



NEWS

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Issue No. 9 The Newsletter of the Postgraduate Center for Mental Health

New Training Programs at PCMH: Standardizing & Elevating Client Services

In July 2017, Postgraduate Center for Mental Health embarked on an ambitious new initiative to develop a comprehensive training program for its frontline workforce. The task fell to Anisa Kline, MPA, MBA, who joined PCMH in October 2015 as program director at the 98th Street Residence, and now also holds the title of staff development coordinator. Below, she outlines the programs that are helping to optimize staff performance at PCMH, and the agency's plan to continue to focus on the best training practices going forward.



Anisa Kline has spearheaded the development of PCMH's new training programs over the last year.

Fundamentals Orientation

Kline began by creating the PCMH Fundamentals Orientation for all new employees. First conducted last September and now held on the last Friday of each month at the PCMH townhouse, "Fundamentals" lays the foundation for what new hires can expect at PCMH within their first 60 days of employment. It also offers them an opportunity to learn about of PCMH'S culture and expectations first-hand. The orientation is comprised of the following seven elements:

- **Overview of PCMH**
- **Who We Serve**
- **Ethics and Boundaries**
- **Customer Service and People Skills**
- **Crisis and Conflict**
- **Documentation and Emergencies**
- **Managing Yourself**

Supportive Housing Training Series

Next on Kline's to-do list was to create the PCMH Supportive Housing Training Series, a year-round training program for its frontline workforce. The series, which debuted in January, provides a basic universal training standard for staff working in PCMH supportive housing programs, with the goal of ensuring the same quality of care for all clients regardless of which PCMH program provides them with residence or services. The aims of the series are as follows:

- To provide PCMH staff with a uniform standard of training
- To help supervisors support employees' professional development by providing basic skills training in a systematic and effective way
- To help staff improve customer service skills so that supportive housing clients may have the best experience possible, which increases the chance that clients will access services
- To ensure all staff treat clients with the highest standard of dignity, safety, service quality, and respect
- To provide management with training and information resources

The Supportive Housing Training Series is conducted on-site every two months at all PCMH residences, and is offered from 9am-12pm, 8am-11am, and 4pm-7pm to accommodate varying shift schedules. The series is comprised of the following six training modules, one of which is the subject of each bimonthly session:

- Ethics and Boundaries
- Customer Service and Professionalism
- Effective Communication
- Mental Health Issues/Substance Abuse
- Intervention with Escalating Clients and Incident Reporting
- Cultural Competency and Incident Reporting

Specialized Training

Throughout the implementation of its new training initiative, PCMH identified various opportunities to improve upon its service delivery. In response, Kline created the following specialized training areas:

- **Front Desk and Telephone Etiquette**
- **Workplace Violence and Harassment**
- **Basic Medication Supervision**

As Ms. Kline explains, while front desk staff might have previously answered the phone by simply saying “Hello,” now they greet callers by saying, “Good morning, Shakespeare Residence. How may I help you?”, with the goal of being as professional and helpful as possible.

PCMH looks forward to continuing its efforts to cultivate its workforce by finding ways to deliver its messages proactively and creatively through staff development and training, according to Ms. Kline. Thus far, the new training programs have had a very positive impact across the organization, which she believes is just the beginning. As she says, “The most rewarding part of the process has been the impact on the staff—seeing how they appreciate that PCMH is genuinely invested in their growth and development.”

Staff Spotlight: Laura Wierbicki



Laura Wierbicki's background in supportive housing has helped her transition successfully into her role as director of PCMH's ACT teams.

When Laura Wierbicki, LCSW, joined PCMH last August, she knew she was taking on a big responsibility as the new director of the agency's three Assertive Community Treatment, or ACT, teams. Since then, her passion for the work she and her ACT colleagues are doing, combined with the lessons she's learned from her background in supportive housing, have paved the way to a successful transition.

The ACT program is a lifeline for individuals diagnosed with conditions such as schizophrenia, schizoaffective disorder, and bipolar disorder, who have difficulty attending traditional outpatient mental health programs. ACT aims to arm clients with recovery-focused ideas and increase their insight into their mental illness, thus assisting them in formulating and achieving self-designed goals so that they can eventually return to more traditional outpatient care.

Each of PCMH's three ACT teams—in Brooklyn, Queens, and the Bronx—has 68 clients (the program maximum), and every client is visited by a

different clinician each week. There are 10-12 clinicians per team, including a psychiatrist; a psychiatric nurse practitioner; a registered nurse; a licensed practical nurse; a team leader; two substance abuse counselors; a transition specialist; a vocation specialist; a family specialist; and a clinical case manager, who makes sure the client is receiving all of his or her services.

Individuals are referred to ACT through Single Point of Access (SPOA), a NYC-based housing and data collection project that helps connect specially identified applicants with the most appropriate residences and services. The program is paid for exclusively by Medicaid, though ACT also serves clients who are not Medicaid-eligible.

“Each ACT team has its own characteristics and flavor,” Ms. Wierbicki says. “People are able to show their personalities while adhering to an evidence-based model, which is great.”

What’s unique about ACT is the lengths to which the teams will go to keep clients in the program. If they can’t find someone, they’ll do whatever it takes, including diligent searches and calling hospitals, to locate them. “Our clients typically have been through a lot of treatments that haven’t worked for them, so we have to show consistency and compassion to build trust and rapport,” Ms. Wierbicki explains. “I deeply believe in the ACT model of treatment—I think it’s very realistic for people with severe mental illness. It makes sense to mobilize professionals to go out into the community.”

That said, she also notes that this level of outreach means ACT isn’t a fit for every clinician: it’s an unpredictable environment, where flexibility and the ability to pivot quickly are key. “You have to be ready for anything,” she notes. “You can’t plan your week out very well on an ACT team. When a crisis happens, it’s all hands on deck.”

Ms. Wierbicki stresses that not knowing what the next day may bring makes maintaining a cohesive team especially important. “Having a strong leader who can lead the team well is really crucial,” she says, and credits ACT’s three team leaders—Polina Burmin, LMHC (Brooklyn); Tracey Holmes, LMSW (Queens); and Naomi Herman, LMSW (the Bronx)—with doing just that. She also describes the ACT clinicians’ devotion to their mission as being the most gratifying part of her job. “My fulfillment comes from our clinicians’ dedication and organization. Fieldwork is not for every clinician, and it can be very disheartening when one defines progress in specific parameters,” she explains. “We define progress through a harm reduction lens, meaning if a client does something different one day that helps them towards a meaningful recovery, we celebrate and affirm that. That affirmation and team support are key.” Indeed, the strength of the ACT teams is the secret to the program’s success. “My reward comes from when the teams function well,” Ms. Wierbicki continues, “because then I know the clients are being served well.”

The skillset Ms. Wierbicki developed through her work in supportive housing—most recently at Lantern Community Services—has helped to hone her leadership skills at PCMH. “There was a lot of overlap, in terms of bringing skills from supportive housing to ACT,” she explains. “Often,

supportive housing residents who were presenting symptoms through their mental illness weren't able to make decisions in their best interest—for example, in deciding whether or not to pay rent. Not paying rent means jeopardizing your housing, which can lead to an array of malevolent coping, like drug use and crime, which can possibly lead to experiencing mental health symptoms. With ACT, as with supportive housing, there is a common goal of wellness—wellness to thrive in the community, and wellness to enhance and sustain stability.”

This sustained stability is Ms. Wierbicki's and her colleagues' ultimate aim for ACT clients. “We don't want people to be on ACT forever,” she says, noting that most clients remain part of the program for two years. Criteria for consideration for clients' transition includes no hospitalizations for at least a year, and their willingness and ability to proactively manage their medication with a psychiatrist's help. The ACT team assists with referrals once a client leaves the program. Says Ms. Wierbicki, “The goal is to help them get stable in the community and reach some level of independence.”

An Overview of Employee Benefits at PCMH

Some PCMH employees may not be fully aware of the wide array of benefits to which they're entitled. The following is a summary of the key benefits, as explained by Human Resources Supervisor Danielle Brown.

Ms. Brown also notes that employees can use PCMH's Paycom self-service portal to print time cards and sign up for training sessions, among other services. Eventually, they'll also be able to enroll for benefits through the portal. For more details on PCMH's range of employee benefits, contact her at dlbrown@pgcmh.org, or 212.889.5500, ext. 209.



Human Resources Supervisor Danielle Brown can answer employees' questions about PCMH's wide array of valuable benefits.

Time-off Accruals

Vacation

All full-time PCMH employees are entitled to three weeks of vacation. With every new tenure milestone—such as a two-year or four-year anniversary of employment—vacation time increases based on seniority, with a maximum of 140 hours, or 20 days, per year for non-union clerical, maintenance, and residential staff.

For part-time employees, vacation time is pro-rated based on the number of hours worked.

The following chart outlines vacation time accruals for full-time employees:

Non-Union Clerical/Maintenance/Residential Staff:

- 105 hrs. (15 days) - 0-2 years
- 119 hrs. (17 days) - 2-4 years
- 140 hrs. (20 days) - over 4 years

Non-Union Professional Staff:

- 140 hrs. (20 days) - 0-4 years
- 154 hrs. (22 days) - over 4 years

Union Professional Staff:

- 105 hrs. (15 days) - 0-2 years
- 140 hrs. (20 days) - over 2 years

Union Clerical Support:

- 70 hrs. (10 days) - 0-3 years
- 105 hrs. (15 days) - 4-7 years
- 140 hrs. (20 days) - over 8 years

Senior Management Group:

- 154 hrs. (22 days) - 0-2 years
- 168 hrs. (24 days) - 2-6 years
- 175 hrs. (25 days) - over 6 years

Vice Presidents:

- 161 hrs. (23 days) - 0-2 years
- 168 hrs. (24 days) - 2-6 years
- 175 hrs. (25 days) - over 6 years

Sick Time

- Full-time, non-union employees accrue 42 hours per year to begin 6 months after employment, earned 3.5 hours monthly. They may roll over 42 hours of sick leave annually, with a cap of 84 days.
- Full-time union staff accrue 56 hours of sick leave annually.
- NYC Sick Leave Law accumulates 1 hour for every 30 hours worked, to a maximum of 40 hours per year, for all employees who do not earn vacation or holiday accruals.
- The amount of vacation, sick, and holiday accruals are pro-rated for part-time employees assigned 17.5 hours or more per week.

Healthcare

PCMH offers the following three healthcare plans to employees through United Healthcare Oxford:

Core:

- Designed to be affordable to all employees
- Preventive care is 100% covered
- In-network plan only
- Annual deductible of \$3,000/employee and \$6,000/family
- All other coverage in the plan is subject to the deductible and co-insurance

Liberty:

- Most PCMH employees opt for this plan
- Preventive care is 100% covered
- In-network plan only
- Annual deductible of \$2,500/employee and \$5,000/family
- 20% reimbursement for pharmacy prescriptions

Freedom:

- Preventive care is 100% covered
- Employees may select both in-network and out-of-network providers
- Annual deductible of \$2,000/employee and \$4,000/family
- 20% reimbursement for pharmacy prescriptions

Healthcare Reimbursement Account (HRA):

- Employees with the Liberty or Freedom plans are automatically enrolled in a PCMH HRA
- Covers 80% of services related to your deductible, with a maximum of \$5080 post-deductible for the Liberty plan and \$6000 post-deductible for the Freedom plan
- 20% reimbursement for pharmacy prescriptions

PCMH Contributions:

- PCMH contributes \$415 per month for full-time (30 hours or more) non-union employees who are enrolled for health benefits to offset the monthly premium cost.
- PCMH contributes \$394.25 per month for full-time (30 hours or more) union employees who are enrolled for health benefits to offset the monthly premium cost (95% of the non-union contribution).

Dental

PCMH offers two dental plans to employees and their families through Aetna:

Dental maintenance organization (DMO):

- Employees must stay in-network
- No plan maximum
- Plan cost per bi-weekly pay period is \$8.96/employee, \$17.64/employee & spouse or employee & one child, and \$28.13/family

Preferred provider organization (PPO):

- Employees may choose either in-network or out-of-network providers
- Plan maximum is \$2000
- Plan cost per bi-weekly pay period is \$22.46/employee, \$40.53/employee & spouse or employee & one child, and \$54.79/family

Flexible Spending

- Medical: Up to \$2,550 pre-tax dollars per year
- Dependent Care: Up to \$5,000 pre-tax dollars per year
- Transit: Up to \$ 130/month pre-tax
- Parking: Up to \$250/month pre-tax

Retirement Benefits

401K:

- PCMH offers an employer-funded 401K for employees who work 1,000 hours in a fiscal year
- PCMH's annual contribution is a percentage of salary up to 5%, depending on PCMH's annual budget and performance

403B:

- Available through Mutual of America for full-time employees from date of hire
- Employees can contribute up to the maximum allowed by law pre-tax

PCMH-funded pension:

- Non-contributory, defined benefit retirement plan
- Five-year vesting requirement
- Provides retired employee with 25% of average monthly compensation at normal retirement, reduced actuarially for each year under 25 years

Bonuses

- At the end of the PCMH fiscal year in June, non-union employees who aren't on probation, work 21 hours or more per week, and have a satisfactory evaluation receive a bonus.
- The bonus amount is dependent on an employee's annual evaluation and PCMH's performance in the fiscal year.
- PCMH also offers a discretionary Christmas bonuses to full- and part-time non-union employees who are not on probation and work 21 or more hours per week.

Franklin Rombley Retires After Nearly 38 Years at PCMH



*Maintenance Supervisor
Franklin Rombley's tenure at
PCMH spanned longer than
that of any other employee
except John McMasters.*

This past April marked the retirement of Franklin Rombley. With nearly 38 years of service to PCMH, Mr. Rombley had been with the agency longer than any other employee except John McMasters.

At the time he stepped down, Mr. Rombley was the maintenance supervisor at the 98th Street Residence, where he'd spent the last five years. Prior to that, he oversaw maintenance at the 86th Street Residence. He first joined PCMH as a mailroom clerk in 1980 before beginning his maintenance department career at the East Side Clinic on 28th Street.

If it were up to him, Mr. Rombley, who is 63, would still be on the job, but he was forced to retire in the spring due to a medical condition. "I wanted to work until I was 66," he says. "I had a lot of good times at PCMH. The agency treated me well and valued my feedback. I always felt like an important part of the PCMH team."

Mr. Rombley continues to keep in touch with both present and former PCMH staffers while he recuperates from recent leg surgery. A former triathlete and a native of Aruba, he hopes to start cycling again—one of his favorite hobbies—once he's back on his feet. He's also looking forward to returning to home improvement projects at his home in Staten Island.