

*April 2011*

**CHARLOTTE**



**Behavioral Health Care**

# Monthly *Highlights*

## *A Message from the Director of Community Relations,*

As you walk around our campus you may notice some new changes at CBHC. We are diligently working on becoming a dynamic industry leader for Behavioral Health Services. With this in mind, we are improving our awareness, image and identity of CBHC in the community. In doing so, we are starting to “brand” the CBHC logo in the community and around our campus to show what we do and how we stand out from the rest.

One of these efforts is our new website. We are still making some last minute tweaks and changes, but for the most part, it is complete. For the areas that you don’t see any information (mostly under News), that is where I will be adding and updating from the back-end through a program called Word Press. With the ability of this program, I will easily be able to add content, pictures and brochures to the content of the web pages. Because of the varying programs and services and information we provide, this is an excellent way to keep up with the changing times. Our website is the first impression that the community, our stakeholders, consumers and others will see, so we have worked hard to bring the very best of CBHC to everyone. We have added some great things on the website to help us be a leader in our field and to get our information to the community, so please take the time to give us some feedback and opinions. This will be greatly appreciated and welcomed.

Another change that we are working on and will be completed in the very near future is our new agency brochures. We are working on each and every brochure that comes out of this agency to make certain that it is comprehensible, cohesive with our website and complete with all up to date information. The brochures will tie in nicely with the website and assist with the branding process of CBHC.

Thank you to everyone that has some way or another helped with the website and brochures for CBHC. I think this is a big step to become a leader in our community and I appreciate everyone’s hard work!



# Strategic Planning Update:

## Objective C:

Implement strategies that improve staff health/wellness in areas of stress management, personal wellness, and smoking cessation.

-Time Management Lunch and Learn-Tuesday, March 21st at Noon. The Wellness Committee hosted a Lunch and Learn in Building B to offer employees a training from David Logan, ECC, on time management skills, multi-tasking and making the most out of your work day.

-The Wellness Committee is exploring options with Dietary for healthier lunch choices for employees and your new choices will be available soon!

## A CBHC "The Biggest Loser" Contest?!

The Strategic Planning Committee for Employee Wellness is looking for volunteers to spearhead a "Biggest Loser Contest" at CBHC!

We are looking for participants that are serious about losing weight, have the want to lose weight and make a difference! We can even do a CHALLENGE by DEPARTMENT? Whatever motivates YOU!!!!

The Wellness Committee will provide the following to the PERSON IN CHARGE OF THE BIGGEST LOSER COMPETITION:

- Information about the Biggest Loser programs, including: The BL League, the Pound for Pound Challenge, The BL Meal Plan and the BL personal online program.
- Flyers for the competition
- Small incentives/prizes for the participants as well as a gift for the person in charge.
- Certificates of Completion for all participants



*The Biggest Loser is a television show broadcast in many countries. It centers on overweight contestants attempting to lose the most weight to fight for a cash prize. There are different variations of the Biggest Loser around the world. Each country has made its own adaptation to the show; however, the contestants always have the same goal: to lose the highest percentage of weight (or most weight) to become the Biggest Loser.*

*~ We must become the change we want to see~*

# Above & Beyond Awards



During the month of November and December 2010 the crisis unit was having high census day after day. This could not have come at a worst time. Nurse Manager Barbara Murphy was out for an extended medical leave. Moreover, the CSU night nurse had to take an emergency medical leave as well. Then came the unthinkable - the weekend night nurse became very ill and had to be out at least two weeks! However, the bad chain of events still did not end for the CSU, the census was rising so high that the unit was in need of not one, but two nurses on many of the shifts to meet legal requirements for staffing. In any other business, if a critical problem happened like this the door to new customers would be closed. Even the emergency rooms can say no to new admissions and go on what they call diversion status. But not the CSU, Florida law says no person can be refused under a Baker Act. Though the CSU was down it was not out, because there were still two RNs left – Nurse Bonnie Baker and Nurse Nancy Shaw. Barbara had appointed Bonnie to be acting nurse manager while Barbara was on leave. This proved to be a wise decision because at this time of peril, that Bonnie Baker was the right person to have at the right time. Bonnie quickly took charge of her near nonexistent CSU nursing staff and somehow by relying on Nancy, recruiting agency nurses and cajoling a couple of part timers to work more, she was able to keep the CSU covered and safe day after day. Meantime, Nancy worked long hours, making her days into nights and vice versa - constantly shifting to work where the holes in coverage lay. This director considers Nancy Shaw the quintessential psychiatric nurse. She is knowledgeable enough about psychiatric nursing that she could write a textbook on this subject not just for nursing students but good enough for medical and graduate school. Nancy constantly contributes ideas to the crisis unit leadership on how to improve procedures and patient care. In fact, her latest suggestion was for the CSU to get weighted blankets for the children so that they can be used to calm kids and make them feel hugged. In fact when I researched (I mean Mitzi researched) these special blankets it was found that facilities use them to calm agitation and reduce aggression in children. Once again, an idea of Nancy was used to make the CSU a better place. Likewise, Bonnie Baker is known for her contributions to improve the Crisis Unit. Bonnie came to work at the CSU with more than 20 years as an emergency room nurse. At first Bonnie was frustrated with the relatively slow pace and process oriented environment of the Crisis Unit. Prior to working at the CSU, Bonnie's skill of engagement was measured in how fast she could rip apart a shirt to put electrical paddles on a chest to bring back life in a cardiac victim. Over time Bonnie learned to direct her staff through teaching and encouragement instead of by command to save life and limb. As Bonnie adapted she pulled the together the second shift staff and helped them develop into a well oiled team. Bonnie's team is known for their skill in de-escalating the most aggressive and combative consumers while keeping pace with the highest admissions rate of the three shifts. Bonnie is now part of the CSU/RC leadership team where she helps problem solve and contributes to improved procedures and better safety on the unit. It is because of her solid organizational skills that Bonnie was appointed acting nurse manager while Barbara went on leave. During that leave, if it were not for Bonnie and Nancy, the CSU may have not been pulled back from the precipice of catastrophe. Notably, during this time of acute short staffing, CSU nursing stayed so consistent and unflawed that few of the tech and clinician staff was even aware of any nursing problem. Through those days of extreme uncertainty for Bonnie and Nancy (not to mention hand wringing and sleepless nights for this director) nobody could have said that there was less safety or a decline in patient care. With all of this said, since there is no CBHC Hall of Fame to nominate these two ladies to then I will instead to ask that they most deservedly receive the above and beyond award – Congratulations Nurse Bonnie Baker and Nurse Nancy Shaw.

## Attention Managers:

If you would like to nominate a member of your staff for their "Above & Beyond" attitude and work, please submit your nomination to Shelly Terruso, Exec. Asst to Jay Glynn, Ext. 245, Bldg A, for the upcoming month's selection.



*Prevent Child Abuse Florida, the Ounce of Prevention Fund and the Florida Department of Children and Families are launching Pinwheels for Prevention, a national campaign creating a community-wide commitment to make children a priority.*

*PCA Florida believes all families deserve to live in communities that have resources to support families and provide safe and healthy experiences for children. To draw attention to and encourage involvement in these efforts, communities throughout Florida will display pinwheels promoting individual action to make children a priority.*

*Florida's implementation of the Pinwheels for Prevention focuses on healthy child development and includes: statewide distribution of Community Resource Packets; broadcast of television and radio public service announcements in English and Spanish; pinwheels and other products; a press conference to launch the statewide campaign; and coordination and advertisement of community events based on a central statewide theme.*

## What CBHC is doing in regards to Prevention:

The following programs saves taxpayers millions of dollars (the cost of caring for one abused child in the system annually is \$64,377).

### *For Fiscal Year 2009-2010 CBHC Family Safety & Prevention:*

*Healthy Families* served 233 in the past year *WITH 8,095 TOTAL SERVICES*

*Healthy Start Care Coordination* served 958 in the past year *WITH 9,290 TOTAL SERVICES*

*Healthy Start Parenting* served 40 in the past year *WITH 960 TOTAL SERVICES*

*Nurturing Dads* served 52 in the past year *WITH 3,120 TOTAL SERVICES*

*Community Parenting* served 38 in the past year. *WITH 2,964 TOTAL SERVICES*

**TOTAL UNDUPLICATED PARTICIPANTS served = 1,321 WITH 24,429 TOTAL SERVICES**

DCF child abuse report showed Healthy Families' graduates were 100% free of abuse and neglect when checked within 12 months of program completion.

*~ If you can imagine it, you can create it. If you dream it, you can become it~*

# Update from Healthy Families



## FAMILY SAFETY AND PREVENTION Cheryle Worthen

### *The Five Protective Factors*

In the last article we learned of the ways CBHC's Family Safety and Prevention Services are helping families succeed. After all, the prosperity of our state depends on the strength of our communities and the success of our families.

#### **Parental Resilience**

Parents who are emotionally resilient and able to be positive in their outlook and think creatively to solve problems are less likely to abuse or neglect their children. If parents have a history of family violence or have factors for becoming abusers, they must develop positive relationships with their children. Programs that have staff who develop trusting relationships and respond to families in crisis with encouragement and help in problem solving are key components to building parental resilience. Families in crisis will more likely reveal their problems and frustrations and ask for help when they have such a person in their life. Then trained staff can teach problem-solving skills, help families set measurable goals, link them to needed resources, and guide them as they go forward. Every family has strengths upon which to build and many families are resourceful. Helping them identify strengths as they tackle life's issues can be life transforming.

#### **Social Connections**

Parents with a network of supportive constructive friendships can reduce the risk for child maltreatment. Isolation is a consistent risk factor in child maltreatment and leading factor of victims of domestic violence. Parents need others in the community they can call on for help in solving problems. The social network may come from friends, church, family, and neighbors. These people reinforce healthy community norms about behaviors; norms against violence. Social networks give mutual assistance for issues relating to transportation, child care, and emotional support. Successful prevention programs help families build their social networks.

#### **Knowledge of Parenting and Child Development**

Parents who understand healthy child development and have appropriate expectations for children's behavior are more likely to be nurturing and successful. Parents also need timely help from a person they trust to address their child's problem behavior such as temper tantrums, hitting, biting, etc. Many parents need a mentor to help them learn how to become proactive or deal with problem behavior without resorting to harsh punishment techniques. After all, discipline means to teach and parents who can do that in word and deed are highly successful. The prevention programs that have staff to model appropriate parenting skills and demonstrate non-violent discipline techniques for parents is invaluable. Parents of special needs children especially require support and coaching in their parental role so that they do not lash out in frustration at their children. Parenting Classes and/or home observation and instruction can help parents with specific problems be specifically linked to the services and help they need.

#### **Linkage to Community Resources**

Families, especially in economic downturns, are often in crisis. The stressors can lead to substance abuse or mental health issues. Linking families to resources that reduce the financial stress such as food pantries, clothing closets, payment of utilities, and holiday assistance can lessen the negative impact that economic stress causes. Providing transportation to the needed referral may be required in addition to encouraging and supporting the person through the crisis. Recovery and Counseling may further help eliminate the risks and a trustworthy family support worker may be just what's needed to help the parent make the choice to get the needed help.

#### **Children's social and emotional development**

Programs that help children develop socially and emotionally have an impact on parent-child interactions. Early intervention for developmental problems can be accessed because the program did a screening to identify any possible delay and linked the family to the help their child needed. Children with challenging behaviors are always at greater risk of maltreatment. Teaching basic sign language may be an answer for some families. Children 7 months to 15 months can have frustrations reduced by learning basic signs to express needs and emotions they cannot yet verbalize. Parents can be more responsive to the child's needs and less likely to yell or hit if the child becomes frustrated and acts out.

Children deserve a safe environment and opportunity to develop normally. Sometimes a trained staff and prevention program is needed, especially if family violence or other negative risk factors abound. Staff can teach parents the necessity of routines, how to read baby's cues, and the teaching of respectful behavior such as taking turns and sharing. Trained staff can also recognize signs of problems and intervene early in the situation. Some programs use art or games to allow children to express what they are unable to say in words, while others model and teach activities that enhance healthy interaction and provide a take home component for parent and child to practice during the week.

Programs that have these five factors built into them can positively impact the family and future success of our society. CBHC is proud to have multiple programs that do just that, both in prevention and intervention. Much of the help is freely offered in a variety of formats, times, and places. Some intervention is paid through private insurance, Medicaid, or sliding scale.

#### **Prevention:**

Healthy Families-weekly help using comprehensive fun curriculum for parent and child and a trustworthy home visitor to support and encourage;  
Healthy Start-phone or home visit help usually monthly to access needed resources and receive information and guidance. Some services they can link a family to are psychosocial counseling, nutritional/diabetic education, childbirth classes, breastfeeding education, smoking cessation, and interconceptional care.

Nurturing Dads and Community Groups parenting classes 10-13 weeks with a trained facilitator. The Community Groups offer childcare.

#### **Intervention:**

Dependency parenting offers in home classes for court ordered individuals. Pre/post test measure success.

The BRAGG program offers group classes-one for the children with a diagnosis or behavioral issues and one for their parents with clinicians facilitating.

Do you know a family in need of a friend that has answers and can provide an encouraging word? CBHC's Family Safety and Prevention Services can help. Call (941) 629-6477.

# APRIL IS ALCOHOL AWARENESS MONTH & AUTISM AWARENESS MONTH

## Alcohol Awareness

While communities are faced with a number of substance abuse issues, underage drinking continues to be among the most pervasive ones, with nearly 11 million underage drinkers today. That's why April is designated as Alcohol Awareness Month, an annual public awareness campaign that encourages local communities to focus on alcoholism and alcohol-related issues.

According to the Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health, 51.6 percent of Americans age 12 and older had used alcohol at least once in the 30 days prior to being surveyed; 23.3 percent had binge (5+ drinks within 2 hours); and 23.3 percent reported drinking heavily (5+ drinks on 5+ occasions). In the 12-17 age range, 14.6 percent had consumed at least one drink in the 30 days prior to being surveyed; 8.8 percent had binge; and 2 percent drank heavily.

Many coalitions throughout the country are hosting town hall meetings in April to raise awareness about the dangers of alcohol abuse and underage drinking.

<http://www.cadca.org/resources/detail/april-alcohol-awareness-month-1>

## Autism Awareness

Autism is a complex developmental disability that typically appears during the first three years of life and affects a person's ability to communicate and interact with others. Autism is defined by a certain set of behaviors and is a "spectrum disorder" that affects individuals differently and to varying degrees. There is no known single cause for autism, but increased awareness and funding can help families today.

In December 2009, the Centers for Disease Control and Prevention issued their ADDM autism prevalence report. The report concluded that the prevalence of autism had risen to 1 in every 110 births in the United States and almost 1 in 70 boys. The issuance of this report caused a media uproar, but the news was not a surprise to the Autism Society or to the 1.5 million Americans living with the effects of autism spectrum disorder. Nonetheless, the spotlight shown on autism as a result of the prevalence increase opens opportunities for the nation to consider how to serve these families facing a lifetime of supports for their children.

Currently, the Autism Society estimates that the lifetime cost of caring for a child with autism ranges from \$3.5 million to \$5 million, and that the United States is facing almost \$90 billion annually in costs for autism (this figure includes research, insurance costs and non-covered expenses, Medicaid waivers for autism, educational spending, housing, transportation, employment, in addition to related therapeutic services and caregiver costs).

<http://www.autism-society.org/about-autism/>



National Infant Immunization Week (NIIW) is an annual observance to highlight the importance of protecting infants from vaccine-preventable diseases and celebrate the achievements of immunization programs and their partners in promoting healthy communities. Since 1994, NIIW has served as a call to action for parents, caregivers, and healthcare providers to ensure that infants are fully immunized against 14 vaccine-preventable diseases. In 2011, NIIW is observed April 23-30.

*~A journey of a thousand miles begins with a single step~*

# A little bit of this, A little bit of that...



I would like to thank all of you that came to the First Annual Fred Lang Foundation Luncheon on March 21st. The luncheon was very successful, and I am very proud to say that with the Smugglers grant, the Fred Lang Foundation raised \$3,006...that's \$1,000 above and beyond the \$2,000 grant! We had a total of 156 people pay for tickets and 123 show. This is a fantastic number for a first time luncheon.

Again, thank you again to everyone that helped plan the lunch and participated this year. After talking with Chris Evans from Smugglers, he assured us that we would receive this \$2,000 grant on an annual basis so that we may continue our Annual Fred Lang Foundation Luncheon.



*Teri Ashley, Secretary for Fred Lang Foundation, speaking at the First Annual Fred Lang Foundation Luncheon*

UPDATE: Great response from CBHC co-workers who continue to donate peanut butter and jelly. To date: approximately 20 individuals have been offered this simple meal. By taking part in this simple act of giving, CBHC displays the true wealth of generosity.



# EMPLOYEE NEWS, KUDOS & CONGRATULATIONS

★ Kudos to Richard Reynolds (CSU) he received the very first “Safety Sense” award for his recommendation of purchasing a seatbelt knife for the purpose of removing ligatures from consumers without causing harm that may come from items like scissors. Richard displayed the type of thinking that will keep the unit staff and consumers safe.

Should you have an idea which could improve safety at the center, contact your safety officer or drop an email to Steve Wynn.

★ Kudos to ALL of the agencies' nurses who rose to the occasion, and stepped up to the plate at RC while Eileen and Lynda were out for 2 weeks!!!! From 3/16-27, our nurses from both CSU and RC helped RC stay covered with very limited use of agency LPNs

★ Kudos to Wendy Silva for passing the exam for licensure as a mental health counselor.

★ Congrats to Alvin Clarke for being placed on the Dean’s List of Springfield College during the September 2010 term.

## Welcome New Hires to CBHC

Start Date	Dept. Name	Last Name	First Name	Title
3/14/2011	SA	Tero	Mary	MH & SA Counselor

Contact Jessica Boles, Director of Community Relations & Development with your suggestions, photos, quotes or good news! [jboles@cbhcf.org](mailto:jboles@cbhcf.org) or 941-639-8300 Ext. 275.

CHARLOTTE



Behavioral Health Care

*~It is hard to fail, but it is worse never to have tried to succeed~*

# Staff Celebrating Years of Service

## HAPPY ANNIVERSARY!



Start Date	Dept. Name	Last Name	First Name
4/15/2002	SA -Intake	deWater Elli-son	Marcia
4/14/2003	CSU	Kapuchinski	Stanley
4/5/2004	CSU	Alsamman	Majd
4/4/2005	Med Clinic	Cone	Billie
4/25/2007	Med Clinic	Goulart	Tiffany
4/1/2008	Med Records	Gonzales	Kathleen
4/7/2008	CSU	Stone	David
4/7/2008	CSU	Landis	Jesse
4/14/2008	CSU	Ziegler	Christopher
4/14/2008	CSU	Taylor	James
4/15/2008	Admin	Allison	Cynthia
4/27/2009	CSU	Shaw	Nancy
4/12/2010	TFC	Homan	Elizabeth
4/29/2010	TFC	Smith	Kathy

## HAPPY BIRTHDAY!!!

Last Name	First Name	Birth Month	Birth Day	Dept. Name
Evans	Terry	April	5	CSU
Herl	Tina	April	5	Med Clinic-OP
Milligan	Debora	April	7	Med Records
Sukennikoff	Bruce	April	8	Parenting
Matthews-Ferrari	Katina	April	9	Med Clinic
Hoover	Jenniffer	April	18	CSU
Edwards	Jeffrey	April	19	Med Clinic
Hill	Donys	April	24	Med Clinic
deWater Ellison	Marcia	April	25	SA - Intake
Williams	Victoria	April	25	Med Clinic



# Restoring Hope...

The following are a couple notes of praise from a TFC consumer that was recently discharged:

*“Dear Amy:*

*Thank you for helping me to get where I am. You played a major part helping me and I wanted to say I am so grateful to have had such an amazing caring caseworker. Without you I would never be where I am today.*

*Thank you from the bottom of my heart.*

*Love,*

*C.C. “*

*“Dear Miranda,*

*What a journey huh? I’m so glad to be in my new place, but without your skills coaching, and a couple of prods, I would not be here now. Thank you Miranda, I am going to miss you! You taught me so much even when I didn’t want to be taught! You are awesome Miranda and I am so thankful! You were there like a big sister so I’m gonna miss you, but know you did a lot to help me get where I am .*

*Love,*

*C.C.”*

*~Our greatest glory is not in never falling, but in rising every time we fall~*

CHARLOTTE



Behavioral Health Care

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