Community Counseling of Bristol County's **Mission in Motion**

Message from Phil Shea
President/CEO

Promising New Initiatives to Improve Access to Care

Over the past several years it has been widely reported in the professional literature that those with severe and persistent mental illness die an average of twenty-five years earlier than those in the general population. To be a bit more precise, the research indicates that those who have been in the care of the public mental health system die an average of twenty-five years earlier than the population as a whole. This constitutes an enormous failure of public policy and our health care system. Yet, since this data has become widely disseminated, little has been done in any comprehensive manner to address this failure. Instead, the last several years have by and large brought budget cuts across the country to an already meager and inadequate level of publicly funded mental health services. The factors that likely contribute to this problem are varied and complex. They include: poor access to health care, smoking, obesity, suicide, co-occurring addiction and poverty. Stigma undoubtedly plays a role as well.

We need to look no further than the Emergency Department of Morton Hospital or the local shelter for the homeless for examples of the consequences of this neglect.

Those who visit the local emergency department for emergency psychiatric care and are determined to require inpatient psychiatric treatment frequently wait days and sometimes longer to be moved to an appropriate hospital. This, in my view, would not be tolerated for those with other medical conditions requiring hospital level of care.

If someone is diagnosed with a serious and acute cardiac condition they are immediately transferred to an appropriate facility. The same is true for those with urgent orthopedic and oncology needs.

Individuals are admitted to a facility that can best address their needs, and are admitted within a matter of hours. Those with psychiatric illnesses are left to wait.

CCBC is involved in two new initiatives that have shown a great deal of promise addressing some of these risk factors, particularly those related to poor access to health care and the problem that many experience negotiating an often incomprehensible system of health and mental health care and other social supports. Our Community Support Program (CSP) staff has been invited into hospital emergency departments to assist clients to build the type of supports they need in the community, such as primary medical care, outpatient mental health treatment and housing.

Of those referred to our Community Support Program, 26% are homeless at the time of referral. Recovering from serious mental illness is an enormous challenge and requires considerable commitment and persistence. To expect someone to be able to recover from the devastating effects of serious mental illness is both unrealistic and cruel.

The majority of those CSP clients who are homeless at the time of referral secure housing through the program. All or nearly all that become enrolled in the program are connected to a provider of primary health care. Most of those without a mental health provider at the time of referral are connected to one.

By connecting individuals with the treatment and supports they need and coordinating care in this way, individuals are more likely to receive the care they need, achieve better outcomes, and reduce medical costs.

Continued on page 2

Promising New Initiatives - continued from page 1

The program, under the leadership of Denise Griffith and Tara Stuart operates in conjunction with Good Samaritan Hospital in Brockton, Morton Hospital in Taunton, and St. Anne's Hospital in Fall River. The CSP has offices in Taunton, Attleboro, Brockton, Plymouth, New Bedford and Fall River. Last year the CSP provided care to 2,500 individuals in Southeastern Massachusetts.

CCBC has also been invited by one of our purchasers under the Medicaid program, MBHP, to participate in a pilot program to introduce care management to a group of consumers with complex health and/or behavioral health care needs. We were chosen along with four other providers in the State (Mass General, UMASS Medical, Leahy Clinic, and Behavioral Health Net).

The project involves working closely with primary care practices with the goal of improving treatment outcomes on a number of indicators, through improved care coordination, patient education and advocacy. We are pleased to be invited to participate in this project which will begin over the next few months.

This initiative I believe will demonstrate improved outcomes for clients and reduce overall health care costs. The efforts on the part of federal and state government hold great promise in bringing the long neglected needs of those with serious mental illness into the mainstream of medicine and reducing the enormous disparities in the health status of our most seriously ill clients.

Management Changes

The following CCBC management promotions and changes have recently occurred.

- Kevin Medeiros has been promoted from Brockton PACT program director to Vice President for Community Treatment and Rehabilitation.
- Jessica Barbour has been promoted to Brockton PACT Program Director.
- Lauren Almeida has been promoted to Community Service Agency Program Director.
- Meg Kistin Anzalone is now Vice President for Integrated Care Management Services.
- Ellen Bruder-Moore is now Vice President for Housing and Community Initiatives.

Human Resources

Welcome to New Staff!

CCBC would like to acknowledge and welcome our new hires for August through November.

AUGUST

Jason Costa, TCBFS
Jennifer Zolga, COP
Jennifer Medeiros, TCBFS
John Duarte, IHT
Diana Coelho, IHT

SEPTEMBER

Kimberly Ghiorse, IHT
Katelynn Larson, IHT
Shannon Heath, COP
Elizabeth Casazza, AOP
Heather Barrows, TCBFS
Jessica Cantali, COP
Tinuade Dosunmu, ACBFS
Tina Choquette, T-PACT
Richard DePina, ACBFS
Jenna Eikinas, CSP

OCTOBER

Jessica Lagasse, IHT
Christina Hickman, CSP
Jerome Payen, TCBFS
Omolola Otele, TCBFS
Daniela Furtado, Billing
Ashley Thompson, TCBFS
Shennen Swett, CSP
Samantha Farias, CSP
Grace Williams, CSP
Julio Alcantara, CSP
Ifeoma Obiora, ACBFS
Dylan McDonough, ACBFS

NOVEMBER

Brittany Johnson, ACBFS
Elizabeth Nolan, CSP
Deborah Washburn, CSA
Lucia Andrade, IHT
James Estabrook, IHT
Michael O'Reilly, ACBFS
Rhonda Peers, COP

Enhanced Behavioral Health Service: Mobile Crisis Intervention

What is Mobile Crisis Intervention (MCI)? If a child or youth under age 21 is experiencing a behavioral health crisis, the family or the youth (if 18 or over) can call the Mobile Crisis Intervention team 24 hours a day, seven days a week. MCI provides a short-term (up to 7 days) therapeutic response service to a child or youth experiencing a behavioral health crisis.

How it Works. A Mobile Crisis Intervention team travels to the child's location (e.g., home, school, child care, or emergency room) to provide onsite, face-to-face help. The team identifies, assesses, treats, and stabilizes situations to reduce the immediate risk of danger to the child or others, consistent with the child's Risk Management/Safety Plan, if one has been developed in another clinical service. MCI may include psychiatric consultation, urgent psycho-pharmacology intervention, as needed, and referrals and linkages to all medically necessary behavioral health services and supports.

The MCI team can stay involved for up to 72 hours, including follow-up telephone support to the family. Short-term plans help the child or youth remain in the home and avoid out-of-home placement or hospitalization, when possible. MCI services can also help the family access additional services and supports, if needed. In the event of a continuing crisis where the youth cannot safely remain in the home, the MCI team will identify an alternative setting, such as a crisis-stabilization unit or hospital, where the youth's safety and behavioral health needs can be better met.

For children and youth receiving Intensive Care Coordination (ICC) or In-Home Therapy (IHT), MCI staff coordinate with the ICC Care Coordinator or IHT clinician throughout the delivery of the service. MCI also links with the primary care physician, care management program, or additional behavioral health providers throughout the delivery of this service.

Who is Eligible? MCI is a service of the Massachusetts Children's Behavioral Health Initiative (CBHI) to improve children's behavioral services. MCI is a service for MassHealth eligible youth aged 20 and under.

A conversation with MCI Team Member Jonathan Marcus.

I had an opportunity to learn a bit more about Mobile Crisis Intervention from our V.P. of Child & Family Services and Team Member Jonathan Marcus.

How did CCBC initially get involved? In the spring of 2011, CCBC negotiated a contract with the Department of Mental Health (DMH) to provide relief services to DMH's MCI Team in Brockton and Norton. CCBC's MCI Team is comprised of six team members who are required to be independently licensed clinicians. Team members include: Jon Marcus, John Masson, Jen Booth, Jill Hodgson, Kathleen Hennessy and Tom Loftus. CCBC's MCI team serves as the relief shift for the DMH Team, and is on-call from 6 pm to midnight on weekdays, and from noon to 10 pm on weekends. The Team also covers any overflow of cases that DMH may have during non-relief hours, as well as coverage for when members of the DMH Team go on vacation.

MCI Teamwork. In August 2012 the contract actually got under way. Jon admits that early on he did not know what to expect or what type of pattern would develop as they went along, but after four months of coverage the Team has a smoothly running schedule that coordinates well with DMH. Each month CCBC's MCI Team distributes the on-call schedule to the DMH Site Directors for that month. When a crisis occurs, the Site Director calls that day's on-call clinician directly to inform them about the crisis. Jon indicated that when a Team member gets a call from a Site Director, the MCI Team has one hour to respond to the crisis.

Most of the time a member of the Team will meet the family and child in crisis at the local Emergency Department or Crisis Center. Jon emphasized that to date only half of the cases have required a higher level of care, with the rest of the cases effectively addressed through referral to appropriate services along the behavioral health continuum of care. He stressed that the ultimate goal of the Mobile Crisis Intervention is to offer immediate assistance to children or youth in crisis, with the aim, whenever possible, to avoid subjecting the child to hospitalization or out-of-home placement.

Based on the contract with DMH, CCBC's MCI Team serves Morton Hospital, Norton Crisis Center, Brockton Hospital, Good Samaritan Hospital and Brockton Emergency Services, as well as occasional home or school visits when required. Jon added that since CCBC's MCI Team began working with DMH at these hospitals and crisis centers, it has made an established working relationship even better. In fact, it has created a great opportunity for the MCI Team to coordinate referral services and transition children, youth, and their families to CCBC's IHT and CSA programs.

Can you tell us about a crisis visit? To end the interview, I asked Jon to summarize one of his crisis visits. To protect confidentiality he chose a little comic relief as his response:

One incident he spoke of was when he was called by the DMH Site Director because a 9-year old boy with impulse control problems was taken to the Emergency Department after trying to jump out a second floor window. Apparently the precipitating event occurred when his older brother took the last piece of chocolate cake!

Another incident occurred after Jon had responded to a crisis at Brockton Multi Service Center. Having never been there before, Jon was escorted by security through a maze of hallways that eventually led to the Crisis Center. After the intervention it was very late (2 am) and most of the Center's staff had gone home. Without seeing any security guards nearby, Jon tried to back track through the maze of hallways, but got lost. After wandering back and forth for what seemed like a very long 20 minutes, he laughed and contemplated spending the night at the Service Center! Finally he saw an exit sign and slipped gratefully out the door. *By Becky Roberts, Newsletter Editor*

CCBC Outpatient Client Satisfaction Survey

Recently, clients that came into Mill River Place for treatment were randomly asked if they would participate in a brief satisfaction survey. Survey participants were either adult outpatient clients or parents of child outpatient clients. A total of 220 participants completed the survey over a two week period of time. The results were tabulated and the percentage scores are summarized below. The totals are very encouraging and indicate that CCBC staff are doing their jobs well and providing the supports and services necessary to carry out the Agency's mission. The survey also provides some opportunities for improving customer service.

	Poor	Fair	Good	Excellent	N/A	Yes	No
1. How would you rate the facility in terms of cleanliness and conduciveness to treatment?	0.46%	2.74%	38.81%	57.53%	0.46%		
2. How would you rate your counselor's efforts to involve you in making treatment decisions?	0.00%	2.74%	24.66%	71.69%	0.91%		
3. How would you rate your counselor's ability to bring out your strengths and skills?	0.00%	4.59%	36.70%	56.88%	1.83%		
4. Have you been prescribed medications as part of your treatment?						83.94%	16.06%
5. If you have taken medications, how would you rate the information given to you about the benefits, risks, and side effects of the medications?	1.85%	7.87%	37.50%	38.89%	13.89%		
6. Have you been given information about treatments other than medication that might help you?						71.23%	28.77%
7. In the last 12 months, were you told about self-help or support groups, such as consumer-run groups or 12-step programs? If not, do you think you would have found that helpful?						40.00%	60.00%
	Never	**Sometimes**	**Usually**	**Always**	**N/A**		
8. Were you treated with respect and courtesy when scheduling your first appointment?	0.49%	1.40%	10.70%	85.58%	1.86%		
How often were you treated with respect and courtesy by the following: Reception	0.00%	2.78%	15.28%	81.02%	0.93%		
Therapist		1.02%	9.18%	88.78%	1.02%		
Billing	3.00%	1.50%	10.00%	45.00%	40.50%		
Nurse	1.66%	1.10%	4.97%	50.28%	41.99%		
How often were you treated with respect and courtesy by the following: Psychiatrist/Nurse Practitioner	0.52%	3.14%	7.33%	74.87%	14.14%		

	Yes	No	N/A				
9. Did you and your therapist set goals for your therapy?	89.86%	10.14%					
10. Do you think you and your therapist are working toward these goals?	93.30%	6.70%					
11. If you have an alcohol or drug problem, have you been helped with that?	23.67%	12.08%	64.25%				
	Very difficult	Somewhat difficult	Somewhat easy	Very easy			
12. How easy or difficult was it for you to schedule your first appointment? (+ written responses)	2.02%	15.15%	23.74%	59.09%			
	Yes	No					
13. If someone you knew needed mental health services, would you recommend this clinic?	95.98%	4.02%					

Poll: Majority would seek treatment if experiencing depression

Mental Health Weekly October 22, 2012

Most Americans believe that depression is treatable and go so far as to say it would not affect their vote for president to hear that a candidate has consulted a therapist for depression, according to the findings of a new public opinion poll by Screening for Mental Health, a non-profit provider of mental health screening programs.

The telephone poll, released on National Depression Screening Day on October 11, was conducted by Anderson Robbins Research who surveyed 1,021 adults between September 15-20 and sought to evaluate perceptions and knowledge of depression and mental health.

Among the key findings from the survey:

- Roughly half (53 percent) of Americans know someone who has been treated for depression.
- Nearly three-quarters (72 percent) say they'd be likely to speak with a healthcare provider if they thought they were experiencing signs of depression.
- Two Thirds (67 percent) believe depression can be successfully treated most of the time.
- Nearly two-thirds (65 percent) say learning that a presidential candidate had sought treatment for depression would have no impact on their vote, while one-fifth (20 percent) say it would make them more likely to support that candidate. The survey found no political differences with regard to political identification.

Depression appears to carry the heaviest stigma among the less educated and less affluent, according to the poll. These respondents are less likely to know someone with depression, less likely to seek treatment for themselves and generally more pessimistic about the chances for successful treatment.

- Nearly two-thirds (64 percent) of college graduates report knowing someone with depression, while less than half (47 percent) of those without college degrees know someone with depression.
- Only 64 percent of individuals who have never been to college would seek professional help for depression, compared with more than three-fourths (76 percent) of those who have been to college.
- Seven in 10 (70 percent) with post-secondary education believe depression can be treated all or most of the time, compared to 63 percent of those who have never been to college.
- The findings were similar when comparing those with household incomes over $60,000 to those with lower incomes.

DMH Area Director Visits CCBC's New Residential Site in Norton

On October 23rd, Patty Kenny, DMH Area Director for Metro Boston/Southeast Area visited our new CBFS residential site in Norton. Patty was accompanied by Dan Fisher, Taunton/ Attleboro DMH Site Director and Buddy Baker-Smith, Director of DMH Community Services for the Southeast Area. The group was treated to a tour of 178 N. Worcester Street, followed by an informal presentation featuring two of CBFS's Peer Specialist Coordinators.

Linda Nardella, Program Director for CBFS-Attleboro gave a brief overview of CCBC's CBFS services, and spoke about the successes and challenges to date. Peer Specialist Coordinators Patricia Colbert and Krystal Georgopoulos were then introduced by Linda, and each spoke about the development of their roles and their work with the clients.

Meet Pat Colbert. Pat Colbert joined CBFS at the time of initiation of CCBC's DMH contract. Pat is the Peer Specialist Coordinator for CBFS-Attleboro, and also serves as the Human Rights Coordinator and Wrap Facilitator. Early on Pat was told that her primary focus was developing relationships with clients. In some instances, a relationship began over a simple cup of coffee, while at other times it may have begun when she reached out to support a client during a crisis or hospitalization.

In her capacity as Peer Specialist Coordinator, Pat has organized and managed the Recovery Partnership Center at 5 Bank Street, Attleboro. She is also responsible for running peer support groups. With the help of her team of Peer Specialists there have been many successful client events and activities, including a trip to Capron Zoo and many holiday-themed parties. Many peer groups are held at Bank Street, which includes peer support that is facilitated by a client (person-served) and co-facilitated by a peer specialist. The other groups offered range from wellness, employment, coffee socials, knitting, expressive art, Nintendo Wii games and jewelry making.

During her presentation, Pat stressed the importance of "work complimenting recovery", and emphasized how client participation in a variety of recreational and work-related activities promotes a more successful recovery outcome. She noted that the CBFS Team recently developed a survey of what clients would like to do in the upcoming year. The survey was developed with both staff and client participation, as they brainstormed ideas that if implemented, could become valuable tools for clients to learn and develop skills needed to lead a recovery-based life.

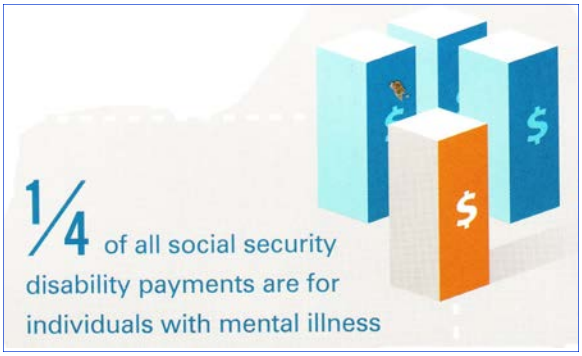
Left to Right: Buddy Baker-Smith, Dan Fisher, Patty Kenny, and Phil Shea outside CCBC's new residential site in Norton.

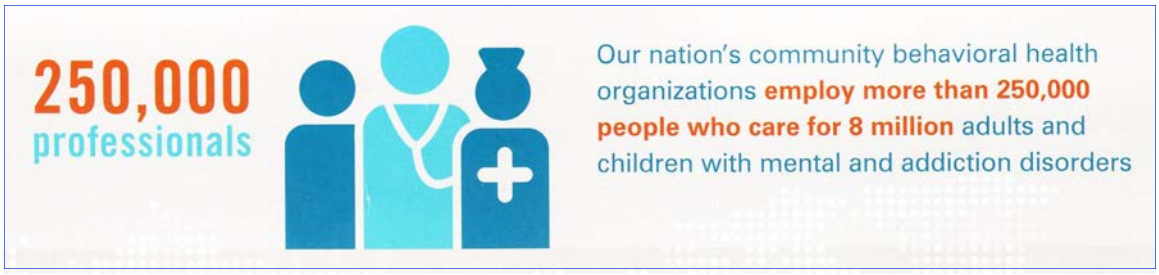
Krystal Georgopoulos, Peer Specialist Coordinator for CBFS-Taunton also shared a few of the highlights in the Taunton CBFS program. Krystal emphasized the importance and benefit of peer specialist trainings and how helpful these trainings have been in growing into her role. These trainings in fact assist the CBFS Team as a whole, since peer specialists return from trainings to share what they have learned with traditional staff members. The end result is a client-oriented team that can more effectively respond to client needs and facilitate client illness management and recovery.

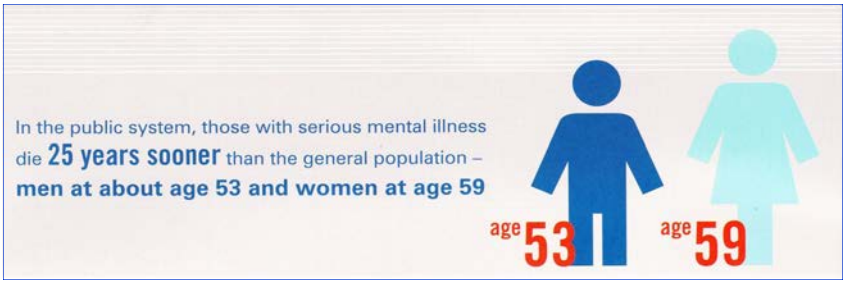
As part of the presentation, a person-served in CBFS also shared his own journey with mental illness and how he finally arrived at his new residence at Worcester Street. He also shared about his plans for the future. As I listened to his story I was struck by his remarkable persistence and positive outlook. This person-served believes his goals are possible. He also realizes that with the continued encouragement and support of the CBFS Team, he has a good chance of fulfilling those dreams. *By Becky Roberts, Newsletter Editor*

Did you know...

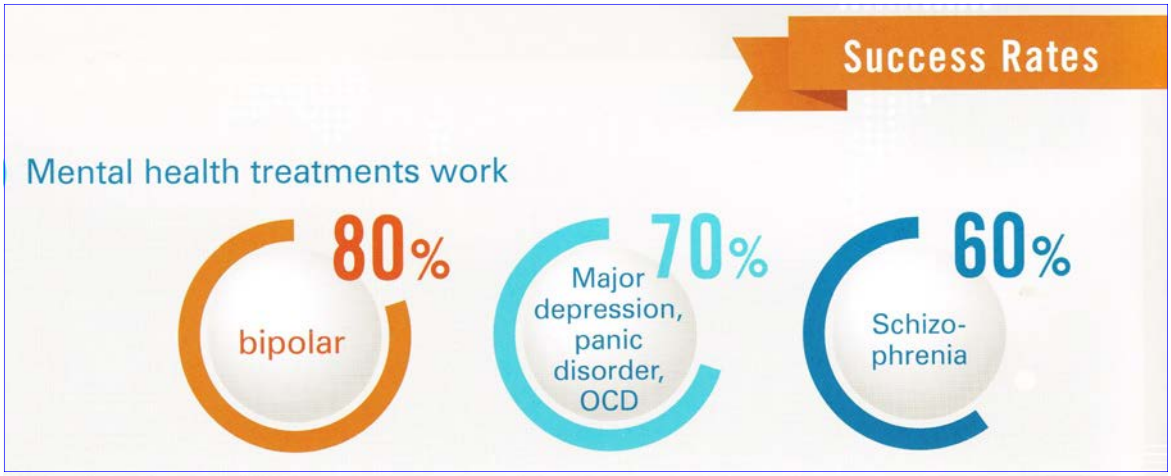
Mental illness drains our economy of more than **$80 billion** every year; **15%** of the total economic burden of all disease







Up to 2/3 of homeless adults suffer from chronic alcoholism, drug addiction, mental illness or some combination of all three.



Statistics provided from the National Council of Behavioral Health.

SAFETY COMMITTEE UPDATE

By Andy Dawley, COO

This Fall the CCBC Safety Committee, comprised of employee representatives across agency programs, developed and distributed an organizational safety survey. This confidential survey contained 19 questions regarding a range of safety domains. The 266 responses cut across all agency departments.

While the majority of staff (84%) reported feeling safe in their job, 73% reported having at least one occasion in which they felt unsafe at work. In addition to the questions, respondents were offered an opportunity to share their experiences regarding safety and offer ideas on how to make CCBC a safer place to work. The comments have provided the Committee with rich information about areas to focus on with respect to improving safety. The Committee is currently organizing the comments into general themes then anticipates developing an overall strategy to address each major area of concern.

The Committee next will be hosting two Safety Focus Groups on Friday, January 11 from 1:00-2:30. One will be at the Taunton 1 Washington Street site, and the other will be in Attleboro, the location to be determined. This forum will be open to all CCBC staff, and the Committee will be encouraging the attendance of at least one staff person from every agency program. An email will be sent two weeks prior to the Focus Groups as both an invitation and a reminder.

Additional details of the Survey and Focus Group results will be shared in the next newsletter. Questions or further comments regarding safety at CCBC can be sent to Andy Dawley at ADawley@comcounseling.org.

CCBC Grants Received in FY 2013

Mass Medicaid EHR Incentive Payment Program is a multi-year, multi-stage program administered by the EOHHS Office of Medicaid that provides incentive payments for adoption and meaningful use of federally certified EHR technology. CCBC has 9 qualifying doctors for this program for a total of $101,250 in 2012.

Amelia Peabody Charitable Fund: For EHR Implementation through IT upgrades and purchase of computer hardware. $35,000

Sophia Romero Trust: Support for the Elder Mobile Outreach Team. $10,000

Taunton Female Charitable Association: To recoup expenses for opening and furnishing of the Fall River CSP office. $20,000

Bristol County Savings Charitable Foundation: To send two members from the Community Crisis Intervention Team (CCIT) to instructor training in Mental Health First Aid. $3,500

Training for CCBC Middle Management Staff

Fifteen CCBC program directors and supervisors attended a Middle Management Academy Training in Natick offered by the National Council's Middle Management Academy. CCBC staff were joined by members from North Suffolk Mental Health Association and Brandon School and Residential Treatment Center.

Often staff who are good at providing care and treatment are promoted into supervisory positions with little or no attention to the skills they need to be effective managers. Middle Management Academy is one important step in building the skills necessary for effective leadership.

CCBC invested in this program because its focus is specific to our industry, has a well thought out curriculum, and it provides the opportunity to meet peers from organizations doing similar work.

The 4-day training covered three core competencies, including motivating and managing employees, applying appropriate leadership styles to everyday situations, and managing budgets and financial information.

Staff who attended this training included: Lauren Almeida, Monica Antunes, Jessica Barbour, Jennifer Booth, Paula Brown, Maria Cancel, Lisa Correia, Barbara Fearing, Mary Beth Forshaw, Denise Griffith, Melissa Hecht, Robin Simon, Susan Sousa, Tara Stuart, and Kelley Wallace.

After the training I talked to a number of participants and heard very positive comments. Here is some of their feedback:

The teaching techniques of how to manage "up" were very helpful.

I think CCBC should give the Myers-Briggs Type Indicator to all staff, as it teaches you how to work with all types of personalities and helps you understand how to utilize each person's strengths.

Senior Management should attend the training, as they would also benefit from an understanding of staff personality types, and could maximize staff performance based on these results.

We covered different case scenarios and learned the tools and guides to use to resolve conflicts at work more effectively.

In my opinion, how to interact with supervisors was extremely helpful.

The instructor did a great job and was a good facilitator of groups.

Enjoyed getting to know peers better.

Overall, what attendees took away from the training was well worth their time (and long commute) because of the return on investment in becoming better managers and strengthening the agency as a whole. *By Becky Roberts, Newsletter Editor*

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