

IN THE NEWS

Spring 2012

Inside this Issue:

Message from
the President

Pathways Program
May Art Show

CPI Training:
*Establishing
Safety for All
Is Job One*

*Ten Tips for
Crisis Prevention*

Department News
*Human Resources
CBFS Attleboro
CSP Featured*

CCBC Job
Satisfaction
Survey

Other News:
*IFSS Renewed
Contract
BCSCF Grant Award
Police-Based Jail
Diversion Contract
NAMI Walk*

Computer Security
*Are you really sure
you're secure?*



Message from Phil Shea President/CEO

CCBC is pleased to launch this inaugural edition of our newsletter. The purpose of our newsletter is to keep everyone on the staff better informed about what is going on at Community Counseling of Bristol County. As we grow there can be a sense of being less well connected to the agency as a whole, as it is more difficult to keep up with new programs, program expansions, and staff who join the agency. This newsletter is intended to keep everyone a bit more informed and hopefully a bit more connected to our purpose and one another.

While the newsletter is only a small effort, it is hoped that it may reinforce what connects us all, that is our purpose. I do not think that we can be reminded too often of our purpose.

***Our purpose and mission
is to develop and deliver
compassionate, responsive
and quality mental health
and addiction services that
meet the prevention,
education, treatment,
rehabilitation, and recovery
needs of those in our
community.***

More simply put, the core of our purpose is to save and improve the lives of those with mental illness and addiction in the community we serve. I remain inspired and humbled by this purpose and proud to serve with so many competent and committed individuals in pursuit of this important and noble purpose. It is this purpose, along with witnessing your inspiring work that sustains me, particularly when the resources are too scarce, the time too short, and our knowledge too limited to provide our clients with all that they need. And at the same time the progress we have made together over time has been substantial.

As one example, I was reminded the other day that at one time we provided outpatient services to children without benefit of a child psychiatrist and with a single adult psychiatrist. At this time we have the great fortune of having three excellent child psychiatrists with another one on the way. Similarly, we have an excellent group of six adult psychiatrists and three clinical nurse specialists. These are only examples of our growth that has allowed us to move toward fulfilling our mission. The changes have been no less dramatic with our day programs, residential supports, case management, housing, school-based counseling, and in-home therapy. With your help we can continue to improve what we do, aided in our mission by burgeoning knowledge based on the science that underpins the therapeutic interventions we employ.

Whether you work as a clinician, outreach worker, support staff, recovery partnership counselor or peer specialist, you play an important role in our collective efforts to fulfill this purpose of saving and improving the lives of those who suffer from mental illness and addiction in our community.

Continued from page 1

The challenges we face together are daunting and the opportunities exciting. We are seeing some major changes in how health care is financed and how the cost of services is being reimbursed. Rather than paying for a specific service (e.g., an hour of therapy), commercial and government payers are shifting to global payments in which a provider or group of providers are paid a set amount for a group of individuals over a period of time. Blue Cross of Massachusetts already has 65% of its subscribers enrolled in such plans. Medicare has started five pilot programs in Massachusetts which includes health care providers such as Partners Healthcare, Steward Health Care, and Harvard Pilgrim. At the same time, the State's Medicaid office is proposing moving disabled clients who have Medicare and Medicaid into global payment arrangements. About half of the clients of the Department of Mental Health will be covered by these new arrangements. As a result, we will likely be dealing with a new set of payers.



The good news in all of this is that the case management we provide so well through programs like CSP, CBFS, PACT, and CSA is likely to be in greater demand as the coordination of care holds the promise of improved health outcomes for our clients and some savings as over-utilization of some levels of care (e.g., emergency room visits) are reduced. More about this shift in an upcoming issue.

The important thing to keep in mind is that our purpose of saving and improving lives will remain a constant as we learn new ways of improving the care we provide. I look forward to meeting these challenges with you.

Becky Roberts is the editor of the newsletter and she and I would be interested in your thoughts and comments.

Additionally, any new venture requires a name. If you have a suggestion for the name of our newsletter please submit it to Becky at broberts@comcounseling.org.

If your submission is selected you will receive a \$100 gift certificate to the Stoneforge Restaurant in Raynham. Please submit your suggestions for the newsletter by June 15th.

May Art Show, May 9th - 18th, 2012

PLAY (verb): To engage in activity for enjoyment and recreation rather than for a serious or practical purpose.

Plato once said, "You can discover more about a person in an hour of play than in a year of conversation." By nature, humans are born to play. Playing is instinctive and fundamental to our existence. As children, we treasure our play time. We experience play as fun, active, and exciting. Whether it's a game of checkers, or coloring with our favorite Crayola crayons, play helps us learn about ourselves and the world around us. Play fosters one's ability to problem-solve, promotes bonding, and strengthens our sense of community. Development of fine motor skills, memory skills, and language skills are positive side effects of having fun and being creative. Play is vital to both our physical and mental health, nourishing our brains and our bodies.

Despite the benefits of play, however, somewhere between childhood and adulthood, many of us stop playing. Although they can coexist, we often prioritize work over play. We often hear adults say, "I can't even draw a stick figure," or "I don't have time to play." We take play for granted, and we let our ability to explore and take risks atrophy. We are reluctant to allow ourselves to be vulnerable, and we are unable to project our creative voice. Please take a moment today to replenish yourself through play. Through this installation, we hope to encourage people of all ages to experience play and reap the benefits of all that play has to offer.



*By Cara Janczunski, ATR, LMHC,
Pathways Program*

Establishing Safety for All Is Job One

During the past two years, CCBC has further emphasized employee and client safety as a top priority. Toward this end, the agency contracted with Crisis Prevention Institute (CPI) to train CCBC staff to become certified safety instructors using the **CPI Nonviolent Crisis Intervention model**. This curriculum provides a framework for staff to learn how to assess, prevent, and if necessary, respond to dangerous situations. This one-day training covers a range of information and skill sets, including non-verbal behavior, para-verbal communication, verbal interventions and personal safety techniques among others. Since last August over 300 CCBC staff has received the CPI training.

We are fortunate to have eight extremely dedicated and talented staff who volunteered to provide this essential training to staff. Without them this critical initiative would not be possible. This team is comprised of:

Alyssa Altrui (T-CBFS)
Brian Astle (CSP)
Matt Cianci (T-CBFS)
Gregory Auger (B-PACT)
Rob Elliot (A-CBFS)
Tom Loftus (CSA)
Toni Silveira (Front Desk)
Zach Brennan (A-CBFS)

CCBC administration wishes to use this opportunity to publicly acknowledge and thank this exceptional group of certified safety trainers. They have logged many hours, first learning the curriculum and now planning and delivering the training to agency staff. They are dedicated to the model and committed to making CCBC a safer place to work. We are indebted to their service. The training is available to all employees, with an emphasis on staff providing direct care to clients. Starting in June the safety trainers will start providing 1-hour refresher trainings at the respective program staff/ team meetings.

In addition, CCBC recently started a Safety Committee comprised of staff from across the agency. This committee's charge is to monitor and improve workplace safety and decrease the risk of harm or injury to staff in the performance of their duties. We will spotlight this committee further and report on its activities in the next edition of this newsletter.

Ten Tips for Crisis Prevention

A crisis can be defined as a moment in time when an individual in your charge loses rational, and at times even physical control over his or her own behavior. This can be very challenging and anxiety producing for those responsible for intervening. Due to the chaotic, unpredictable nature of a crisis, it is vital that staff stay calm and proceed with a plan.

These crisis moments do not sprout into being without roots; there are almost always warning signs that let you know an individual's behavior is escalating. By following the tips listed here, you can often intervene before the crisis becomes dangerous.

1. **Be empathic.** Try not to judge or discount the feelings of others. Whether or not you think their feelings are justified, those feelings are real to the other person. Pay attention to them.
2. **Clarify messages.** Listen for the person's real message. What are the feelings behind the facts? Ask reflective questions and use both silence and restatements.
3. **Respect personal space.** Stand at least 1.5 to 3 feet from an acting-out person. Invading personal space tends to increase the individual's anxiety and may lead to acting-out behavior.
4. **Be aware of your body position.** Standing eye-to-eye and toe-to-toe with a person in your charge sends a challenging message. Standing one leg-length away and at an angle off to the side is less likely to escalate the individual.
5. **Ignore challenging questions.** When a person in your charge challenges your authority or a facility policy, redirect the individual's attention to the issue at hand. Answering challenging questions often results in a power struggle.
6. **Permit verbal venting when possible.** Allow the individual to release as much energy as possible by venting verbally. If you cannot allow this, state directives and reasonable limits during lulls in the venting process.
7. **Set and enforce reasonable limits.** If the person becomes belligerent, defensive, or disruptive, state limits and directives clearly and concisely. When setting limits, offer choices and consequences to the acting-out individual.
8. **Keep your nonverbal cues nonthreatening.** The more an individual loses control, the less that individual listens to your actual words. More attention is paid to your nonverbal communication. Be aware of your gestures, facial expressions, movements, and tone of voice.
9. **Avoid overreacting.** Remain calm, rational, and professional. Your response will directly affect the person's behavior.
10. **Use physical techniques only as a last resort.** Use the least restrictive method of intervention possible. Physical techniques should be used only to defend oneself against attack.

By following these tips, you will have the best possible chance of providing for the Care, Welfare, Safety, and Security of everyone involved in a potential crisis situation. *Crisis Prevention Institute (CPI) 2009*

DEPARTMENT NEWS

Human Resources

Welcome to New Staff!

CCBC would like to acknowledge and welcome our 36 new hires for January through April, 2012.

JANUARY

Katherine Doherty, COP
Kerry Gagniere, CSP
Marcia Menard, COP
Elizabeth Pimentel CS-MBHP
Samantha Sandland, PACT

FEBRUARY

Vaughn Bruneau, RLC
Earl Gauthier, AOP
Carlos Jassy, TCBFS
Debbe Noonan, AOP
Tunde Olatunji, TCBFS
Lauren Ramos, CSP
Janet Ransom, RLC

MARCH

Jora Ehrlich, PACT
Nicole Franco, CSP
Jamin Fredericks, ACBFS
Jose Mortagua, ACBFS
Maria Olowu, TCBFS
Pamela Reposa, ACBFS
Shannon Silvestri, CSA
Nicholas Suneson, IHT
Michael Thomas, CSA
Fnu Tumacha-Agheneza, TCBFS
Ann Marie Wells, RLC
Jessica Zabinski, TCBFS

APRIL

Andrew Bernardo, TCBFS
Anthony DaLomba, CSP
Aacelia Hill, TCBFS
Michelle Hunt, IHT
Ketly Michael, TCBFS
Sarah Lennox, CSP
Saem Srey, TCBFS
Paul Weiss, AOP

Annual TB Testing



As required by Department of Public Health and as stated in CCBC's Employee Health Policy, annual TB testing is mandatory for all personnel having contact with clients within all CCBC programs. Testing will be scheduled within the next 2 months. Please stay tuned for upcoming details.

403-b Contribution

CCBC's Management and Board of Directors is pleased to report that an annual matching contribution of up to 4% of a participant's salary or wages was made to the 403-b for 2011.

If you contributed less than 4% of your salary or wages to the 403-b, the contribution was equal to your contribution.

Onetime Payment Distributed

In addition to the 403-b contribution, Management and the Board of Directors also approved and distributed a onetime payment of 2 ½% of an employee's annual salary, which was given to eligible employees that were hired prior to April 1, 2011 and employed at the time these payments were disbursed.

CBFS Attleboro

First New Client Orientation for ACBFS

On March 28, 2012 an orientation for new clients, which was our first quarter gathering, was held at Bank Street to help clients become familiar with CBFS and the varied services we provide. A total of 5 clients attended, with 2 absent, and one client brought his sister, who is very involved in her brother's recovery.

Each client was given a gift bag with an assortment of items that included a \$10 gift card to Wal-Mart, a wallet ID card with team numbers on one side and other important numbers on the reverse side, a candy bar, a notebook and pen, a Bridges to Recovery Flyer, and information from the Peers and RCC staff.

The agenda consisted of different staff speaking about their roles and where they could be located in the building. Staff names were also posted on doors or in areas where they worked. The orientation organizers did a good job of keeping the program moving forward, which kept everyone's interest nicely. At the end there was a time for questions and answers followed by pizza and beverages.

We had about 30 to 40 people in attendance, including some staff from the RLC, and everyone mingled well with each other. The excitement and rapport in the room was great to experience. We even had two established clients ask why we did not do this for them! All in all it was an enjoyable afternoon.

A well earned thank you goes out to our Coordinators, Recovery Partnership Specialist, and Peer Specialist for their work in making this orientation a success. These staff members were motivated to create a successful orientation and had a lot of fun with it. They encouraged clients to attend and supported them through the orientation process.

It truly was one of those occasions where everything worked out and people left the orientation feeling welcomed to CCBC!

By Linda Nardelli, Program Director, CBFS-Attleboro

CCBC's Community Support Program

*Making a difference in
the lives of our clients*

Since its establishment in 1997, CCBC's Community Support Program (CSP) has grown substantially into a staff of 61 spread across 5 locations in SE Mass, including Taunton, Attleboro, Brockton, Plymouth and New Bedford. Currently efforts are underway to add another location in Fall River.

The Community Support Program (CSP) provides intensive case management services to clients considered to be "at risk" within the community. Many of these clients have had multiple hospitalizations and/or poor treatment experiences. Some clients are dually diagnosed with mental health and substance abuse or have significant medical co-morbidity.

Case management services are provided by a CSP Case Manager, whose role is to provide clients with the opportunity to enhance the quality of their lives by helping them focus on their strengths and by introducing new daily living and coping skills. Case managers build therapeutic alliances with their clients by helping them understand the relationship of their illness and/or addiction to their physical health. Case managers also work with providers to help integrate other services to their clients that include health and social services as well as entitlements.

The following client case summary is a good example of the different types of assistance that a CSP case manager

may be required to provide our clients on any given day.

Case Summary: John Doe

John was referred to CSP from his nurse at Habit OPCO, an addiction treatment provider in Massachusetts. John had a diagnosis of Schizophrenia, as well as a history of drug addiction to opiates and heroin. According to the nurse, John was having some difficulties in performing daily hygiene tasks, eating properly, and maintaining his overall health.

John was assigned to Pat Tourigny for case management. John was living in an apartment building owned by his estranged brother and the brother's business partner. Pat made weekly trips to the apartment to out-reach John, who would not answer the door. Since it was documented that John suffered from paranoid thoughts, Pat suspected that he was probably feeling suspicious and threatened by her presence. Pat continued to come back each week, until one day John spoke to her through the key hole of his front door.

During this first encounter John told Pat that he didn't want any help from her or CSP. Without pushing too hard, Pat continued her dialogue with John. The following week she returned and noticed that John had left the front door unlocked for Pat to enter the entryway to talk.

After several weeks of conversation in his entryway, John finally opened the door to let Pat see inside.

Soon thereafter John told Pat about his health problems that included daily bouts of vomiting. Pat also noted his gaunt look and weight loss.

She encouraged John to go to his doctor for a checkup, which he agreed to do only if Pat went with him.

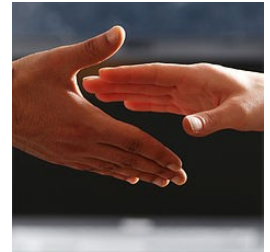
Pat drove John to his appointment, and after identifying herself and with John's permission followed him into the exam room. John was anxious, and told Pat that the doctor would believe his symptoms were from his past drug addiction. When the doctor came in he did not seem overly concerned with John's new symptoms and commented that his complaints were symptomatic of substance abuse. Because of the doctor's bias, Pat advocated for a new doctor for John. With Pat's support John was able to see a new doctor that same afternoon, who subsequently ordered a series of tests and confirmed a diagnosis of esophageal cancer.

Pat continued to support and encourage John throughout his cancer treatment, and when the time came, put in a referral to hospice for him. Pat asked John about family who might be available to support him through his illness.

John mentioned his estranged brother, and admitted that his lifestyle of drug use and mental instability had taken its toll, and that his brother no longer wished to see him. Pat advised John that since significant time had gone by, that he might try to reach out again and make amends.

Pat encouraged John to call his brother; a gesture that made a huge impact on both John and his brother. Not only did his brother accept John's apology for the things he'd done in the past, but he flew home to be with John.

John died six months after receiving his cancer diagnosis.



Thankfully he was able to spend the last days of his life with the brother he loved.

Shortly after his death, Pat received a beautiful letter from John's brother, thanking her for the care and encouragement she had given John. He wrote that after so many lost years between them, it was a wonderful gift to see the man his brother had become, and spend those precious last days with him.

CCBC Job Satisfaction Survey

Last summer all staff at CCBC were invited to participate in an employee satisfaction survey developed by Workplace Dynamics. The survey provided an opportunity for employees to give feedback on what they liked about CCBC and what they would like to see improved. Questions were summarized using six workplace factors which included Direction, Career, Execution, Conditions, Managers, and Pay & Benefits. Each question required a response of: [slightly disagree](#), [neutral](#), [slightly agree](#), [agree](#), or [neutral](#), [slightly positive](#), [positive](#).

Within CCBC the results were measured and compared by Department. This enables managers to respond to specific issues that may be of concern in their areas, and to determine where we can find opportunities for improvement.

In reviewing the scores, there are opportunities for improvement in some areas, and there are also positive markers that let us know we are on the right track.

For example, the results suggested that CCBC had some opportunities for improvement in the following areas:

1. **Pay and Benefits:** Staff as a whole expressed a wish for increased wages and benefits, citing a wish for increased pay and decreased healthcare costs, for example. While CCBC, along with every other not for profit in the Commonwealth, is struggling to deal with budget cuts and program funding reductions, nonetheless we managed this year to provide

gain-share, and 403-b matching contributions, all of which are rare or non-existent in other similar organizations.

2. **Communication and Management:** Accessibility of management to staff in satellite offices or sites other than the main office is an area that needs improvement, as staff tend to feel less connected with senior management, and would like more communication between staff and management and across the agency. CCBC has begun a series of actions to try to address this, including visits from administrative management to all of our sites, and involvement of management from every program office in monthly leadership meetings.

3. **Training opportunities that are relevant to the jobs we do,** and more clarity regarding those job descriptions. Additionally, because programs can differ substantially, CCBC has begun to survey programs through supervisors regarding those training supports that staff would consider helpful, and to ask staff for their feedback regarding the important aspects of the job they do. This feedback will assist management to clarify and improve our job descriptions and evaluation process.

4. **Workplace Safety:** CCBC began a safety training program for all outreach and direct service staff utilizing the *CPI Nonviolent Crisis Intervention* curriculum.

Some of the successes that CCBC can celebrate with respect to organizational and management strengths are expressed in the following employee comments:

- CCBC provides a large number of services to the community and is dedicated to the population served.
- Forward thinking regarding trends in mental health.



- Able to grow the agency during difficult economic times.
- Staff is empowered by the opportunity to do the work they want to do, helping others, making a difference, and working with respected colleagues on dynamic teams.

The employee feedback section of the survey is helpful to management in many ways. Since our employees are in the front line of organizational activity they have first-hand knowledge of the processes and practices that work well, need some work, or don't work at all. In addition, employees offer creative and practical solutions to problems and bottlenecks that are often overlooked by management.

Employee feedback is an invaluable tool for us to use to improve services, streamline internal systems and processes, and gauge the efficiency of HR and Management-related involvement. CCBC remains committed to continuous improvement in employee satisfaction: ***you are our most valuable asset.***

Renewed Contract

CCBC was re-awarded the contract this past year to provide *Individual Family Flexible Support Services* by the *Department of Mental Health*.

The service goal of IFFS is to prevent out-of-home placement or the need for more intensive services and promote the successful functioning of these youths at home, in school, and in the community through the development of daily living skills and social, emotional, academic and prevocational competencies.

Recent Grant Award

In December 2011 *Bristol County Savings Charitable Foundation* awarded CCBC \$5,000 for the purchase of two portable generators that will be used at our residential sites in the event of power outages. BCSCF has been a supporter of CCBC for a number of years, and over this period has awarded funds towards the exterior painting of the Cedar Street Clinic, the addition of the MRP vestibule, refurbishing of apartments at our Church Street site, and renovations and upgrades at the Dr. Robert Smith House.



CCBC expresses our continued gratitude to BCSCF for these

grant awards, which allow us to improve the services we provide to our clients.

Taunton Police Dept. partners with CCBC in new Jail Diversion Program Contract

Last month the *Department of Mental Health* awarded the *Taunton Police Department* a *new Police-Based Jail Diversion Contract*. Similar to the Crisis Intervention Team (CIT) Program of last year, the new model focuses on a rigorous structured training for specified officers to be first responders with a greater understanding of issues related to emotionally disturbed persons, along with the opportunity for ongoing trainings.

Last year the Taunton CCIT achieved a community-wide acceptance and reputation for quality training in meeting the needs of the mentally ill and developmentally disabled persons that are involved with or at-risk of involvement with the criminal justice system. CIT's goal is to identify persons with mental health, co-occurring substance abuse disorders and developmental disabilities in contact with the criminal justice system, and redirect them from jail by providing linkages to community-based treatment and support services.

The CIT Innovative Model incorporates specialized police training, cross training with the entire community of stake-holders, case conferencing, and referral services to a diverse system of providers.

In partnership with the TPD, CCBC will continue to serve in its role as the sub-contractor to provide a single point interface with the mental health system, as well as enhanced access to both criminal and inpatient alternatives for the person in crisis. CCBC's partnership allows for the development of a single point of entry to the full spectrum of community support services.



On May 12, 2012 join CCBC's team for another record-breaking, stigma-busting, hope-instilling Walk for Mental Health Awareness!

The NAMI Walk brings together thousands of citizens in Massachusetts who walk to raise money for mental health education and support programs, raise awareness of our state's need for a world-class treatment and recovery system for people with mental illness, and eliminate the stigma and stereotypes that surround these brain disorders.

The Walk also reaches out to new populations affected by mental illness; raises funds to provide local resources, programs and activities for our citizens; and builds a larger NAMI community.

To date contributions we have received exceed last year's total of 3000! Thank you to all who have signed up and raised or donated money to the cause! Our bus is full and our two CCBC teams are ready to walk!

*Meg Harrison, LMHC
Attleboro Partial Hospital Program
CCBC NAMI Team Leader*

ARE YOU REALLY REALLY sure you're secure?

The number of "phishing" emails is increasing daily - we try to keep them out, but a complete firewall keeps out too much "good stuff".

SECURITY TIPS:

DON'T open **ANY** links **UNLESS** you are **COMPLETELY** sure who the sender is - the links may contain the "Trojan horse" that can insert a virus into our system, possibly even bringing it down completely, or it can hijack your entire contacts list, and send phishing emails to all of them. Some phishing emails can destroy your entire contacts list in the process.

Some recent "phishing" emails include:

- 1) This email appears to come from a "classmate" on Linked-In. This is very likely a fraud. You can contact the person some other way if it is someone you think you know.
- 2) This email appears to be shocked about seeing an inappropriate email picture of you plastered all over Facebook.
- 3) This email appears to be from a friend (and it will be someone you know) who is emailing you desperately because they "are stranded and someone took all their money" or some other tragedy that asks you to just click on this link.....

What to do:

DON'T OPEN ANY LINKS! DON'T OPEN THE EMAIL FULLY.

- Outlook on the "home" tab gives you options for any mail to click on "ignore", "clean up", "junk" or "delete". Clicking "junk" will give you the option to "block the sender" and send to delete file. This will prevent any further "phishing" emails from coming into your in-box from that address.
- Let Greg know what you received.
- If in doubt, ask Greg or Ray to look at it before you even THINK about opening it.



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