



DMH Connections

A publication of the Massachusetts Department of Mental Health
Office of Communications & Community Engagement
February 2010



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DMH Office of Communications and Community Engagement

Anna Chinappi, Director

Questions or suggestions? Contact Anna at 617-626-8124

Please contribute to the next edition of DMH Connections

Deadlines for upcoming issues:

February 12 for the March 1

The CBFS Steering Committee: A Model for Cooperation

In June of 2009 the Department of Mental Health launched an exciting new partnership with its Community Based Flexible Supports (CBFS) partners. The CBFS Steering Committee is a collaborative effort by DMH to solicit input from all stakeholders regarding how we deliver CBFS services.

Steering Committee members include representatives from CBFS provider agencies, representatives from the Transformation Center and the Recovery Learning Centers and DMH Area and Central Office staff. Co-chaired by Marcia Fowler, Acting Deputy Commissioner for Mental Health Services, and Sara Hartman, Vice President, Mental Health, Associated Behavioral Health, the Steering Committee is how stakeholders, consumers and providers are kept engaged and informed as CBFS continues to transform the community mental health system.

The Committee's lively monthly meetings serve as a forum where providers can share strategies and practices with each other; peers can share the experience of consumers of CBFS and provide the perspective of peers and consumers to the discussion of CBFS services. It's where DMH can communicate around issues concerning CBFS implementation and where peers, providers and DMH can share resources.

The Steering Committee also serves as a forum to address outstanding issues regarding the initiation and implementation of CBFS services. If needed, the Steering Committee charters subcommittees and workgroups to address particular issues as they arise. Workgroups have already been created to collaborate on developing CBFS outcomes and to address issues around employment and staff development.

"The Steering Committee is an exciting opportunity for the Department to engage its partners in developing and implementing this new service," said Assistant Commissioner Marcia Fowler. "In the workgroups, peers are working with providers and DMH staff on developing the outcomes they want to see from this service. This is invaluable."

The CBFS Steering Committee meets the third Wednesday of the month. Workgroups and Subcommittee schedules vary. For more information, contact Liam Seward, Manager of Program Implementation and Integrity at Liam.Seward@dmh.state.ma.us.

And check out information on the CBFS Steering Committee on the DMH website at <http://tinyurl.com/ya7fekp>.



Pictured left to right: Members of the CBFS Outcomes Workgroup Lisa Halpern, Beth Lucas, Gary Pastva (co-chair), Susan Abbott (co-chair) and Ted Taranto. The team also includes Connie Maranto, not pictured.

DMH Citizens Breakfasts Scheduled

newsletter

March 19 for the April 5
newsletter

Please send all materials to
[Michelle Cormier](#)

Department of Public Health Blog



[Click here](#) to view the DPH blog which features expert tips on nutrition and physical activity as well as a roundup of health and wellness events.

PACE URL Has Changed

The new URL is:
www.pace.state.ma.us/dmh

DMH users can also access PACE from the PACE link on the home page of the DMH intranet.

Multicultural Corner

"Beyond the mountains more mountains"



~ An old
Haitian
Proverb

What does this saying mean in the context of the Haitian culture? The old proverb reflects the Haitian view that beyond current problems lie others. This does not mean all Haitians carry this view and individual differences must be respected.

On the other hand, culture is a driving force in shaping communication, behaviors, values and beliefs that impact an individual's experience and response to trauma. Having information about the country's history, family values, gender roles, beliefs, religion and spirituality helps us to connect more easily with those who we want to share our support.

The Haiti earthquake hits particularly close to home to the more than 58,000 Haitian Americans who live in Massachusetts (American Community Survey, 2006-2008). Some have lost family or friends in the disaster and some are still trying to locate their missing family members or friends in Haiti.

If you want to know more about Haiti, the history and population, family traditions, gender roles, beliefs, religion and spirituality, language and communication, concept of health and treatment issues, death and dying and much more, please refer to these three links:

[Background on Haiti and Haitian](#)

DMH will host its annual series of Citizens Legislative Breakfast in the coming months. This is an opportunity for members of the mental health community to meet with their legislators, thank them for their support and discuss how DMH helps people with mental illnesses recover and live satisfying lives in communities of their choice. It is also an opportunity for consumers and family members to share good news and success stories about their life experiences.

The theme of this year's breakfast series will focus on Community First, transformation and the FY2011 budget.

Below are the dates and times for each Area breakfast:

Tuesday February 2, Metro Suburban Area, Great Hall, State House

Tuesday February 9, Southeastern Area, Great Hall, State House

Thursday March 11, North East Area, Great Hall, State House

Friday March 19, Central Mass. Area, Worcester Technical High School, One Skyline Drive, Worcester

Wednesday March 24, Metro Boston Area, Great Hall, State House

April TBD, Western Mass, Area, location TBD

The State House events start with registration and refreshments from 9:30 to 10 a.m. and the program begins promptly at 10 a.m. and runs until approximately 11 a.m.

Mental Health Community Mourns the Passing of Judi Chamberlin, A Visionary in the Consumer Movement

**A message from Department of Mental Health
Commissioner Barbara Leadholm**

It is with great sadness that we say goodbye to Judi Chamberlin **pictured right**, a visionary among the mental health community, who passed away this weekend at age 65 after a long illness.



Most of us in our lifetimes never get the chance to meet a true pioneer, a true visionary, someone whose time on earth has had and will continue to have a profound impact on the lives of others. Judi was that person. She never allowed her psychiatric illness to limit her, to control her or to define her.

More than 40 years ago, well before individuals with mental illness were given a say in their treatment, Judi's own experience in the mental health system sparked the movement that has changed everything. At a time when treatment for a psychiatric illness often meant a life sentence to an asylum or state hospital and to a life of hopelessness and isolation, Judi talked about, promoted and advocated for the concepts of recovery, consumer involvement, consumer run and directed programs, independence and dignity.

She put that basic thinking into a book called "On Our Own," which was published in 1978. In it she argued that, as she had experienced, just the ability to have some say in your own treatment was critical in making that treatment work. And because of Judi's courage, dignity and refusal to accept that mental illness would ever limit her or anyone else, the consumer and recovery movement was born.

Because of Judi's extraordinary advocacy and conviction, recovery from mental illness has become real. We are all so fortunate to have had Judi Chamberlin touch our lives, change our course and most of all, leave us the legacy and the guidebook that will keep mental illness out of the darkness and consumers and their families in a place of hope and dignity.

Late Saturday night, she died as she wished: at home, in her favorite chair, surrounded by friends and family. Her passing is a great loss to the mental health community and we extend our deepest sympathy to her family, friends and the many lives she so eloquently and elegantly touched.

Please visit [Judi's blog](#) to read and learn more about this remarkable woman:

[Health Culture.](#)

The State University of NY at Buffalo Center for International Rehabilitation Research Information and Exchange has 13 monographs for [rehabilitation provider's guide](#) to culture of the foreign born including Haitian as one of 13 countries.

A four-page Tip Sheet on Haitian Culture published by the State University of New York-New Paltz, [Institute for Disaster Mental Health](#) includes mental health characteristics, understanding Haitian Children and Families and impact of mass burial and culture on bereavement.

Mountains Beyond Mountains by Tracy Kidder on the quest of Dr. Paul Farmer and his work in Haiti on health care is another book that provides cultural insight of people in Haiti.

State Rallies for Haiti Relief Efforts



Statewide efforts continue as citizens of Massachusetts grapple with the impact of the Haiti earthquake. We extend our condolences to all state employees who have lost family or friends in this tragedy and our thoughts are with those who are still working to locate missing family members and friends in Haiti.

The Governor is working closely with the federal government, cities and towns and local organizations and faith communities to stand by and support the Commonwealth's vibrant Haitian community during this difficult time. Gov. Patrick activated the Massachusetts Emergency Management Agency to coordinate information gathering and sharing. There are many resources to access for volunteering, offering help, making donations and giving support of any kind, some of which are listed below.

DMH, coordinated by Emergency Management Director Ashley Pearson, has more than 200 Behavioral Health Disaster Responders available and throughout the Haitian communities is providing assistance.

Here is some useful information for state employees affected by the tragedy in Haiti or for those wanting to help:

For a complete Frequently Asked Questions for state employees, go to the DMH Intranet at <http://tinyurl.com/yebbjoh>.

To make a monetary donation:

- The Commonwealth has established a system to quickly collect special donations over the Internet, using the

It's Clear: Smoke-Free Culture Change Is On Track



With DMH inpatient facilities seven weeks into the implementation of the [Tobacco-Free Initiative](#), the culture change to a smoke-free environment is moving forward. All of DMH's Community Mental Health Centers and Site Offices have also gone tobacco free.

Our residential programs have been operating under a temporary waiver that allows for the interim use of a buffer zone or designated smoking area. During this waiver period, residential programs have been busy educating clients and staff about smoking cessation; encouraging clients to make quit attempts and making referrals to primary care practitioners and psychiatrists to discuss nicotine replacement therapy. Other programs have brought smoking cessation specialists into the residences to talk with staff; utilized peer support services; offered the use of carbon monoxide meters to clients to monitor their CO levels; and used Motivational Interviewing to promote discussion about change in smoking habits with clients. Some of our residences have already gone completely tobacco free - our congratulations to them!

In preparation for a status report to the Department of Public Health on March 1, DMH will be seeking feedback from each residential program on the challenges faced by each site during the past several months of preparation, as well as their achievements and success stories as they move toward full implementation of the policy.

A Smoking Cessation eLearning is now available on [PACE](#) for staff interested in quitting. The eLearning is based on a Massachusetts Department of Public Health booklet and will walk you through the four steps of quitting smoking:

1. Identifying a reason to quit
2. Making a quit plan
3. Setting your plan in motion
4. Becoming a non-smoker

The eLearning only takes about 15 minutes and has links to other tools and resources.

DMH is also preparing a self-study presentation for PACE that will provide a general introduction to understanding tobacco addiction and assisting clients with cessation.

VOIP Update: Final Western Mass. Area Site is Converting

DMH continues to make steady progress in our efforts to convert our sites to VOIP. The final Western Mass. Area site, Northampton, will be converted on February 4.



On that day,

- DMH users calling from outside of the Western Area will need to call 10 digits in order to reach any DMH telephone in Western Mass
- Callers from within the Western Area will be able to reach other VOIP locates using 7 digits
- Callers from within the Western Area will need to call all other DMH sites using the full 10 digits

While we are in transition over the next several months, it will be necessary to use the following guidelines when making your calls to insure that you are dialing correctly.

IF YOU ARE	AND THEY ARE	THEN YOU
Old System	Old System	Call the existing 5 digits
Old System	VOIP	Call the full 10 digits
VOIP	Old System	Call the full 10 digits
VOIP	VOIP (DMH&EHS)	Call the new 7 digits

As sites are converted, IT will continue to send project updates, like this one, so that you will know when changes occur. In addition, we will be launching a DMH VOIP web site so you can easily keep track changes. More to follow shortly on that launch.

AIT extends its appreciation to the Western Mass. users and management. Their collective efforts and willingness to be first in this effort is greatly appreciated and the lessons learned from their experience will benefit us all. The VOIP Project Team and the DMH Area Team take this opportunity to thank you all for your cooperation and patience as we move forward with this project to improve the

<http://www.comecc.net/> website and a credit card, for different COMECC-approved relief organizations.

- Donate directly to the organization of your choice. A list of some possible agencies is provided on [this website](#).

Some more local options:

[United Way of MA Bay](#)
[American Red Cross](#)

[Click Here](#) for MA Attorney General Tips on Giving Wisely to assist earthquake victims.

To donate clothing, food, or other items:

In the event of a disaster, the best donation is cash. It is easily received, transported and distributed. Cash also helps a local community restart its economy. In-kind clothing donations are best when they come from companies that can provide new items in quantities to meet the mass care needs of victims. Unsolicited, spontaneous donations of clothing from individuals and community groups, although well intentioned, have hidden costs and pose a number of complications for initial relief efforts. For this reason, sending or delivering used clothing to a disaster area is not recommended. See also: <http://www.cidl.org/news/haiti-quake.htm>.

News from CMHS

President Obama Issues New Rules on Parity Law

The Departments of Health and Human Services, Labor and the Treasury last week jointly issued new rules providing parity for consumers enrolled in group health plans who need treatment for mental health or substance use disorders.

"The rules we are issuing will, for the first time, help assure that those diagnosed with these debilitating and sometimes life-threatening disorders will not suffer needless or arbitrary limits on their care," said Secretary Sebelius. "I applaud the long-standing and bipartisan effort that made these important new protections possible."

The new rules prohibit group health insurance plans--typically offered by employers--from restricting access to care by limiting benefits and requiring higher patient costs than those that apply to general medical or surgical benefits. The rules implement the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).

MHPAEA greatly expands on an earlier law, the Mental Health Parity Act of 1996 which required

reliability of DMH's phone and data service.

Lester Blumberg Honored with JCRC Executive Achievement Award



DMH General Counsel Lester Blumberg, pictured at left with Commissioner Leadholm, was recently honored with the Executive Achievement Award, presented to him at a gala event at Suffolk University by Stuart Rossman, president of the Board of the Jewish

Community Relations Council of Greater Boston (JCRC).

JCRC and the Association of Jewish Federations (MAJF) hosted its Thirteenth Annual Legislative Reception chaired by Ben Sigel and Nanette Friedman and attended by leaders from the organized Jewish community and legislators from across the Commonwealth.

For nearly 20 years, Lester Blumberg has worked for the DMH providing guidance and light for the most vulnerable citizens of the Commonwealth and their families. Lester has also served the Department as Chief of Staff, Assistant General Counsel and Deputy General Counsel. A passionate advocate, Lester strongly supports the DMH mission of recovery for adults, adolescents, children and families with serious mental illness. He has been instrumental in advancing many policy and legislative initiatives during his tenure with DMH, including Mental Health Parity, the Children's Mental Health law, Civil Commitment reform and CHINS reform. He also facilitated the legislative Facility Feasibility Commission that resulted in approval of construction of the new state-of-the-art DMH psychiatric facility in Worcester.

Lester facilitated a partnership between DMH and DPH, developing initiatives to improve services for individuals with mental illness receiving emergency care. He also serves on the interagency task force that links law enforcement, adult protection, human services and others to address violence committed against persons with disabilities.

In the past, JCRC has honored public servants from the Executive Branch for their important contributions to the community at large and Lester certainly qualifies for that recognition. The award recognizes Lester's commitment to also serve as a leader in the Jewish community. He has served as a Jewish Big Brother Big Sister volunteer, the president of the board of directors of the Billy Dalwin Pre-School of Temple Emunah and most recently as president of Temple Emunah in Lexington. There, he pursued a policy of inclusiveness in which all members of the community, including families with children with special needs, interfaith families, nontraditional families and marginally affiliated Jews can feel welcome.

Recovery is Real with Person-Centered Planning

Person-centered planning is real and happening now throughout DMH. The Person-Centered Initiative has launched a series of trainings across the state, beginning in the North East Area. The first training was conducted for a group of DMH staff from both inpatient and community settings, CBFS providers and consumers. Jeff Keilson led the presentation which offered an overview of person-centered planning, how to support people in their recovery and the role of the facilitator. A highlight of the training was a presentation by Laurie Bolduc, a Peer Recovery Specialist, who spoke about her personal experiences with the mental health system.

Person-centered planning is a process, directed by the participant, intended to identify the strength, capacities, preferences, needs and desired outcomes of the participant, according to the Centers of Medicare and Medicaid.

The phrase "Person-Centered" has met with varied responses:

- "We already do person-centered planning."
- "How do we bill for this?"
- "Isn't this just irresponsible care?"
- "How on earth do I write that as a goal?"

parity only in aggregate lifetime and annual dollar limits between the categories of benefits and did not extend to substance use disorder benefits.

The new law requires that any group health plan that includes mental health and substance use disorder benefits along with standard medical and surgical coverage must treat them equally in terms of out-of-pocket costs, benefit limits and practices such as prior authorization and utilization review. These practices must be based on the same level of scientific evidence used by the insurer for medical and surgical benefits. For example, a plan may not apply separate deductibles for treatment related to mental health or substance use disorders and medical or surgical benefits—they must be calculated as one limit.

MHPAEA applies to employers with 50 or more workers whose group health plan chooses to offer mental health or substance use disorder benefits. The new rules are effective for plan years beginning on or after July 1, 2010.

The Wellstone-Domenici Act is named for two dominant figures in the quest for equal treatment of benefits. The late Senator Paul Wellstone (D-MN), who was a vocal advocate for parity throughout his Senate career, sponsored the ultimately successful full parity act. He was joined by former Senator Pete Domenici (R-NM) who first introduced legislation to require parity in 1992. Champions of the legislation also included the bipartisan team of Representative Patrick Kennedy (D-RI) and former Representative Jim Ramstad (R-MN).

The issue of parity dates back over 40 years to President John F. Kennedy, and was also supported by President Clinton and the late Senator Edward Kennedy.

The interim final rules released last week were developed based on the departments' review of more than 400 public comments on how the parity rule should be written. Comments on the interim final rules are still being solicited. Sections where further comments are being specifically sought include so-called "non quantitative" treatment limits such as those that pertain to the scope and duration of covered benefits, how covered drugs are determined (formularies), and the coverage of step-therapies. Comments are also being specifically requested on the regulation's section on "scope of benefits" or continuum of care.

Comments on the interim final regulation are due 90 days after the publication date. Comments may be emailed to the federal rulemaking portal at: <http://www.regulations.gov>. Comments directed to HHS should include the file code CMS-4140-IFC. Comments to the Department of Labor should be identified by RIN 1210-AB30.

- "What if I think it's a dangerous choice?"

These are the types of issues and concerns addressed in the person-centered planning training. As part of the training and as part of a larger goal of the transformation of the DMH system of care into one that is person-centered, strengths and barriers highlighted throughout the course of the day are documented in recognition that change needs to occur. It is change on multiple levels--the system, the program and the individual. As with other trainings that have examined values and beliefs, in addition to concrete skills-building, participants are encouraged to consider the training as part of an ongoing journey that does not end with the conclusion of the day.

A second overview training was held last month in the North East Area in response to high interest. The schedule for the upcoming months is as follows:

- February 8 - North East Area person-centered facilitator training
- February 12 - North East Area person-centered facilitator training (Persons who would like to work in this role and assist others in using this recovery-based strategy may sign up for the training on either date.)
- March 5 - Metro Boston Area person-centered planning training (overview)
- March 22 - Metro Boston Area person-centered facilitator training

Person-centered planning has also received a new infusion of resources through the award of a Transformation Transfer Initiative grant from the National Association of State Mental Health Program Directors. As a result of this grant, the current Person-Centered Initiative trainings will be supplemented by additional activities including the ongoing consultation and support of national experts.

If you have any questions about the Person-Centered Initiative, contact Joy Connell at joy.connell@dmh.state.ma.us.

Larger Than Life Art at Alternatives

Everything is oversized in the exhibition opening Feb. 5 in the Spaulding R. Aldrich Heritage Gallery at Alternatives' Whitin Mill in Whitinsville. From an outsized M&M candy to an artist's passion for their craft, participants in Alternatives' Arts and Culture Program have been living large.

Alternatives' Art and Culture Program creates opportunities for people with disabilities to make connections they wouldn't otherwise make. Through inclusive activities ranging from photography, fine art and jewelry making to dance, music and whitewater rafting, the Arts and Culture Program has significantly increased the number of opportunities for community collaborations for the individuals who participate.

The magnification project is just one of the activities run by Alternatives' Art and Culture Program. The Art Exploration Workshop was developed in conjunction with Creative Communications Art Studio of Leicester, MA. Owner/Instructor Monique Pappas has guided participants through fun and unique uses of a variety of mediums for over three years.

The sculptural portion of this exhibit is the result of much planning and collaboration among workshop participants. Unexpected financial restrictions brought about an increased effort to conserve materials. For this project, materials were gathered from recycle centers, donations from community members and local companies as well as leftover supplies from previous projects. The group truly followed the Reduce, Reuse, Recycle paradigm. Ninety-five percent of the materials used to create these objects were recycled, reused or donated.

With this focused approach, participants were asked to choose an item they could magnify. Objects which existed on a large scale in the real world were ruled out. The closed fist of each participant became the measure of whether or not an object could be scaled up.

The results are fun and thought provoking. They are certainly one way to magnify life. Another is to encapsulate that which becomes our life's passions through more traditional means of photography, painting or through a craft like jewelry making. The scale of the objects may be very different, but the scale of their significance within each individual's life is the same.

Comments to the Treasury's Internal Revenue Service should be identified by REG-120692-09. Comments may be sent to any of the three departments and will be shared with the other departments. Please do not submit duplicates.

Early Intervention: Important Focus for Commonwealth Research Center

By Larry J. Seidman, Ph.D.
Director, Commonwealth Research Center

A paradox of adolescence and young adulthood (ages 13-30), is that the period of greatest physical health and fitness is also a time when risk for various emotional, behavioral and mental disorders is highest. Problems ranging from anxiety, depression, eating disorders, substance abuse and violence, to suicide and serious mental illnesses such as schizophrenia and bipolar disorder, tend to peak during this period.

Although psychosis occurs less frequently than some of the other problems mentioned, it is a hallmark of the most severe mental illnesses and, as a result, is associated with some of the most catastrophic outcomes, including hospitalization and severe trauma to the patient, family and others. This is compounded by enormous financial expense associated with chronic disability in many who do not get effective early treatment.

Of related importance, mental health services are less developed than those for physical health, and do not emphasize prevention and early intervention. This "hole in the system" is maximal in early intervention of psychotic disorders, mainly because until recently, it was not possible to identify persons prior to the onset of psychosis, nor treat them effectively. Yet, given the complex interplay of biological and environmental risk factors in the onset and progression of major mental illness, early intervention efforts can improve outcomes and reduce a wide range of problems. In particular, early outpatient treatment can prevent hospitalization and help youth retain the social supports and functioning so necessary for successful transition into adult life.

Thus, an important research focus of our Center of Excellence is on early intervention and prevention of serious mental illness. In response to clinical needs we have opened a new outpatient (CEDAR) clinic in Boston. To read more about this innovative program visit <http://www.cedarclinic.org>.

The Commonwealth Research Center is one of two research centers funded by the Department of Mental Health.

The exhibit opens with an Artists' reception on Feb. 5 from 5 to 8 p.m. and is open to the public. Life Magnified continues through March 28 at Alternatives' Spaulding R. Aldrich Heritage Gallery. Hours are Monday through Friday 8:30 a.m. to 4:30 p.m., nights and weekends by appointment. For information call 508-266-6502.



Pictured: Liz Caraballo creates big smiles with her larger than life toothbrush and tooth paste and Katherine Dedrich prepares a giant cup of tea.

Public/Private Effort Focuses on Reducing the Use of Restraint and Seclusion

Five State Agencies Join Parents, Providers and Schools to Promote Violence-Free Learning and Living Environments

In response to growing concern about restraint and seclusion in child-serving settings, the Commonwealth has organized a cross-secretariat effort to reduce and prevent their use. Capitalizing on the Department of Mental Health's nationally recognized, successful 10-year initiative and significant reductions in use statewide, the Secretaries of Health and Human Services and Education jointly launched the Massachusetts Interagency Restraint and Seclusion Prevention Initiative.

This Initiative, which officially kicked off last spring, brings together leaders from the state Departments of Children and Families (DCF), Mental Health (DMH), Youth Services (DYS), Early Education and Care (EEC), Elementary and Secondary Education (ESE) to work in partnership with the Office of the Child Advocate and parents, youth, providers, schools and community advocates to focus on preventing and reducing the use of behavior restrictions that can be re-traumatizing, in particular the use of restraint and seclusion. The vision for the multi-year effort is that all youth-serving educational and treatment settings will use trauma-informed, positive behavior support practices that respectfully engage families and youth. Specifically, the goal is to ensure that treatment and educational settings use behavior management techniques that reflect current knowledge about early traumatic experiences impact the development of children.

Research has demonstrated that the use of restraint and seclusion can lead to physical injuries and be emotionally traumatizing for children, especially those who have already experienced trauma in or out of the home. Restraint and seclusion can also be harmful to staff working in schools or residential settings and lead to injuries and significant workforce turnover. Work of the initiative is guided by a 40-member Steering Committee and will focus on data gathering and analysis, training and convening of providers and schools, and development of new policies and regulations.

Support for Initiative is being provided through the Department of Mental Health and a grant from Casey Family Programs.

Cable Show Promotes Employment for All

Founded upon the belief that everyone can be successful with the right supports, "Employment for All" is a local cable television series promoting employment and supported by the Department of Mental Health. The show focuses on all aspects of employment for people experiencing vocational challenges, particularly those living with psychiatric disabilities. The primary objective of the series is to increase awareness of how people choose, get and keep employment. Each week guests are interviewed on topics that promote employment and help enhance a person's overall well being. Guests are featured on school-to-work transitions for transition age youth (TAY), workforce diversity, disclosure, reasonable accommodation and networking strategies.



Riverside Merger Strengthens Child and Family Services

Riverside Community Care has merged with the Guidance Center, a child and family service agency serving Cambridge, Somerville and surrounding communities. The Guidance Center, which has been an invaluable resource in the Cambridge area since 1954, provides an array of services to help children and families cope with developmental, mental health, social and behavioral difficulties. The Center's services support the goals of all parents: to see their children imagine hopeful futures and grow into healthy productive members of the community.

The Guidance Center will retain its name and services in Cambridge and Somerville. Borja Alvarez de Toledo, who had been VP of Operations for The Guidance Center, is the Division Director for Riverside's newly-created Child and Family Division. Susan C. Ayers, The Guidance Center's former Executive Director, is now the Director of Development of Child and Family Services for Riverside.

Riverside and the Guidance Center are integrating operations and will continue existing programs in their respective geographic areas. Riverside's core service area extends throughout eastern and central Massachusetts, offering a broad range of health and human services to children and adults, including mental health care, developmental disability and brain injury programs, substance abuse treatment and early childhood services.

"The Guidance Center's vibrant commitment to family-centered and community-based work is complimented by Riverside, ensuring that Massachusetts' children and families will continue to receive the most effective and efficient care," said Ms. Ayers. Scott M. Bock, Riverside President/CEO, is equally enthusiastic about the merger noting that "This strategic partnership, which combines the two organizations' expertise, resources and long-standing traditions of providing high quality care to children and families is mutually beneficial for our organizations."

Conferences and Events

Massachusetts Department of Public Health, Suicide Prevention Program Workshop Calendar is now available offering

workshops from February through April and will be adding more workshops throughout the year.

When registering for a workshop, please note that each event has tabs titled with information regarding the workshop. Space is limited for each workshop and fills

Each segment is a half hour and is hosted by Kimberly Bisset, Ed.D., **pictured on the left with a guest**, as well as other trained hosts.

Recent guests include Commissioner Leadholm and Joan Mikula, DMH Assistant Commissioner of Child and Adolescent Services. Joan reflected upon the importance of creating services that are responsive to the needs of young adults saying "so many of our youth feel that they are alone. I think we have to keep remembering that youth with mental health issues, that they are youth first. Their needs are no different than that of every other person between the ages of 16-25 or 19-30 that we see in our communities and in our world."

Future guests include Janice LeBel, Ph.D., Director of Program Management in the DMH Child and Adolescent Unit, who will discuss reducing restraint and seclusion; and Dr. Bruce Meltzer, Medical Director, and Caroline McGrath, RN, Executive Director, who will talk about inpatient and intensive residential at Adolescent Unit at Westborough State Hospital.

The show airs on Boston Neighborhood Network live 5 p.m. every Wednesday and repeated on that Friday at 9:30 a.m. and the following Monday at 8:30 p.m. BBN broadcasts on Channels 9 and 23 (Comcast) and Channel 20 (other cable carriers). "Employment for All" currently airs in nine cities: Arlington, Attleboro, Brookline, Cambridge, Easthampton, Salem, Somerville, Sutton and Winchester. Please check your local cable show listing for days and times.

To watch some clips of "Employment for All" broadcasts, go to www.youtube.com/employmentforall

Check back often as shows are frequently added to YouTube.

It's a WRAP for 14 Graduates

Fourteen community members from the Southeastern Mass. Recovery Learning Community (RLC) were honored at a graduation ceremony after they recently completed Mary Ellen Copeland's Mental Health Recovery including Wellness Recovery Action Plan (WRAP), a journey of recovery and self discovery. The 2010 graduates are Vincent Soldani, Laurie Ryan, Cathy Lima, Pat Belliveau, Pat Colbert, Stanley Stinson, Janice Faith, Joann Ciborowski, Stephen Casey, Rose Wyman, Rick Ciaccio, Mary Elliott, Ellen Delano and Briana Spencer.

This is the second time Elizabeth Amaral, CPS, of the SEA RLC, and Bob Rousseau, CPS, New Bedford PACT mobile treatment team, partnered to bring WRAP to individuals from two different agencies. Representatives Andy Dawley from Community Counseling of Bristol County and Veronica Delano from Fellowship Health Resources attended the ceremony.

Andy Dawley spoke of his experience of WRAP in action. "I've seen first-hand how WRAP can enrich a person's recovery. I've had the opportunity to watch Elizabeth learn and grow by using her plan. A WRAP plan is a living and breathing document. Your plan should not just be placed on a shelf because the work you have done is far too important not to continue."

Joann Ciborowski, graduate and peer specialist at Fellowship's New Bedford Community Based Flexible Support Program (CBFS) remarked, "I feel more confident personally and professionally as a peer specialist. I have another tool on my tool belt."

Stanley Stinson, co-chair of the RLC's Guiding Council and Adult Basic Education teacher for the RLC, commented on the many wellness tools he is discovering on a day-to-day basis. One of these calming activities includes working on building and painting model cars.

All graduates received a certificate of completion and several received certificates for perfect attendance. Each graduate now has the ability to offer a one-to-one individual WRAP to someone who is interested.

Bob Rousseau delighted the gathering by bringing his keyboard and sharing a beautiful song of recovery. "When You've Been Hurt Inside," an original song written by Rousseau, is an ode to sitting with pain during difficult times.

up quickly, so please register before the deadline. The calendar will also be posted on our website:

www.adcare-educational.org

[Click here to view the entire Suicide Prevention Training Calendar](#)

Upcoming Trainings offered by The Bridge Training Institute
Critical Risk Management Issues in Clinical Practice

A Series of Day-Long Trainings
All trainings run from 9 a.m. to 3:30 p.m. and will be held at the Best Western Royal Plaza Hotel, 181 Boston Post Road West, Marlborough
CEUs for social workers and mental health counselors will be provided.

For more information, contact Stephen Murphy 508-755-0333

stevem@thebridgecm.org

or visit

www.thebridgetraininginstitute.org

February 4, 2010

Can We Teach These Kids To Dance? A Developmental Treatment Model for Sexual Behavior Problems in Youth
Kevin Creeden, M.A.

March 4, 2010

Dialectical Behavior Therapy in Real World Settings
Jennifer Eaton, M.S.

April 15, 2010

Cognitive Behavior Therapy: Proven Interventions for Anxiety and Depression
Peter Moran, Ph.D.

May 20, 2010

Mindfulness Strategies for Mental Health Professionals & their Emotionally Dysregulated Clients

Barent Walsh, Ph.D., & Jennifer Eaton, M.S.

June 3, 2010

Emerging Legal and Ethical Risks in Clinical Practice: Identifying and Managing Your Professional Risks When Working on Challenging Cases
Robert Kinscherff, Ph.D., J.D.

Upcoming Community Program Innovations Workshops

The fee for each workshop is \$119, with discounts available for attending multiple workshops. Registration starts at 8:30 a.m. and the workshop runs from 9 a.m. to 4 p.m.

To register online or for more information and a complete list, visit our [web page](#) or call 339-883-2195

February 5, 2010

The Anxiety Epidemic: Strategies for Treating Anxiety Disorders in Youth & Adults
Instructor: Paul Foxman, M.D.
Location: Billerica, MA - Courtyard by Marriott, Billerica

February 11, 2010

Violence, Psychiatric Disorders, & Substance Abuse in Youth & Adults
Instructor: Robert Kinscherff,

Rousseau says, "What makes us all human is that we suffer. Recovery happens when we transform our suffering into growth."

Fourteen individuals now have a new tool and a way of managing and/or eliminating uncomfortable thoughts, feelings and emotions. The closeness and true eagerness of every individual to be present was wonderful.

The SEA RLC holds a WRAP support group every Wednesday from 2 to 3 p.m. for folks who wish to further their plan. For more information contact Elizabeth Amaral at 508-828-4537 ext. 103 or eamaral@comcounseling.org. For a WRAP presentation in your area contact Elizabeth or Bob Rousseau at 508-997-6300 or rousseau@fellowshiphr.org.

A Day in the Life

Every month, *DMH Connections* talks to one of the many DMH employees who every day makes a difference in the lives of people we serve. This month, it's a day in the life of **Paulo J. Santos LMHC, an service determination specialists at Corrigan Mental Health Center in Fall River who also supervises a multicultural case management team.**

What is a typical day like for you?

Working in a community outpatient setting with individuals who are facing significant life challenges and situations makes each day unpredictable and challenging. "Mama always said life was like a box of chocolates. You never know what you're gonna get." Forrest Gump said that.

What do you consider your greatest challenges?

In today's dire economy, reduction in staff, limited resources and current period of transition, it's difficult to provide a vision of service stability and provision to our clients and colleagues. Another challenge is finding the middle ground between providing the "hands on" assistance to clients and meeting the administrative obligations.

What are your greatest rewards?

Seeing a client transition from a secure setting to an environment where they feel independent, safe, healthy and happy.

Who do you interact with the most?

As a service determination specialist, I work mostly with clients and providers. As a case manager supervisor, my interactions are with co-workers, providers and clients. I also interface with other EOHHS agencies such as the Department of Children and Families (DCF). Through service determinations for transitional age youth, I interact with clients in DCF residential placements and adult clients who have children and are DCF involved by developing collaborative treatment plans.

I also have some contact with the Department of Youth Services; the Department of Transitional Assistance to assist clients in applying for benefits; the Mass. Rehabilitation Commission and the Department of Developmental Services for referrals.

What is your experience, background, training? How did you come to be in this profession?

My experience, background and training has been diverse. I migrated to the United States as an adolescent from Portugal, giving me my first experience in diversity and cultural training.

Post high school, I worked in a shipyard in Newport, R.I., didn't enjoy it much, so I enlisted in the Army Reserves for of eight years. I earned a bachelor's degree in social work and started working in the human services field for the first time in a DYS residential placement (probably my most difficult job so far). I've worked as a substance abuse and rehabilitation counselor with the Department of Corrections and volunteered as a counselor in a homeless shelter.

I began my career with DMH in 1997 as a case manager for adults then as a child/adolescent case manager and then into my current job as adult case manager supervisor and service determination specialist.

Ph.D., J.D.

Location: Foxborough, MA -
Holiday Inn, Mansfield -
Foxborough

March 5, 2010

**Getting Dads Involved:
Building the Connection
Between Dads & Their Children**
Instructor: John Badalament,
Ed.M.
Location: Billerica, MA -
Courtyard by Marriott, Billerica

March 10, 2010

**Providing Beyond the Fence:
Challenges in Home-Based and
Wrap-Around Care**
Instructor: Mary Bettley, M.S.W.,
LICSW
Location: Billerica, MA -
Courtyard by Marriott, Billerica

March 12, 2010

**Asperger's Syndrome &
Nonverbal Learning Disability:
Differential Diagnosis &
Treatment**
Instructor: Steve Berk, Ph.D.
Location: Springfield, MA -
Holiday Inn, Springfield - Holyoke

March 19, 2010

**Psychotropic Medication for
Childhood & Adolescent
Disorders**
Instructor: Philip Anthony
Dingmann, M.D.
Location: Billerica, MA -
Courtyard by Marriott, Billerica



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I completed my master's degree in mental health at Bridgewater State College. I've taught psychology courses at Bristol Community College and do some individual therapy.

What advice would you give someone considering your profession?

Get an education, travel, live life, exercise, try different things, so that you can bring a vast array of experiences and knowledge when working with individuals who need you to be healthy to help them live a better life.

Articles of Interest

[Judi Chamberlin, writings took on mental health care](#)

J.M. Lawrence, Boston Globe

[Advocate For People With Mental Illnesses Dies](#) Joseph Shapiro, NPR

[Mental health experts help volunteers in Haiti](#)

Elizabeth Landau, CNN

[In Haiti, mental aftershocks could be far-reaching](#)

Elizabeth Landau, CNN.com

[Kerrigans faced dilemma with adult son](#)

Families often deal with mental, substance-abuse issues alone

Peter Schworm and Milton Valencia, Boston Globe

[Fattened by pills](#)

One of the biggest causes of obesity is seldom discussed. Paula J. Caplan, Boston Globe