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## NEWS

### *Issue No. 1 The Newsletter of the Postgraduate Center for Mental Health*

#### **In the News: Health Homes**

Because the Federal and New York State budgets can no longer keep up with Medicaid's rising costs, a new care management service model is emerging: the Health Home. It is not a residence or building, but a model made up of a network of providers, including medical, mental health and substance abuse, which form an integrated system of care. The Health Home takes primary responsibility in assuring that health and social needs for clients are met. The vision is that all of a person's providers communicate with one another, so that all of his or her needs are addressed in a comprehensive and cohesive manner.

**The goal of the Health Home model is four-fold:**

- **To Reduce utilization associated with avoidable (preventable) inpatient stays**
- **To Reduce utilization associated with avoidable (preventable) emergency room visits**
- **To Improve Outcomes for persons with Mental Illness and/or Substance Use Disorders**
- **To Improve Disease-Related Care for Chronic Conditions**

#### **Why Now?**

Why has the Health Home emerged now? Presently, New York's Medicaid program serves almost 5 million beneficiaries at a cost of over \$50 billion annually. Furthermore, 20% of Medicaid beneficiaries account for 75% of expenditures. Too many Medicaid beneficiaries don't get or participate in enough of the right kind of healthcare...and as a result, too many people spend too much time in expensive visits to emergency rooms and hospitals. The NYS Department of Health estimates that \$800 million was spent last year on "avoidable Medicaid hospital readmissions." Some 70% of these involved beneficiaries with mental health, substance use and major medical conditions, and 65% of admissions for this group were for medical reasons. Many people receive services that are not known to other providers, creating gaps in care. The State Department of Health (DOH) created Health Homes to develop networks of care for New York residents who have Medicaid.

## Who's Eligible?

Those eligible for Health Home are people with Medicaid who have at least two chronic medical conditions; OR one chronic medical condition and at risk for another; OR one serious and persistent mental health condition. All qualified Medicaid beneficiaries will receive a letter assigning them to a health home provider, based on existing relationships with health care providers.

## How Does It Work?

A Care Coordinator develops an integrated care plan for Health Home clients and their providers. The idea is that all health records are shared electronically among providers, so that services are not duplicated or neglected. Health Home services are provided through a network of organizations/providers. When all the services are considered collectively, they become a virtual "Health Home."

## Health Homes and PCMH

With the Health Home model already operational in Brooklyn and the Bronx, and rolling out across Manhattan, Queens and Staten Island this spring, PCMH is transitioning its blended case-management program into a Health Home model. This transition toward this innovative care-management model is an exciting opportunity that requires new training for PCMH staff. As pioneers in a new and challenging health care environment, our job will be to bring medical, mental health, and substance abuse providers together to work with consumers using a holistic approach. We will be developing new approaches to help people improve their health, stay out of hospitals, and build connections in their communities. Just as current Medicaid clients are being asked to be open to this exciting change in patient care, PCMH is asking its employees to embrace it as well.

For more information on the new Health Home model, and program training within PCMH, please contact **Mary McGovern** at **212-576-4166**.

## **Residential Snapshot: Hull Avenue Residence**



On a quiet, sloping block off of bustling Gun Hill Road in the Bronx sits the Hull Avenue Residence, the latest addition to PCMH's expanding residential portfolio. A stately brick building with gleaming trim, it stands out amongst the older apartment buildings that line the street. The sparkling, modern lobby, which features an atrium that looks onto an enclosed garden and recreational area behind the building, is the first clue that Hull is a unique place, which its employees and residents alike take pride in.

*The Hull Avenue Residence in the Bronx is the latest addition to PCMH's residential portfolio.*

A tour of the residence by Ms. Tina Sam, Hull's high-energy, unflaggingly enthusiastic program director, reveals why residents are excited to live here. Most of the building's 69 apartments—53 studios and 16 two-bedrooms—are furnished, and are outfitted with amenities like hard wood floors, ceiling fans, ample closets, gleaming appliances, and individual thermostats. There are laundry facilities and a large recreation room for kids on the ground floor, as well as a cozy community room, where residents can watch TV or read, and which Ms. Sam says will soon host pot luck dinners and other social events.



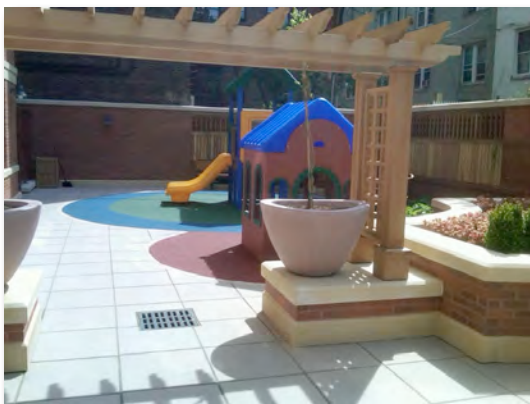
*New plantings make the Hull Residence backyard especially welcoming.*

Currently, 38 residents live at Hull; intake interviews are conducted by Ms. Sam and her team every Wednesday. Most residents receive Social Security or other government assistance, and they pay 30% of their income toward rent. Hull is staffed by residential counselors 24 hours a day, 7 days a week, and each resident is assigned to a counselor with whom they meet twice a month. Because Hull is a Level 1 residence, its clients can come and go as they please, and have overnight guests.



*Hull's large courtyard is a festive gathering place for residents.*

The Hull Avenue Residence is also the first PCMH building open to families with children. The building will eventually become home to 10 families from New York's Department of Homeless Services. Six other income-eligible families will soon move into the remaining two-bedroom apartments.



*Playground equipment is an exciting treat for children who live at Hull.*

Program Director Sam is especially excited about Hull's large, enclosed backyard, which currently features some new playground equipment and outdoor furniture. As she talks about the kinds of plants and flowers that will soon be planted in the planters and climb the yard's new wood trellises, and the barbecues and other activities that will take place here in the spring and summer months, it's clear to see why Hull is a place that residents are thrilled to call home.

## **Client Close-Up: Shakeeba Betillman**

**Ms. Shakeeba Betillman**, 30, moved into the Hull Avenue Residence the first day it opened its doors, on February 28 of this year—which is fitting since, thanks to her diligence and hard work, this is the first time she’s ever lived independently in her life. Having formerly been a resident in Level 2 Housing at the Ralph Avenue Residence in Brooklyn, Ms. Betillman is thrilled to be living on her own at Hull—her latest achievement in a long list of accomplishments.

“Ten years ago, I was in and out of hospitals—I would be in the hospital for two months, then get out for a week, and then go back in again,” Ms. Betillman says. She realized that she needed to try to change her path in life if she wanted to be able to remain part of her two daughters’ lives. “I decided that my family was going to disown me and not let me see my kids,” she remembers. “I knew I had to get myself together, or else I wouldn’t be able to interact with my children anymore, let alone eventually get them back.”

After a brush with the law, Ms. Betillman was ordered to attend an Assisted Outpatient Treatment (AOT) Program. It was the first step in helping her get back on her feet: “I tried to work my way to independence,” she said. “I had to be proactive and consistent—taking my medications and going to group. That paved the way for me to get this far.”

Ms. Betillman was eventually able to transition out of Level 2 Housing and move into the Hull Residence. “The goal when you’re in transitional housing is to eventually get to permanent housing where you’re on your own,” she says. She now attends a Personalized Recovery Oriented Services (PROS) Program weekly in Brooklyn, which she says has helped her to manage her symptoms and keep her squarely on track toward achieving her goals. She hopes to one day become a nurse or a home health aide, and is already applying to college classes and training programs.

In the meantime, Ms. Betillman is enjoying the experience of living on her own at Hull, in the bright, sunny studio apartment that she proudly calls home. “I have a big responsibility in keeping it clean and taking my meds,” she says. She has a residential counselor, Elizabeth, whom she meets with twice a month to help monitor her progress and ensure she’s keeping her appointments. Ms. Betillman also frequently visits her daughters, who live nearby with her mother. “I hope to get my kids back soon, if I stay on course and continue to think positively,” she says. “I’m taking it one day at a time.”

## **Staff Spotlight: Tameka Bonitto**

**Ms. Tameka Bonitto**, a case manager in the Scatter Site Supported Housing Program at 344 W. 36<sup>th</sup> Street, has steadily moved through the ranks at PCMH since starting as a per diem employee at the 50<sup>th</sup> Street Residence on the West Side in June 2006. Back then, she monitored the door, answered phones, and did whatever other jobs needed to be done...and did so well enough that, by January 2007, she was promoted to a full-time residential counselor at 50<sup>th</sup> Street. It was there, with an initial caseload of seven clients, that she got her first real taste of working closely with residents.



“It was very hands-on from the start,” said Ms. Bonitto. “As a residential counselor, I had a whole new set of responsibilities, like coordinating medication. Every step of the way, you see what your clients are doing.” Ms. Bonitto became well versed in the ins and outs of working one-on-one with clients. “It was a tremendous amount of growth,” she said. “I really learned the program.”

Ms. Bonitto spent four years at the 50<sup>th</sup> Street Residence. Then, following another promotion to case manager, she arrived at the 36<sup>th</sup> Street Scatter Site Supported Housing Site in October 2011. She now manages a caseload of 25 clients—all of whom live in Brooklyn and who receive their clinical care with PCMH or other agencies. She visits each of them twice a month, and helps to ensure they’re taking their medication, keeping their appointments, maintaining their apartments, and basically staying on track.

“I’ve built a real relationship with my clients—I have a great caseload and I genuinely love all of them,” Ms. Bonitto says. “I do whatever I can to encourage them to stay on that independent path.”

Of course, as with every job, there are challenges—especially when meeting clients for the first time. “It’s often hard for them to open up in the beginning, because they don’t know how long you’re going to be in their lives—some clients have had multiple case managers that have come and gone,” says Ms. Bonitto. “But once you break that wall down and start to build that trust, you don’t have that problem anymore.”

Ms. Bonitto, 28, a native New Yorker and the mother of a little girl, is eager to continue to build on the success she’s achieved at PCMH thus far. She aims to eventually become an intensive case manager, or a member of the ACT Team, which comes to clients who need more assistance and supervision. “I see myself continuing to grow within PCMH, and also within the greater social work field,” she says.

## **Programs at PCMH: Dialectical Behavior Therapy**

Dialectical Behavior Therapy, or DBT, is a therapy that is demonstrating great promise with clients at PCMH. Developed by Marsha Linehan, a psychological researcher at the University of Washington, it is a nationally acclaimed approach that has proven to be very effective in treating patients with borderline personality disorder and treatment sabotaging behaviors. One of the main tenets of DBT is that the client can't fail; accordingly, the therapist aims to accept and validate the client for who he or she is, while still being able to identify more helpful behaviors.

DBT, available since the 1990s, is evidence-based, protocol-driven and very specific. Patients who have had recurrent inpatient hospitalizations, suicidal tendencies, and practice self-harm behavior are often identified as prime candidates for DBT. DBT is offered either in individual sessions or in combination with group sessions. Group The groups are skills-training conducted in a classroom-like setting. Clients are taught specific skills, namely 1) core mindfulness; 2) emotional regulation; 3) crisis survival; and 4) interpersonal skill effectiveness. Individual DBT is available for clients who do not necessarily require skills training. Both tracks require a six-month commitment from clients, who also have access to coaching calls, as well as 24/7 crisis intervention.

At PCMH, the DBT program is led by Charles Pearson, director of the Adult Center for Psychotherapy and a former member of the clinical faculty at Yale, and Krista King, who heads up the program at the Westside Clinic. At present, there are approximately 24 DBT clients at PCMH.

PCMH's intensive DBT training program for its clinical staff included 10 full days; every therapist who is involved in the DBT track is part of a consultation team that meets every week for 90 minutes, to ensure that treatment is DBT-consistent and is following protocols. Weekly conference calls with Yale faculty are also part of the training program for DBT specialists at PCMH.

For additional information about DBT at PCMH, contact either **Charles Pearson** at **212-576-4116** or **Krista King** at **212-560-6796**.