

**2011**

*Annual Report*



**Southeast Regional Network**





## Message from the Board Chairman and President & CEO



**Charles Maccaferri**  
Board Chairman



**Daniel Mumbauer**  
President & CEO

### “Who We Are”

Our Annual Report is a small sampling of the incredible services provided by our organization over this past year. An organization comprised of a team dedicated to serving individuals, families, and communities impacted by addiction, mental illness, domestic violence, or homelessness. An organization comprised of many individuals and families, who have experienced addiction, mental illness, domestic violence, or homelessness. An organization comprised of a professional staff of MDs, NPs, RNs, CNSs, LPNs, LADCs, LICSWs, LMHCs, LMFTs, CADACs, CARNs, case managers, and community and domestic violence advocates.

An organization which operates 769 beds consisting of 16 Inpatient psychiatric beds, 24 dual diagnosis beds, 120 detoxification beds, 184 clinical stabilization beds, 76 transitional support beds, 87 recovery home beds, 103 permanent housing beds, and 159 shelter beds. Seven Outpatient clinics are located in the communities of Brockton, Manomet, New Bedford (3), Plymouth, and Taunton.

An organization that believes in advocacy and education and is a member of the Association for Behavioral Healthcare (ABH), The Massachusetts Association of Behavioral Health Systems (MABHS), The Recovery Home Collaborative (RHC), Mass Housing and Shelter & Alliance (MHSA), Jane Doe, Homes for Families, Massachusetts Organization For Addiction Recovery (MOAR), and the National Council for Community Behavioral Healthcare.

An Organization that lives its values of

**RESPECT:** To recognize the worth, quality, diversity and importance of each other, people we serve, and the company.

**COMPASSION:** To care about others and respect their feelings.

**INTEGRITY:** Honesty, forthrightness, and meeting the highest ethical standards.

**EFFICIENCY:** Meeting society’s expectations and our own, a responsibility to be prudent with our resources.

**EXCELLENCE:** Working together to be the very best in everything we do.

**An organization dedicated to our mission and the individuals, families, and communities we serve.**

## *Opening the NARCAN Discussion*

Truly the only time Hillary Dubois's job gets to her are the two days during the year that she devotes to sifting through death certificates. "I need to do this to get the data," she explains, adding that she tries to finish up by mid-afternoon because the process can be so emotionally draining.

"Busy" aptly describes Hillary Dubois, Coalition Coordinator for the Brockton Mayor's Opioid Overdose Prevention Coalition, a collaborative effort between the Brockton Mayor's Office and High Point Treatment Center, which sprang out of a 2008 grant.



**Hillary Dubois**

Now in its carryover fiscal year, funding comes from the Massachusetts Department of Public Health's (MDPH) Bureau of Substance Abuse Services (BSAS), under the MassCALL2 grant. Saying she could not "see me doing anything else," Hillary is the 'face' for many of the Coalition's activities. The Coalition focuses on three target areas including "Trainings, education, and outreach."

Basically, the collective efforts, (the Executive Committee is comprised of representation from the Brockton Mayor's Office, High Point, Plymouth County DA's Office, Habit OPCO, Learn to Cope, and BAMSI's C.O.P.E. Center), are aimed at decreasing the number of opioid fatal and non-fatal overdoses in hard-hit Brockton. Working with local sober houses, first responders (EMTs, fire, and police); family, friends, and service providers of opioid users, Hillary explains how being trained in administering Narcan (which can reverse the effects of narcotics) saves lives.

Outreach takes many forms, including visiting the Brockton Fair during the summer. Many transients attend the fair, and Hillary encouraged twenty of them just this past summer to attend training. Additionally, in August, the Coalition held its annual overdose vigil with Learn to Cope. They gave out information on Narcan to approximately 100-150 individuals. "It was a sad event," Hillary explains, "but a good one."

She is continually coming up against people who feel handing out Narcan equates perpetuating and condoning drug use in the first place. "There is this mindset amongst some that drug users brought this upon themselves. But everyone deserves a chance at life. In my speeches, I try to counter this by stating that every life saved is giving people hope. We need to learn from the people we have lost, so my goal is to meet people where they are at- even if it's on the opposite side."

***“You can’t work on your recovery if you’re dead.”***

To keep abreast of what like-minded coalitions are doing across the country, Hillary attends the annual Community Anti-Drug Coalitions of America (CADCA) conference. CADCA is a national organization representing more than 5,000 anti-drug coalitions throughout the country. This year’s one-week event was held in Anaheim, California. “It’s a great opportunity for us to not only meet people from other Massachusetts coalitions but states like Florida. I would say the majority of the time I work on getting the word out and on trainings. Public relations and event planning are definitely associated with my position,” explains Hillary.

The manner in which the grant is written dictates that Hillary can educate people on the usage of Narcan but cannot enroll participants in trainings on it herself, though she wishes she could. “My message is I want you to be safe- you can’t work on your recovery if you’re dead.” Interestingly, Hillary does not find herself frustrated by sometimes seeing the same faces at trainings, explaining, “They’re alive, and if it takes several trainings for them to absorb the information, I am okay with that.”

There are also the success stories that help propel her, such as the two women from New Bedford. Best friends since first grade, they got involved in drugs and began using together. Then, one of the women overdosed. Her friend, who had sat through trainings but who was also high, struggled to recall what to do with the Narcan she and a male friend (who was drunk) had. After getting one dose into the woman, they ended up calling 911, and the paramedics ministered more Narcan. “She worked so hard to save her friend’s life,” Hillary recalls. “Sometimes an overdose can be a rock bottom for people.” Thankfully, both survived. One woman sectioned herself to WATC, and the other went to BATC.

In her almost two years in the position, this is clearly a labor of love for Hillary, who has discovered a balance between possessing compassion for users and their families and introducing people to what is the Narcan discussion.

### **This is a Narcan kit.**

**Narcan  
is given out free and confidentially  
under an anonymous code by DPH to  
anyone 18 years of age or older.**

#### **Each kit includes**

- **Two 2 mg. doses of Narcan with atomizers and nasal tips**
- **SKOOP Overdose Prevention Educational Brochure**

**There are presently 9 nasal Narcan pilot sites in MA. To find the site nearest you, call the Massachusetts Substance Abuse Education Helpline: 800-327-5050 or 617-292-5065**



## *Combating Underage Drinking in Plymouth*

The age-old question: how to combat underage drinking.

The answer, in part, CMCA (Communities Mobilizing for Change on Alcohol), a national strategy aimed at making it harder for underage children and teens to access and drink alcohol. The Plymouth initiative, headed by coordinator Linda Rudnick, is funded by a DPH-BSAS 5-year grant, now in its fourth year.



**Linda Rudnick**

The educational initiative is aimed at not only reaching underage drinkers but their parents who think it's okay for the kids to drink in their homes, as well as individuals who purchase alcohol for underage drinkers. Working with law enforcement and within the framework of existing laws,

Linda chips away at the mindset that looks the other way. "The goal of the grant was never to make it continuous," explains Linda. "Rather, that the community adopts new practices, so that its approach to underage drinking becomes part of the fabric of the community." During the past four years, the Plymouth initiative has accomplished a lot. As Linda explains, "We have done much with public education, hosting three town hall meetings; we have had breakfast forums and worked with area clergy to address the problem."

Partnering with Plymouth South High School students, CMCA is in the process of creating a public awareness campaign. The graphics dept. at the high school will have posters designed and produced by spring and then distributed throughout Plymouth. "It is hard to discern tangible results," says Linda, "because there is no concrete method to do so," she says, but certainly having high school students participating lends it a considerable degree of legitimacy. The core of the work is done by a strategic planning team comprised of volunteers, including High Point clinicians, concerned Plymouth citizens, and court personnel. The team meets monthly. Linda is the only paid staff person. "The focus," she says, "is to come up with strategies to help reduce the underage access to alcohol."

A big component to addressing this issue is reaching out to families through the schools, after-school programs, and sports. According to Linda, "We established a 'safe home pledge' contract that adults and youth sign. Again, there is no definitive way to measure the outcomes. But getting the word out that we exist is important." Perhaps the biggest example of the environmental strategies CMCA strives to implement is the Manomet Steering Committee's response to the annual White Horse Beach July 3 celebration. For years, it was the site of underage drinking and mayhem. For the past three years, however, it's been a different story. A concerted effort between police, fire, mounted and bike patrols, have put a stop to the craziness that often ensued. As Linda looks ahead, she envisions a town that is better positioned to combat a problem that ends up affecting so many young people.

## *What ABAM Certification Means...*



**Doctors Shrand and Bugaoan**

Doctors Joseph Shrand and Ronald Bugaoan attended the American Society of Addiction Medicine (ASAM) conference in Washington, D.C., last year, accepting their certifications as Diplomates of the American Board of Addiction Medicine. Dr. Alfredo Gonzalez attended the Chicago conference and took the review course with Dr. Robert Sigadel; both are now ABAM-certified. Doctors Shrand and Bugaoan also took the review course.

Five doctors at High Point Treatment Center are now ABAM-certified, which is no mean feat. The intensive examination assesses the medical expertise of those providing care to people suffering from addiction.

Dr. Michael Liebowitz, who passed the rigorous exam two years ago, says, "I congratulate the others on this important achievement for it signifies their ongoing commitment to providing exceptional patient care." Doctors Joseph Shrand and Ronald Bugaoan attended the American Society of Addiction Medicine (ASAM) conference in Washington, D.C., last year, accepting their certifications as Diplomates of the American Board of Addiction Medicine. Dr. Alfredo Gonzalez attended the Chicago conference and took the review course with Dr. Robert Sigadel; both are now ABAM-certified. Doctors Shrand and Bugaoan also took the review course.

According to Dr. Sigadel, "The certification required reading and taking a course in Chicago. Next came a very difficult test. Taking it with the other High Point doctors gave us a chance to get to know each other better. For me, it means I have learned a lot from working at High Point from patients and staff alike. For High Point, it means that the doctors want to keep standards high, and that good is not good enough. This test also made me think about what I don't know!" Dr. Shrand adds to his colleagues' comments, stating, "Being a Diplomate of ABAM (American Board of Addiction Medicine) adds a professionalism and credibility to what is already a premier program treating those who struggle with addictions. The rigorous ABAM examination assures that our patients receive state-of-the-art treatment, with a blended and eclectic approach that combines sophisticated psychopharmacology with other psychotherapies and more traditional 12 step approaches."

## *NeBCOA: The Name Changed But Not the Mission*

Mindful of the need for residential housing that supports ongoing recovery throughout Southeastern MA and not just New Bedford, NeBCOA, Inc. became SEMCOA, Inc. (Southeast Massachusetts Council on Addiction).

Celebrating 40 years in 2011, SEMCOA has the distinction of being the oldest operating alcohol treatment organization in New Bedford and one of the oldest in the state. Until alcoholism was defined as a disease by the AMA, people who were publicly inebriated could be jailed for lengthy periods. In the not too distant past, there were few

treatment options available for people without means. The tide began to change, however, in the early 1970s.

NeBCOA's name changed to more accurately reflect the population it serves, but its mission remains: "... dedicated to the provision of residential and continuing care for those who have problems with substance abuse through programs that encourage clean and sober living and healthy choices. SEMCOA, Inc. also advocates for and provides substance abuse education and prevention programs in the community."

## *Harbour House, a Welcome Collaborator*



One thing about Harbour House Family Center's Program Director Shelly Correia: when she puts her mind to something, she puts everything she has into making that vision a reality. Such is the story with the partnerships that Harbour House has developed with different organizations. Because of these collaborations, cultivated over the years, Harbour House is not merely a building where families without homes lay their heads at night. It is a strong and vibrant community partner.

Consider the breadth of these relationships...

**ARTWORKS'** relationship began in 2010 when Shelly was first approached by Artworks about becoming a recipient of 20 pieces of donated artwork through The Art Connection, Inc., a Boston-based program that connects interested donors to charitable recipients. As a result of the donation, children and staff become more involved with arts and crafts. Children are encouraged to imagine, share, and be kind. Art makes that happen.

**BIRTHDAY WISHES** focuses on the spirit of volunteerism and community service. It brings the magic of birthday celebrations to the shelter, believing ALL children should celebrate their birthdays, regardless of their living situations.

**SCHOOL ON WHEELS (SOWMA)** is a one-on-one tutoring program for children (Pre-K through Grade 12). Children without homes often struggle in school. Tutoring/mentoring sessions two times a week help develop social and language skills and aid in developing their self-confidence.

**HORIZONS FOR HOMELESS CHILDREN** encourages children to investigate the world around them. Parents are also taught how to become active participants in their children's development. The volunteers (Playspace Activity Leaders) come in and interact with children for two-hour play sessions daily.

**HIDDEN HISTORY** is a collaborative effort between Harbour House, New Bedford Historical Society, and the New Bedford Whaling National Park. It has a Saturday morning component that operates during the school year, in addition to a 2-week summer camp. Services are free. The program targets middle schoolers, focusing on local multicultural history, art, music, and academics. There are field trips to the Museum of African American History and other places of interest. Children learn to read in public and participate in the annual Frederick Douglass Read-A-Thon.

A framed sign with the word "FAMILY" in large, bold, uppercase letters. Below it, the phrase "a journey to forever" is written in a cursive script. The sign is set against a light background and is framed in a dark border.

## *Despite Missteps, Marie's on Track Now*

Growing up in a stable home with a stay-at-home mom doesn't guarantee a person will not get involved in drugs. Just ask Marie.

"When I went into the 8th grade," she explains, "I started smoking pot. It was the '70's, and the drug culture was thriving. From there, I graduated to coke and then angel dust." But, when she became pregnant at 18, Marie stopped. Her life, seemingly back on track, derailed when her parents died within six weeks of each other. "That pushed me back into drugs, specifically angel dust," she recalls. **"I was young, scared, and so addicted."**



Her kids motivated her to go into detox the first time, and she stayed clean for 14 years, surrounding herself with positive people, doing commitments, attending meetings, and having children. But then life became very busy; with four children and a husband, Marie started neglecting herself. Her husband at the time developed Hepatitis C and became convinced he was going to die because he had cirrhosis of the liver. Marie started taking an anti-anxiety drug. "I never would have taken it if I had known it was so addictive," she explains. A fall led to being prescribed Oxycontin and Percocet. "Those drugs took away my physical pain- they were wonderful," she says with a rueful laugh. Marie was now popping in and out of detox, to no avail. "Ironically, I balanced life as an upper middle class mom while I had this separate life going. I hid it very well. Even my kids were unaware of my addiction."

Filled with shame and remorse, Marie struggled. She would be sober for periods but always relapsed. **"Crack took everything I had,"** she says. Marie worked in the medical field making a lot of money, so she could afford the drugs but ended up walking away from her family. "I didn't know a way out," she says of the slippery slope she was on. She went from having a beautiful home to living at Father Bill's.

"My family was worried," she remembers, "and one brother flew up from Virginia to participate in an intervention. That was the first time I went to High Point. I went to shut up my family. Still, I managed to stay sober for a month." She was first sectioned by a daughter in April 2009, spending 68 days at WATC. "I went into a sober house after I left WATC and did pretty well," she explains. But her demons resurfaced, and she was again sectioned, this time for 64 days, before moving to Monarch House. She left after 2 months. "I felt guilty leaving but wanted out; they begged me to reconsider, but I wouldn't."

Several overdoses later found Marie back at WATC, where one of the clinicians asked her, **"Are you finally ready to do it our way?"** This time the answer was "yes." When her nephew unexpectedly died, she wanted to go to the wake, but her daughter begged her not to, saying, "My auntie wouldn't want you to use. Please don't go," Marie recalls. "I called the program director and asked to return. That was 19 months ago, and I haven't used since." She got a cleaning job at High Point. "To go from a high-paying job in the medical field to cleaning toilets is quite humbling," she says. "But I worked hard and applied to WATC when a Recovery Specialist position opened. I love High Point- staff gave me my life back."

## *Reflections CAP: Serving Men & Women*



There is always a lot of excitement and trepidation upon opening a new program, especially when it's not only new to the organization but the first of its kind in the state. Reflections CAP (Court Alternative Program) men's residence opened in August 2010, and the women's program followed shortly thereafter.

Staff provides recovery home services to adults (with substance use disorders and non-violent offenses), who are referred by the courts, Probation and District Attorneys' offices. However, the majority of referrals have come from Probation.

### **The women's residence**

As of June 30, 2011, 84 clients participated in the program. Seventy-nine percent were male, and 21% were female.

### ***Rebecca's Story...***

Living with an alcoholic mom unfortunately set the stage for Rebecca's struggles with addiction.

Her mother bought alcohol for Rebecca and allowed her to have friends over to drink when she was just a teenager. She thought it was funny, when, upon returning home from work, she would discover Rebecca passed out on the bathroom floor. This was Rebecca's life from the time she was 14 until she became 18. "It was a party scene," Rebecca recalls, "with drug dealers in and out all of the time." But at 18, she moved in with a boyfriend, put herself through school, and got a good job as a medical assistant. However, at 21, she discovered pills after a doctor she worked for prescribed her Percocet. Rebecca quickly spiraled, losing everything- job, boyfriend, and apartment. She moved in with her mom again because she knew she had pills. Shortly thereafter, she was caught forging prescriptions and placed on probation.

From then on, Rebecca was in and out of detox. Ironically, it was her mother who first sectioned Rebecca after she told her she was using heroin. She went to WATC, got out, stayed clean for a short time, and relapsed. After stealing from her sister and grandmother, Rebecca sectioned herself. She remained clean for months and then relapsed. Finally, caught with crystal meth, she began serving jail time. Luckily for Rebecca, her lawyer worked with the judge to see if she was a candidate for Reflections CAP. After spending two months in jail, the judge decided she was, and Rebecca entered the program. She completed her time there and then went to Monarch House.

"Reflections gave me the structure I so desperately needed," she says. "Jail did not help- Reflections gave me the beginning of the recovery process. It helped me focus on me, and that's what I needed to do." Rebecca has remained clean, and she now works for High Point Treatment Center, helping people find their path to recovery.



## *“It’s Been One Heck of an Amazing Journey”*



### *Brian’s Story...*

Growing up in a small town on the South Shore and being athletic did not prevent Brian from getting involved with alcohol and drugs, pretty seriously, following high school.

“I wasn’t good at coping,” he explains. “I let my insecurities and fears concerning relationships and family get the better of me and relied on drugs to feel good.” The result was pushing away friends and family and basically giving up everything for alcohol and drugs.

Brian worked blue and white collar jobs, but his struggle with addictions led to losing those jobs. That behavior also began his trouble with the law. What started as serving short stints ranging from 11 to 60 days progressed to his most recent sentence- 18 months. Brian was serving the sentence when his probation officer mentioned a new program had opened called Reflections CAP. Brian didn’t initially sign on, saying, “To be honest, I wasn’t interested. I had already begun serving my sentence, but he convinced me that I was a good candidate.”

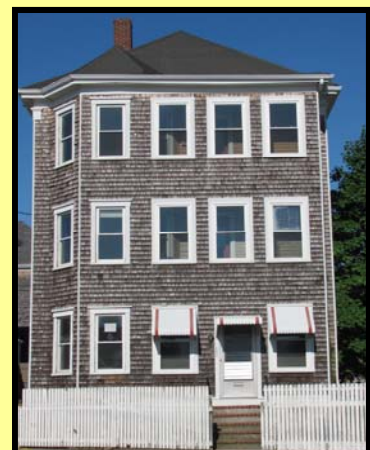
Brian attributes the 3 months spent at Reflections as “the start of my true recovery. When I was locked up this last time, I took a long, hard look at myself. I knew I didn’t want to continue living like I had.” His desire to change was reaffirmed by Reflections staff. “The things I was told there helped me hang in, and that was hard given my beliefs and attitude,” he says. “I learned to deal with authority figures, and cope when things don’t go my way. I destroyed a lot in my life, so it’s been about rebuilding relationships.”

Brian found the aftercare plan he and Reflections created for himself very helpful. Instead of returning home, he decided to go onto Harmony House. With supportive staff, the 7 months spent there helped him learn to balance freedom, but not enough to “hang himself.” In the interim, Brian discovered a new way of living. He is especially proud of quitting smoking. “It’s been one heck of an amazing journey,” Brian admits, but he is taking it one step at a time. Happy to be where he is- clean and sober.

### *Joe’s Story...*

“Reflections took the time to explain things in a manner that I understood, and staff continues to support me,” says Joe, a graduate of the program. Despite a recent relapse, he’s okay. Reaching out to a staff person helped him use the relapse as a stepping stone to “correct what went wrong. I know I can’t become complacent. Reflections taught me that my sobriety has to come first before all else.”

**The men’s residence**



## *Plymouth Thrift Store Opens, Benefiting Domestic Violence Victims, as Well as Savvy Shoppers*

In the 21st century, more nonprofits are discovering the answers to achieving fiscal stability doesn't necessarily lie in the past.

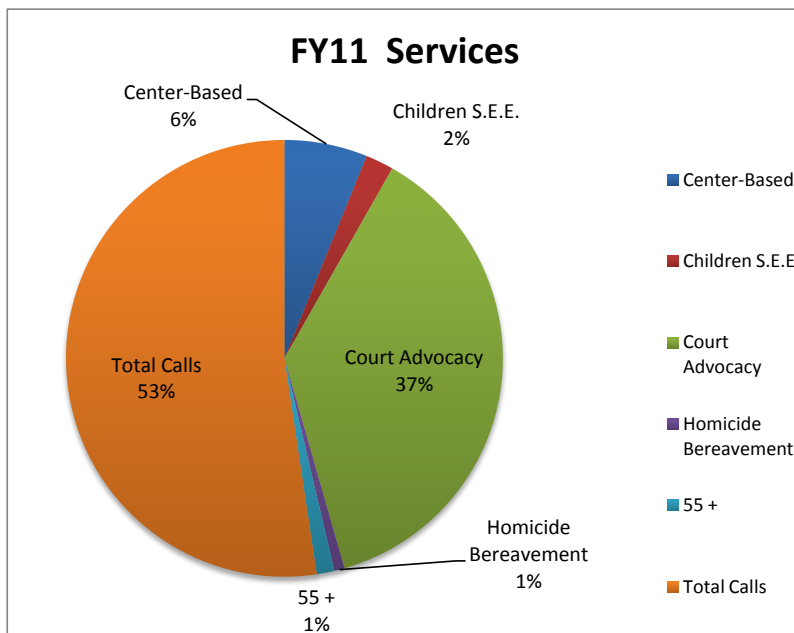
South Shore Women's Resource Center, (SSWRC), our domestic violence program, is not unlike similar programs in the state. The funding is drying up, yet the need for free and confidential services is increasing.

Relying on galas and other fund-raising events simply doesn't warrant consideration in this economy, nor does the number of man hours required to pull together such events. Therefore, a different approach to raising funds had to be considered and undertaken.



**Located at 71 Court Street in Plymouth, the thrift store has been discovered by domestic victim advocates and thrifty shoppers**

When the South Shore Women's Resource Center moved last summer, the idea that had been germinating for a couple of years suddenly sprouted: its old site would be perfect for a thrift store. If the communities we serve supported us, if we could make the numbers work, if enough donations flowed in... if, if, if. But they do, we did, and they are. After operating expenses, proceeds support SSWRC. Here's a snapshot of the many free and confidential services provided to 16 communities during FY2011:

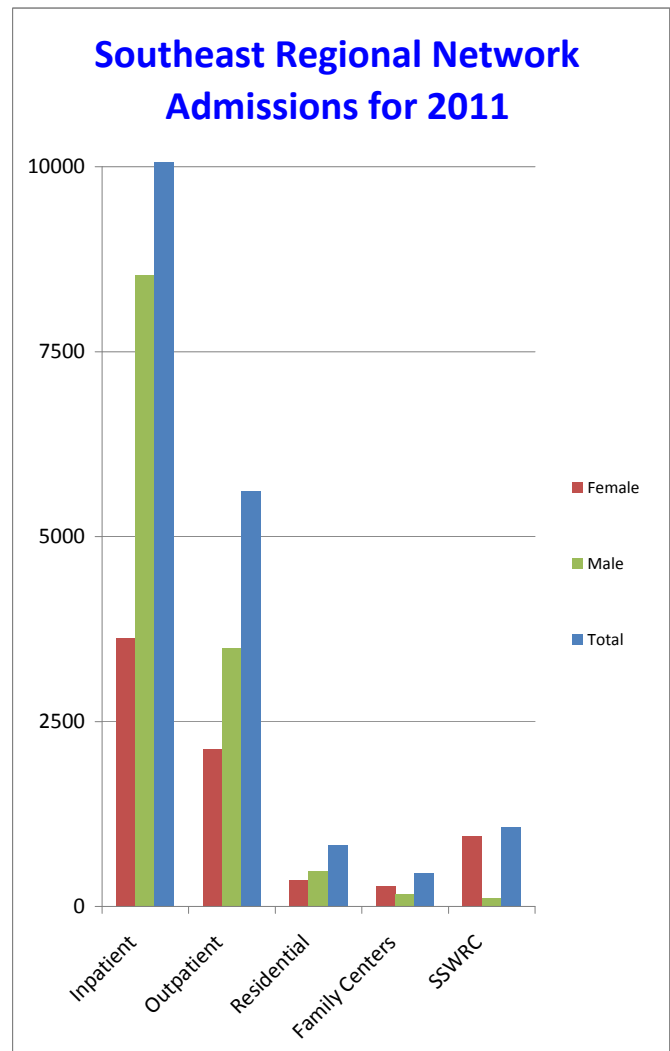


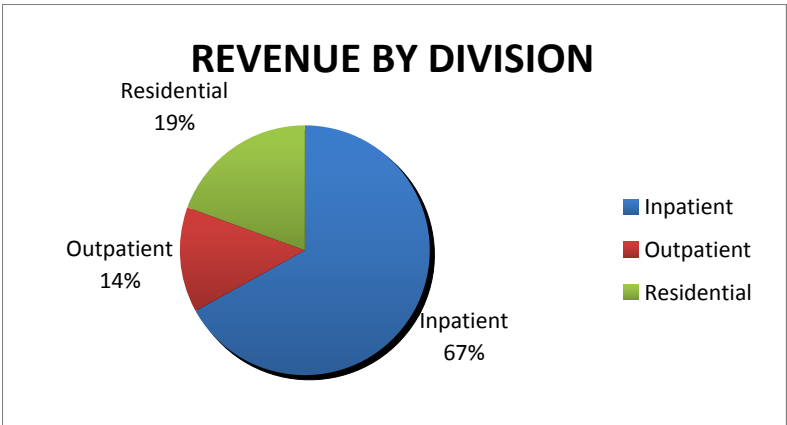
**SSWRC FY2011 Services**

Program	Individuals Served	%
Center-Based	235	6%
Children S.E.E.	79	2%
Court Advocacy	1,426	37%
Homicide Bereavement	29	1%
55 +	50	1%
<b>Total Calls</b>	<b>2,000</b>	<b>53%</b>
<b>Total</b>	<b>3,819</b>	<b>100%</b>

## Southeast Regional Network Admissions for 2011

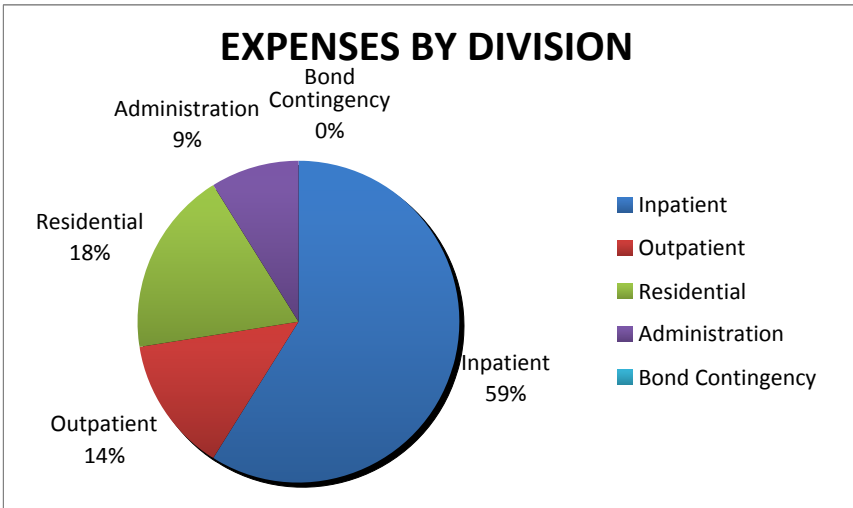
	Total	Female	Male
<b>TOTAL ADMISSIONS</b>	<b>20,133</b>	<b>7,339</b>	<b>12,794</b>
<b>Inpatient</b>	<b>12,161</b>	<b>3,628</b>	<b>8,533</b>
ATS Plymouth	2,192	588	1,604
DDU Plymouth	1,194	291	903
IPU Plymouth	842	333	509
Pathway CSS Plymouth	576	171	405
Recovery CSS Plymouth	629	163	466
CASTLE	491	151	340
BATC	2,354	392	1,962
Serenity CSS Brockton	953	266	687
MATC	1,657	-	1,657
WATC	1,273	1,273	-
<b>Outpatient</b>	<b>5,621</b>	<b>2,126</b>	<b>3,495</b>
1st Offender	1,413	375	1,038
2nd Offender	318	63	255
Day Treatment	149	87	62
Narcotic Treatment	330	143	187
Outpatient Treatment	3,411	1,458	1,953
<b>Residential</b>	<b>829</b>	<b>353</b>	<b>476</b>
Monarch House	101	101	
Wrap "	13	13	
Harmony "	89		89
Graduate "	13		13
Unity "	14		14
Reflections-Cap Residences	84	18	66
TSS	486	202	284
Family Preservation Program			
Adults	11	11	
Children	18	8	10
Families	9		
<b>Family Centers</b>	<b>449</b>	<b>278</b>	<b>171</b>
<i>Harbour House</i>			
Adults	64	54	10
Children	69	33	36
Families	70		
<i>Fall River Family Center</i>			
Adults	30	23	7
Children	37	21	16
Families	52		
<i>Taunton Family Center</i>			
Adults	38	32	6
Children	42	20	22
Families	12		
<i>Scatter Sites</i>			
Adults	59	44	15
Children	110	51	59
Families	29		
<b>SSWRC</b>	<b>1,073</b>	<b>954</b>	<b>119</b>
Hospital Domestic Violence Advocacy	281	281	
SHARES	29	15	14
DCF	235	235	
SEE	79	54	25
Court (SAFEPLAN)	449	369	80





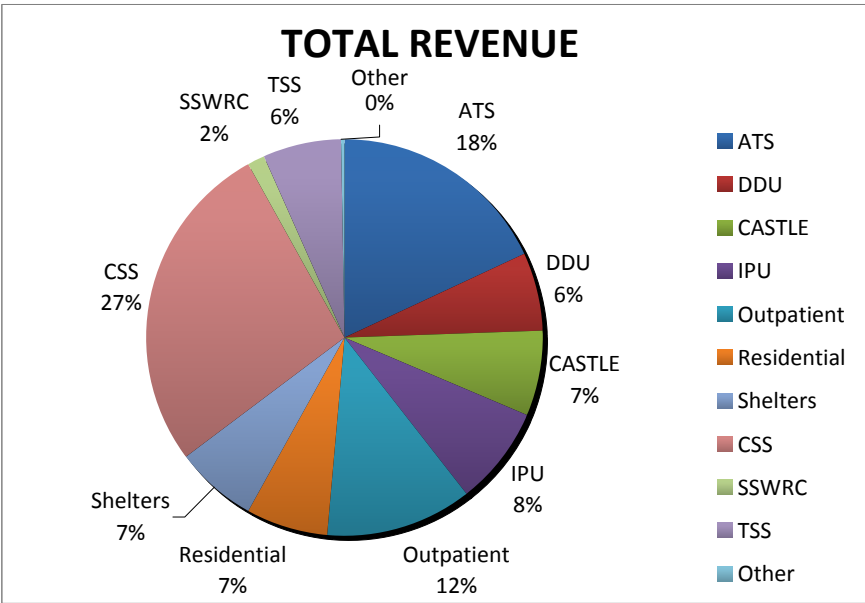
### REVENUE BY DIVISION

Division	Revenue	Percentage
Inpatient	\$ 30,080,738	67%
Outpatient	6,117,996	14%
Residential	8,799,470	19%
<b>Total</b>	<b>\$ 44,998,204</b>	<b>100%</b>



### EXPENSES BY DIVISION

Division	Revenue	Percentage
Inpatient	\$ 25,524,950	59%
Outpatient	6,023,290	14%
Residential	7,998,980	18%
Administration	3,858,539	9%
Bond Contingency	33,116	0%
<b>Total</b>	<b>\$ 43,438,875</b>	<b>100%</b>



### TOTAL REVENUE 2011

Services	Revenue	%
ATS	\$ 8,176,225	18%
DDU	2,860,916	6%
CASTLE	3,098,891	7%
IPU	3,591,426	8%
Outpatient	5,380,571	12%
Residential	3,053,081	7%
Shelters	2,930,737	7%
CSS	12,229,233	27%
SSWRC	737,425	2%
TSS	2,815,652	6%
Other	124,047	0%
<b>Total</b>	<b>\$ 44,998,204</b>	<b>100%</b>

# SOUTHEAST REGIONAL NETWORK, INC. AND SUBSIDIARIES

**SOUTHEAST REGIONAL NETWORK, INC.  
AND SUBSIDIARIES**  
CONSOLIDATED STATEMENT OF FINANCIAL POSITION  
As of June 30, 2011

## ASSETS

### CURRENT ASSETS

Cash and cash equivalents	\$ 2,079,846
Accounts and contracts receivable, net of allowance for doubtful accounts and contractual allowances	4,056,231
Prepaid expenses	106,091

TOTAL CURRENT ASSETS 6,242,168

**PROPERTY AND EQUIPMENT, net of accumulated depreciation** 7,596,225

### OTHER ASSETS

Other	174,292
Financing costs, net of accumulated amortization of \$21,184	90,090

**TOTAL ASSETS** \$ 14,102,775

## LIABILITIES AND NET ASSETS

### CURRENT LIABILITIES

Current maturities of long-term debt	\$ 361,841
Obligation under capital lease, current portion	205,371
Accounts payable	1,028,869
Accrued compensated absences	976,732
Due to DPH	49,275
Accrued expenses	1,557,440

TOTAL CURRENT LIABILITIES 4,179,528

### LONG-TERM LIABILITIES

Long-term debt, net of current maturities	4,500,068
Obligation under capital lease	386,533
Obligation under interest rate swap agreement	366,036
Deferred long-term debt	634,784

5,887,421

**TOTAL LIABILITIES** 10,066,949

### NET ASSETS

Unrestricted net assets 4,035,826

**TOTAL LIABILITIES AND NET ASSETS** \$ 14,102,775

# 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, *Alternate Clerk*  
Gerald Hall, *Director*  
Carlton G. Hoagland, *Director*  
Philip M. Chrusz, *Director*

### **SEMCOA, Inc.**

#### **BOARD OF DIRECTORS**

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#### **EXECUTIVE LEADERSHIP**

Daniel S. Mumbauer, MBA, MSA  
*President & CEO*  
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*Vice President & CFO*  
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*Vice President & COO of Inpatient Division*  
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Shelter Division*  
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Based Services Division*  
Millie Scott, AS  
*Vice President of Human Resources*

#### **MEDICAL LEADERSHIP**

Mudassir Ali, MD  
*Psychiatrist*  
Gyorgy Bodrog, MD  
*Psychiatrist*

Ronald Bugaoan, MD  
*Medical Director, Psychiatric Services at MATC;  
Outpatient- Brockton*  
Alfredo Chan, MD  
*Psychiatrist*  
Alfredo Gonzalez, MD  
*Medical Director of Primary Care ATS- WATC;  
Outpatient- New Bedford*  
Douglas Griffiths MD  
*Psychiatrist, Purchase Street*  
Mark J. Hauser, MD  
*Program Coordinator of Nights/Weekends DOC*  
Michael Iannessa, MD  
*Medical Director of Primary Care ATS & Plymouth  
Campus; Outpatient- Manomet*  
Robert Kohn, MD  
*Psychiatrist*  
Michael Liebowitz, MD  
*Chief of Psychiatry and Addiction Medicine  
Manomet Campus*  
Medhat Migeed, MD  
*Psychiatrist*  
Luis Molmenti, MD  
*Attending Psychiatrist, IPU*  
Ariel David Otero, MD  
*Psychiatrist*  
Charu Patel, MD  
*Psychiatrist*  
Roger Pottanat, MD  
*Psychiatrist*  
Michael Randon, MD  
*Medical Director of Primary Care ATS-  
MATC & BATC*  
Zoe Selhi, MD  
*Psychiatrist*  
Khurram Shaikh, MD  
*Psychiatrist*  
Joseph Shrand, MD  
*Medical Director of CASTLE; Outpatient- Brockton*  
Robert Sigadel, MD  
*Medical Director of Outpatient-Belleville Avenue and  
Purchase Street, New Bedford, Taunton & School  
Street, Plymouth and Medical Director for Psychiatric  
Services- WATC; Psychiatric services- CASTLE*  
Ashley Storrs, MD  
*Psychiatrist*  
Maria Pia Rogines Velo  
*Psychiatrist*  
Derick Vergne  
*Psychiatrist*  
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*  
Joyce Cormo, RN  
*Assistant Director of Nurses*  
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*  
Brad Scott, BA  
*Chief Information Officer*  
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 Training and Development*

## COMMUNITY LEADERSHIP: BROCKTON

Lisa Akins, RN  
*Nurse Manager of ATS*  
Darcy M. Beals, LMHC LSW  
*Clinical Director of MATC TSS*  
Stephen Braley  
*Recovery Specialist Supervisor, CASTLE*  
Susan Byrne  
*Supervisor of Housekeeping*  
Heather Caldera, RN, BA  
*Nurse Manager, CASTLE*  
Andrea Conway, NP, CNS, MBA  
*Clinical Nurse Specialist, CASTLE and MATC*  
Daniel M. DePina, M.Ed.  
*Clinical Director of MATC ATS*  
Kathleen Farrell-Michel, M.Ed., MFT  
*Clinical Director of BATC CSS*

Hillary Dubois Farquharson, MS  
*Coalition Coordinator, Brockton Mayor's Opioid  
Overdose Prevention Coalition*  
Terese L. Flaherty, RD  
*Dietician- Meadowbrook Campus*  
Kevin A. Hall, LICSW  
*Clinical Director of CASTLE*  
Ken Haslam  
*Director of Environmental Services*  
Jim Horvath  
*Executive Administrative Assistant*  
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*  
Jessica Nessralla, RN, BSN  
*Nurse Manager of MATC*  
Carine Plymouth, NP  
*Nurse Practitioner*  
Nicholas Salerno  
*Recovery Specialist Supervisor of MATC*  
David Spilker, LMHC  
*Program Director of Outpatient*  
Nicholas P. Tenaglia, MA  
*Program Director of MATC*  
Karen Thomas, ADN, RN, CARN  
*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*  
Janet Cope, MA, LMHC  
*Clinical Director of Tranquility CSS*  
Shelly Correia  
*Program Director of Harbour House Family Center*  
Joan M. Cremins, MSW, LICSW, LADC I  
*Program Director of HPTC/CSAC*  
Lisa Doubleday, M.Ed.  
*Clinical Director of WATC ATS*

# SRN Leadership

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

Kellie Ferreira, MA, LMHC, PGS  
*Clinical Director of Reflections- CAP*  
Terese L. Flaherty, RD  
*Dietitian, WATC*  
Joseph S. Gumlak, MA, LMHC  
*Program Director of Outpatient- Belleville Avenue, New Bedford*  
Kerry Hennessy, MSW, LICSW  
*Program Director of Outpatient- Purchase Street, New Bedford*  
Merri Janoski, RN, CARN  
*Nurse Manager of ATS*  
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*  
John Puopolo, M.Ed.  
*Program Director of Harmony House*  
Lise Reed  
*Program Director of Monarch and WRAP Houses*  
Teri St. Pierre, M.Ed., LMHC  
*Program Director of WATC*  
Terrence L. Todman  
*Director of Dietary Services, WATC*  
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*  
Mourning Fox, MA, LMHC  
*Clinical Director of IPU*  
Rick Haggerty, M.Ed., LMHC  
*Clinical Director of DDU & Pathway CSS*  
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*  
Carol Luce, RN, CARN  
*Site Director of Plymouth Campus*  
Catherine A. O'Brien, RD  
*Dietitian, Plymouth Campus*  
Marion Oxenhorn, LMHC, CADAC, CAGS, LADC I  
*Clinical Director of Outpatient- School Street, Plymouth*  
Laura Serra, RN  
*Nurse Manager of ATS*  
Melinda Smallwood, BSN, RN  
*Nurse Manager of DDU*  
Carol Soldevilla, LICSW  
*Program Director of Outpatient- Manomet*  
Arnold Soucie, CWTF  
*Director of Environmental Services*  
Melissa Torrance, RN  
*Nurse Manager of IPU*

## **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*  
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- Taunton*

## **COMMUNITY LEADERSHIP: FALL RIVER**

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

*Current as of December 1, 2011*



*“Helping People to Change”*



*Inpatient, Outpatient,  
& Residential/Shelter Services*

