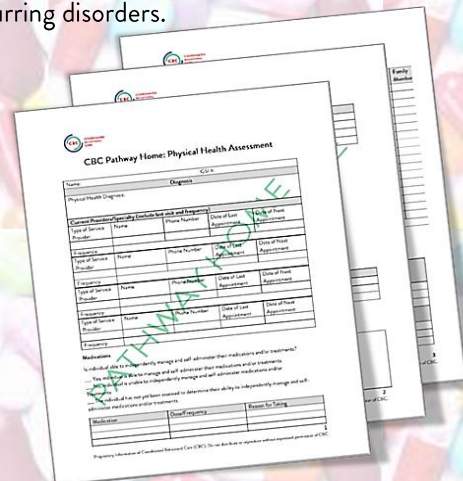
Medication Dispenser Machines

The Pathway Home Nurses met recently to learn about medication dispenser machines. These devices assist with medication management by providing reminders, eliminating missed doses. What's unique about devices is that if medication is not taken by set time, a notification to the caregivers is sent via text messages, email, or automated phone calls. The caregiver then contacts the individual to ensure medication is taken.



GSI Health PH Physical Health Assessment

After months of developing and testing, the Pathway Home Physical Health Assessment has gone live in the PH HIT platform (GSI). This assessment was created in collaboration with the medical team at CBC and the PH CMA Nurses. The nurses were trained on how and when to use the assessment to address relevant medical issues and co-occurring disorders.



The form is titled "CBC Pathway Home: Physical Health Assessment". It contains a table with columns for "Patient Information", "Physical Health", "Mental Health", and "Social History". The form is marked with a large "DRAFT" watermark. Below the table, there is a section for "Medication" with a table for "Medication", "Dose/Frequency", and "Reason for Taking".

Cooking Up Sonia's

Dream



"Sonia in her new apartment"

After suffering from a medical set back 7 years ago, Sonia was placed in an adult home on Coney Island. Being identified as a class member through the Adult Home plus initiative, she was provided the opportunity to explore independent housing. While she was able to keep her spirits up, life in the adult home was trying and the process to move out proved lengthy. "I just want to cook for my family in my own apartment" Sonia expressed as her dreams seemed out of reach.

Sonia was enrolled on the PGCMH Pathway home in February 2019 and began to work with the team clinician Arianna. As the PH team is new to the Adult Home initiative, Sonia's was one of the first to enroll. When Arianna first met Sonia, neither could predict

the challenges in front of them. The move was delayed three times, there were Medicaid/benefit hurdles and other unforeseen issues like apartment troubles that needed the landlord's attention.

Despite all these obstacles, Sonia remained hopeful. She maintained an active role in her move and well-being. She set up her own appointments and arranged numerous Access-A-Ride trips with Arianna to the Medicaid office to tackle benefits issues, always with a smile. Finally, after much determination, the move date was set for March. Even up until a few days before the move, PH and DOH were weary that there would be some stone unturned that would delay the move again. However, through the perseverance of all parties involved, and with the aid of PH step-down funds to obtain groceries and Home health aide Services, the move was finally approved. On Tuesday March 12th, Sonia officially moved into her gorgeous apartment in Flatbush Brooklyn. While the transition process to her own apartment has proven to be an adjustment, Sonia is happy and "finally feels free". She enjoys cooking her favorite meals for her boyfriend and has decorating the apartment.

PH is excited about assisting additional Adult Home members with transitioning to living happily and safely in the community.

"...finally feels free." - Sonia



Finding Willie's Way

It felt like a lifetime ago, when William was admitted to Bronx Psychiatric Center, it had been 38 years. As he aged, William's behavior shifted from disruptive and violent to non-verbal, isolative, and unengaged. This year, a new medication regime was started. The change was stark, he began attending music group and going on community walks, something William had not done in decades. Excited to take advantage of William's progress, the BPC team quickly referred to Pathway Home BPC Embedded team to assist with prepping William for discharge to the community.

Utilizing one of William's favorite past times, music, the team was able to build rapport. William would ask for music to be played and was the key to opening William up. He began sharing about himself and talk about his family. The team worked on improving ADLs, becoming more independent in the community, and spending time with peers in the community. In July, with all the well wishes of the BPC inpatient team, William transitioned to the community.



William socializing during off unit session with Kristen at BPC

William enjoying the fresh air would stay outside until it was already dark. His enthusiasm for the outdoors often led William blocks away from his new home, resulting in him being getting lost. After years at BPC, William needed adjusting to this new routine. The team assisted in navigating new residence, teaching how to find his room,



labeling the key, and navigating this new life at home. SMHC Kristen worked with residence to help William become comfortable with staff. PH purchased an ID bracelet for extra safety that listed name and important contact information to take during walks.

“I wish my mother was still alive to see how well he is doing.”

As William became comfortable and following a routine, his personality changed. He was initiating conversation and using people's names. Each morning he watches “Kelly and Ryan” and listen to music. Now during visits, William is seen playing games like trivia. Kristen commented “this is something that we never expected to happen!” He uses the elevator, knows the correct floor, and can use his key. After 7 months in the community, William successfully graduated. With overwhelming heart, William's sister remarked, “I wish my mother was still alive to see how well he is doing.”

Reggie: Me, Myself and Pathway Home



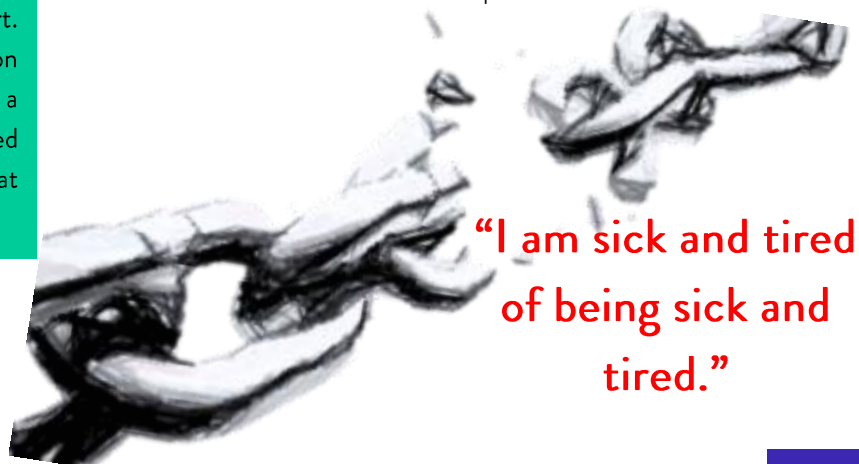
Yosef: You-Set-Change

When embedded team SMHC Shannon first met with Reggie in the Emergency Department, Reggie was guarded, had limited insight into his past behaviors, and was hesitant to share about himself. “I can only count on myself” he declared. During Reggie’s incarceration, he assaulted a forensic social worker, and he was being charged with felony assault. Despite history of hospitalizations resulting from medication nonadherence and dangerous behaviors, Reggie requested his medication.

Over a cup of coffee, Shannon explained that PH will assist with obtaining housing and support. Reggie’s face brightened and he agreed to services. Reggie attended groups, welcomed the embedded team engagement, and took his medication. He opened up about having MS and how he learned to manage his symptoms. Team learned Reggie was assigned an ACT team. The embedded team and ACT collaborated during inpatient stay, bolstering the ACT team’s rapport with Reggie.

The inpatient team, ACT, and Shannon advocated for Reggie as he dealt with the pending felony court date, assisting Reggie with his presentation leading up to court. The team learned incident occurred while not on medication and he was unaware that he was behaving in a violent manner. The felony charge was eventually lowered which allowed Reggie to return to Mary Brooks TLR at Kingsboro, where he previously lived.

Yosef had been considering a change. “I am sick and tired of being sick and tired.” Something had to give to turn his life around. Yosef had the familiar story, a pattern of going in and out of psychiatric care... and had spent “way too much time, wasting time” in the jail system. It was, in his words, “getting old.” Yosef was introduced Pathway Home while he was inpatient at Creedmoor Psychiatric Center. Adamant about breaking the cycle of recidivism, he agreed to Pathway helping him build for himself a social environment. Peer Specialist Gerald met with Yosef in his residence, SUS Morris. Although the transition was overwhelming, meeting with PH eased his stress. They worked on growing his confidence with completing tasks and attending ADLs, learning to navigate community without assistance, and attending his appointments PCP, psychiatrist and Parole Officer. On preparing for graduation, Gerald explained “it was clear how independent he had become in the community.” SUS Morris staff described Yosef as “a pleasure to work with” and acknowledged his dedication to improving his life. Yosef recently completed his obligation with parole and shared his plans to move to Florida to be with his family. Yosef has worked hard in his recovery and is ready to begin a new life free from incarceration and hospitalization.

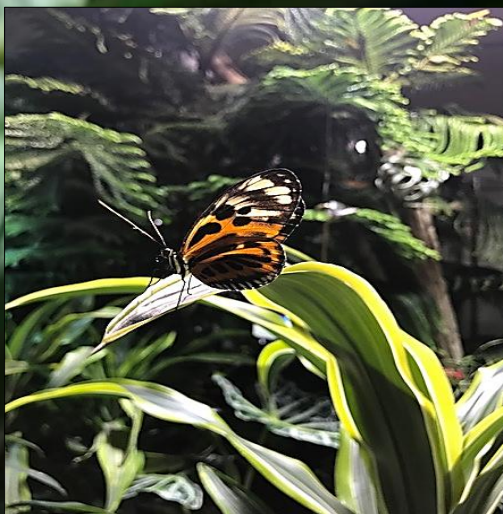
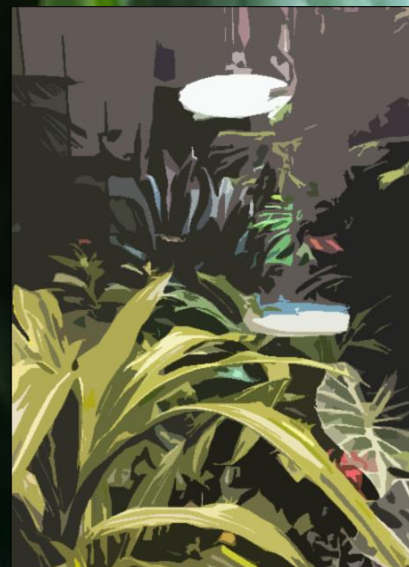


**“I am sick and tired
of being sick and
tired.”**

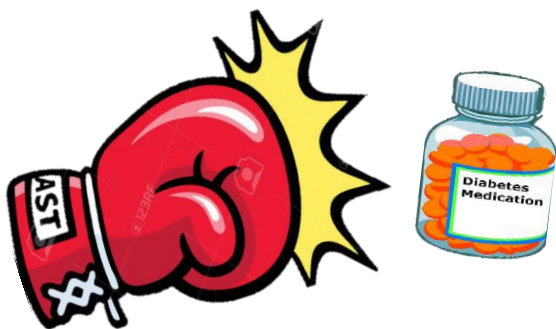
The Butterfly Effect

Recently myself and a member visited the butterfly exhibit at the Museum of Natural History. Since we met, the member has spoken a lot about feeling uncomfortable with traditional mental health services, and didn't want to be labeled or viewed as "Sick." When meeting for lunch one day the member shared that she has always wanted to visit the exhibit but was never able to. This was a great opportunity to casually spend some time getting to know one another. During our visit, we were able to learn about the life cycle of a butterfly and see so many beautiful butterflies. The member was so excited! On our way home the member said "I'm still in awe that I was able to visit the exhibit."

- Nicole Manza, SMHC, CA



Ginger Knockout



When Ginger returned home, receiving care turned out to be harder than she thought. Her clinic lost her paperwork and wouldn't allow her to intake. Pathway Home immediately stepped in and referred Ginger to an alternative clinic. This involved collaboration with the two clinics, the hospital, and the residence to ensure care was relevant to specific needs. Ginger enrolled in the new clinic, and began attending groups. This helped Ginger with her recovery, but was only half of her battle.

As team SMHC Ariane got to know Ginger, it was clear that Ginger would benefit from regular meetings with team RN, Harley, due to recent diagnoses of diabetes, Chronic Obstructive Pulmonary Disease, and Sleep apnea. For 6 months, Ginger and team worked on tackling chronic medical needs. Harley educated Ginger on calories counting, reading food labels, and manage her diabetes and weight. Harley enrolled Ginger to Park Recreation Center for fitness training and education on how to properly exercise. Ginger gained knowledge of her medical condition and lost 7 pounds. Ginger voiced "I appreciate being more knowledgeable of my medical care. This knowledge will remain with me for a long time."

Smooth Riding with Jackie

For the first time in her life Jackie is living alone. Scary for some, the combination of Jackie's desire to better her life and with the support of the Pathway Home team, she is thriving. Jackie has taken the many traumatic experiences in her past and turned them into a passion to find solace in her current life.

Jackie survived a relationship with domestic violence and lost her son in a motor vehicle accident within a matter of a few years. These events led to her hospitalization that led her to Pathway Home.

During 3 month inpatient stay, Jackie obtained housing and set up for LIJ partial hospital services. On her first full day in community, Jackie was scheduled for intake at partial hospital program. Jackie was scheduled to travel by Medicaid taxi. After waiting several hours with no site of taxi coming, PH utilized Uber Health to ensure attendance at appointment. PH advocated at the front desk for her to still be seen, despite her being several hours late.

On this same day, PH helped complete a food stamps application and begin process for ordering a phone. She has since received a working phone and her food stamps is active.

Jackie says PH has been "extremely helpful" with her situations and she feels connected with the PH team. Jackie still has a road to recovery but it appears meeting basic needs as put her mind at ease and this is how PH helps people find their meaning of home.

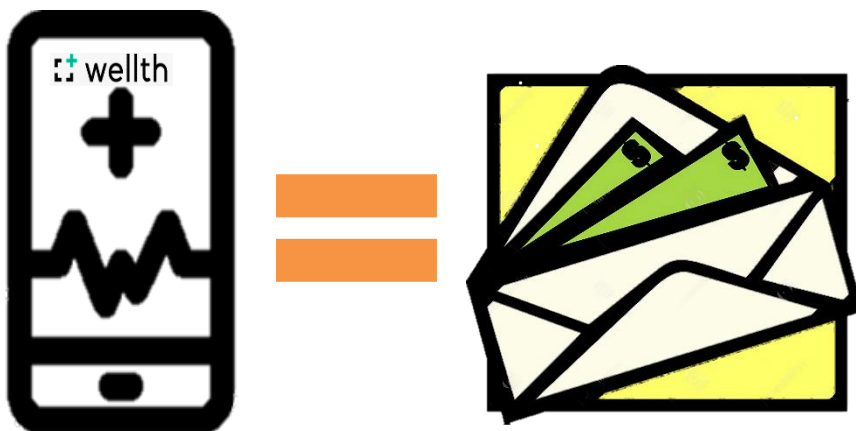
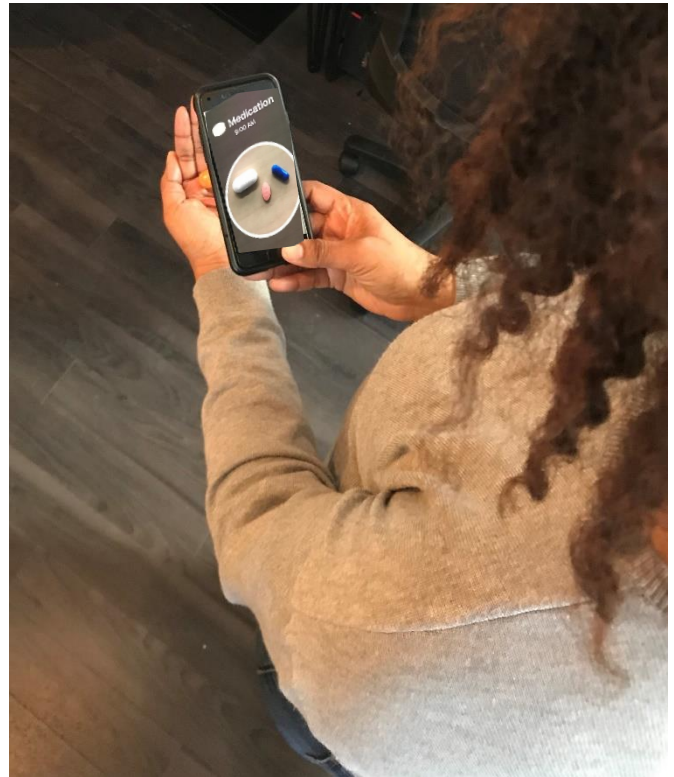


Flex Your Wellth:

Becca

Becca is a 40-year-old married Chinese woman. For the past 8 years, Becca was living at a Rockland County transitional living residence in Orangeburg, NY. Upon leaving Rockland, she moved to New York City with her spouse. For additional support the team worked to enroll Becca in Wellth, an app that assist participants in taking their medication regularly. Becca actively participated in Wellth in its entirety, receiving a total payout of \$86. Throughout her participation with Wellth, Becca consistently checked in with both his medication and glucose. The SUS Pathway Home team assisted in getting Becca connected to an outpatient medical clinic to address her diabetes and supply her with the needed diabetic medication. When the team received alarms regarding Becca's spikes in glucose, they were able to intervene providing education and support. Becca continued to improve her habits, SUS PH team nurse, Toni, educated her about healthy eating and decreasing soda intake, offering her Splenda instead of pure sugar. Becca began to better control her glucose. She continued to work on managing her glucose, overall Wellth and the support from the team helped Becca make progress and raise her self-awareness and self-management skills of his diabetes.

Since returning to community, Becca has not been hospitalized, visited emergency room for either psychiatric or medical reasons, and has had no legal concerns. Becca has been adhering to her medication recommendations, attending her scheduled medical and mental health appointments.



wellth 2019 Stats

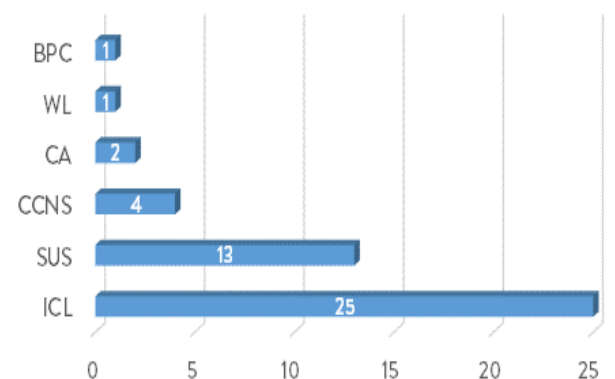
Total Enrollees: 45

Adherence Rate: 83%

Average monthly payout: \$22.88

\$1,579 Total sum of payouts

Wellth Enrollments by CMA (Total = 45)



Boots on the Ground

Harley Romelus



Personal PH Motto:

**“Find a Friend in
Pathway Home!!”**

HARLEY ROMELUS
REGISTERED NURSE, ICL TEAM

By Angelo Barberio

Spring is blooming and so is Pathway Home! The month of March brought Harley Romelus to the Boots on the Ground spotlight! Harley is a Registered Nurse with the ICL Pathway Home Team. We talked all things Pathway Home as well as about his background and interests.

Me: So, Harley How long have you been working for ICL? Pathway Home?

Harley: “I actually started with SUS team in Oct 2014 as an LPN and worked with them for about two years before transferring over to the ICL team as an RN. So, I’ve actually been with Pathway since the beginning.”

Me: That’s Great! So why did you decide to join the Pathway Team?

Harley: “Prior to Pathway Home I was actually working with Mark Graham with a Brooklyn ACT team called Pathways to Housing. Mark left to go begin the Pathway Home program and it just turned out to be good timing when I was job searching. I applied, and he pulled me in”

Me: How do you like working for the Pathway Team?



Harley delivering meds to a PH member

Harley: “It’s great! I love the different innovative ways of care we implement. I love the integration of care between behavioral health and medical needs and how my nursing perspective plays a part in that.”

Me: What do you find challenging working in Pathway?

Harley: “Since I’m the only Nurse on the team its sometimes difficult to make people see my frame of thought since I come more from a medical lens. Meaning, I’m trying to make the medical needs be at the forefront just as Behavioral health needs are.”

Me: One lesson you’d give to new pathway members?

Harley: “Communication is key.”

DID YOU KNOW?!?

Harley is a father of a 7y/o son and his mom was a nurse! Harley also enjoys real estate and flipping properties. He’s hoping to continue his education by one day becoming a nurse practitioner in psych.

Strengths: “funny, honest, respectful, and transparent”

Weakness: “sometimes I can be too straight forward or blunt with people”

Outside of work: Harley loves exercising, whether it be cross-fit, basketball, or football. He loves to travel and also DJ’s from time to time.

Greatest Achievement: “Taking care of my family and the long road I traveled on for my education & career”

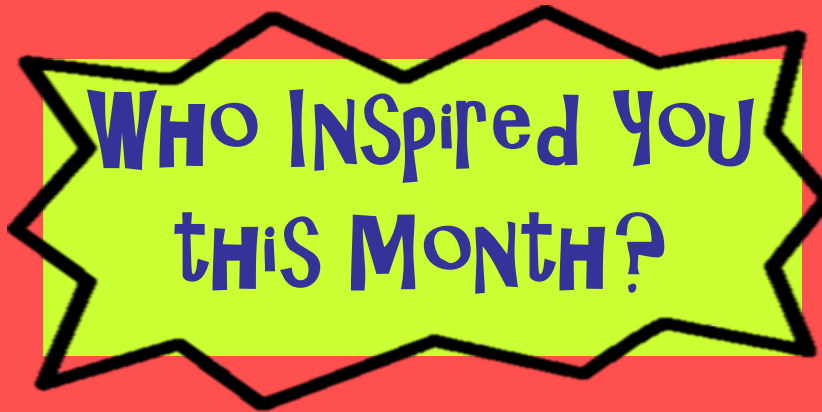


Leslie Chamorro

We see Leslie's dedication to our members and mission day to day. From 7:15am visits to catch up to some of our "early birds" to late night studying. His strong work ethics are extremely valued by the team. He inspires us to continue to be optimist even when we may feel overwhelmed. One smile at a time. – Sylvia Andreatto & Jovannie Menard

Dania Catulle one of our new teammates inspires me! Dania is such a thoughtful person. She takes her time to really understand the client's needs and work with them from a place of genuine care. Dania is always willing to learn more, and her tenacity to accomplish her goals while raising a family and working full time is truly amazing. If there were more people like Dania in this world, the world would be a much better place. – Jessica Myers

Dania Catulle



Edward O'Dowd

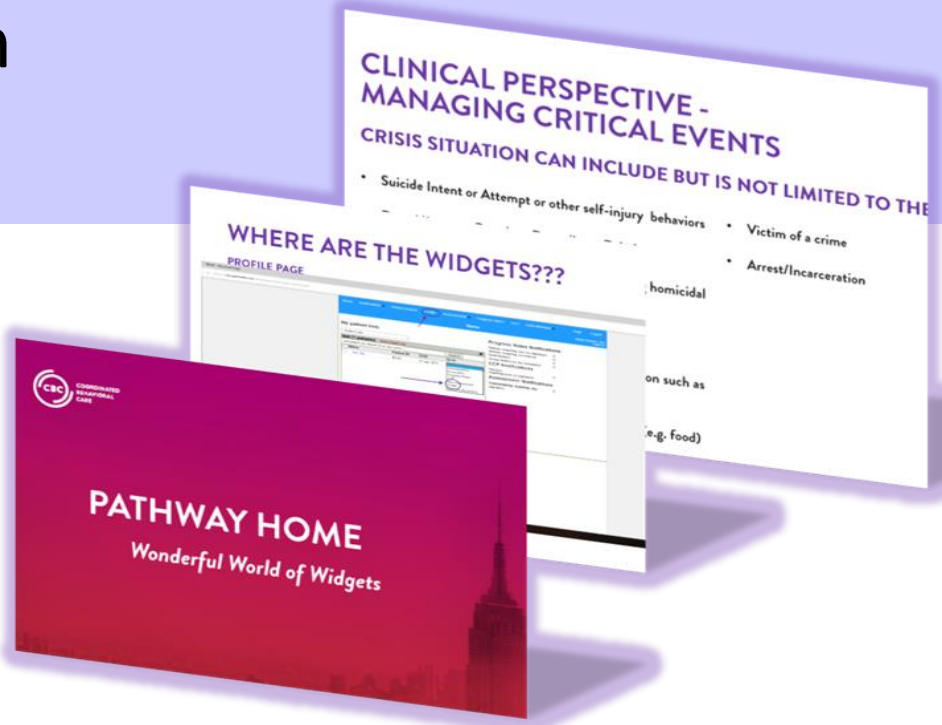
This month I was inspired by Edward. I watched Edward connect with a young member that had a recorded history of having trouble connecting to others. Edward and this young woman found a kinship within the first 5 minutes of meeting. Their shared love for the New York Hardcore Punk rock scene became a topic of excitement and joy for both of them. I was completely taken aback at how quickly this young woman was able to open up and trust Edward with information she had never discussed before. She trusted that Edward was there to help and inspired by his story." – Sarah Abramson

David Nuñez



He lightens every meeting with his humor. He can take a dark situation and find the lighter side to it. We can be discussing a case, all intensely and everyone is engrossed in the discussion and he will break the tension cracking a joke or finding humor in a word. It has helped the team to not get bogged down in the drama of a client situation but to lighten the mood and then to see the situation from a less dramatic perspective. Our client's lives are very intense and he has helped maintain healthy boundaries for the team. – Joan Sass

Collaboration Corner



On March 27th, Director of Training, Don Decker and PH Program Director, Angelo Barberio led a value-add webinar on Widget implementation within the GSI HIT platform as well as clinical perspective on managing critical events. The technical side and data entry of Critical events, housing, and appointment widgets were discussed in the first leg of the training followed by clinical insight by Don Decker on how to handle a variety of critical events such as self-injurious/suicidal behavior, substance misuse, aggressive/threatening behavior, arrests, and other mental health emergencies. Thank you all who attended. Stay tuned for more value-add trainings in the future.

Coming Soon

Pathway Home Training Institute will be offering the following trainings:

Motivational Interviewing (MI) – full day foundational course

MI is a counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior. It is a practical, empathetic, and short-term process that takes into consideration how difficult it is to make life changes

Motivational Interviewing for Supervisors – full day intensive course

This course will provide Supervisors and more experienced clinicians a deeper dive into MI and focus on coaching other staff to use MI and bringing MI into supervision.

Work/Life Balance and Self-Care

Participants in this training will:

1. Explore Work-life Balance
2. Assess your personal balance
3. Look at ways to make small but effective change
4. Develop Multi-dimensional self-care strategies

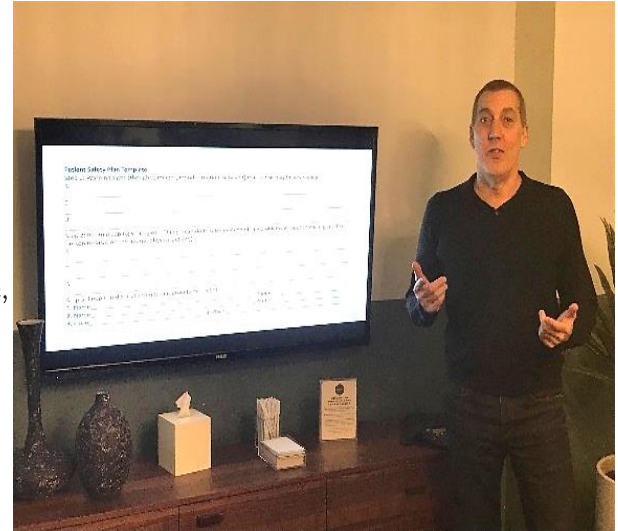
The NYC Housing Landscape

Overview of housing models in NYC and new housing models in the pipeline
Unique housing resources and Q&A

Substance Misuse and Treatment Options

Overview of Medication Assisted Treatment, Buprenorphine, Methadone, etc.

Stay Tuned for dates, times and other details coming in the next few weeks.



Things to Do: April & May Events

Peer Specialists

Date: April 16th, 2019

Location: CBC Office (Bond), 4th floor

Time: 10am-12pm

Theme: to connect and engage in a Housing Training conducted by Sarah Abramson. Group supervision and coffee will be included!

Mental Health Clinician

Date: April 30th, 2019

Location: SUS Harlem Office, 4th floor

Time: 9:30-11:30am

Theme: Shannon Cameron will be presenting on the Criminal Justice Involved individuals and how Pathway Home works to serve this population.

Case Manager

Date: May 2019

Location: TBD

Time: TBD

Stay tune for more details from Angelo!

PH Staff Orientation

Day 1 – April 23rd

Day 2 – May 3rd

All new staff are welcomed!



What is Pathway Home to you?

[Video link Here!](#)