



# Gateway

Moving Lives in the Right Direction

## Gateway launches training effort in Mental Health First Aid

**W**hile it is not uncommon for a bystander to rush to the aid of a person in physical distress, a typical response in public to someone seen as exhibiting signs of a mental health crisis might involve looking the other way and making sure to keep one's distance.

"Wouldn't it be nice if we didn't cross the street, but instead helped get the person to a safe place?" asks Mary F. Cimini, an organizational development specialist with Gateway.

Cimini and colleague Carole Bernardo now find themselves on the [First Aid](#) continued on page 2...



## Residential program offers homeless a bridge to permanency

**W**hen Robin, 49, lost her most recent job, her financial hardship triggered an eviction from her apartment followed by a series of unstable living arrangements. With no money and only food stamps to help meet the expenses of the friends who took her in, she stood at the edge of chronic homelessness until a Gateway case-worker informed her of an alternative.

Robin is presently one of six tenants residing in Pawtucket apartment units that Gateway is leasing as part of its new Transitional Housing program, its first adult residential program that directly addresses the homeless individual with serious mental illness. Made possible through federal Department of Housing and Urban Development (HUD) funds under a program [Bridge](#) continued on page 5...

### inside

3  
Message from Rich... Mental Health First Aid

4  
Co-Occurring Disorder program for youths helps adolescents and those around them

6  
Gateway welcomes Dr. J. Thomas Eakin to board

7  
FRIENDS WAY hosts its 7th Anniversary Recognition Gala

7  
Gateway celebrates its 13th Annual Awards Luncheon

7  
Gateway holds its Annual Golf Tournament

**First Aid** continued from page 1

ground floor of an educational effort that could truly transform the way in which members of the public think about mental illness and respond to a potential crisis in their presence. Cimini and Bernardo are Gateway's trainers in a national pilot program designed to teach people about the signs and symptoms of mental illness and how they can help someone in crisis. The program is called Mental Health First Aid, and its success in Australia and other nations has its U.S. sponsors believing it could become one of the most potent men-

groups and individuals in their communities.

"One of the things that is extraordinary about this program is its potential to do so many things," Cimini says. "It can reduce stigma, increase mental health literacy in the population, and increase people's capacity to become first responders."

The Mental Health First Aid training is also being used as a valuable tool in the workplace. With depression ranking in the top three workplace problems, Gateway is currently working with companies to provide the training to staff.

edge of first aid to be part of their responsibility as citizens.

The course is designed to educate participants about the most prevalent mental illnesses and their symptoms, and to build their skills in order to equip them to help a person in crisis. This scenario may play out as someone experiencing a panic attack, or perhaps a person having an acute episode of psychotic illness.

Completion of the course results in receiving a certificate that essentially deems the person capable of offering help and comfort to someone in such a situation, as a bridge to more intensive services delivered by a mental health professional.

Those who practice Mental Health First Aid are not asked or expected to diagnose an illness or offer treatment, just as someone offering medical first aid is not performing a doctor's role.

In medical first aid, acronyms such as "DRABC" (Danger, Response, Airway, Breathing, Circulation) guide individuals through the steps they need to take in order to assist someone. The developers of Mental Health First Aid have developed their own mnemonic, "ALGEE," which stands for:

- Assess risk of suicide or harm.
- Listen non-judgmentally.
- Give reassurance and information.
- Encourage the person to get appropriate professional help.
- Encourage self-help strategies.

The Mental Health First Aid program in Australia has been evaluated using randomized controlled trials and studies. The findings showed an improvement in the participants' knowledge of mental disorders, reducing stigma and increasing the

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**Mary F. Cimini, Gateway Organizational Development Specialist**

tal illness destigmatization tools ever employed.

A 12-hour certification course with many parallels to medical first aid, Mental Health First Aid is seen by its backers as something that eventually could become as commonly used as CPR. The National Council for Community Behavioral Healthcare, the national association representing community-based behavioral health agencies, selected Gateway as one of many organizations nationwide to launch the training course for various

### **Program's origins**

Mental Health First Aid was established in Australia as a 12-hour course by Professor Tony Jorm and Betty Kitchener and is officially housed at the University of Melbourne. Its founders have said that one of three factors compels most of the course takers to pursue the training. They either work routinely with members of the public, they have a close personal or familial relationship with a person who has a mental illness, or they consider having a broad knowl-

amount of help provided to others. The study even found that those who took the course reported a positive effect on their own mental well-being.

More information about Mental Health First Aid's origins and applications can be found at [www.mhfa.com.au](http://www.mhfa.com.au).

## Gateway's plans

The first beneficiaries of Gateway's participation in the pilot were police officers who received the training over two days in an effort sponsored by the Rhode Island Municipal Police Academy. The course was seen as an important supplement to police officer training that involves how to address people with mental illness, particularly in potentially volatile situations.

"We received very positive feedback from the recent training. Many of the officers felt as though the civilian and law enforcement merger was a success," said Bernardo. Bernardo will continue the in-service training with trainings this winter and spring.

It is the vision of Richard Leclerc, President of Gateway Healthcare to have 5,000 individuals trained in five years. To reach that goal, a number of potential target groups have been identified. These could include senior centers, community agencies, universities and colleges and teachers, to name a few examples. For any of these potential audiences, the goal will be to make the material very user-friendly and to take advantage of the multiple platforms that help people learn, such as through audiovisual aids, Bernardo says. ★

## Message from Rich



*by Richard Leclerc,  
President, Gateway Healthcare*

**T**he work we do every day to help individuals and families rebuild their lives is always meaningful and never something we take lightly. But then, to have a chance on top of that to participate in an initiative with the potential to change society's entire view of mental illness, that is a privilege for us and an opportunity

we cannot pass up. We are excited and appreciative to be one of the seven initial pilot agencies across the country for Mental Health First Aid, described in the feature article in this newsletter.

The National Council for Community Behavioral Healthcare, which is spearheading the effort to bring Mental Health First Aid to the U.S., certainly is right to believe that this effort could become a legacy program in public education and the destigmatization of mental illness. The individuals who will be offering the Mental Health First Aid training in our pilot effort have remarked on the simple logic behind the course, which was originally created in Australia and is widely offered there to citizens whose work puts them in regular contact with members of the public.

We have rolled out our training to police officers and individuals in the community. The beauty of Mental Health First Aid lies in its potential applicability to many audiences, from average citizens to corporate staff to medical personnel.

Just as with medical first aid, where we don't expect first responders to perform procedures that are the responsibility of a trained professional, Mental Health First Aid offers initial assistance to an individual experiencing a mental health crisis. The protocol's many parallels with medical first aid reinforce the principle that mental illnesses should be treated no differently from other health conditions in the eyes of policy-makers and the public.

For Gateway, we see this effort as the ultimate investment in our community. It represents an opportunity to go beyond what we do every day to help achieve a meaningful goal that can touch all lives, even beyond our clients and their families. This groundbreaking program will help make our state a more compassionate place in which individuals with mental health challenges can reside.

# Co-Occurring Disorder program for youths helps adolescents and those around them

“Denise” believes her 17-year-old daughter became involved with substances several years ago because she was depressed and harbored little hope for the future. The teen’s substance use eventually led to problems with the law and a slot in a drug court program. The road back has required much effort, but has been made smoother with the help of an intensive program managed by Gateway Healthcare that is designed to assist youths who have both substance use and behavioral health problems.

The Co-Occurring Disorder (COD) program, part of Gateway’s specialized Child and Adolescent Intensive Treatment Services (CAITS), is not only helping youths such as “Leah” but also is reaching out to other key individuals in their lives. Denise explains that while the services her family received focused on just her daughter at first, Mom later began receiving counseling through the program as well. “I’ve been going since September; it gives me a place to let go,” Denise says.

The program’s services are generally delivered in family, community or school settings; the professionals who work in the program try to identify the individuals who serve as each youth’s support network. “We deal with the immediacy of addressing these kids’ issues and helping these families take better care of themselves and each other,” says Lora Spalt, program manager for COD.

Spalt explains that the idea for COD grew out of a former program that was specific to youths with substance abuse problems; that program offered cognitive-behavioral therapy (CBT) services that seek to change negative thinking that contributes to un-healthy decisions. All of the adolescents in the COD program have a substance use and mental health diagnosis, and both issues are considered equally in treatment, Spalt says.

The COD program uses a strategy combining a clinical approach called Motivational Enhancement Therapy (MET) with CBT. It seeks to help the

intensive service model under COD. Adolescents ages 12 to 17 and their family members are eligible for a variety of treatment and support services, including clinical care, family support, and parent education and therapy.

CAITS services are presently supported by a combination of federal and state funding. Youths are referred to the COD program in a number of different ways, including through the justice system, other service agencies in the state, and Gateway’s own intake process.

The COD team realizes that the complex problems facing the typical youth in this program mean that the

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**Lora Spalt, COD program manager**

adolescent and family develops problem-solving skills to be used when conflicts arise — the kinds of conflicts that can lead to substance use and other problem behaviors. “I just see us as the conduit for change,” Spalt explains.

## **Team concept**

A team of psychiatrists, mental health counselors, substance abuse professionals, social workers and other professionals is involved in the

youths’ families tend to experience high levels of stress and dysfunctional communication. Success in treatment for these youths, therefore, is measured not with just one goal in mind, Spalt says. While abstinence from substance use is certainly an important aim, so are family reunification and better achievement in school.

“If we can witness one or two things that are making a difference in these kids’ lives, we’ve had a success,”

Spalt says. She adds that in general, “They’re able to stay clean and stay out of the hospital.”

## Family harmony

Denise explains that her daughter had always tended to be an introverted person and would internalize her feelings when she failed at something. As an African-American youth living in a relatively poor community, she and her peers all have struggled with self-image issues and a

lack of hope for a brighter future, her mother says.

“A lot of these girls feel that their chances of becoming successful are limited,” Denise says.

But she has seen through the efforts of her daughter’s caseworker that Leah has opened up and is looking ahead more optimistically. Always a struggling student in the past, Leah is now bringing home As and Bs in her senior year of high school and is talking about spending the next two years

at a community college.

Denise credits Leah’s counselor for being sympathetic to both her daughter and herself. “He’s done a lot for her and me; he listens,” she says.

Now, when a conflict or disappointment occurs, Denise and her daughter are able to talk about it rather than withdraw. “I’m not miserable anymore and she’s not miserable anymore,” Denise says. “She’s singing more happy songs now. There’s laughter in my house now.” ★

## Bridge continued from page 1...

administered by Rhode Island Housing, Gateway took over management of the effort in February 2008. It has been a positive, eye-opening experience for staff and residents alike.

“I didn’t know much about homelessness myself,” says David Testoni, Gateway’s Director of Adult Residential Services, who has been impressed with clients’ resiliency in the face of great personal distress. “The stories are pretty touching. They go in not knowing who their new neighbors are, but they think they’ll be OK.”

The program is funded with a \$175,000 grant that is renewable annually. It is designed to offer supportive housing with individualized supported housing case management services, psychiatric services, vocational services, assistance in obtaining government benefits for which residents are eligible, and a sense of stability that can put the resident on a realistic path toward permanent housing. Testoni says the overall goal is to place residents in their own housing within about eight months of entering the transitional housing.

“The transitional housing is like a

new beginning for me,” Robin says. “Until I get my own place, they won’t throw me out” — an outcome she had gotten used to in the recent past.

## Two-bedroom units

Residents in the Transitional Housing program live in a three-story house on Anthony Street in Pawtucket, where Gateway is leasing three two-bedroom apartments. The residents live among other tenants of the building who are not part of the program.

As of early fall, Robin had been in her apartment for five months and already had been preceded by four other residents who had been successfully placed in permanent housing. Robin was living with a much younger roommate in the two-bedroom unit. “We chose not to play any of our music,” she says in referring to how she and her roommate were addressing the age difference.

On the day Robin spoke with a reporter for this article, she had visited the grocery store to buy items needed for that night’s dinner, which she would cook for her roommate and two male residents in the program.

She admits to having to make adjustments in living with other people, and is definitely looking forward to having her own place, but also finds the idea of now having a fully equipped apartment remarkable given the instability of her recent housing situation.

“I’m not so stressed out living there,” she says. “I’m now looking for a part-time job. Maybe soon I can afford a car.”

A Gateway caseworker visits the house daily, so in a typical week each resident will receive several hours of face-to-face contact. This is important, Testoni says, because the upheaval these residents have faced in their lives often meant that they were not accessing government assistance for which they were eligible. Benefits assistance constitutes a major part of the program and can facilitate the process of moving more clients out of transitional housing and therefore being able to help others through the program.

“The people who have transitioned out the quickest were those who already had entitlements,” Testoni says.

Prior to taking over management of [continued on next page...](#)

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the program, Gateway visited Crossroads Rhode Island to get a sense of what the typical client would need. Individuals are being referred to the program through a variety of channels, from Crossroads to other homeless service agencies to Gateway's own mobile treatment teams.

"We concluded that people wanted their own place; they didn't need 24-hour care," Testoni explains. "They needed intensive case management, supportive services, and a safe environment."

Perhaps the greatest challenge to this point was in finding the right location with a landlord willing to participate. Testoni visited several other sites before the attractive location in Pawtucket surfaced.

## Setting goals

Robin, who has bipolar disorder, looks ahead to a time when she will be able to be more involved in the lives of her school-age children. In the short term, she was trying to help her 18-year-old daughter make future plans. But she adds as she thinks about the future, "I know my 14-year-old son needs me."

She hopes to find her own apartment in a high-rise in Pawtucket. The last time she lived at such a location, it was only through the concern of a friend who violated the apartment's regulations by keeping her there for a short time.

Robin credits the Gateway staff for giving her hope and peace during what has been a trying period. "I don't know where I would be without this," she says. "And there are so many other people who need it." ★



## Gateway Welcomes New Board Chair



Dr. J. Thomas Eakin has been named Board Chair of Gateway Healthcare for a three-year term starting on July 1, 2008. He has been an active board member with the organization since 1999, also holding the office of Vice Chair.

"Tom has been a true asset to our Board. He brings expertise, compassion and leadership to our organization," said Richard Leclerc, President of Gateway Healthcare.

Dr. Eakin has been the Vice President of Student Affairs and the Dean of Students at Bryant University for the past decade, providing leadership, direction and coordination of extra-curricular services, programs and activities which impact on the quality of the student-life and student learning. Welcome Dr. Eakin!

## News briefs...

- ★ **FRIENDS WAY** hosted their **7th Anniversary Recognition Gala** on **Saturday, May 17th** at the **Westin Hotel**, Providence, RI. With a gathering of approximately **300 friends and supporters**, this special **fundraising event** was **chaired by Drs. Doreen and Michael Wiggins** and **honored Barbara Morse Silva, from WJAR Channel 10. Guest Emcee was Mario Hilario.** The event raised more than **\$65,000** for the organization.
- ★ Gateway Healthcare celebrated its **13th Annual Awards Luncheon** at the **Providence Marriott** on **Tuesday, May 20th.** The afternoon **highlighted** Gateway's **growth** and continued **commitment** to responding to the **needs of the community**, and **honored** those **individuals and companies** who support the important mission of the organization.



*Left to right: Richard Leclerc, President of Gateway Healthcare; John J. Barry, Pawtucket City Councilor; and Robert Andrade, 2005-2008 Board Chair of Gateway Healthcare*

- ★ Gateway held its **Annual Golf Tournament** on **June 16th** at the **Alpine Country Club** in **Cranston, RI.** Through the generosity of over 126 golfers and guests, Gateway raised over **\$66,000** for **programs for children and teens.**



*Left to right: Stephen Chabot, Connor Chabot, John St. Sauveur, Bob Halkyard, Scott DiChristoforo and Richard Leclerc*

## Upcoming events...

- ★ Gateway's **Annual Appeal** is now underway. Your help is needed more than ever!
- ★ **SAVE THE DATE!**  
Gateway has secured **July 27, 2009** at the **Alpine Country Club** for its **annual golf tournament.** Mark your calendars!
- ★ **SAVE THE DATE!**  
Join **FRIENDS WAY** for its **annual fundraising gala.** The **"Diamonds in the Sky"** gala will be held at the **Westin Hotel** in Providence on **Saturday, June 6, 2009.** Enjoy a sparkling night of **dinner and dancing** to benefit Rhode Island's only bereavement center for children.



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Has your address changed or are you going to be moving? Let us know by sending us an e-mail at [developmentoffice@gatewayhealth.org](mailto:developmentoffice@gatewayhealth.org) or give us a call at **401-724-8400 x236** so we can keep you updated on all of the exciting events and news throughout the year. Are you getting duplicate copies of our mailings? Help us save money on postage and dedicate those resources to other areas.

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## How to contribute...

To make a financial contribution to Gateway Healthcare, please mail your donation to:

Gateway Healthcare  
c/o Development Office  
249 Roosevelt Avenue, Suite 205  
Pawtucket, RI 02860

For more information on monetary or non-monetary gift donations, please call 401-724-8400 x244

Please designate Gateway Healthcare on your United Way pledge sheet

Thank you.