

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

## In this Issue:

*Cover:*  
VP, Home Health  
Services Appointed

CCBC Improves  
Employee Benefits  
and Saves  
Employees \$\$\$

*Page 2:*

Human Resources  
Welcomes New Staff

Access Redesign:  
Year in Review

*Page 3:*  
CSP Ice Bucket  
Challenge: Raising  
Money for ALS

*Page 4:*  
Jonathan Schiff  
Awards

CCIT Grant News  
63 Winthrop Street

*Page 5:*  
Partnering with the  
United Way

*Pages 6:*  
Suicide Prevention  
Support Services

*Page 7:*  
CPI: Pathway to  
Prevention

*Page 8:*  
CCBC logo and  
website update



## Message from Phil Shea President/CEO

### Vice President for Home Health Services Appointed

As you know, CCBC is always looking for ways to improve the care our clients receive. These efforts to improve what we do takes many forms.

Sometimes it means simply asking our clients about the care they receive and whether it meets their expectations and listening to their answers. Other times it means introducing additional evidence based practices into our existing programs. It can also mean revamping how we deliver care as we have done over the past year and a half through the "Rapid Access Project" in our outpatient program.

Or it can mean developing an entire new program that fills a gap in our services and in the community. This is the case with respect to home health services, as CCBC plans to open a home health program in the next few months.

Many of our clients receive home health services now (some refer to these as a visiting nurse service), particularly those in our Community Based Flexible Support Program (CBFS). This necessitates coordination of home health services with both our CBFS and outpatient services with up to a dozen home health providers. The coordination and communication issues can become difficult and at times the quality of care is not what our clients deserve. We believe we can produce better outcomes for our clients by providing this care ourselves by enhancing coordination of care between CBFS services, out-patient services and home health services.

We also believe that adding home health services to our other services will enhance our ability to respond to changes in health care delivery by

strengthening our capacity to keep people at home receiving the care they need, while reducing costly and unnecessary inpatient care.

We are pleased to announce that Sharon Cofer, R.N., has been hired as our Vice President for Home Health. Sharon has an extensive background in all aspects of home health, including as CEO of two home health agency start-ups. I am pleased that Sharon has agreed to join us to launch this critical service.

Please join me in welcoming Sharon.

### CCBC Improves Employee Benefits and Saves Employees \$\$\$

It is very unusual for the cost of health care benefits **not to increase** in any given year, but it is **rare that health care benefits actively decrease in cost**—nevertheless that is exactly what has occurred recently at CCBC.

**For the third year in a row there has been no increase in the cost of health insurance** for our staff and their families. In fact, as of July 1<sup>st</sup> health insurance premiums declined slightly.

Rates for dental coverage are declining 15% for the year beginning 9/1/2014, while the basic benefit is being raised from \$1,000 annually to \$1,500 annually.

We are continually looking for ways to improve our benefits so that they remain superior to other organizations like ours. Recently CCBC sought bids for our benefit package from insurers. By switching to **MetLife** we not only reduced dental premiums by 15% and doubled the benefit, but also reduced costs of short and long term disability and life insurance.

## Human Resources

### Welcome to New Staff!

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

#### MAY

Matthew Patrei, AOP  
Nicole Coelho, IHT  
Deana Thomas, ACBFS  
Evan White, CSP  
Rachida Jemedy, TCBFS

#### JUNE

Somatra Simpson, AOP  
Ashley Pilon, CSA  
Alvin Agboretang, TCBFS  
Kate Robinson, ACBFS  
Dennis Dinsmore, DAY  
Laurie Kiely, AOP  
Alyssa Collins, IHT  
Jean Corriellis, IHT  
Arielis Melendez, ACBFS  
Gregory Scheuy, ACBFS  
Connie Serratore, CSP

#### JULY

Sharon Cofer, Home Health  
Brittany Grimes, TCBFS  
Mathew Mangano, TCBFS  
Kimberly Fitzgerald, DAY  
Kerrie Arruda, IHT  
Scott Medeiros Jr., IHT

#### AUGUST

Nicole Brumley, IHT  
Justin DeConti, IHT  
Daniel Klassen, IHT  
Melany Gonzalez-Colon, CSA  
Jose Torres, ACBFS  
Steven DeMedeiros, ACBFS  
Christopher Serrano, ACBFS  
Kirstin Tjersland, TCBFS

*Continued from page 1*

On average, **short term disability costs were reduced nearly 50%**, while the long term disability benefits increased by as much as three times!

For information about these benefits, please contact Sue Sousa in Human Resources.

## Access Redesign Team: Year in Review

*By Jonathan Marcus, Vice President  
Child & Family Services*

It's been an exciting year for rapid access walk-in intakes! CCBC started walk-in intakes July 1, 2013. CCBC developed its Access Redesign Team utilizing valuable players including program VPs, staff from AOP, COP and administration. Team members worked diligently to iron out the kinks and ensure that clients had the best possible walk in experience.

At CCBC, upon walking in the door clients are enthusiastically greeted by our two engagement specialists/ intake clinicians, Brenna Bennett, MA and Robin Dixon, MA. Clients then check in with the friendly front desk staff, provide insurance information and complete intake paperwork. Robin and Brenna briefly speak with each client to identify service needs which helps to best assign an ongoing clinician from our talented staff. Typically, the entire walk in process takes only about 2 ½ hours! Client's wait time for an assessment went from a 112 day waitlist to a same day appointment.

Overall, by switching from a scheduled intake process to a walk-in process, improving on collaborative documentation, developing a missed appointment policy, and implementing centralized scheduling, CCBC has reduced outpatient losses by \$355,000.

The same day access team completed a total of 1,386 adult and child intakes. This represents a 21% increase from FY 2013. In addition, during the last quarter of 2014, 90% of the clients seen for an assessment were assigned the same day to an ongoing therapist. This represents a change from a 14 day wait to 1 day. The Rapid Access Redesign team continues to push forward and strive toward creating the most efficient, positive walk-in process for clients.

Sadly, our engagement specialists/intake clinicians Brenna Bennett and Robin Dixon have decided to move on. Brenna will be joining COP/IHT. She will be providing individual school based therapy for New Bedford students and IHT services for New Bedford/Fall River families. Robin will be joining her husband in Mobile, Alabama. We wish them the best! On an exciting note--Callie Aponte from COP will be joining the engagement team!



Employees at Community Counseling of Bristol County took part in the ALS Ice Bucket Challenge last week. Pictured, from left, is Andrea Holmes, Mike Ferguson, Samantha Farias, Tara Stuart, Ian Diagle (in back), Monalisa Rosa, Kacie Campbell and Jenna Durfee.

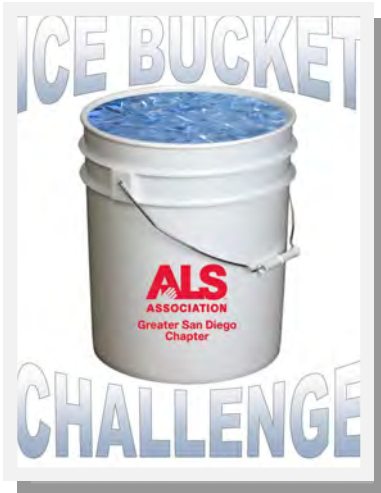
## Viral sensation is an icy way to raise awareness, money for ALS

By Marc Larocque  
Taunton Gazette Reporter  
August 17, 2014

Taunton residents are joining in on the frigid viral sensation that is the ALS Ice Bucket Challenge, including some with family members that have been affected by the disease.

The ALS Ice Bucket Challenge, which has generated millions in dollars for research to find effective treatments and a cure for amyotrophic lateral sclerosis, also known as Lou Gehrig's disease, has inspired the likes of Taunton Mayor Thomas Hoye Jr. to dump ice and cold water over his head in front of a crowd at City Hall. The concept has spread virally on social media as participants continue to "challenge" their friends and family members to record themselves getting doused with ice water and/or donate to ALS research.

For participants like social worker Pat Tourigny, of Taunton, the fundraising efforts hit home. Tourigny's older brother Daniel Readh Jr. died from ALS in 2010 at age 58.



"Slowly it stopped the good muscle tone and he walked very stiff because the muscles no longer have the ability to flex," Tourigny said, speaking about her brother, a Somerset man who died five years after his diagnosis. "He used to write a lot and was a drawer, but could no longer hold the pen to write or draw. As the disease progressed, he lost the ability to even use the remote control for the television."



Pat Tourigny holding her brother Daniel's photo.

Tourigny and her co-worker Tara Stuart from the Community Support Program at Community Counseling of Bristol County organized an ice bucket challenge at work on Tuesday. Stuart said she was especially interested after her grandfather was diagnosed with ALS earlier this year. A few weeks ago, after hearing the buzz about the challenge, they got their co-workers involved and the results were uploaded onto social media to help generate buzz for the fundraising efforts.

I think it's wonderful that we are raising money to help research to find a cure for it," said Tourigny, who has done the ice bucket challenge twice and donated \$100 to the cause. "I just think it's amazing how big it's gotten and how much people are willing to give. I think it's a good way to obviously raise money for donations."

The challenge took off this summer in New York state when golfer Chris Kennedy doused himself with the icy cold water and challenged his cousin to follow suit. After that, the challenge started to spread via Facebook with videos of people pouring ice water over their heads. Locally, former Boston College baseball player Pete Frates started to tweet about the Ice Bucket Challenge on Twitter and challenged Boston-area athletes, such as New England Patriots wide receiver Julian Edelman, to do it. From there, local politicians and athletes started posting videos of them accepting the challenge and challenging others to dump the water on themselves.

## This Year's Jonathan Schiff Awards

By Michelle Pelletier  
CBFS Employment Coordinator

On May 20, 2014 a banquet was held to honor the nominees of this year's Jonathan Schiff Awards. The Jonathan Schiff Awards ceremony was held in Boston on the Boston University campus. The Boston University Department of Psychiatry, in partnership with the Massachusetts Department of Mental Health (DMH) presented the 2014 Jonathan Schiff Awards. The Ceremony recognized several individuals across the state that have shown courage, secured employment, and exemplified their recovery.

I am proud to say that there were two deserving nominees from our Taunton CBFS program. Both Audrey Audette, nominated by Sandra Willette of DMH Taunton and Derek Minchener, nominated by Michelle Pelletier of CBFS Taunton, deserved to win. They both have had to overcome personal barriers on the road to competitive employment. Both have succeeded in finding meaningful work – work of their choosing. According to Derek, ***“working is an important part of my recovery, as it gives purpose to my day and meaning to my life”***. Derek also stated that his job gives him ***“social benefits, as well as connections to his community.”***

Audrey Audette was one of this year's Award recipients. Audrey has certainly earned the honor and distinction that accompanies the award. According to Sandy Willette, Audrey has overcome a great deal of adversity in her personal recovery journey. Audrey reports that working gives her a ***“greater purpose and satisfaction in life and the opportunity to give back to others.”*** Audrey also stated that ***“Doing something I am skilled and good at gives me a greater sense of self-esteem, self-worth, and self-confidence. Working also provides me a means of supporting myself financially. I am able to work toward my life-goals of improving my housing, my social circumstances, and my financial security.”*** This was certainly true, because along with the award, Audrey received a \$400 check, which was the icing on the cake!



## CCIT Grant News



From left to right: Taunton Policeman Steven Turner, PNG Board Members: Patrick Flaherty, Lisa Budge-Johnson, Sandra Smith, Mark Iannucci, and Hilary Troia

On behalf of the Community Crisis Intervention Team (CCIT) Police Officer Steve Turner accepts a donation check for \$500 from **Therap-Ease, Inc.** of Plymouth, MA. This money will be used towards mentoring other communities on starting a CCIT model.

The **Taunton Rotary Club** was another contributor to CCIT this year. They donated \$425.00 for the purchase of new MP3 players. These players are used by participants at CCIT trainings to demonstrate what it's like for a schizophrenic in the "hearing distressing voices" segment of their curriculum.

## 63 Winthrop Street—New CCBC Site

CCBC recently finalized purchase of the 63 Winthrop Street property in Taunton, formerly the home of Roster & Antine, Attorneys at Law. Prior to 2005 when CCBC moved to Mill River Place, our Executive Offices were located on part of the first floor. Going forward, once renovations are completed it will become office space for our growing CBFS program.



## Partnering with the United Way

### United Way Community Impact Funding

Each year CCBC staff participate in our annual United Way campaign. Your generosity helps the United Way provide services/programs that impact our community in the areas of Education, Income, Health, and/or Basic Human Needs.

Through United Way's Community Impact Funding, agencies (tax exempt health/human services organizations) have the opportunity to apply for funding for specific programs that impact community needs. CCBC has been a past recipient and is a current recipient of funding for 2013-2014. CCBC Programs that were funded include: *Home Again Housing Program, Homes with Heart, Elder Mobile Outreach Team, and the Community Crisis Intervention Team.*

CCBC's Home Again Housing Program is currently featured on the United Way of Greater Attleboro/Taunton (UWGAT's) website under Community Impact Results – Success Stories. It is a powerful example of how the United Way, committed community partners like CCBC, and public engagement work together to successfully impact communities.

### Fighting Homelessness Community Counseling of Bristol County, Inc.

"Lucy" is a middle-aged divorced woman with a teenage daughter. She was unable to pay her rent and she and her daughter were evicted from their apartment.



Lucy suffered physical and psychological pain in an abusive marriage that left her blind in one eye and walking with a cane. She is disabled and collects \$585 a month in SSI benefits. Her daughter has severe behavioral issues and has been diagnosed with Schizophrenia.

After being evicted from their apartment, Lucy and her daughter were placed in temporary motel housing. Their room had no stove, no refrigerator and no bus service. After living in 3 different motels in 6 months, Lucy and her daughter found help at Community Counseling of Bristol County's *Home Again Housing Program*.

Lucy and her daughter were accepted into CCBC's Permanent Supported Housing Program for persons with disabilities. This program provided them with rent subsidy and the mental health case management support they needed.

They found an apartment with the help of their housing case manager and for the first time, Lucy does not have to share a bedroom with her daughter. Through educational, medical and mental health services, CCBC continues to provide Lucy and her daughter with the support they need to regain stability in their lives.

### United Way Day of Caring



offers partner agencies the opportunity to complete out of the ordinary projects that otherwise would not be done, allowing additional program dollars toward direct services for clients. Last year, non-profit agencies in our community saved over \$115,000 in man hours through Day of Caring volunteers. Recently, CCBC's Attleboro Community Based Flexible Support Program (ACBFS)

was the recipient of a very special Day of Caring project:

### A Renovation for 91 George Street

By Deb Kaluzny  
ACBFS Program Director

It is with great enthusiasm that we announce the transformation of the 91 George Street Group Living Environment (GLE) in Attleboro. Thanks to a welcome Day of Caring collaboration between the UWGAT, a band of kind and generous volunteers from Johnson & Johnson, and a team of dedicated CBFS staff, we were able to kick off a major cosmetic renovation to the George Street residence. Gallons of paint were put to good use, as plain walls became canvases for beautiful warm colors and we watched in awe as a house truly became a home.

Red, gold, buttery yellow and toasty caramel paint transformed walls in the house, as residents saw their rooms personalized with the change that a fresh coat of paint can bring. With deft hands and sure strokes of the brush, we worked alongside neighborhood volunteers towards not only a more beautiful and inviting space, but also a greater sense of community, as we witnessed smiles and gratitude from the residents who lived there.

We are grateful for the experience and look forward to our next collaboration with the United Way and the Johnson & Johnson volunteer team. In celebration of the teamwork, we are planning to host an open house in October at the residence. A date will follow and all will be invited to pay tribute to the hard work and beautiful results!



## Suicide Prevention Support Services

By Ellen Bruder-Moore, Vice President  
of Housing & Community Initiatives

CCBC was recently awarded a contract by the Department of Public Health (DPH) to provide Suicide Prevention Support Services in Southeastern Massachusetts. The services will begin on October 1<sup>st</sup>, 2014 and will provide four interventions:

### 1) An Online Screening and Referral process:

During the first 9 month period of the contract we expect to screen 100-120 individuals in the priority population, which is males who are between 25-54, as well as elders 55 and above, with at least 80-90 being referred for services in CCBC's Outpatient, Elder Partial, Community Support Program, or Elder Mobile Outreach Team (EMOT). The screening tool we implement will be available both on our website, as well as in our reception area for walk in intakes.

### 2) Assessment and Intervention Training for mental health clinicians, health and substance abuse professionals:

We expect to provide QPR-triage training to front desk/intake staff, as well as our outreach staff in CBFS, CSP, and Housing who interact with clients on the phone and in person as they call or walk in for assessment and potential services, and in the community.

We expect to provide QPRT training to clinicians/intake coordinators who will be doing the actual intakes, risk and trauma assessments, and serving the priority population.

**What is QPR?** From the QPR website: **"QPR stands for Question, Persuade, and Refer** – 3 simple steps that anyone can learn to help save a life from suicide. Just as people trained in CPR and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis

and how to question, persuade, and refer someone to help. Each year thousands of Americans, like you, are saying "Yes" to saving the life of a friend, colleague, sibling, or neighbor."

### 3) Suicide Prevention Gatekeeper Training to elders in the community:

This training teaches elders and the support staff in the programs to be aware of their peers who may be exhibiting high risk behaviors. From the QPR website: "According to the Surgeon General's National Strategy for Suicide Prevention (2001), a gatekeeper is someone in a position to recognize a crisis and the warning signs that someone may be contemplating suicide. Gatekeepers include parents, friends, neighbors, teachers, ministers, doctors, nurses, office supervisors, squad leaders, foremen, police officers, advisors, caseworkers, firefighters, and many others who are strategically positioned to recognize and refer someone at risk of suicide."

#### QPR-trained Gatekeepers learn to:

- Recognize the warning signs of suicide
- Know how to offer hope
- Know how to get help and save a life

We expect to provide Gatekeeper Training to elders and staff at the local Councils on Aging, as well as CCBC's Elder Partial and EMOT programs.

### 4) Support Programs and Services for Suicide Attempt Survivors and Survivors who have lost a loved one to suicide, which would be provided across the lifespan:

During the first 9 months of the contract in the Support Programs we expect to serve 18 individuals in the Suicide Attempt Survivors Programs for Teens/Young Adults/Middle Aged Adults, 18 individuals in the Suicide Survivors Support Program, and 18 individuals in the Elder Support Group for 55 and above.

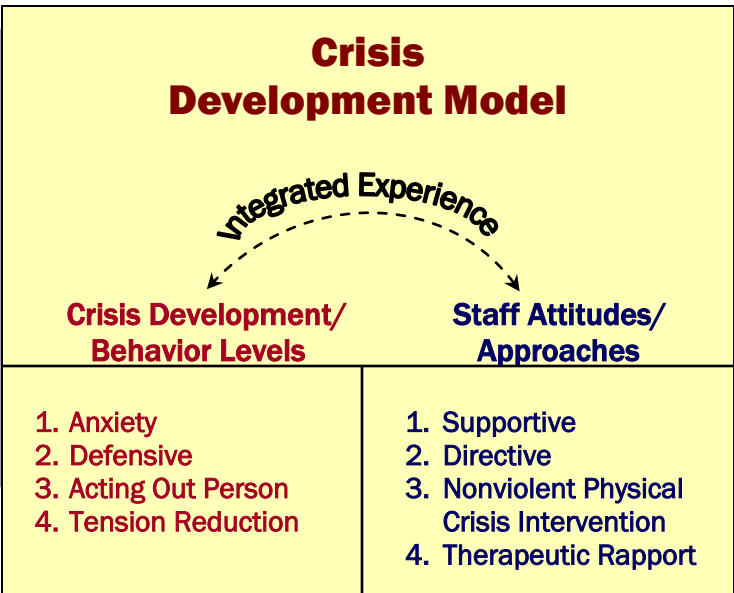
Please contact Ellen Bruder-Moore, Vice President of Housing and Community Initiatives at 508-977-8123, [ebruder-moore@comcounseling.org](mailto:ebruder-moore@comcounseling.org). if you have any questions about the program.

# CPI: Pathway to Prevention

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

CPI's **Crisis Development Model** was designed as a way to identify stages of behavior and match interventions to that level. The goal is always to be proactive and to support others in managing their own behavior. If early intervention is not successful or one encounters a person who is already escalated, then the model helps staff at those stages as well.

In this installment we will be focusing on the first two stages.



**Definitions:**

- 4. *Tension Reduction: A decrease in physical and emotional energy that occurs after a person has acted out, characterized by the regaining of rationality.*
- 4. *Therapeutic Rapport: An approach used to re-establish communication with an individual who is experiencing Tension Reduction.*

**As a reminder:**

**Anxiety:** A noticeable change or increase in a person's behavior.

**Supportive:** Empathy, nonjudgmental approach to help alleviate anxiety.

**Defensive:** Beginning stage of loss of rationality; challenging authority or becoming belligerent.

**Directive:** Manage a situation by setting limits. (giving options).

Typical behaviors in the **Anxiety** stage include fidgeting, pacing, finger drumming, and other nervous actions. At the **Defensive** stage the person may start to challenge authority and refuse requests. As you can see, there is a beginning loss of rational control.

Rational-Emotive Therapy looks at thoughts, feelings, and actions. Thoughts lead to feelings. Feelings lead to actions.

Now if we look at **Anxiety** as baseline behavior, then we can start to go beyond the actions. What's generating the thoughts and feelings behind them? While in the **Anxiety** stage, the client is still in a redirection zone. Our **Supportive** responses can have a positive impact and keep the client in a position to talk about what's going on at a deeper level. Even at the **Defensive** stage, all is not lost. There are thoughts and feelings contributing to those actions as well, however being more **Directive** in approach is required to de-escalate things. (Remember when someone is becoming less rational; they might not be able to "hear" a lot of words.)

By remembering that there are thoughts and feelings reminds us not to react to actions alone. This helps in depersonalizing behavior and can lead us toward the most supportive (therapeutic) interventions possible.

**BONUS QUALITY QUOTE**

*"You can't use up creativity. The more you use, the more you have." — Maya Angelou*

## CCBC is updating its logo and website!

By Becky Roberts  
Newsletter Editor

### Our logo.

The CCBC logo that was established 20 years ago has served us well—but it has become dated. With 12,000+ clients, 400+ staff, and a growing number of programs and services (with some services located beyond Bristol County), the decision was made to create a new, more contemporary CCBC logo for the organization. I am pleased to tell you that we are close to achieving this goal!

Recently, we utilized the web-based design company “99designs,” to help us create a new logo. As of this week, designs have been narrowed down to the top three, and we will be selecting a winner within the week. Once a winner is determined, we will move forward with a step by step transition that will replace our logo on all forms of media and paper.

### Our website.

The social media revolution of the past few years has completely changed the way we use and experience the web. Websites have become more user friendly in response to growing technology that combines color and design with

ease of navigation, useful links, movement, videos, and interactive content to reach its audience. CCBC’s goal is to present a website that looks fresh, relevant, and is easy to use. Statistics have shown that a responsive website that is easy-to-use encourages visitors to stay and read the content. In addition, with increasing smartphone usage, mobile viewing is now just as important as desktop. As a result, more designers are setting up mobile-optimized sites to provide the best user experience and avoid configuration mistakes. It is CCBC’s objective to have a website that maximizes all of the above techniques to create a dynamic site.

### Coming soon.

Over the past year a social media committee has met several times to discuss how CCBC can best integrate social media into the agency’s web presence. As most of us know from personal experience, social media can drive awareness, share stories, and cultivate relationships. However, it can do the same for organizations too, by allowing us to collaborate and connect easily, and increase the network of volunteers, supporters, and donors. With that said, CCBC plans to implement and maintain a presence on Facebook. Ultimately, as we begin to engage our own communities in online conversations, it is our hope that we can reach more people than ever before, and make a greater impact on the lives of those we serve.

## MISSION STATEMENT

THE PURPOSE AND MISSION OF COMMUNITY COUNSELING OF BRISTOL COUNTY, INC. (CCBC) IS TO DEVELOP AND DELIVER COMPASSIONATE, RESPONSIVE, CULTURALLY COMPETENT, AND QUALITY MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES TO MEET THE PREVENTION, EDUCATION, TREATMENT, REHABILITATION AND RECOVERY NEEDS OF THOSE IN OUR COMMUNITY. THESE SERVICES ARE BASED ON THE LATEST EVIDENCE-BASED APPROACHES TO RESPOND TO THE COMPLEX NEEDS OF CHILDREN, ADOLESCENTS, ADULTS, ELDERLY AND FAMILIES AS PART OF A LOCALLY INTEGRATED HEALTHCARE DELIVERY SYSTEM LINKED TO REGIONAL AND STATEWIDE DELIVERY SYSTEMS.



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