

Mission in Motion

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Message from Phil Shea President/CEO

Last Tuesday evening I had the privilege to be present when Carlos Vieira received the Jon Schiff Award presented by the Department of Mental Health. The Schiff Award is presented annually to those who have become employed and for whom employment has played an important part of their recovery.

Carlos and his perseverance in seeking meaningful employment and his sustained commitment to his position embody the purpose of the award and demonstrate the transformative power of work in recovery.

I was privileged not only to witness Carlos' acceptance of his award and congratulate him on his achievement, but also to witness the pride of the Peck Street Team as they shared in his success. Deb Kaluzny, the program director for the Attleboro Community Based Flexible Support Program nominated Carlos for the award. Her words beautifully capture Carlos' struggles and success. It is a good reminder of the purpose of our work together. I encourage you to read it.



Carlos Vieira receiving his Schiff Award from Kevin Medeiros, VP of Rehabilitation and Recovery Services

Schiff Award Nomination CARLOS VIEIRA

Nominated by: CCBC's Attleboro CBFS
Deb Kaluzny, Program Director

"I just need a chance."

Standing on the sidewalk at a Taunton strip mall, these were the words I heard from Carlos when I met him 8 years ago.

"I just need a chance. I can be better... I just need somebody to give me a chance."

With cornrowed hair and a fresh tattoo, beat up Jordans and sagging jeans, Carlos stood in front of the pizza place after struggling mightily to complete the application. He appeared to be the picture of defeat. He had just heard, "sorry, not hiring" for the third time that day... the tenth time that week... and what seemed like the millionth time in his life. He looked across the dirty parking lot, past the broken down trailer on the grass and said, "Hey, maybe the grocery store is hiring." Smoothing out his t-shirt and practicing his smile in the storefront window, he set off to ask for another application.

On paper, Carlos looked to his team like the least likely candidate to hustle so hard. With limited education, a significant learning disability, and a colorful CORI to overcome—the barriers were very real, and most people would have given up. But not Carlos.

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Human Resources

Welcome to New Staff!

CCBC would like to acknowledge and welcome our new hires for 2016.

JANUARY

Ariana Benetti, CBFS-A
Tina Goncalves, CBFS-T
Mariah Kelley, CSP
Terri Medeiros, Safe Harbor
Teresa O'Brien, COP
Justin Rose, CBFS-T
Apryl Scott, CBFS-A
Melissa Tetreault, CBFS-T

FEBRUARY

Jennifer Casey, CSP
Cheryl Clark, CSA
Sarah Gregoire, CBFS-T
Tara Higgins, COP
Nathan Kinyanjui, HH
Lindsey LeBlanc, TM
Joyce Poirier, CSP

MARCH

Andie Cardoza, IHT
Cristina DaSilva, CSP
Kasey DeLong, Processing
Joshua Garland, CSP
Thomas Lambi, HH
Alyssa Roberti, IHT
Jacque Rodrigues, CBFS-T

APRIL

Aubrey Baptista, DBT-CBFS-T
Jonathan Butterfield, Safe Harbor
Lynne DenBesten, CBFS-T
Daril Geisser, CSP
Kate Eldridge, COP
Leonor Mabrouk, CSP
Roxanne Martins, CBFS-A
Mary Mutisya, HH
Jessica Rebello, Client Services
Vivian Sama, CBFS-T
Caila Shaw, AOP

MAY

Corinne Burt, CBFS-T
Leanne Coady, COP
Danielle Fournier, CBFS-T
Mark Kariotis, Safe Harbor
Kari McKenna, CSP
Marissa Rodrigues, COP

Saying Goodbye to Frank Carbone

By John Masson
Director of School-Based Counseling

After 34-½ years as an employee at CCBC, Frank Carbone has made the decision to retire. He began employment at CCBC in January 1982, while still a full time Guidance Counselor at what was then the Mulcahey Middle School, here in Taunton. He applied at the suggestion of a colleague, after Proposition 2-½ had passed statewide, and there was widespread concern over job security throughout the public sector. When Frank started with our agency, he worked on the adult team, 2-3 evenings each week, at our Cedar Street office. At that time the agency was called Central City Community Center (one of two agencies that eventually merged to form Community Counseling of Bristol County).



Following his eventual retirement from Taunton Public Schools in October of 2000, Frank increased his time at the agency to 3 full days per week, and also transferred from the Adult Team to the Children's Team. He has remained with the Children's Team since, bringing with him a tremendous amount of clinical experience with both adolescents and adults.

When asked how he plans to spend his time once he retires this June, Frank indicated that he will possibly spend more time at the gym, likely increase the amount of time he spends volunteering with the Food Pantry at his church in New Bedford, and most definitely add another day of golfing to his busy schedule. In addition, he has also started to look into other potential volunteer activities in his community. We would like to thank Frank for his service to CCBC and our clients, and wish him all the best during his coming retirement years.

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Ten times he took the Learner's Permit exam.

Ten hard times, anxiously studying a book so dog-eared and bent that it molded to the shape of his jacket pocket.

On the tenth try he passed and crowed his excitement to everyone within earshot. The learner's permit led to a driver's license, hard won and well earned. Carlos proved time and time again that he wouldn't give up. He believed that driving could get him a job and he pursued every lead, tried every angle, and sweet talked every manager, in his pursuit of employment.

Carlos took every opportunity that came his way – every day job, part-time help, day labor position – everything he could to prove that he was valuable, to show his worth at work. Slowly but surely he built a spotty resume and grew a tough skin. He learned from every job he lost. He tried harder and he searched smarter and never said no to anything. He flipped burgers and salted fries and swept parking lots and sorted donated clothing. He wore a giant tooth costume and waved to passing drivers in the heat of July. He delivered tax flyers and folded donut boxes. Many jobs were temporary or seasonal, and a few only lasted for days, as Carlos created a path to find the right job fit. Sometimes his path looked like a chutes and ladders game, with work-related calamities that were right out of the script of a sitcom. (Think of smoke billowing out of the top of the tooth costume after an ill-timed cigarette break.)

Work became a central definition of who Carlos was. It defined his desire to be productive, to be appreciated, to feel helpful and part of the adult world. It reshaped his thoughts about himself and restructured his view of his future. When Carlos worked – when he put on his uniform, and scrubbed his fingernails clean and clipped on his nametag – he felt an instant sense of having made it. Of being respected. Carlos says it was the first time that he believed he could make something of himself. He wasn't a hospital patient. He wasn't a charity case. He was an employee. His greatest wish was that his mother had lived to see it.

When Carlos applied at Stop and Shop in Attleboro he was told that they had no openings. But the hiring manager saw in him a spark. And Carlos waited...

though we would like to say patiently, truth be told he met the hiring manager in the parking lot every week for months, promising him "you won't be sorry if you give me a chance." And then – he did. And the manager was, indeed, not sorry. Because Carlos worked, and he learned, and he showed up in every weather and for every shift and with a smile like each day was a blessed opportunity to show that he was grateful for the chance to work. And as the months have now turned into a year, he has learned

and made himself valuable to that company at every turn. And he still hangs up the phone every time he gets a call for an extra shift—and shouts his excitement like he just won the lottery.

With his earnings Carlos has bought a modest car and maintains it as his most prized possession. His car is a tangible token of his success, his independence, his real life road to recovery. To have control of a vehicle is to have control in his life. It has reunified him with his sisters and reunited him with some long lost fond memories from a very tough childhood – his love of amusement parks accessible again, cruising there in his very own car on a hard won day off.

Carlos' dreams today, made possible by a job that he now believes is stable, differs greatly from the leather jacket and fresh kicks that he coveted in years before. Carlos now dreams of buying a condo – a permanent place of security, of roots, to create for himself the happy home that he missed in years past.



Carlos' boss and his co-workers are constantly amazed and quietly amused by his sense of pride in even the smallest task – by his well of enthusiasm and the size of his generous heart. His spirit has won over the Stop and Shop family. His desire to please and infectious smile have become part of the fabric of his work community. His overtime hours, proudly taped to his wall over his bed are a testament to his commitment to hard work. "I'm a man now," Carlos tells us. "That's all I ever wanted to be."

This newsletter marks the beginning of a new feature entitled “**We Are CCBC.**” Going forward, each newsletter will highlight a specific program and the staff who work behind the scenes to make a difference in the lives of our clients.



From left to right, front to back: Jen Bertoncini, LICSW; Tricia Bamford, LMHC, Program Director; Cara Janczunski, ATR, LMHC; Alexandra Belenger, BS; Alex Schubert, MA; Kim Fitzgerald, Shannon Garrison, LMHC; Diane Thibeault; Beth Machado, LCSW (Jen Troilo, LICSW was not available.)

We Are CCBC

Pathways - CCBC's Day Treatment and Partial Hospital Programs

Last month I sat down with the Day Treatment/PHP staff to learn about their programs. We met in one of their client group rooms, and after brief introductions, program director Tricia Bamford and her team began answering my questions.

Since both programs go hand and hand, my first goal was to find out the similarities and differences between the two. Both programs are milieu/group-based programs, where clients participate in therapy groups, expressive therapy groups, and psychoeducational groups that utilize evidence-based practices. While both of them fall under the umbrella of Psychiatric Day Treatment Services, there are several differences.

Partial Hospitalization Program (PHP) is designed for clients 18 or older experiencing more acute symptoms of mental illness, as a step-down program from a hospital, or for clients who are at-risk for hospitalization. PHP meets 5 days

a week from 10:15–3:00pm. Partial Hospital groups are smaller than Day Treatment groups, and PHP clients meet weekly with the PHP psychiatrist for medication evaluation and adjustments. Each client in the Partial Hospitalization Program is assigned a treatment coordinator who oversees the treatment plan, case management, and group therapeutic interventions. The amount of time that a client remains in PHP varies, and can range from one week to three months. Not all insurances, however, will cover PHP.

Day Treatment (DT) is an intensive structured treatment and rehabilitation program for individuals aged 18 or older with substantial functional limitations in emotional stability, vocational or educational productivity, social relations, or self-care. Services are designed to help individuals recover by improving their social skills, level of connectedness to family and the community, and overall functionality. Clients in Day Treatment are also assigned a treatment coordinator to assist them in meeting their goals.

The length of stay in Day Treatment averages 6 months to a year. Clients in Day Treatment usually have therapists and psychiatrists outside of the program, and do not meet with a staff psychiatrist weekly. Most groups average about 15 clients, although group size can vary. Like PHP, Day Treatment emphasizes Evidence-Based Practices (EBP's).

So what exactly are EBP's? EBP's include: Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), and Illness Management and Recovery (IMR).

Impressive sounding terms, but what do they mean?

CBT is a form of psychotherapy focused on helping people learn how their thoughts influence and can change their feelings and behaviors.

DBT is a form of treatment that focuses on helping individuals practice mindfulness, regulate emotions, improve interpersonal relationships, and tolerate distress.

IMR is a program that emphasizes helping people to set and pursue personal goals and to implement action strategies in their everyday lives. The IMR program constitutes a series of weekly sessions in which specially trained mental health practitioners help clients develop their own personal strategies for coping with mental illness and moving forward in life. The program can be provided in an individual or group format, and generally lasts between 12 to 18 months.

Day Treatment was originally launched at the Cedar Street facility in 1990 and PHP opened for services in 1994 under the leadership of Andy Dawley. Tricia Bamford and Jen Bertoncini came aboard soon after in 1996. Over time, these senior clinicians have been joined by an experienced

group of staff, many of whom have ten or more years of service with CCBC providing Day Treatment and PHP services.

Over the past year, the Day Treatment Team has provided support for the roll-out of the DBT Residential pilot program for CBFS. The two programs have worked closely together in providing services for the DBT House residents.

By the end of our meeting, I was left with a better sense of the role of the Day Treatment/PHP programs and the commitment of staff to their clients. Even though the hours are long and the challenges are many, somehow these staff members keep the spark alive for this type of work. I think that the comradery and sense of family that was so apparent in our meeting together is one reason for their success. The primary reason however, is the ability to make a difference in the lives of the clients they serve.

In fact, when I asked my final question to the Team... *“What do you consider the most rewarding part of your job?”*... Alexandra handed me their collective answer. It came in the form of responses from clients who were asked to respond to the question, *“How has Pathways changed your life?”*

After reading the client responses, I clearly received my answer — said best by the clients themselves.

“I believe Pathways has helped me change my life. I now can cope in healthy ways when it comes to the losses I’ve grieved over. Also, all of my peers support me and really care, and are there to listen and give feedback and good advice. Pathways gives me structure, helps to keep me clean, builds up my confidence, and has taught me coping skills and everyday skills in life.”

“Pathways has kept me out of jail and into some structure, which I needed desperately.”

“Pathways has opened up new doors to my future. It brought out different skills I didn’t even know I had in me, that I have used in many situations in my life. It has changed how I see the world.”

“The program has given me structure. I have learned a lot about mental illness over the years I have been here. I have met a lot of new people to socialize with. I like the creative video group because I am interested in learning how to use the cameras and the electronic editing equipment. I am hoping eventually to get a job and finish the program. I like coming here to be with other people so I am not as lonely being in my apartment.”



“Depression and anxiety. One is when you care about nothing at all; the other is when you are hyper-alert and care about everything. It’s extremely exhausting.”

Every day when I wake up it feels like a constant fight just to make it each day. And you can’t escape from it because it’s in your head, your mind. I remember as I was growing up I used to lock myself in the bathroom for hours, just sobbing. I remember praying for and wishing for just some place that could help me identify with others to not feel so isolated and misunderstood. I felt so overwhelmed in my feelings of sadness, worthlessness and loneliness. I had felt this way for so long that I felt I was these feelings. I was alone. I was depression. I was anxiety.

But in August of 2015 I was introduced to a place where I was not alone in anything I was feeling. I could relate to others, gain support from them. There definitely was a feeling of relief. Beyond that the DBT and CBT programs and staff have helped me immensely. Slowly but surely Pathways has managed to make some small part of me feel that I am worth the fight. I am not my thoughts or feelings. My life can change.”

“Coming to Pathways has given me structure when I was having difficulty focusing on how to plan each day. I had very few connections with people in my community before coming here and was apprehensive about going into the public due to a severely traumatic history. I have learned a lot of coping skills for those situations, both in busy public gatherings and times where I am having difficulty functioning at home alone.”

“Since my second return here to Pathways, my recovery is the main focal point in my life. Now being in the DBT intensive program I am learning and utilizing skills that are helping me overcome challenges that were initially too difficult to handle. Pathways has also positively impacted my life by the support of my fellow peers and staff. I have gained more insight and awareness of myself and a greater understanding of others. Most of all I have gained self-worth, more positivity, and can welcome a future with hope, knowing that I am more than just a diagnosis. Thank you.”

Second Annual CBFS Employment Luncheon

by Michelle Pelletier, Employment Specialist
CBFS-Taunton

CCBC hosted the 2nd Annual Celebration of Recovery & Employment at the Columbia Cultural Center on May 20th. **The event celebrated self-sufficiency and recovery rather than disability and dependence for people with serious mental illness.**

According to The National Alliance on Mental Health (NAMI), serious mental illnesses ranks as the number one cause of disability in the U.S. People with psychiatric disabilities have the highest rate of unemployment of any group with disabilities. ***In Massachusetts the unemployment rate for people with significant mental disabilities is 89 percent.*** Work is a way for people with Mental illness to escape poverty and homelessness, as well as build self esteem and develop important social networks. People with mental illnesses want to work and research shows that with the right support they can work. Unfortunately the negative consequence of untreated mental illness too often seen in the media contributes to the stigma around mental illness. The stigma associated with mental illness limits opportunity, creates prejudice, and can be self limiting to individuals. There is much research that has identified the significance of work as a factor in people taking control over their own lives, providing opportunities to enhance their psychological and physical well-being. CCBC is trying to change perceptions about people with mental illness by honoring the men and women who are finding their place in society through employment and other meaningful activities.

CCBC offers supported employment services to individuals enrolled in services funded by the Department of Mental Health. These services are designed to provide support to individuals to find and keep jobs, as well as pursue training, GED, and higher education.

The banquet on May 20th featured guest speaker Leonard Mulachy, a person with lived experience that overcame many obstacles on his path to recovery. Today, Leonard is working at the Center for Psychiatric Rehabilitation at Boston University, helping with research and working as a certified personal trainer.

Another feature of the banquet was the award ceremony. Every CCBC CBFS client that has achieved their goal of employment was honored with an award. One of last years' award recipients summed it up with these comments. "Employment was the essential component of



Left to right: Kevin Medeiros, VP, Rehabilitation & Recovery, Peer Specialists Theresa Newfield and Robert Curley, Peer Specialist Coordinator Krystal Georgopoulos, and Peer Specialist Roy Leberman



Left to right: Employment Coordinator Michelle Pelletier, Assistant Employment Coordinator Craig Curtis, VP Kevin Medeiros, and Vocational Coordinator Jean Corrieri



Left to right: Atila Pride, CCBC CEO Andy Dawley, Harry Rogers, and Mathew Mangino

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my recovery.” And, “Work has given me a new confidence in my abilities; I feel more like a man and less like a person with a mental illness.” Both statements are powerful examples of the importance of work in a person’s life.

This event celebrated the transformational power of meaningful work in a person’s life and served to inspire those who have yet to achieve that goal—but maintain hope and continue working toward recovery.



Guest Speaker
Leonard Mulachy



Cody Hollis and
VP Kevin Medeiros



CBFS Peck Street Team:

VP Kevin Medeiros, Alicia Michel, Jose Mortagua, William Perch, David Collins, Anthony Soto, Daniska DaSilva, Carlos Monroig, Cindy Lou Arruda, Armond Joly and Deb Kaluzny at the podium. (Darlene St. Germaine was not in attendance)

AOP Team Explores Approaches to Treating Trauma

By Michael Meleedy, VP
Adult Outpatient Services

For the past year the Adult Outpatient Team has been exploring some somatic approaches to treating trauma. These have included Eye Movement Desensitization and Reprocessing Therapy (EMDR) and the work of Bessel Van Der Kolk and his trauma center. Of particular interest in this process of exploration has been the contribution of Dr. Peter Levine. He has developed a treatment schema he calls “Somatic Experiencing.”



Trauma may begin as acute stress from a perceived life threat, or as the end product of cumulative stress. The Somatic Experiencing (SE) approach to trauma postulates that trauma is not caused by the event itself, but by the failure of the body, psyche, and nervous system to process the adverse events. Prey animals are rarely traumatized despite many threats. By observation they discharge the massive amount of energy mobilized for the flight, fight, or freeze response by involuntary movements, including shaking, trembling and deep spontaneous breaths. This discharge process resets the autonomic nervous system, restoring equilibrium.

Although humans are similarly designed to recover, they have the ability to override the natural discharge of excess survival energy. Thus recovery is prevented from happening. The SE approach facilitates the completion of the self-protective motor responses and the release of thwarted survival energy bound in the body, thus addressing the root cause of trauma symptoms. This is approached by gently guiding clients to develop increasing tolerance for difficult body sensations and suppressed emotions.

SE trauma resolution does not require the traumatized person to re-tell or re-live the traumatic event. Instead it offers the client the opportunity to engage, complete, and resolve – in a slow and supported way – the body’s fight, flight and freeze responses.

The Adult Outpatient Team is exploring the applicability of all the approaches that we have examined to the population we serve. It is an exciting time!



Team CCBC at the 2016 Annual NAMI Walk



By Deb Kaluzny,
Program Director
CBFS Attleboro

A sea of RED was the wave that overtook this year's NAMI Walk on May 14th, as CCBC showed up loud and

proud and ready to walk. Artensani Park in Boston was full of brimming with walkers and volunteers, artisans and agencies, music and food – as we all squared up and prepared to walk to end stigma on a beautiful, warm, sunny Saturday. Strangers became friends as we made the trek over miles of the park's grassy paths. Ending the day with a picnic lunch was the perfect way to relax and take in the crowds.

The annual NAMI walk raises thousands of dollars for education and recovery work across Massachusetts. CCBC has been a NAMI walk supporter for many years.

Search #iamstigmafree for more info and pictures of the 2016 walk.

Quick Stats from NAMI Walk

\$619,082 Raised (goal 650,000)

2,186 Participants



Community Support Program (CSP)



By Michael Ferguson, CSP Case Manager

CSP, CCBC's MA Health funded adult care management program, is going strong and continuing to find new ways to improve outcomes for our clients.

At this time we are able to take MA Health clients who have Beacon, MBHP, or Network as their managed care organizations (MCOs), and are working on being able to take more and more clients who have private insurance or Medicare, which have historically prevented clients from getting our services. We have begun to work with Blue Cross Blue Shield clients who have Beacon through their new REACH initiative. We also are able to work with Medicare clients who have Senior Whole Health or Commonwealth Care Alliance. In addition, CSP received a grant to work with substance abuse patients who have been committed to a Section 35 facility within the last year.

CSP works in partnership with local emergency rooms, psychiatric hospitals, detoxes, doctors and therapists, to connect our clients to community resources, such as income, housing, transportation, legal aid, fuel, food assistance, and more. Our services generally last 4-6 months, but can be shorter or longer depending on the degree of the client's cooperation/partnership and progress toward goals.

CSP is currently transitioning to the electronic health record (eHana) to improve coordination with other departments, maximize the efficiency of our work and record keeping, and ensure the security of our clients' information. This process will take some time, but we are confident it will allow us to achieve the goal of spending more time serving our clients and less time documenting our work.

DMH Southeast Area Legislative Breakfast

By Deborah Kaluzny
CBFS-Attleboro Program Director



Left to right, front to back:

Shaylynn Almeida (front center); Row 1: Demetri Marovelli, Michael Baker, Jim Deblois, Kevin Medeiros, Phil Shea; Row 2: Lindsay Mondor, Pedro Martins; Row 3: Dan Fisher, Arty D'Angelo, Stephanie Medeiros, Deana Thomas, Donna Roose, Deb Kaluzny, Jennifer Hubbard, Kate Robinson; Row 4: Jean Corrieri, Andrew Luc, Daniska DaSilva, Jazmyn Raymond, David Collins, Maria Costa, Cassandra Heroux; Row 5: Martin Garrant, Carlos Vieira, John Torres, Will Galego, Anthony Soto, Taylor Russell

Attleboro CBFS client Joe Perry was honored to be invited to speak at the annual DMH legislative breakfast. Joe was asked to speak about his journey and his personal recovery story. CBFS staff excitedly sat together right in front to support and cheer Joe on. He was the first speaker to share his story, which was both eloquently given and enthusiastically received. The whole room could feel his gratitude. It was easy to see that Joe had personally captivated the attention of everyone present. Once he was done, the entire room exploded in applause and gave him a standing ovation.

What a wonderful opportunity to take part in - the staff of CBFS, our partners at DMH and all the legislators in attendance felt a great sense of appreciation and reward witnessing the personal nature of these stories. The tradition of standing in the Great Hall at the Massachusetts State House made the event feel momentous to all in attendance.

Spotlight on Sue Smith: Program Coordinator, Homes With Heart and Moving Forward

By Ellen Bruder-Moore Abramowitz
Vice President, Community Support Services

Sue Smith began working for CCBC in 2008 when the HUD-funded “**Homes with Heart**” (HWH) program she helped develop along with the Attleboro Area Council of Churches began a joint partnership with CCBC. HWH offers case management and permanent housing to individuals with a history of chronic homelessness. Sue also wrote and received funding for “New Opportunities,” a program to serve two additional individuals, which eventually became a part of HWH, which now serves 14 individuals in their own apartments. More recently CCBC submitted an additional project to HUD to serve four more individuals called “**Moving Forward.**” Sue and CCBC case manager Stephen Wright now oversee a total of 18 subsidies helping to end chronic homelessness in Attleboro and the surrounding communities.

In addition to her work with the HUD programs, Sue is involved in many other projects with the goal of ending homelessness. Sue is the Secretary of the Greater Bristol County/Attleboro/Taunton Coalition to End Homelessness (GBCATCH), coordinates the annual Point in Time (PIT) homeless count in Attleboro, and two winters ago opened the first seasonal homeless shelter in Attleboro.



Sue and CCBC Board Member Don Smyth conducting the PIT count

The following excerpt from a 4/7/2015 Sun Chronicle article describes her efforts:

During the coldest days of the winter, we highly commended the efforts of HWH director Sue Smith for taking the lead in organizing a new emergency homeless shelter in Attleboro for those in need of temporary housing, and a recent review of the group’s experience shows how vital that proved to be over this past winter.

Smith, who organized the makeshift shelter at Faith Alliance Church, said it was open 31 nights and housed two dozen people. Given the severity of the winter, Smith said the shelter did far more than provide a warm night’s sleep and rest. It saved lives.

It also did something else that may pay dividends in the group’s quest to establish a more permanent shelter: it educated people who may have been harboring negative impressions of the homeless. “I think it broke people’s stereotypes” about the homeless,” said Smith. What many volunteers found is that given the thin margin of stability in the economy, many people who are living on the streets haven’t chosen to do so.”

“When you look at it honestly, you could say that in a lot of cases, that for the lack of a couple of paychecks, there go I,” Smith said.

The problem, though, remains that, as good as the shelter has been for the city’s homeless, a more permanent solution is needed. That’s because, according to state regulations, the temporary shelter was allowed to be open only on nights when the wind chill was 15 degrees or colder, or when 6 inches of snow or more was predicted. And, those who availed themselves of the shelter had to leave in the morning, according to the regulations. That’s why Smith plans to continue the shelter next winter, hopefully with added capacity, and to press for a daytime warming station or a more permanent shelter. “I see the need continuing,” Smith said. “These people aren’t going away.”

Sue is on the Board of the Homeless Awareness Weekend where she is an organizer, participant, and cook. The weekend is organized to bring awareness to the needs of the homeless in our local communities. Participants live in cardboard boxes all weekend, to get a sense of what it may feel like to be literally homeless. Participants cannot change their clothes, there is no running water, and meals are eaten outside. Area youth groups spend the weekend and state representatives join in on Friday night to hear a guest speaker who has been homeless.

Recently Sue was invited by Congressman Joseph Kennedy to the State of the Union Address in Washington to recognize her work on behalf of the homeless in his district. Sue is a member of the Clown Ministry, is involved in the AACC Food 'n Friends soup kitchens, and summer meal programs.



Congressman Joseph Kennedy with CCBC HWH Program Coordinator Sue Smith

CPI: Pathway to Prevention

By Tom Loftus, MS, LMHC
Quality Management and Compliance Coordinator

You've probably heard the sayings, "*The cobbler's children have no shoes*" and "*Physician heal thy self.*" Rather than use this as an opportunity to add more bonus quality quotes, though potentially irresistible, both metaphors elucidate our responsibility for our own well-being. Due to the field that we have chosen to be in, we have the potential to become affected and triggered in a whole myriad of ways, both seen and unforeseen.

A recent web article from CPI ([Challenging Myths About Mental Illness](#)) by William Badzmierowski, posted on April 6, 2016) became the stimulus for this submission. In that posting, a rather ponderous statistic was embedded in this article:

"Mental health issues are more common than most people think. In fact, 1 in 4 people experiences at least one mental disorder in their lifetime. Mental illnesses are more common than cancer, diabetes, and heart disease, and depression is the most common mental health problem."

The cited statistic comes from a World Health Organization (WHO) posting entitled [Mental disorders affect one in four people Treatment available but not being used](#). This statistic provides a more inclusive view of those with lived experience. Our field has embraced the concept. Given the above, that notion has been alive long before public acknowledgement.

CPI offers us a methodology plus concepts to help in our work. These same notions help us treat our colleagues with dignity and respect. I have witnessed this continued and substantive commitment to keep the **Human** in Human Services; which continues to flourish throughout the agency.

In closing, each interaction that we have, whether with clients or staff, could have a more profound effect than we may ever believe. We may also be the receivers of this collective positive practice. This newsletter commentary is just a reminder of the good in all of us.

BONUS QUALITY QUOTES:

"Coming together is the beginning. Keeping together is progress. Working together is success." Henry Ford

"Do not let what you cannot do interfere with what you can do." John Wooden

63 Winthrop Street Open House CBFS-Taunton

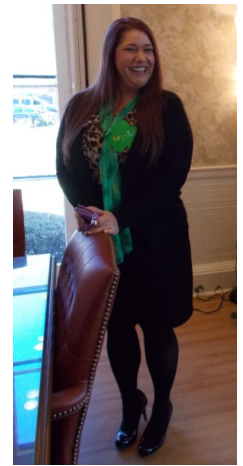
By Becky Roberts, Newsletter Editor

On February 26th, CBFS-Taunton celebrated an Open House at 63 Winthrop Street, the new location of Taunton's Recovery Partnership Center. The event also recognized the launch of the Illness Management and Recovery (IMR) program at CBFS.

Clients and staff stopped by to see the new home of CBFS, and enjoy some refreshments, displays and festivities. As I admired the renovation work done on the building, I must admit to a bit of nostalgia as it brought me back to the days when Phil Shea, grant writer Bob Wilson and myself were located there, and the CCBC clinic was at 68 Church Green. My how we have grown!



Left to right: VPs Meg Anzalone, Ellen-Bruder Moore Abramowitz, CBFS-T Program Director Lisa Correia, and VP Kevin Medeiros.



Krystal Georgopoulos, Peer Specialist Coordinator, CBFS-T



Left to right: CBFS-T Team Leaders Kristin Wood, Malinda Quintal, and Assistant Team Leader Michael Barger



Team Leaders Malinda Quintal and Chrystal Perez

Averting tragedy: Taunton's crisis intervention team is on the frontlines of mental health treatment

Excerpts of article by Staff Reporter Charles Winokoor
Taunton Gazette, May 27, 2016

Less than three hours before Arthur "AJ" DaRosa embarked on a killing spree in a Myricks Street house and inside the Silver City Galleria, members of Taunton's Community Crisis Intervention Team (CCIT) were in the mall's community room wrapping up the first day of a three-day training session. The horrific events of that May 10 evening included the stabbing deaths of a man and a woman, the wounding of two others by knives and, finally, a single gunshot by an off-duty sheriff's deputy that killed DaRosa and put an end to the inexplicable carnage. Notwithstanding the magnitude of the incident, the 50+ people who had signed up for the CCIT "adult training" were back in class the next day.

"It was very somber," said Taunton Patrolman Steve Turner, as to the mood in the room during that Wednesday's three-hour session.

It's conceivable that if the 28-year-old DaRosa — who a day before the murders was admitted for psychiatric evaluation at Morton Hospital — had met with someone affiliated with CCIT his actions might have been averted.

Turner, a 29-year TPD veteran, is one of about 10 core members of the city's volunteer, crisis-intervention team. Since its inception in 2003 the group has encouraged and fostered partnerships between the police department, the Department of Mental Health and private mental-health groups, Morton Hospital, the school department and the adult and juvenile criminal court system.

The goal," Turner said, has always been to help people help themselves by receiving appropriate mental-health treatment before they become just another prison or state hospital statistic. Mental illness, he said, is often unpredictable and potentially dangerous both to the person afflicted and to others."

"I'm sure a lot of people are going through what AJ went through," Turner said, adding that mental illness is "not a black, white, rich or poor thing."

Turner said he wants more people to know they can request a cost-free and personal "case conference," whereby trained mental-health professionals determine how best to treat and help someone struggling with a mental illness.

CCIT has held over 200 case conferences during the past 13 years. The CCIT website cites the example of a high-ranking officer from another police department who, in 2012, attended a three-day training session.

The police lieutenant, Turner said, was a well-educated, single dad and guardian of three boys, the youngest of whom was acting out and had become unmanageable.

Because of an emergency case conference arranged by Taunton's CCIT — that included the participation of the state's Department of Children and Families, as well as a program from Taunton-based non-profit Community Counseling of Bristol County — the father was able to qualify for Mass Health, which provided his son more extensive treatment than was available from his father's work-related private insurer.

Turner said the youngest son is now 16 and doing well in school. As for his father, Turner said "he's a different person now."

He says anyone who thinks they might be facing an imminent mental health crisis, or anyone who is concerned about someone in that situation, should contact either the police department or Community Counseling of Bristol County (CCBC).

Turner credits core member and CCBC CCIT program coordinator Kathy Lalor for fulfilling an integral role. Lalor's involvement with the intervention team dates to 2003, where she worked as a case worker for the former Community Partnership Inc., which later became known as the Community Crisis Intervention Team.

Turner says it's a bygone era when police simply picked up people, who might be struggling with mental illness, from the street only to dump them off at Taunton State Hospital or Morton Hospital. Now, he said, experienced cops and rookies fresh out of the police academy have received at least some training in recognizing warning signs of behavior indicating a mental or psychological disorder. "There's more empathy now," he said.

Turner credits TPD grant writer and community police superior Sgt. Richard Correira for his role as a CCIT trainer. He also said his co-chair Estele Borges, who sits on the Taunton City Council and works for mental-health and psychiatric nursing company Epic Health Services, has taken an especially active role as a member of Taunton's CCIT.

Correira, 48, said the number of Taunton police officers who have agreed to undergo CCIT training stands at 56 percent. Borges said she would like to see the department adopt a mandatory participation policy for its police officers.

CCIT core members include retired probation department officers, mental-health professionals and Taunton District Court First Justice Kevan Cunningham. Turner said the local district court system has from the start played a central and vital role.

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He said former Taunton District Court chief probation officer Bill McAndrew realized in the 1990s that a new approach was needed dealing with people whose main crime in life was suffering from mental illness. "He recognized there were other avenues instead of just filtering them through the jail system where they really don't belong," Turner said.

In the event of "extenuating circumstances" McAndrew, he said, would ask police to attach a yellow sticky note to a report indicating "mental health issues."

By doing so, Turner said, the court clinician would step in and speak privately with the arrested party to determine if counseling with or without prescription medicine might rectify the problem.

"Criminal charges would be placed on the back burner," in some cases, Turner said.

McAndrew was a CCIT guest speaker at the Galleria mall's community room on May 12, two days after DaRosa indiscriminately attacked his victims.

Mom and Me

The mom I wish you were is lost to sight
As once I grieve for the mom I wish you were
The mom who never existed

You the frightened child
Too terrorized by life's buffering winds
I only saw the shell of you who was deep inside

I raged at you
Terrorized you ran
I saw you in me who too was a terrorized child

I love you mom
I love the you who was
Not the you I wish you were

You fought to survive
Even as you were
Terrorized by dad and me

We did not understand, we left too much unspoken
Like two strangers we lived
Now arms open I embrace the REAL you

I love you mom as you were
The dream mom disappears
For ever more

You are mine I am yours
And loves embrace we go forward
I love you mom

By EMOT client Marie Gomez



Christmas in June?

Since our last newsletter was distributed in mid-December, we missed out on posting some great pictures from the CBFS/PACT Consumer Christmas Party. Here are a few to remember!

