



*2010*

*Annual Report*



**Southeast Regional Network**





**Daniel Mumbauer**  
President & CEO

*Message from  
the Chairman of the Board  
& President*



**Charles Maccaferri**  
Board Chairman

**“Over the Rainbow...”**

Upon preparing to produce this year’s Annual Report, we searched for an appropriate photo for the cover. When we came across this one of the rainbow, it caused us to reflect upon how the diversity of the rainbow’s colors symbolizes the diversity of services we now offer in our continuum of care.

Although our roots are firmly planted in behavioral health services, we have found a natural progression to expand the scope of services to better meet the needs of our clients and community. While we are still a large provider of adult detox and rehab services, we are now offering detox services for civilly committed men and women at the Men’s Addiction Treatment Center and Women’s Addiction Treatment Center, respectively, in addition to detox and rehab for adolescents at The CASTLE.

For clients with more complex needs, we offer a special Dual Diagnosis Unit and Inpatient Psychiatric Unit, as well as numerous community-based services, including outpatient counseling day treatment, narcotic treatment, 1st and 2nd offenders driver alcohol education; domestic violence advocacy and counseling, and homicide bereavement services.

Nearly everyone is aware of the greatly improved outcomes of clients seeking recovery from addiction who have access to both short and long-term residential placements. We are fortunate to have a number of residential treatment and housing sites, including Harmony House, Monarch House, and WRAP House to name a few.

At first glance, it may be difficult to see where our family centers fit into the equation. However, much like many clients in our continuum of care, homeless families are also experiencing crisis and dealing with issues like domestic violence, depression, anxiety, and trauma. We are responding to a definite need: Our three family centers are at capacity nearly all of the time.

Our hope is clients find that proverbial treasure at the end of the rainbow with the assistance of the services we provide.

# Community Support Program at Work...

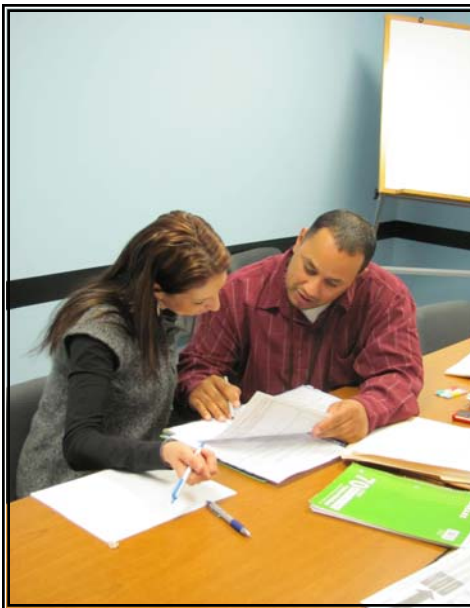
## *Joanne's story...*

The Community Support Program (CSP) is kind of like the shoulder of a good friend when you need encouragement and a helping hand, the program is there for you. "Joanne" is the perfect example of someone who appreciates that helping hand.

It wasn't until the most precious thing had been taken away from her that Joanne was finally able to stop the drinking that had started when she was in high school.

The daughter of "functioning alcoholics," she and her siblings grew up in Salem, just outside of Boston. Beginning in high school, Joanne started spending her free time with friends drinking and partying. Although she was developing a pattern of behavior that would prove problematic, Joanne still managed to get a job in Boston right out of high school doing office work; that position led to handling billing for another company. The job, a good one, lasted 5 years until her work performance began to suffer due to her drinking. "I wouldn't show up," she recalls, "and I didn't call in, so they had no way of depending upon me." Friends and family tried intervening at various points, cautioning her to curtail the partying, but Joanne wasn't in the mood to listen.

She married a fellow drinker and continued enjoying a frenetic lifestyle. The marriage lasted 12 years until her husband died at 52 from psoriasis of the liver. When asked if this was a wake-up call, she softly but emphatically responds, "No, although I did get sober for six months when I was living in Florida, but then I started in again." Her parents had long since divorced; her father had remained in Massachusetts, so she decided to return home. But the only family ties she maintained was with one of her brothers, who is currently serving a 10-year sentence for attempted murder, a crime he committed when he was drunk.



Joanne's drinking escalated until she found herself unexpectedly pregnant at age 38; she wanted the child, the father didn't, so she decided to raise the baby herself. "The funny thing is," she explains, "I stopped the drinking the moment I became pregnant, but as soon as I got home from the hospital, I picked right back up again." Shortly thereafter, she also began what would be a long-term relationship with a man named Brian, who warned her that he didn't want a drunken girlfriend. "Unfortunately, I didn't listen. It took 10 years, but he finally kicked us out in the summer of 2009," Joanne speaks very slowly. This action also deeply affected her son Jake because Brian was the only father figure he had ever had. But, Joanne says Brian did the right thing, and ultimately that's what started her recovery process, though in fits and starts.

*"I thought, 'if she can do it, why can't I?'"*

By September 2009, she and her son were living in a motel shelter. However, it took intervention from the Dept. of Children and Families for Joanne to finally take stock of her life and what drinking was doing to it. "When they took Jake from me, I was totally trashed. Isn't that horrible? I knew then I had to do something." She got into High Point in Plymouth, detoxed, and did SOAP there before coming to TSS in

## **WHAT DO YOU THINK...**

### **Conferring over cases at a staff meeting**

New Bedford.

Two days after she landed in Plymouth, a case worker from High Point's Community Support Program appeared. "Her name was Kim," Joanne explains, "and she was my lifeline." It was Kim sharing her own struggle with addiction that connected with Joanne, "I thought if she can do it, why can't I? Although I initially had my doubts, she was a living, breathing example of someone who was so like me that I came to understand that I had it in me to start over." Kim provided transportation to appointments, and she was someone Joanne could confide in. "When I first arrived at High Point, I was petrified, but Kim explained everything to me. She's the one, in fact, who got me the application to the Family Preservation Program (FPP), which provides long-term housing for women in recovery with children. While I waited six months to get into the program, she never stopped encouraging me, telling me everything would work out."

## Community Support Program at Work...

Her son during this time was in foster care. Joanne still feels guilty over what her drinking did to him. She says during one visit with DCF, “I told him how sorry I was that I had put him through this. He asked when we were going to live together again, and I told him I honestly didn’t know. We both cried a lot that day.” When a bed opened at Monarch House, Joanne grabbed it. She describes her time there as priceless. “I learned what the expectations were, and I did what I was supposed to.” She remained at Monarch while she waited for housing through FPP. While frustrated with the delay (rehabbing the apartment took longer than anticipated), she says the outcome was worth the wait. “Our lifestyle has changed; Jake is recognizing that Mom has new friends now. Mom goes to work, and we prepare and eat dinner together. Sometimes he wants me all to himself, which is understandable, given the circumstances.”

Jake gave his mother her year medallion in October, which brought tears to Joanne’s eyes. She says, “I have no desire to drink. It just gets me into trouble. Between the CSP and FPP programs, I have a roof over my head, I have someone to talk to, and my rent and utilities are covered. I can concentrate on paying my car insurance, gas, getting an oil change, all things that seemed so out of reach not so long ago.” As Joanne looks ahead, she marvels at the opportunities that await her saying, “Right now I am working for PACCA, which pays the bills, but I’d really love to get back into office work. I feel anything is possible now that Jake and I are together again. Although my case has been closed with Kim, she gave me her phone number and told me I can call any time. Now, that’s a friend.”

### *Brad’s story...*



Brad’s story is not unlike a lot of individuals in recovery. Although tired of going to jail, his first attempt to get help didn’t stick. Neither did the second, third, or fourth tries. Initially, while he was at Brockton Addiction Treatment Center, he was approached by John of the Community Support Program. According to Brad, “John thought New Bedford would be a good place for me to start my recovery, so I took his advice and got into TSS and then Harmony House.”

What Brad appreciates most is that John never gave up on him. “He worked with me getting clothing, looking at apartments, and when I would start to get depressed, he’d encourage me with that great smile of his.” In addition, John took him to Boston to court, so he could get a copy of his birth certificate. Brad seemingly was on his way, but his struggles weren’t over.

*“I couldn’t have done it without John’s help....”*

“I got complacent,” he explains, “I relapsed and ended up at Brockton Addiction Treatment Center again. John came by and signed me up again with CSP.” He took Brad to meetings and other appointments, all the while offering words of encouragement. “It’s easy to lose hope,” says Brad. “But John tries to stay connected to me even though he’s no longer my case worker. Largely because of him, I can look ahead and think about celebrating a year in recovery. I can think about getting a good job.”

Brad explains that he has just finished taking the GED placement test and is interested in computers. He has helped a fellow Harmony House graduate, with John’s help, which made him feel great. “A guy I knew graduated from Harmony House and went to Boston, but he didn’t know how to get supportive services there. I went to John and asked if he could help, and he got us the information through his connections.”

When Brad first met John, he says he was crying for help— wanting to get his recovery started, but not knowing quite how to go about doing so once he got out of Brockton Addiction Treatment Center. “John’s upbeat attitude goes a long ways in helping me put things in perspective,” he explains.

# BROCKTON ADDICTION TREATMENT CENTER



## *Ben's story...*

Upon walking into BATC, you are greeted with “Hope Starts Here” stenciled on the wall. That motto follows staff and clients in everything they do. Just ask “Ben.”

Ben has been struggling with an addiction to pain medication. Although he experimented with marijuana and cocaine when he was younger, as well as alcohol, he ended up falling in love with the euphoria pain medication gave him. “I told myself I could stop,” he recalls with a rueful laugh, “but I didn’t acknowledge having a problem until the end of last year.” That’s when his fiancée, concerned by his mood swings, confronted him. Ben ended up going to detox at two facilities (one he visited twice) before coming to High Point’s Plymouth program. From there, he transferred to BATC because it is closer to his family. He credits staff, particularly his case manager, for working with him.

However, it has been a long journey. “I have only recently accepted that this is a lifelong journey,” Ben explains, adding that he is still struggling with the spiritual component. “I am trying to find that higher power.” It is difficult for Ben to contemplate living apart from his three-year-old son and fiancée, but he realizes doing so is crucial to his recovery. “My fiancée, Beth, doesn’t believe me anymore when I tell her that this time I am going to stay clean because I’ve said this to her many times and failed. So, I understand where she is coming from and that I have to prove to her I really mean it this time. I finally, finally get it, and if that means not living with my family for now, then so be it.”

Ben is currently on a waiting list to get into a residential facility to continue his treatment. Ben was asked what advice he could offer people in similar positions. “It’s pretty basic,” he says, “Don’t give up on yourself. If you want it badly enough, anyone can get sober, but it is not easy. You have to trust in yourself and once you accept that reality, you are on your way.”

IN OTHER WORDS,  
HOPE  
STARTS  
HERE....



# BROCKTON ADDICTION TREATMENT CENTER



## Move to Meadowbrook

After renting space at the Brockton VA Hospital for the past five years or so and dealing with flooded basements, peeling plaster and paint, as well as an often non-operating elevator, the proposed move to High Point's Meadowbrook Campus was greeted with delight.

The CASTLE had already opened on the campus in the fall of 2008, with MATC following shortly thereafter. The building, which now houses both BATC and Brockton Outpatient, was therefore the last to be constructed. Staff moved in late October 2009, but due to construction delays, the program initially opened with one operating unit. This meant that both detox and step-down co-existed in the same wing, which Site Director Carol Kowalski, looking back on it, actually thinks worked in the program's favor. She explains, "The focus and goals for each modality are a little different, but staff pulled together, and I think developed a better understanding of both aspects of the program. Our step-down clinical director had just moved to another campus, which added to the need for us to work in synch."

After getting situated, staff began holding onsite opioid overdose prevention groups. Clients understand the expectation is they do not use when they leave BATC, but if they are in a situation where an overdose occurs, they are now trained in knowing how to use Narcan. Several clients have since come back to group and shared stories of saving their friends' lives because of the training, which is conducted by Hillary Dubois, the coordinator of the Brockton Mayor's Opioid Overdose Prevention Coalition.



# SRN Family Centers



Taunton



New Bedford



Fall River

## *Fall River Family Center...*

This was a busy year for Fall River Family Center. After being temporarily housed in the YMCA (199 North Main Street) for 14 months, renovations to the property purchased on Cherry Street were finished, and our families were moved in the spring. Seven families were comfortably situated by mid-May.

The Cherry Street house was thoroughly repainted inside and out. Since the house had been used as an SRO, (Single Room Occupancy), by a prior owner, each of the bedrooms has its own bathroom, so families enjoy both a private bedroom and a private bath. The kitchen, which is shared, was thoroughly rehabbed. A second gate was added to the driveway so the back yard area is now only open to pedestrian traffic, out of safety concerns for the children who use that space as a play area.

The first floor houses the kitchen and dining room, three offices, as well as an ADA-accessible room and bathroom. Additionally, there is a fully accessible rear entrance with a ramp. Living rooms are situated on the first, second, and third floors.

A number of staff remained at the Y with families from the Taunton Family Center, who were also temporarily housed there.



**The enclosed play area located in the back yard at the Fall River Family Center (photo on the right) ensures the children's safety as they play outside.**

**Although each family has its own private bedroom and bathroom, the kitchen is a shared space. The toddler pictured here is enjoying breakfast with her dad, who is not seen.**



# SRN Family Centers

## Harbour House Family Center...

*The most established of our family centers embarked on a new project: A childcare facility*

Working in conjunction with NorthStar Learning Centers of New Bedford, Southeast Regional Network applied for stimulus funds to help underwrite construction of a childcare facility adjacent to Harbour House. The idea actually originated with Harbour House Program Director Shelly Correia.

Children's cognitive, emotional, social, physical and developmental skills and needs are met to help ensure their school readiness.

While their children are learning, parents can work toward social and economic self-sufficiency. The

grant money was awarded in June. Recognizing the diversity of homeless families, childcare staff will learn about parents' child-rearing methods, expectations, goals, and concerns, while sensitively imparting developmentally-appropriate practices and family support.

The program opens in the next fiscal year with 49 slots. Residents of Harbour House, in addition to neighborhood families, can enroll their children.



**Impressive woodwork is seen throughout the Taunton Family Center. Parquet floors, built-in cupboards, and fireplaces accent the architecture.**

## Taunton Family Center...

Several seasoned staff from the Fall River Family Center opted to remain at the YMCA with families from the Taunton Family Center as a new home was located for that shelter. After an extended search and a couple of leads that didn't work out, a wonderful property came on the market.

Located close to downtown and amenities, it boasts a huge yard and an impressive history. It is reputedly the oldest concrete house in the country! The house on Winthrop Street was purchased towards the end of the fiscal year.



# CASTLE: Helping Teens Find Their Way



## *Tim's story...*

"Tim" sounds a lot older than his seventeen years, and he has certainly seen and done a lot; maybe that accounts for the matter-of-fact weariness in his voice. His struggle with sobriety has been a constant in his short life.

Tim's life has been an uneven road with far more valleys than hills. His parents divorced when he was only a year old, and although he remains close to his mother, despite some rough periods, he and his father "not so." Tim's father raised him in an environment where verbally abusing his son was par for the course. In fact, abuse encircles much of young Tim's life. His step-mother abused him, but he isn't really comfortable getting into that, and he witnessed his step-father abusing his mother on occasion.

***"I was a very, very angry kid."***

It is of little surprise that Tim began acting out as well. "The first time I'd say I started getting into real trouble," Tim recalls, "is when I was in the sixth grade. I went from getting straight A's in elementary school to fighting with my classmates and failing classes. I was a very, very angry kid. Maybe because I felt I had no control over anything in my life. My step-dad relished telling me what to do all the time."

Tim goes on to say he was a "terrible kid. I was full of rage that I directed at my step-brothers and sisters as well as teachers. I always wanted to stand out and be the cool kid." Although Tim would sometimes act like he was high to get attention, in reality, he wasn't. But it didn't take much for Tim to begin experimenting. The first time he did get high, he says it was like a dream, it felt so good; however, that was quickly followed by anxiety and panic attacks. About the time he is dabbling in "weed," his mother enters a psychiatric hospital, so he is forced to live with his dad, who he says tried to control him, (not letting him smoke cigarettes). This led Tim to running away and spending nights at a friend's house.

His dad ended up enlisting Tim in a private school, where he didn't do too badly academically, but he became suicidal because of anxiety. He says, "I loved getting high but hated the anxiety that followed. I am allergic to a lot of foods and had gotten it into my head that I was allergic to weed, but I finally realized that wasn't true, which made it easier to get high more often."

Tim's uncontrollable anger and despair spiraled to such a degree that he was admitted to Bradley Hospital in Rhode Island. He was there a short time before rejoining his mom who had gotten out of the hospital herself. However, they were evicted from their apartment shortly thereafter and ended up spending time in a homeless shelter. "That was the worst," Tim says. "As bad as things had gotten at times, we had never ended up in a shelter."

He turned to drinking at 15- primarily beer. Meanwhile he had also dropped out of high school. His mother, unable to rein him in, called the police, and Tim entered The CASTLE program in January 2010.



**The CASTLE**

“I was not at all happy when I first arrived at CASTLE,” he recalls. “I was angry... furious with my mom for doing this to me, and I wasn’t ready to accept that I had a problem.” But he did get a sponsor and an uncle took him to meetings, yet “My heart wasn’t in it.” Tim relapsed about a month later. The second time, however, he managed to remain sober for 8 months. “When I started to slip away from AA is when I got into trouble. I didn’t want to deal with my problem,” he recalls. “I was 16, full of anger and couldn’t figure out how to change things because I wasn’t willing to change.” Tim found himself back at The CASTLE in October.

It was his second CASTLE visit that fully registered with Tim. “I got it now. I know where I am going, even though not a day goes by that I don’t think about getting high. I have come to realize that I had some kind of spiritual hole in me that I was trying to fill with weed and alcohol.” While stressing that recovery is a full-time, daily process, Tim has made great strides. “My relationship with my mom has improved a lot; I don’t fly off the handle as much because I try to keep myself in check. I also understand why she put me in CASTLE. She was worried, and I was out of control.”

As Tim looks to 2011, he says it’s all about maintaining his sobriety and building a relationship with God and his new sponsor (he just changed sponsors). “Again, I realize this is an ongoing process, but I am not in this alone,” he says. The CASTLE, he feels, has been and continues to be an invaluable resource. “The staff encouraged me and continues to do so. Victoria will call and check in on me. I am also now going to the gym regularly thanks in large part to John, who works on the night shift. He showed me how working out helps deal with the physical part of addiction.”

It’s been a long and windy road, full of potholes, but Tim is learning to drive around them, not through them.

## Brockton OP Expansion

### *Intensive Outpatient Program debuts...*

Program Director of Outpatient Services Dawn Parks recognized that clients who are in the very early stages of recovery could benefit from an intermediary program before proceeding to individual counseling. Therefore, she focused her efforts on developing such a program at Meadowbrook campus. “This program is designed for clients who have recently just begun their recovery,” Dawn explains. “It is a transitory step in that it provides more intensive support for them. It works really well for people coming out of the Brockton Addiction Treatment Center. Now, they can come here for three weekly visits, with each group lasting up to four hours.”



**Groups like this one are more often than not at capacity, as Outpatient expands.**

Topics discussed include learning about triggers, discovering coping and recovery skills, as well as dealing with withdrawal symptoms. A total of 12 sessions are offered, and after clients complete IOP, they can then sign up for individual counseling.

According to Dawn, the real challenge in getting the program up and running was building the groups. “It took a while to get three or more people to agree to come together at the same time, but once we figured that out, we now easily fill ten spots, which is what we cap groups at.”

In addition, Outpatient expanded the 2nd Offender program and the Driver Alcohol Education program (DAE). Staff has also grown to keep up with the demand for services. “It’s been a busy and productive year,” notes Dawn. “We have found our footing since moving from the Men’s Addiction Treatment Center. Having a larger space enabled us to move quickly when it became obvious more groups were needed to be scheduled.” The reception to

Outpatient services being available at the Meadowbrook campus has been strong. “Outpatient nicely complements BATC and MATC,” explains Dawn, “in addition to addressing the adolescent component.”

# MATC: Coming Full Circle

Luke endured a horrific childhood, struggled for a good part of his life, yet in his forties, turned things around. But change didn't occur with a snap of his fingers or a wave of his hand.

His father was a "functioning alcoholic" and a hard worker who often let his hands do the talking. "I was the kid eating cereal at the breakfast table before going to school whose dad sat across from him with a Bud in front of him," he recalls. It was Luke's relationship with his mother that taught him values; of his father, Luke has little to say. As a result, he grew up wanting to be the center of attention, "I was always acting out in school, trying to be the class clown," he recalls.

After experiencing a couple of pretty traumatic episodes, Luke finally ran away from home at age 14. The streets became his home. "I realized pretty quickly that the way to survive was to not look lost but look like I was tough." By 16, he was drinking daily. Luke says he would do whatever he could to scrounge up money for alcohol, including hustling at pool tables.



***"I was just about living day to day."***

Luke would periodically go into detox to rest and pull himself together, and then he'd return to the streets. "I drank every day until about 14 years ago, when I started with weed and experimented a bit with heroin." His life on the streets continued for years. During this period, he also spent some time in jail, though "for nothing major," he concedes. His situation began to change because of his probation officer, who had heard about the Men's Addiction Treatment Center (MATC) and suggested it to Luke, who was not initially interested. He explains, "I wasn't looking to stick around, that's for sure. Then I started noticing things. The nurses on detox were really, really nice. So I'd say, 'Okay, I'll stay one more day,' and that would lead to the next day and the next."

Luke stayed, graduated, and went into supportive transitional housing in Quincy. Before he left MATC, he was told by staff if he stayed clean, they would welcome him back as an employee. "I put a lot of hard work into my recovery, but I am managing it day to day," Luke explains. A month and a half before arriving at MATC in 2009 as a recovery specialist, he ran into a family friend and found out his mother had died of breast cancer. "That was tough," he recalls. "I would only call her every 5 or 6 years. If I had known.... I credit her with my not becoming a hardened person, even after all I have seen."

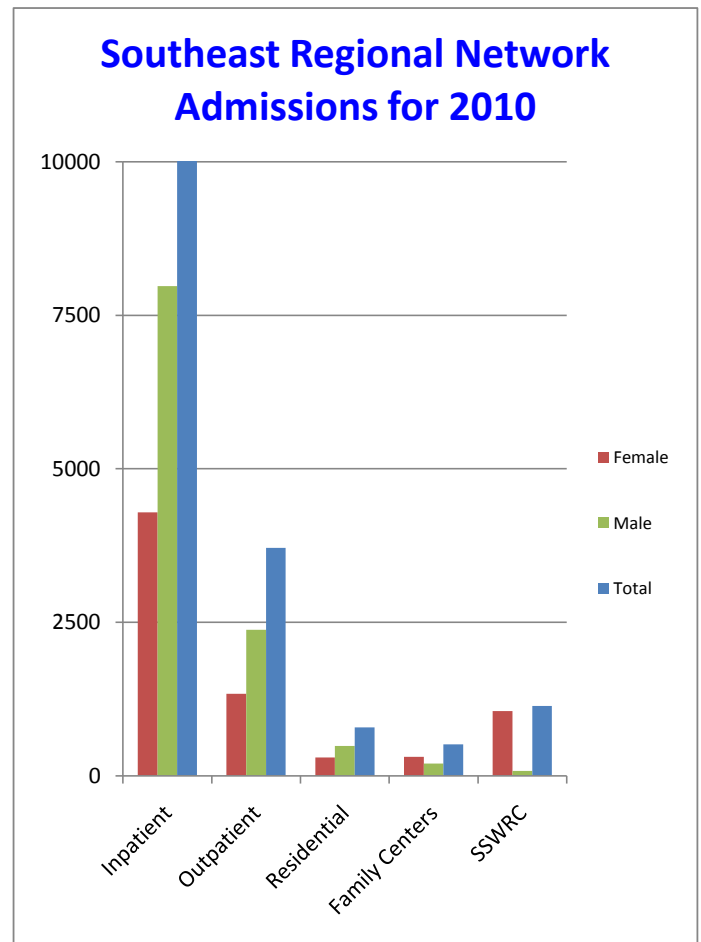
Luke ultimately found housing in Dorchester with his girlfriend and takes public transportation to his job in Brockton. "It's not easy," he explains of the process to get into work, but he says he is doing what he has to. The next step will be to purchase a vehicle. Luke is always vigilant, too, about staying clean, stating, "I am careful not to visit the old haunts because I don't want to get sucked back in."

He likes working third shift at MATC, interacting with the clients. "I understand where they are coming from because of course, I have been in their shoes," he says. "I can tell them to roll with the process; they may not understand some of the rules and procedures at this point, but things are set up certain ways to benefit them." According to staff, Luke is always taking that extra step for the clients. Luke says he is just doing his job, "I know what it's like to have staff look out for you. It means a lot."

Luke says he sometimes still finds it difficult to believe where he is at this point in his life. He has a steady job that he likes, and he's staying clean. "If I hadn't come here, I'd be on the streets, definitely, definitely," he says quietly.

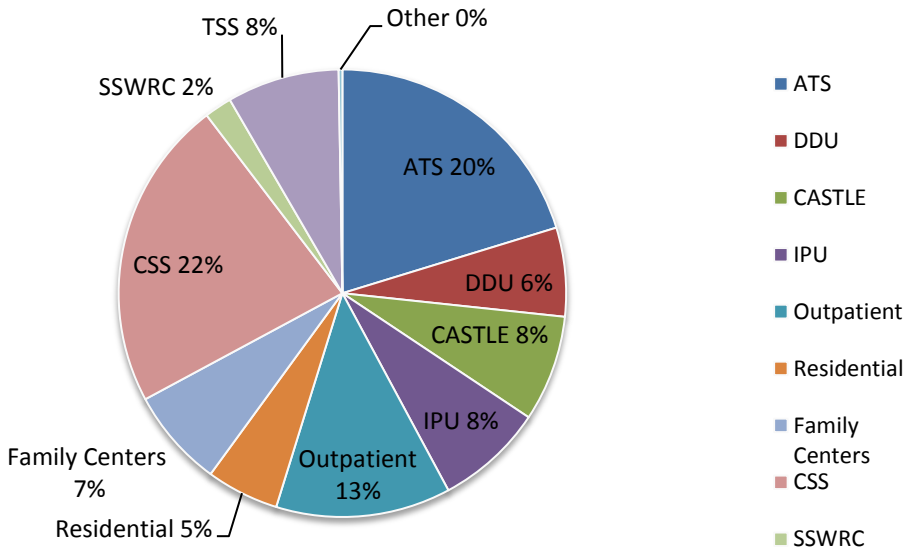
## Southeast Regional Network Admissions for 2010

	Total	Female	Male
<b>TOTAL ADMISSIONS</b>	<b>18,417</b>	<b>7,297</b>	<b>11,120</b>
<b>Inpatient</b>	<b>12,267</b>	<b>4,292</b>	<b>7,975</b>
ATS Plymouth	2,224	591	1,633
DDU Plymouth	2,065	740	1,325
IPU Plymouth	908	378	530
Pathway CSS Plymouth	589	202	387
Recovery CSS Plymouth	596	175	421
CASTLE	464	147	317
BATC	2,040	680	1,360
Serenity CSS Brockton	728	242	486
MATC	1,516	-	1,516
WATC	1,137	1,137	-
<b>Outpatient</b>	<b>3,715</b>	<b>1,336</b>	<b>2,379</b>
1st Offender	828	224	604
2nd Offender	119	24	95
Day Treatment	68	44	24
Narcotic Treatment	418	183	235
Outpatient Treatment	2,282	861	1,421
<b>Residential</b>	<b>787</b>	<b>301</b>	<b>486</b>
Harmony	107	-	107
Monarch	82	82	-
Unity House	8	-	8
TSS	564	193	371
WRAP	26	26	-
Family Preservation Program	9	-	9
<b>Family Centers</b>	<b>512</b>	<b>312</b>	<b>200</b>
<i>Harbour House</i>			
Adults	86	67	19
Children	95	44	51
Families	70	-	-
<i>Fall River Family Center</i>			
Adults	64	48	16
Children	97	48	49
Families	52	-	-
<i>Taunton Family Center</i>			
Adults	13	10	3
Children	20	11	9
Families	12	-	-
<i>Scatter Sites</i>			
Adults	41	28	13
Children	96	56	40
Families	29	-	-
<b>SSWRC</b>	<b>1,136</b>	<b>1,056</b>	<b>80</b>
Hospital Domestic Violence Advocacy	291	289	2
SHARES	47	22	25
DCF	145	145	-
Court (SAFEPLAN)	653	600	53



2010

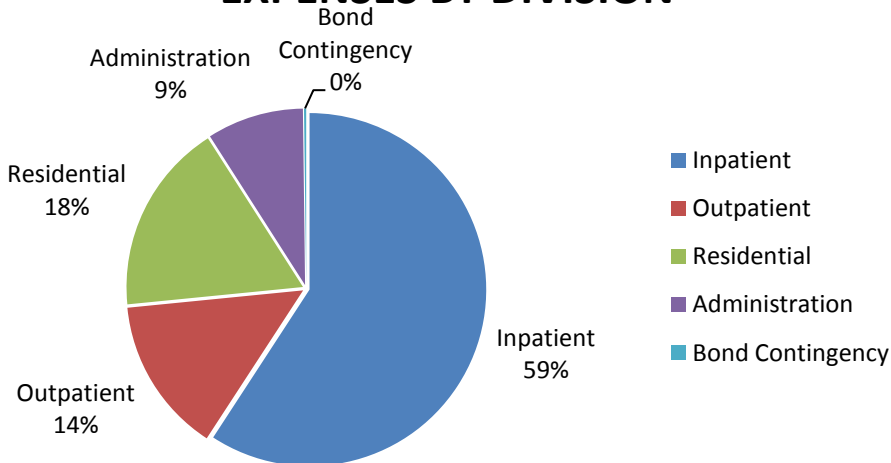
### TOTAL REVENUE



### TOTAL REVENUE

Services	Revenue	%
ATS	\$ 8,194,853	20%
DDU	2,595,478	6%
CASTLE	3,101,127	8%
IPU	3,151,161	8%
Outpatient	5,109,679	13%
Residential	2,120,489	5%
Family Centers	2,878,298	7%
CSS	9,091,294	22%
SSWRC	802,416	2%
TSS	3,281,832	8%
Other	109,363	0%
<b>Total</b>	<b>\$ 40,435,990</b>	<b>100%</b>

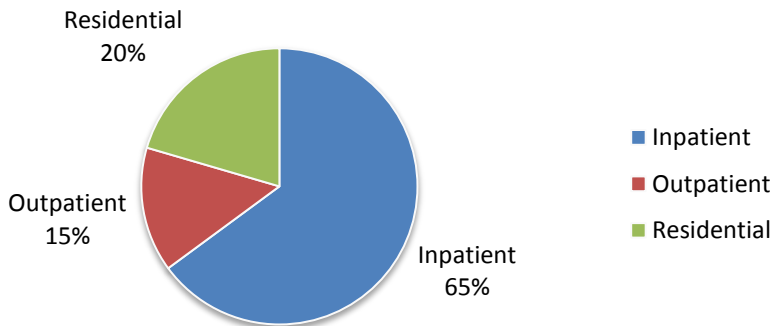
### EXPENSES BY DIVISION



### EXPENSES BY DIVISION

Inpatient	\$ 23,741,542	59%
Outpatient	5,708,964	14%
Residential	7,024,286	18%
Administration	3,554,188	9%
Bond Contingency	78,764	0%
<b>Total</b>	<b>\$ 40,107,744</b>	<b>100%</b>

### REVENUE BY DIVISION



### REVENUE BY DIVISION

Inpatient	\$ 26,243,276	65%
Outpatient	5,912,095	15%
Residential	8,280,619	20%
<b>Total</b>	<b>\$ 40,435,990</b>	<b>100%</b>

# SOUTHEAST REGIONAL NETWORK, INC. AND SUBSIDIARIES

## Consolidated Statement of Financial Position

As of June 30, 2010

### ASSETS

#### CURRENT ASSETS

Cash and cash equivalents	\$2,723,682
Cash held in trust	78,598
Accounts and contracts receivable, net of allowance for doubtful accounts and contractual allowances	3,818,804
Prepaid expenses	<u>100,207</u>

TOTAL CURRENT ASSETS 6,721,291

PROPERTY AND EQUIPMENT, net of accumulated depreciation 7,339,646

#### OTHER ASSETS

Other	75,099
Financing costs, net of accumulated amortization of \$14,126	<u>90,297</u>

TOTAL ASSETS \$14,226,333

### LIABILITIES AND NET ASSETS

#### CURRENT LIABILITIES

Current maturities of long-term debt	\$181,741
Line of credit	1,970,334
Obligation under capital lease, current portion	193,543
Accounts payable	1,007,201
Accrued compensated absences	920,981
Due to DPH	34,735
Accrued expenses	<u>\$1,385,544</u>

TOTAL CURRENT LIABILITIES 5,694,079

#### LONG-TERM LIABILITIES

Long-term debt, net of current maturities	4,701,399
Obligation under capital lease	591,904
Obligation under interest rate swap agreement	399,152
Deferred long-term debt	<u>363,302</u>

6,055,757

TOTAL LIABILITIES 11,749,836

#### NET ASSETS

Unrestricted net assets	<u>2,476,497</u>
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TOTAL LIABILITIES AND NET ASSETS \$14,226,333

# SRN Leadership

## **Southeast Regional Network, Inc. & High Point Treatment Center, Inc.**

### **BOARD OF DIRECTORS & OFFICERS**

Charles R. Maccaferri, *Chairman*  
Daniel S. Mumbauer, *President & CEO*  
Walter M. Murphy, *Treasurer*  
Deb Masciulli, *Clerk*  
Margaret B. Vulgaris, *Director*  
Mary O'Donnell, *Director*  
Samuel Bartlett, *Director*  
Dennis Keefe, *Director*  
Carlton G. Hoagland, *Director*  
Philip M. Chrusz, *Director*

### **NeBCOA, Inc.**

#### **BOARD OF DIRECTORS**

Walter M. Murphy, *Chairman*  
Daniel S. Mumbauer, *President & CEO*  
Gerald Hall, *Director*  
Rita D. Mendes, *Treasurer*  
Robert Almedia, *Clerk*

#### **EXECUTIVE LEADERSHIP**

Daniel S. Mumbauer, MBA, MSA  
*President & CEO*  
James A. Hatch, Jr., BA  
*Vice President & CFO*  
Francine J. Markle, MS, LMHC, LADC I  
*Vice President & COO of Inpatient Division*  
Stephen R. Montembault, BA, LADC I,  
CADAC II  
*Vice President & COO of Residential &  
Shelter Division*  
Janet G. Feingold, MSW, LICSW, BCD  
*Vice President & COO of Outpatient & Community-  
Based Services Division*  
Millie Scott, AS  
*Vice President of Human Resources*

#### **MEDICAL LEADERSHIP**

Anmir Agresar-Donate, MD  
*Psychiatrist*  
Mudassir Ali, MD  
*Psychiatrist*  
Gyorgy Bodrog, MD  
*Psychiatrist*

Ronald Bugaoan, MD  
*Medical Director, Psychiatric Services at MATC;  
Outpatient- Brockton*  
Alfredo Chan, MD  
*Psychiatrist*  
Mark J. Hauser, MD  
*Program Coordinator of Nights/Weekends DOC*  
Liwei Hua, MD  
*Psychiatrist*  
Michael Iannessa, MD  
*Medical Director of Primary Care ATS & Plymouth  
Campus and Outpatient- Manomet*  
Robert Kohn, MD  
*Psychiatrist*  
Matthew Levin, MD  
*Psychiatrist*  
Michael Liebowitz, MD  
*Medical Director of DDU and Outpatient- Manomet*  
Medhat Migeed, MD  
*Psychiatrist*  
Robert Miller, MD  
*Medical Director of Primary Care ATS- WATC and  
Outpatient- Brockton & Taunton*  
Landis A. Mitchner, MD  
*Psychiatrist*  
Luis Molmenti, MD  
*Psychiatrist*  
Aderonke Oguntoye, MD  
*Psychiatrist*  
Ariel David Otero, MD  
*Psychiatrist*  
Michael Randon, MD  
*Medical Director of Primary Care ATS-  
MATC & BATC*  
Zoe Selhi, MD  
*Psychiatrist*  
Joseph Shrand, MD  
*Medical Director of The CASTLE; Acting Medical  
Director for IPU; Outpatient- Brockton*  
Robert Sigadel, MD  
*Medical Director of Outpatient-  
Belleville Avenue, New Bedford & School Street,  
Plymouth and Medical Director for Psychiatric Ser-  
vices- WATC; Psychiatric services- The CASTLE*  
Miriam Villanueva, MD  
*Medical Director of Outpatient- Brockton*

# SRN Leadership

## ADMINISTRATIVE LEADERSHIP

June Bissonette, BSN, CARN, RN  
*Director of Infection Control*  
Daniel Buckley, M.Ed  
*Director of Batterers' Intervention*  
Maggie Cahill, MA  
*Program Director of Community Support Program*  
Joseph Dziura, BA  
*Director of Information Technology*  
Mary Ann Foose, RN  
*Director of Nurses*  
Debra Masciulli, AS  
*Director of Administrative Services*  
Christine Murphy, BA  
*Contracts Manager*  
Jean Newell  
*Director of Medical Records*  
Kathy Norris, MA  
*SRN Director of Community Relations*  
Conrad J. Shultz, MPH  
*Director of Drivers' Alcohol Education*  
Carl L. Soares, CWTF  
*Director of Facilities Services*  
Suzanne J. Twarog, AS  
*Director of Accounts Receivable*  
Anne M. Zarlengo, BA, LADC I,  
CADAC II, CCS  
*Director of Human Resources*

## COMMUNITY LEADERSHIP: BROCKTON

Lisa Akins, RN  
*Nurse Manager of ATS*  
Stephen Braley  
*Recovery Specialist Supervisor, The CASTLE*  
Heather Caldera, BA, RN  
*Nurse Manager of The CASTLE*  
Andrea Conway, NP, CNS, MBA  
*Clinical Nurse Specialist, The CASTLE and MATC*  
Joyce Cormo, RN  
*Nurse Manager of MATC*  
David Currier, MA, LADAC I  
*Clinical Director of MATC CSS and Acceptance CSS*  
Hillary Dubois, MS  
*Coalition Coordinator, Brockton Mayor's Opioid  
Overdose Prevention Coalition*  
Terese L. Flaherty, RD  
*Dietician– Meadowbrook Campus*  
Bob Gallagher, LCSW  
*Clinical Director of MATC TSS*  
Victoria Grace-Nocera, LICSW  
*Program Director of The CASTLE*

Ken Haslam  
*Director of Environmental Services*  
Matt Hoffman, MHP, LADC I, CADAC II  
*Clinical Director of BATC CSS*  
Jim Horvath  
*Office Manager*  
John Kohler, MS, LADC I  
*Clinical Director of MATC ATS*  
Carol A. Kowalski, MSN, RN, CARN, CADAC II  
*Site Director of Meadowbrook Campus*  
William McCoy, BA, M.Div., CPE  
*Director of Homicide Bereavement Services*  
Regina Millet, MA  
*Clinical Director of BATC ATS*  
Dawn Parks, MS, LMHC  
*Program Director of Outpatient Services*  
Nicholas Salerno  
*Recovery Specialist Supervisor of MATC*  
Nicholas P. Tenaglia, MA  
*Program Director of MATC*  
Karen Thomas, ADN, RN  
*Director of Admissions– Meadowbrook Campus*

## COMMUNITY LEADERSHIP:

### NEW BEDFORD

Mary Bettley, MSW, LICSW  
*Program Director of Reflections CAP*  
Wendy Bluis, CADAC  
*Program Director of Family Preservation Program*  
Melvaline Carvahlo, CNS  
*Clinical Nurse Specialist, Outpatient- Purchase  
Street, New Bedford*  
Andrea Conway, NP, CNS, MBA  
*Clinical Nurse Specialist, Outpatient- Purchase  
Street, New Bedford*  
Shelly Correia  
*Program Director of Harbour House  
Family Center*  
Joan M. Cremins, MSW, LICSW, LADC I  
*Program Director of HPTC/Community Substance  
Abuse Center*  
Lisa Doubleday, M.Ed  
*Clinical Director of WATC ATS*  
Susan Dumont, MA, LMHC, LADC I  
*Clinical Director of Reflections CAP*  
Terese L. Flaherty, RD  
*Dietitian, WATC*  
Mourning Fox, MA, LMHC  
*Clinical Director of Tranquility CSS*  
Joseph S. Gumlak, MA, LMHC  
*Program Director of Outpatient– Belleville Avenue,  
New Bedford*

# SRN Leadership

## **NEW BEDFORD (Cont.)**

Kerry Hennessy, MSW, LICSW  
*Program Director of Outpatient– Purchase Street,  
New Bedford*

Nancy Lawrence, RN  
*Nurse Manager of WATC*

Brenda J. Lima, PMHCNS, BC  
*Clinical Nurse Specialist of WATC;  
Outpatient– Belleville Avenue*

Edgar L. Martin, III  
*Director of Environmental Services–  
Residential/Shelter Division*

Deryk Meehan, MA, LMHC  
*Clinical Director of WATC TSS*

Anne Pacheco, LICSW  
*Clinical Director of HPTC/Community  
Substance Abuse Center*

Linda Phillips, CAC  
*Recovery Specialist Supervisor of WATC*

William H. Price  
*Program Manager of Unity House*

John Puopolo, M.Ed  
*Program Director of Harmony House*

Teri St. Pierre, M.Ed., LMHC  
*Program Director of WATC*

Terrence L. Todman  
*Director of Dietary Services, WATC*

Lise Turner  
*Program Director of Monarch and  
WRAP Houses*

Karen Vernen-Thompson, MSW, LICSW, CADAC II  
*Program Director of TSS*

## **COMMUNITY LEADERSHIP: PLYMOUTH**

Lisa Bettencourt  
*Supervisor of Housekeeping*

Stephen Chanona  
*Director of Dietary Services*

Andrea Conway, NP, CNS, MBA  
*Clinical Nurse Specialist, Outpatient– School Street,  
Plymouth*

Kathy Harriman-Spear, MSW, LICSW, BCD,  
CADAC I, LADC I  
*Program Director of Outpatient– School Street,  
Plymouth*

Marjorie Jean, MA, LADC I  
*Clinical Director of ATS & Recovery CSS*

Judith M. Lavigniac, MS, FNP-BC, PMHCNS-BC  
*Nurse Practitioner & Clinical Nurse Specialist  
of Plymouth Campus*

Salvatore LoPiccolo, RN  
*Nurse Manager of ATS*

Carol Luce, RN, CARN  
*Site Director of Plymouth Campus*

Karen L. Nickerson, BSRN  
*Nurse Manager of IPU*

Catherine A. O'Brien, RD  
*Dietitian, Plymouth Campus*

Marion Oxenhorn, LMHC, CADAC, CAGS, LADC I  
*Clinical Director of Outpatient– School Street,  
Plymouth*

Melinda Smallwood, BSN, RN  
*Nurse Manager of DDU*

Carol Soldevilla, LICSW  
*Program Director of Outpatient– Manomet*

Arnold Soucie, CWTF  
*Director of Environmental Services*

David J. Spilker, LMHC  
*Clinical Director of DDU & Pathway CSS*

Theresa Winslow, MSW, LICSW  
*Clinical Director of IPU and Outpatient– Manomet*

## **SOUTH SHORE WOMEN'S RESOURCE CENTER**

Carolyn F. Bell  
*Coordinator of Domestic Violence Center-Based*

Kathy Harriman-Spear, MSW, LICSW, BCD,  
CADAC I, LADC I  
*Program Director*

Kathleen Hoffman  
*Coordinator of Outreach & Education*

Linda Rudnick  
*Program Coordinator of Communities Mobilizing for  
Change on Alcohol*

Marianne Shean  
*Coordinator of Domestic Violence: Civilian Advocacy*

Laura Yetman  
*SAFEPLAN Coordinator*

## **COMMUNITY LEADERSHIP: TAUNTON**

Melvaline Carvahlo, CNS  
*Clinical Nurse Specialist, Outpatient-Taunton*

Amy Ruggiero, BA  
*Program Director of Taunton Family Center*

Carolyn Smith, MSW, LICSW  
*Program Director of Outpatient*

## **COMMUNITY LEADERSHIP: FALL RIVER**

Maggie Smith, BA  
*Program Director of Fall River Family Center*

*Current as of December 1, 2010*



*“Helping People to Change”*



*Inpatient, Outpatient,  
& Residential/Shelter Services*

