



President's Corner

Once a year, about this time, we review our progress on the goals of our strategic plan. I won't restate the goals here; you should be able to see them posted in any one of our buildings. These goals provide the framework for all our activities. However, because advancement on each of these is at a different rate, the activity can appear to be discontinuous and even inconsistent. Hence, the need for an annual review/assessment.



We quickly came up with a list of 62 recent accomplishments or processes that directly stem from the objectives in our strategic plan. It's too many to list here, let alone explain all the connections to the strategic plan. But I thought that I'd share a partial list. There are probably items with which you are not familiar. This may give you the opportunity to discuss them further with your supervisor who may know about them or should be able to gather information about them. You might want to connect the activity or process listed with one of the goals. (Hint...the activity or process frequently supports more than one goal.)

In no particular order: new logo & signage, internal newsletter, improved website, more programs doing program newsletters, Taunton Youth Court, Journey Home, STARR, Early Childhood Mental Health services, Fatherhood grant, Community Development Block Grants to the Housing Assistance Program, Journey Home, Hillside and Community Care-A-Vans, Legislative breakfast, expanded employer coverage on health insurance, Aspergers classroom in Hyannis, "The Incredible Years" training, Berkley Summer School, myriad Department of Social Service's rate increases, Hillside & Community Care-A-Van's rate increases, hiring of a Quality Manager, increased personnel in the MIS department, new smoking grant, Suboxone service, The Walk for Kids, second annual Gala, property purchases for Lindencroft, STARR, Maple Street & New Bedford programs; Board visits to programs, computer trainings, electronic signatures, appreciation committee, adoption license, national accreditation for the Healthy Families Program, increased trainings, superlative Department of Social Services Quality Review of Lindencroft, adopting a nation-wide model for

training staff-CPI, facilities department re-organization, Berkley School Director, dashboard, increase in agency trainers, increased hiring of volunteers...

There are many more. All these things happened while high quality services were being delivered to the community members who count on us every day. The progress we make as an organization is thanks to each one of you. Together we are making a huge difference in our communities. Thank You!

Tom Fisher,
President/CEO

A Walk in the Park

John Panarese,
Director of Development

The first Walk for Kids sponsored by Community Care Services to benefit its Foster Care and Adoption Program took place at the Buttonwood Park in New Bedford on Saturday, June 2, 2007. The first time event was a great success! With over 200 people in attendance, the walkers raised over \$22,000 and created a great deal of awareness about foster kids. The Honorable Mayor Scott Lang launched the walk with a brief, poignant speech.

The weather for the day was perfect as children, adults, families and seniors walked to support our kids. Many local vendors provided food, snacks, and drinks. People enjoyed the pizza for lunch and the many giveaways, raffle prizes, and t-shirts. Our corporate sponsors included: Cat Country 98.1 Radio, Comcast, Channel 10 WNBC, the Buttonwood Park Zoo, South-Coast Media, Del's Lemonade, Crystal Ice, and New Bedford City Hall.

We are thankful to the many people that volunteered for the day, and especially to the extraordinary children, families, and friends who participated in the walk to support our foster kids.

Plan ahead to participate in the Walk For Kids 2008 to be held at the Buttonwood Park in New Bedford on **Saturday, June 7, 2008**. It's a great way to stay in shape, spend time with family, and help provide for a brighter future for needy children.



Community Care Services advocates for staff at National level

Tom Fisher,
President/CEO

You might not be aware that our organization is constantly advocating for our staff and our clients on both a State and National level. Below is a letter we sent in unison with a number of other organizations to the U.S. House and Senate conferees advocating for assistance with college tuitions for our staff.

July 24, 2007

Dear Conferee:

The undersigned organizations are pleased that the House and Senate "College Cost Reduction Act of 2007" bills put greater attention on the need for providing loan forgiveness for individuals who participate in important public service careers. As you craft a final conference agreement we urge you to include in the final bill the sections 131 and 132 in the House version of HR 2669 to ensure that child welfare workers with a degree in social work or related field will receive a limited amount of loan forgiveness after being employed in public or private child welfare services.

A quality child welfare workforce is essential to promoting good outcomes for children in the child welfare system. No issue has a greater effect on the child welfare system's capacity to serve at-risk and vulnerable children and families than the shortage of a competent, stable workforce. This shortage affects agencies in every service field, including foster care, adoption, child protective services, child and youth care, social work, and support and supervision. The timely review of child abuse complaints, the monitoring and case management of children in foster care, the recruitment of qualified adoptive and foster families, and the management and updating of a modern, effective data collection system that can result in greater and more effective research all depend on a fully staffed and qualified child welfare workforce.

The U.S. Government Accountability Office (GAO) documented this crisis in the child welfare workforce. The GAO report (GAO-03-357) found that workforce problems limit states' ability to meet the goals established in the congressionally mandated Child and Family Service Reviews (CFSRs), and stated that the analysis of the CFSRs "corroborates caseworkers' experiences showing that staff shortages, high caseloads, and worker turnover were factors impeding progress toward the achievement of federal safety and permanency outcomes."

This provision will provide incentives for more caseworkers to work in the child welfare field, will help reduce the rate of turnover and help reduce caseloads. We believe that the building block to improving our child welfare system is a strong child welfare workforce. We hope you will give this issue a high priority and we urge you to make sure that this House provision as included in Section 131 is a part of the final Conference Report.

Thank you for considering these essential provisions.

Sincerely,

AFSCME (American Federation of State, County and Municipal Employees)
Alliance for Children and Families, United Neighborhood Centers of America
American Humane Association
American Academy of Child and Adolescent Psychiatry
Arkansas Division of Children and Family Services
Arizona's Children Association
Black Administrators in Child Welfare
The Children's Home, Inc., Tampa Florida
Children's Rights
Child Welfare League of America
Catholic Charities, USA
Community Care Services, Taunton, MA
District of Columbia Children and Family Services Agency
Foster Family-Based Treatment Association
Jewish Board of Family and Children's Services, NY, New York
Lutheran Services in America
MercyFirst, Syosset, New York
Methodist Services for Children and Families, Pennsylvania
Methodist Family Services of Philadelphia
National Association for Children's Behavioral Health
National Association of Social Workers
National Indian Child Welfare Association
New England Association of Child Welfare Commissioners and Directors
Orphan Foundation of America
Pennsylvania Children and Youth Administrators Association
Philadelphia Children's Commission
Public Children Services Association of Ohio
The Committee for Hispanic Children and Families, Inc.
Voices For America's Children
Youth Home, Inc., Charlotte, NC

Housing and Support Unit



...from Our House to Yours

Susan Mazzarella,

Vice President, Housing
and Support Unit

Spring and summer have been periods of growth for Hillside! The facility itself has undergone some aesthetic changes like renovated bathrooms, new flooring and beautifully painted walls in the Memory Disordered Unit (MDU). These improvements help to reflect the warmth and caring of the program it houses. In addition, the dedicated Hillside staff worked diligently to clean, organize and beautify the physical space.

These changes stimulated the burgeoning of creative new programming ideas. There are monthly participants' council with Sue, current events with Bob, exercise programs with Sallie and Pam, a weekly sing-a-long, a rhythm band and a cooking class in the MDU called "stirring up memories" with Cheryl. Quietly interwoven with all of this, of course, is the medical attention from our nursing staff, the nutritious lunch and snacks from Linda, and the monitoring and supervision from our CNA staff that make the program not only safe but also unique. Most especially, infused throughout every corner and within every activity and interaction, is the patience, ceaseless energy and deep caring of this staff who help this special program of our Housing Unit feel like home.

Counseling and Social Services Unit

Marie Palumbo-Hayes,

Vice President, Counseling
and Social Services Unit

Exciting things are occurring in the Attleboro and Taunton Outpatient Program. The addition of a new Program Director, Nancy Murray and several new clinical staff has allowed for the development of new and expanded menu of services at both of the clinics. The community will be hearing of new types of treatment interventions beginning soon that are based on direct requests from our clients and current trends in Behavioral Health.

One example of this is that both the Taunton and Attleboro sites will be expanding the types of addiction services offered to clients. Treatment for problem gamblers and their families will soon be available at both sites. The clinics have several therapists who have been trained in the treatment of problem gambling and have applied for their certifications from the Massachusetts' Council on Problem Gambling.

The addition of Opiate addiction treatment; specifically, suboxone treatment, is underway at both sites as well. New clinicians are being hired with experience and training in the field of addiction in order to meet the client needs.

Education Unit Edification

Deb Smusz,

Vice President,
Education Unit

Well, it's that time again; a new school year is upon us! Despite the complaining, most children are ready, maybe even eager, to return to school and the company of their peers. For some students with special education needs however, the start of a new school year represents for them new opportunities for feeling confused, frustrated and embarrassed. Children who do poorly in school are more likely to have poor relationships, low self esteem, become involved with risky behaviors, have a greater tendency to drop out of school, abuse substances and become involved in delinquent activities.

When a child struggles in school, the entire family is affected. Parents are frustrated, may need to take time from work to attend school meetings and siblings may act out, feeling that parental attention is unfairly focused. Our Education Consultation, Advocacy and Mediation Services provides a lifeline for parents who need help finding and accessing the right match of educational services their child requires. Our Education Consultants partner with parents, supporting and empowering them to obtain the services their child needs to achieve academic success. If you know a child who is frustrated or unmotivated in school, is frequently absent, experiences discipline problems, has difficulty focusing on or following directions, please talk to his parent about looking into our services. More information about our services and related resources can be found on our website: www.educationconsultation.org or by calling Linda Gowen at 508.822.8637x284.

Sammi Robertson is finalizing the workshops and conferences that we'll be offering to our staff and to the community. You'll be hearing more soon. Last year over 100 people attended our programs on wellness, foster care and adoption and Asperger's Syndrome. Each offering was well-received and our mailing list is growing. Each of these events is also an opportunity for the community to learn about our programs and the agency. If you have ideas for topics or know of a dynamic trainer, please contact Sammi at 508.821.7777x382 or srobertson@communitycareservices.org. We're looking forward to expanding our calendar of events in this new fiscal year.

On June 26th the Southeast Alternative School Middleboro and Berkley campuses participated in a staff retreat. It celebrated the work our staff has done toward becoming a "Quality School," a model that melds Glasser's Choice Theory with educational practice. The day-long event featured Jonathan Erwin, Sr., author of the book "The Classroom of Choice: Giving Students What They Need and Getting What You Want," which had been the focus of staff study groups during the school year. We look forward to continuing our work towards this goal. To find out more information, talk with our staff or visit the William Glasser website at www.wglasser.com.

HRamblings.....

Elizabeth Mello,
Director of Human Resources

Frequently Asked HR questions....

Can I get a copy of my personnel file and what happens to it if I leave the agency??

Yes, you can get a copy of your personnel record. You just need to submit a written request to the Human Resources (HR) Department. You will receive a copy of the file within five business days. We currently keep personnel records in storage for seven years after you leave the agency. After seven years, it will be destroyed.

I am currently participating in the 403(b) pension plan and would like to change my contribution. How do I do that??

If you are already participating, you just need to send a signed note to the HR Department and let us know what you would like your contribution to be. This is usually reflected as a percentage. If you are not currently taking advantage of this benefit, you will need to fill out an enrollment form to get started (these are available from HR).

I am applying for a mortgage, for a credit card, loan or to rent an apartment. Will HR release information about me to these companies??

When you are in the application process for these services, they will usually have you sign a release for a verification of employment. HR may confirm your address, date of birth, the fact that you are an employee, the date you were hired, your position and your rate of pay when we have received the form signed by you saying that you are aware that we are releasing this information and that you give your consent.

I am moving. Do I need to do anything??

Yes! It is very important for the agency to have an updated and accurate address for all of the staff. As soon as you know what your new address is, please send a note to HR with the new address and the date of the move.

Our Mission

To provide the highest quality counseling, prevention, behavioral health, education, mediation, advocacy, community living and elderly services to all of our clients in a safe and caring environment in order to maximize the potential in all of us.

Community Care-A-Vans (CCAV)

Glenn Sherman,
Director of CCAV

View from the Driver's Seat

As summer ends and the weather turns cooler (colder), the Community Care-A-Vans' staff looks forward to the changing colors of the leaves, the crispness in the air, and turns our concern from overheating vehicles to dead batteries from the cold!

We have gotten sportier.....look for the newest addition to our fleet.....2005 Chrysler Sebring, dark blue with white lettering! Very sleek, much better on gas, and will be used for more personalized transports.

Speaking of new additions, also look for the newest addition to our staff, Lee Benoit, who comes to us with several years of driving experience, including school buses. Lee also informed me that she is licensed to operate a vehicle as large as a cement truck.....hmm.....possible new line for CCAV.....construction vehicles. Let's talk, Brian! Lee is presently covering some of our middle of the day medical and shopping runs, as well as the afternoon shift at the Bethany House in Taunton. Welcome aboard, Lee!

Business is picking up at a very nice rate. It is very exciting to see our "transportation board" full every day with ride requests. This full board is in addition to the daily runs of the Adult Day Health Care centers that we serve. Many of our regular clients are referring us to their friends, for which we appreciate. Word of mouth is the best form of advertising.

We recently submitted a proposal for two HESSCO grants; one for specialized transportation for elders to medical appointments, and one for specialized transportation for caregivers. We should hear the results of the submission around September 12th.

We also continue to utilize grants from the City of Attleboro and the United Way of Greater Attleboro/Taunton for non-emergency medical transports, social activities and shopping trips.

Finally, we made some small changes to our logo and added the tag line "Safe, Secure Transportation." However, to put everyone at ease, purple remains the dominant color!



Welcome, Interns!!

Joan Keiper,
Director of Volunteers

This fall Community Care Services will welcome dozens of undergraduate and graduate students from colleges and universities in the area.

Some programs are eager to incorporate interns into their programs; others are less enthusiastic. Supervising a volunteer or intern requires organization, time management, and a desire to mentor a person learning new skills. The responsibility can seem daunting with the daily tasks you are managing; but the rewards for your effort include:

New skills and fresh ideas are introduced to your program.

Interns contributed 6,657 hours during Fiscal Year 2007. This allowed 15 programs to improve the quality of service to their clients without extra cost.

Every staff member will be challenged to learn and teach. One supervisor told me, "Having an intern raises the bar for all staff. They are always at their most professional level when an intern is supervised."

Our best interns become valuable, trained employees. During Fiscal Year 2007, we peaked at 27 interns in 15 programs. Since June 2006, we have hired 14 of them as relief, direct care staff and counselors.

If you are hesitant about bringing an intern into your program for any reason, we can provide an informal, informational gathering of "seasoned supervisors" to share their ideas and best practices. We can all benefit. Please call me at 508.821.7777x451 if you would like to participate.

Our New Bedford Office Proudly Displays Our New Logo



Residential Rap

Christin Cranshaw,
Director of Attleboro Center

On Wednesday, August 15, 2007 the Attleboro Center hosted the third "Alumni Lunch Event." Alumni who had been discharged as recently as six weeks ago to as far back as six years ago attended and shared their story. These alumni consisted of nine former clients of varying ages, treatment issues and triumphs. The event began with a buffet style lunch that allowed everyone to become reacquainted and the current clients to observe the positive interactions between the former clients and staff. The more formal part of the event began with the alumni sitting as a panel in front of the audience including current clients, staff, administration and a few parents of the alumni. Each alumnus shared the reasons he/she was admitted to the Attleboro Center, the course of their treatment, and their feelings and thoughts about the treatment he/she received.

They also shared how that treatment continues to impact them today, as well as what he/she is doing now in their life. Following the completion of each alumnus sharing their story, some time was allotted for questions from our current clients. Each of the parents in attendance that day also spoke of their gratitude to the staff, as well as offering some encouragement and advice to our current residents. The event closed with refreshments, mingling, best wishes and good-byes.

The Alumni Event was originally developed in an attempt to facilitate synergy and hope for the residential staff who work tireless hours to support the many clients every day. Always focused upon our current client's needs, the staff seldom see the product of their efforts until after a client's discharge; often only hearing about a client's progress through word of mouth, phone calls, letters and/or occasional visits from the family or clients. As the event has grown, it has become clear that the experience fosters not only an emotional reward and appreciation for the staff, but also creates a valuable opportunity for our former clients to share their struggles and growth. Part of any healing process involves sharing one's story, even when it includes unfortunate experiences such as depression, mental illness, addiction, abuse, disability, and family neglect. The Attleboro Center Alumni Event promotes the chance for clients to feel comfortable and confident in expressing and embracing the process of struggle and the satisfaction and achievement of not just surviving trauma, but thriving in spite of it.

The process of the alumni sharing their familial and personal struggles, treatment issues and the current status of their lives has a therapeutic benefit for both the former and current clients. The importance of peer-to-peer support is sometimes underestimated. This has been demonstrated after each of the Alumni Events as current clients often inquire about and set goals to succeed following their discharge so that they can someday be invited back as "honored alumni" and be able to share their experiences with clients of the future.

The Attleboro Center Treatment Team is extremely proud of the clients we serve and our staff who provide reassurance, guidance and support that assist our adolescents in their journey to not only find themselves, but to create themselves and to prevail in the most difficult circumstances.

The Attleboro Center is a short-term, therapeutic, residential program with a strong clinical and behavior management component for male and female

"Alumni Event" continued on page eight.

Real Estate Returns

Mike Healey,

Real Estate Asset Manager

Capital Plan

Over the last few weeks after many spring projects were completed, we were able to go out to most of our owned and leased sites and spend more time working on our capital plan. The capital plan will give us an opportunity to plan and prioritize renovations, building upgrades and address other property needs throughout the agency.

The plan spans five years and requires the input of many people. Walking through the sites helped us become more familiar with the properties and will help us to continue to develop a comprehensive, long range plan as well as make some minor improvements more efficiently.

Safety Committee

During the summer months a team has been assembled to form the safety committee. The team is represented by maintenance, clinical programs, residential programs and human resources. Safety will be looked at in all of these areas, and even beyond, as we continue to make adjustments and improvements in many areas around our locations. We are scheduling our first meeting and we plan on visiting programs on a routine basis as we once did. We will have more to report in upcoming articles.

Lindencroft

It has been a very quiet summer, and unfortunately, very little to report on Vary Way. Massachusetts' Department of Environmental Protection is reviewing our engineering plans in Boston. We expect to meet in Boston along with the property abutters, Berkley Conservation and Hayward-Boylton and Williams before we are able to proceed with our project for Lindencroft.

Hillside

During the summer five bathrooms were extensively renovated. The renovations included cleaning or replacing flooring, repairing damaged dry-wall, painting, installing fiberglass reinforced panels to protect the walls and replacing bathroom partitions. During the fall we plan on more painting, replacing carpeting and looking at replacing ceiling tiles with community development funds.

Summer Property Improvements at Community Care Services

TAP and Homebased in Attleboro recently have had a new roof top unit replaced that will take care of heating and air conditioning in their space.

Attleboro Center has been undergoing landscaping renovations to help with parking and has improved the appearance at 200 South Main Street.

Family Resource Center in Attleboro has a new kitchen floor and the sub floor has been repaired.

The back entry steps have been replaced and an old wood pile in the rear of the house has been removed from STARR in South Attleboro.

Attleboro Homeless Advocate Joins Homes for Families' Board of Directors

Joan Keiper,

Director of Volunteers

The following press release, written by Homes for Families and Community Care Services, was submitted to local newspapers:

Attleboro City Councilor and Community Care Services' Assistant Housing Director, **George Ross**, joined the Homes for Families' Board of Directors on September 6, 2007.



As a partnership working to create policy solutions to family homelessness, Homes for Families' Board of Directors is made up of service providers for the homeless, as well as parents who have experienced homelessness. The Board unanimously elected George Ross because of his commitment to ensuring that all families have a place to call home, his expertise in preventing homelessness and housing families, and his ability to organize the community to advocate for policy solutions.

Homes for Families' Executive Director Stephanie Brown stated, "It was with resounding support that George was nominated for our Board. He has an unwavering commitment to ending family homelessness; and he understands the Commonwealth's responsibility to ensuring we have adequate resources to keep families housed. In other words, George understands the solutions to family homelessness and is unafraid to push for them."

George Ross is employed by Community Care Services, a large, nonprofit human services agency with thirty very diverse programs located throughout Southeastern Massachusetts and Rhode Island. As Assistant Director of the agency's Housing Assistance Program (HAP), George has been responsible for preventing the homelessness of hundreds of families in the Attleboro/Taunton/New Bedford area. He has served as Interim Director of Community Care Services' family shelter in Attleboro, the Family Resource Center. He is also the lead organizer of one of Homes for Families' most successful legislative breakfasts. Each year, George ensures the attendance of local, state and federal policy makers, as well as community partner agencies at a breakfast where homeless families share their stories. In this very effective forum, the stakeholders discuss solutions.

George Ross stated, "I am very pleased that Homes for Families has elected me to their Board of Directors. This organization and Community Care Services' Housing Assistance Program have successfully collaborated for years in their efforts to assist families avoid homelessness. The board position will allow me to be even more active at the state level in advocating for families."

"George Ross" continued on page seven.

Performance and Quality Improvement

Susan Furtado,

Director of Quality Management

Mind your P's and Q's

Performance and Quality Improvement continues to make progress at Community Care Services. The purpose of the Performance and Quality Improvement initiative is to continuously look at what goals we have set, to measure how we are doing, and to find ways to improve. Interestingly enough, this process holds true even when developing the PQI initiative itself: We began in April with fifteen PQI plans, developed as a sort of 'annual plan' for agency programs or units. In some cases programs were combined because it was felt this would be less challenging as we introduced this new initiative. Very soon however, Program Directors began requesting their 'own' PQI plan, requesting the addition of goals that specifically meant something to their staff or their service recipients, or requesting to focus on particular areas of difficulty. In and of itself, these requests have resulted in improvement to the PQI process, which now involves eighteen programs or units.

By the end of September, all programs will have had the opportunity to present on their initial data, for the quarter of April 1 – June 30th. While some of what we are identifying involves systems needs in order to obtain requested data, we have learned some things so far, for instance:

In **ASN**, new training has resulted in service recipients being able to manage their own medication more successfully and for longer periods

In **Risk Prevention and Management**, databases have been set up to track program licenses and agency insurances, reducing risk to the agency, and there is now a comprehensive database on incident reports.

In **HR**, we continue to do well in regard to both vacancy and turnover rates, and are working on some improvements to position descriptions and performance appraisals.

In the **Clinics**, performance measures have been provided for all the managers, who in turn will create performance measures for their staff, in order to get all staff involved in the PQI process

In **Home Based**, a review of incidents helped management identify areas for improvement in protocols.

In **Adolescent Residential Programs**, the TOPs assessment tool and process is receiving varied feedback. Through the Clinical Committee, all programs utilizing TOPs will come together for a focus group to determine problem areas, and solutions. Stay tuned for the results.

So what is YOUR problem!?! Is there anything in your program that needs some attention, or anything in your department you would like to see evaluated and potentially improved? If so, talk to your supervisor about getting it into the PQI plan. In addition, if any of the program points mentioned above are of interest to you, please contact the Program Director or myself, Sue Furtado at 508.821.7777, x728 for further information.

“George Ross” continued from page six.

Families with children are the fastest growing segment of the homeless population. The solutions are simple, but require a commitment from local communities and the state. To prevent and end family homelessness, we must ensure that low-income families have housing they can afford and education and training opportunities that lead to jobs that pay a living wage.

Homes for Families is a statewide advocacy organization committed to ending family homelessness through permanent and emergency solutions. A collaborative of families who have experienced homelessness, service providers, and advocates, Homes for Families educates, organizes, and advocates for improved public policies to address the root causes of family homelessness with holistic and community-based solutions.

Our Policy of Respect

Community Care Services recognizes the dignity and worth of all persons. We value the diversity that arises from individual characteristics such as, but not limited to, racial and ethnic origin, gender, religious affiliation, sexual orientation, and being differently abled.

Community Care Services asks that all staff, clients, and guests conduct themselves with respect for others while here. Disrespectful behavior or language towards others, or the appearance of such, is not acceptable on Community Care Services premises, or during agency-sponsored events.

Management Information Systems

Jim Kristopik,

Director of MIS



Community Care Services

Protect your files Back 'em up!

I doubt if there is anyone who has used a computer for any length of time who hasn't heard this at least once. Most of us have heard it more times than we care to admit, but it still bears repeating. Hopefully this article will give you some new ideas and maybe even save you from some losses.

Everybody knows what a backup is. It's a copy of a file, right? Well, that's true, but if that's as far as we take it, it doesn't necessarily help us. For example, what if that copy is on the same hard drive as the original? It's still a backup, but it's not a particularly SAFE backup. If the media fails (the hard drive, in this case) both the original and the backup are lost.

Backups should be on different media than the original. For example, if the original copy of a file is on your computer's hard drive, a good backup copy might be on a flash drive or even burned

onto a CD-ROM. Possibly the safest place to have a backup is actually on the hard drive of another computer! A great solution is to copy the files from your computer to your flash drive or a CD-ROM and then restore them to the hard drive of another computer. That way you have two backups.



In addition, the backup should be kept in a completely different location than the original, when possible. Many computer users who are connected to the network at 66-70 Main St. have user directories (indicated by I:) and access to shared directories (S: for example). These are directories on a file server which the users connect to over the network. MIS takes responsibility for making a backup of all the files on the server every night and taking them offsite the next day. Taking the files off-site isn't always practical (or, in a lot of cases, possible – ask your supervisor before removing files), but that's not to say they couldn't be in another office or another part of the building.

When is a backup not a backup? When the original no longer exists! Sounds simple, but think about it. You have an important file on your computer's desktop. You wisely make a copy of it on your flash drive. But, what happens when you delete the copy of the file on your desktop. Do you still have a backup? NO! The copy on your flash drive is now your original and you have no backup. The lesson is: to have a backup, you have to have at least two copies of a file. It's important that any time something happens to leave you with a single copy, you have to make a backup of that copy as soon as possible.

"Alumni Event" continued from page five.

adolescents who are experiencing emotional or psychiatric crisis. The treatment team provides immediate intervention, including matching the level of stabilization resources with the level of client and family need. The Center offers clients and their families the least restrictive level of treatment necessary for stabilization. Clients in the program receive a variety of services which may include: individual and family therapy, medication assessment and management, substance abuse assessment and treatment, on-grounds educational services, therapeutic groups, psychoeducation groups, recreational programming, independent living skills training, clinical case coordination, psychological testing, routine/emergency medical and dental treatment, treatment/placement recommendations, and aftercare planning.

According to the National Council for Community Behavioral Healthcare:

Almost 60 million Americans – one out of four adults and one of five children – have a mental illness that can be diagnosed and treated in a given year. Mental illness is more common than cancer, diabetes, or even heart disease.

Success rates for treating mental illnesses now exceed those of leading physical illnesses. Up to 90% of people treated with a combination of medication and therapy experience substantially reduced symptoms, enhanced quality of life, and increased productivity.

More than half of all prison inmates have a mental health problem, and approximately 75% of these inmates also meet the criteria for substance abuse.

Addiction treatment has been shown to cut drug use in half, reduce crime by 80%, and reduce arrests up to 64%.

Up to two thirds of homeless adults suffer from chronic alcoholism, drug addiction, mental illness, or some combination of the three, often complicated by serious medical problems.

High quality community based care for mental illnesses and addiction comes at lower cost to the taxpayer and private payer than institutionalization.

"The mentally ill need no longer be alien to our affections or beyond the help of our communities." *President John F. Kennedy*

"Just as despair can come to one only from other human beings; hope, too, can be given to one only by other human beings." *Elie Wiesel*