



## Highlights & Outcomes

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**Fiscal Year 2017**  
July 1, 2016 - June 30, 2017

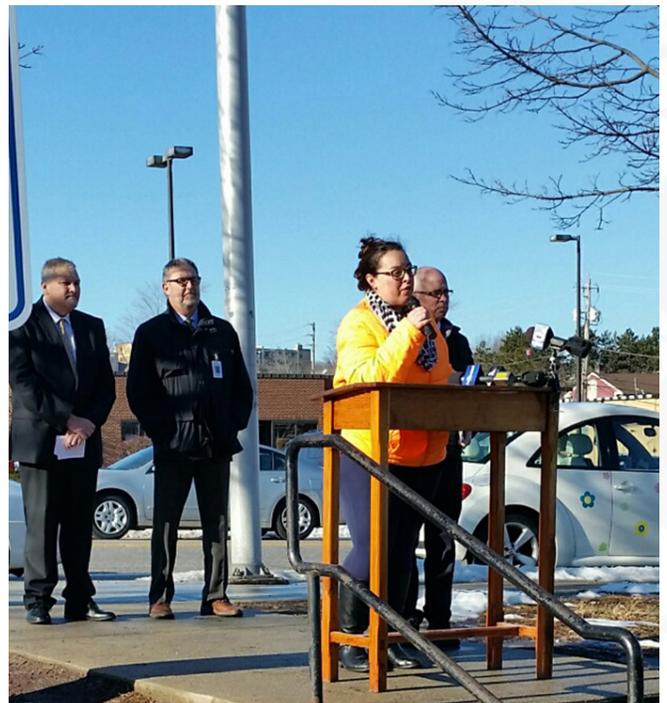
# Community Care Alliance—



CCA staff participated in the Power of Community Day at the State House, an event that brings housing issues to RI legislators.

- Celebrated its 125th Anniversary with a historical display at the Museum of Work and Culture and a celebration event.
- Was designated an Accountable Entity Organization by the Executive Office of Health and Human Services, improving delivery systems for intensive services.
- Re-opened Jellison House as a residential substance use treatment program for men.
- Continued advocacy activities with community partners, including re-instating funding for No Fare Bus Passes for people with disabilities; re-instating state funded services for youth in placement at DCYF from ages 18-21 years old; opposing the repeal of the Affordable Care Act; mental health financing and prompt payment legislation; and improving Children's Behavioral Health policies.
- Obtained part ownership of Horizon Pharmacy, LLC through membership with Horizon Healthcare Partners.
- Provided a 4-week culinary program for young adults in Project Learn with funding from Workforce Partnership of Greater RI.
- Employed several Peer Specialists in HIV Agape Services, the Alive Program, and the Community Support Program. Participated in the Peer Recovery Leadership Panel.
- Developed and implemented the Building a Compassionate Community Project, an initiative for trauma informed response trainings in the community.
- Achieved status as a Center of Excellence for Opioid Addiction Treatment.
- Relocated the Acute Stabilization Unit to Providence providing more centralized access.

- Received funding for HIV/AIDS supports and opened Agape site in Providence at our former Warren Manor.
- Opened five new emergency apartments connected with the Woonsocket Shelter.
- Implemented the Nurturing Early Connections program.
- Provided rental space allowing for a DHS office in Woonsocket.
- Showcased the Agape Center, highlighting the Housing Options for People with AIDS initiative and other CCA housing to Boston and Washington, D.C. HUD personnel, along with RI Housing visitors.
- Participated in the DCYF Director Search Committee with the appointment of Board member Nancy Benoit.
- Contracted with DCYF and expanded programming to include permanency services for infants and toddlers in placement.
- Proceeded with major renovations to the brick facade at 245 Main Street, securing the building in keeping with its historic character.
- Developed working relationships with Thundermist Health Center, Landmark Medical Center, and PACE, ensuring coordinated, wrap-around care for individuals receiving services at these organizations and ours.
- Honored by the Workforce Partners of Greater RI for excellent programming at The Harbour YouthWorks 411 Center.



CCA advocated for the reinstatement of No Fare Bus Passes at the bus stop in front of their offices at 55 John A. Cummings Way.

Cover Photo: Cecelia Alston and Lynn Mosher, Recovery Peer Specialists for the Serenity Center at the Rally for Recovery.

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## From our CEO

We are pleased to share this report—a snapshot of service activity at Community care Alliance for 2017. As compelling as the program detail is, the stories our clients share provide you with a more complete understanding of the work of the agency and its dedicated staff.

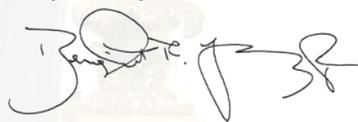
Our mission, simply put, is to support families and individuals in meeting their economic, social and emotional needs. We do this, first, by collaborating with the people we serve, the majority of whom live in poverty and struggle with a host of challenges. We have seen over and over again that the relationship CCA staff forge with our clients is the catalyst for change and achieving stability.

Having a broad array of services and resources affords us the opportunity to plan and tailor interventions comprehensively. As you will note, many of our clients utilize multiple programs, not only to achieve stability but to overcome obstacles and realize dreams they may not have thought possible.

At a point in history when service delivery has taken on a much more corporate context, I want to express my appreciation to our dedicated Board of Directors and highly committed staff for staying grounded and focused on mission, community, and not allowing the people we serve to languish in the shadows or the margins.

I also want to thank our many partners in the community and in state agencies for their support and assistance. While challenging, there was never a more important point in time where public-private partnerships are needed.

Respectfully,



Benedict F. Lessing, Jr. MSW

CEO, Benedict F. Lessing, Jr. and staff make frequent trips to the State House



# Empowering People to Build Better Lives



Women who have benefitted from our housing programs attended the Power of Community Day at the State House.

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## Our Mission

We support individuals and families in their efforts to meet economic, social and emotional challenges and enhance their well-being.

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## Our Vision

Through programs, advocacy and collaboration, people are empowered to discover their potential and live as engaged citizens, free of stigma, within a thriving community.

# Addressing Crises

## Emergency Services

...The first step in offering help is figuring out what issues are causing crisis.

### Open Access & Intake

Through Emergency Services' assessments and comprehensive screening we are able to help individuals identify and prioritize their problems for treatment and refer to the appropriate program to attain their goals.

- ‡ Our Intake and Emergency Services Department completed 744 bio-psychosocial assessments and 401 crisis evaluations, both in the community and at our offices.
- ‡ Additionally, completed 96 evaluations of residents in RI nursing facilities as part of our PASRR contract.

### Acute Stabilization Unit

At the ASU we help men and women who are experiencing a mental health crisis develop better coping skills, create opportunities for personal growth, rebuild social supports and reduce every day stress by connecting with basic needs programs. The ASU offers psychiatric services like psychotropic medications, and therapy; however, clients are allowed to explore a more holistic approach with activities such as Tai Chi and guided meditation, as well.

- ‡ Admitted 1,648 individuals, with 20% of referrals made by CCA programs. This allowed for a less stressful transition between services amid a crisis.



Richard Crino, VP of Acute Services (right), provides Critical Response Trainings at police departments across Rhode Island. Chief Hugh T. Clements, Jr. of the Providence PD attended the ASU Open House.

### Community Incident Response, Consultation & Support Services

Our trained staff provide psychological support services to people in the community who have experienced traumatic events, as well as to first responders, corrections officers and military personnel. As part of public sector organizations' Employee Assistance Programs, staff minimize risks in the workplace.

- ‡ Provided two 4-hour, and one 4-day Crisis Response Training seminars to the Johnston and Jamestown Police Departments and the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals.
- ‡ Educated new recruits of the Police Academy on successful ways to combat occupational stress through 4 peer support trainings.
- ‡ Provided over 50 hours of individual counseling sessions to PD personnel.
- ‡ Provided 15 critical incident stress debriefings and other support services to police departments in relation to officer/family tragedies.

## Brian

### Persistence!

Brian at 49 years old was homeless and had a long history of alcohol use disorder and multiple admissions to hospitals for detoxification. Since 2003, Brian has had 17 episodes of care with Community Care Alliance, and recently was seen 5 times in crisis during the month of July 2017. At that time he agreed to a higher level of care completing detox at a local hospital and then receiving treatment at our Acute Stabilization Unit. He is now sober (December 2017) and residing in one of our residential programs for substance use.

—As told by Kim Griffith, ES Co-Director

“I’ve been to every hospital in Rhode Island, Massachusetts, and some in Connecticut, and you have done more for me here than all of them combined.”

—ASU Client



Adeyemi Matthew, Residential Treatment Worker at the ASU, welcomes clients to the Wellness Room.

## Intensive Outpatient Programs

...There are times when the work of getting well requires daily intensive toil.

Three days a week for three hours a day (Intensive Outpatient Program); or five days a week for five hours a day (Partial Hospitalization Program), these treatment programs are offered to people suffering with substance use and/or related mental health disorders depending on their needs upon assessment.

## ACI to IOP

One woman stands out as an example of the positive impact that the Rise to Recovery program can have.

Having an Opioid Use Disorder and PTSD, she came to our Rise to Recovery Program as a self referral. She was just released from the ACI with a 30-day sentence for failure to pay court fines. There was no disposition from the courts for treatment, but having been involved with DCYF, and getting a recommendation for treatment, she followed through.

At the time of her release, she was living in the homeless shelter, was unemployed and had lost custody of her children. She came to the Intensive Outpatient Program (IOP) motivated to reunite with them. That was evident by her willingness to fully participate. She came early, asked questions, and gave solid feedback. She wanted to live in sober housing and receive follow-up care after IOP treatment was completed. Staff pursued these for her within two weeks of entering the IOP.

Five weeks from starting IOP, she was living in sober housing, was employed 32 hours per week, was attending a 12-Step Program and counseling. Fast forward to a year later, and she has maintained abstinence from illicit substances, has her own apartment, works 32 hours a week, and has been reunited with her two children.

—As told by Frank Spicola, Program Manager

# Forging New Paths



These residents proudly show their talents in carpentry as they helped to reclaim the damaged porch at Wilson House

## Residential Substance Use Treatment

...Substance use often begins in childhood.

### Wilson House & Jellison House

- † The Robert J. Wilson House served over 100 clients.
- 🏠 Jellison House re-opened April 10, 2017 and was at full capacity (16 beds) within 2 weeks.
- † The following activities were offered:
  - 2017 Wilson/Jellison House Annual Softball Game
  - Wilson/Jellison House Flu Clinics
  - Monthly Narcan Trainings for Clients and Families
  - Vivitrol Training
  - 4th of July + Memorial Day Cookouts
  - Monthly Fishing Trips
  - Holiday Activities

100 Men were admitted to Wilson House in 2017

Clients are adult males (18+) who come from diverse social, cultural and economic backgrounds. Each client works with clinical staff to develop a personalized treatment plan which is based on the individual's needs and desire to change.

Recovering from the disease of addiction, particularly when it comes to substance use disorders, is a prolonged and intensive process which requires our staff to use a variety of different therapies, community resources and case management techniques. With substance use disorders, it is also very common to find that clients also suffer from other co-occurring disorders such as depressive disorders and/or PTSD. This presents our program with a unique set of challenges as it certainly makes our group dynamic more diverse, interesting and inclusive.

Our staff is committed to helping our clients recognize and access essential services in the community. This includes primary care physicians, dental professionals, mental health providers, employment and housing assistance and medication assisted therapies.

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“I have made many mistakes, and done a lot of damage, and have hurt a lot of people. I am just trying to change everything that hurts so I can stop hurting; as well as causing hurt. Jellison has taught me how to speak up for myself, and look at why I am hurting. My change begins there.” —Charles, Jellison House Client

## Sloane

“I learned how to cook Crystal Meth from my natural mother,” said Sloane. At 26, Sloane came to Jellison House with a history of crack cocaine and opiate addictions. He started taking pain pills after a foot injury at 15 years old, and began using crack cocaine when he was sixteen. “Crack brought me to robbing money from my parent’s home in order to get high.”

“By the age of 26 smoking brought me to the point of serving a total of four years of incarceration on the ‘installment’ plan.” Sloane started using heroin when he was 20. He was taking 3 grams daily through the IV method. “I felt I used, not only for the feeling that the drugs gave me, but also to numb the pain of the sexual abuse I suffered as a child.”

After completing his last sentence at the ACI, Sloane was paroled to the Jellison House. He said, “I remember feeling like a broken spirit.” Sloane had no home, no money, and none of the skills needed in order to maintain sobriety.

During his time at Jellison House, Sloane was able to gain the skills to make his way on the road to recovery. He gained insight into the trauma experienced in childhood. “The staff at Jellison House have given me a more significant sense of understanding that I am worth a lot more than I sometimes feel about myself.” Since completing the program at Jellison, Sloane has more positive feelings of “confidence and assertiveness.” He has engaged in building a recovery through 12-Step recovery program and outpatient counseling. He reports continued abstinence from drugs and alcohol. Sloane is just one of the many clients from Jellison House that have completed the program who is committed to remaining sober and living a positive and healthy lifestyle.

—As told by Albert Silva, MSW, LCDP, CADC and Sloane

## Victor

Like many who suffer from substance use disorder, his first exposure to drugs and alcohol was during childhood, watching family members and friends enjoy themselves at family functions. He was very shy and found that, from a very young age, drinking alcohol not only made him feel good but also made him more confident and outgoing. However, as a teenager his substance use expanded from drinking alcohol to using other drugs like marijuana and cocaine. By the time he was in his twenties he was already having difficulties at work and struggling. To support his habit, he began committing crimes. He was arrested, charged and served a considerable sentence; all related to his disease of addiction.

After serving his sentence, Victor felt lost. He had never lived sober outside of a controlled environment and knew he did not have the skills necessary to find housing, employment and maintain his sobriety on his own.

Victor is 48 years old and came to the Wilson House in May of 2017. During his time at the Wilson House, Victor gained insight into his disease and learned techniques to help him resolve the negative thoughts and emotions which kept him locked in his addictive behaviors. He went from feeling isolated to being actively involved with others in recovery. He is a member of AA, has a home-group and attends meetings daily. He is working with a sponsor and has been employed steadily at the same job he obtained while in treatment. He is living in sober housing and has abstained from using drugs or alcohol since his release. Victor is just one example of what our clients are capable of when they commit to their own health and wellness and are willing to follow our program.

—As written by David DeCosta, PADC, Provisional Alcohol and Drug Counselor

# Fighting Homelessness

*“I don’t know where I’d be today if it weren’t for CCA Recovery Housing. I had nothing when I moved in to recovery housing, but staff helped me find donations of food, bedding and personal care supplies. CCA put a roof over my head while I looked for work, and allowed me ample time to catch up on my housing fees when I did find work. In all my dealings with CCA’s staff, I have felt safe and supported. I will be forever grateful for the opportunity I have been given to rebuild my life.”*

—George, Recovery House Resident

## Housing

...Imagine living without a home.

### Recovery Housing

Recovery Housing serves as a transitional housing program for men in early recovery. It serves as a bridge to reintegration into the community. For many participants this means obtaining more permanent housing, obtaining employment, and reuniting with family and other natural supports as they progress in their recovery. It is our goal to provide stability and supportive services to residents at a time when relapse potential is high in their early stages of recovery. We track outcomes upon discharge in the areas of housing and employment.

- ‡ 70 men were served in the program.
- ☐ The average length of stay was 7 months (an increase from 5 months last year).
- ‡ 17 veterans were served at Capitol Hill through a contract with the Providence VA Medical Center. The majority of these veterans had PTSD and addiction issues.
- ☐ 69% of participants obtained stable housing when they left recovery housing (22% required a higher level of care like detox, hospital, or residential treatment).
- ☐ 39% of participants were employed at the time of discharge
- ☐ 29% of participants were disabled and received SSI or SSDI benefits (This is a 15% increase since last year).
- ☐ 17% were either pending disability and/or looking for employment at the time of discharge (minimal change from last year).

**CCA has many other housing options, including Permanent Supported Housing, Shelter+ Care, Transitional Housing, Rapid Re-housing**

### Supported Independent Living

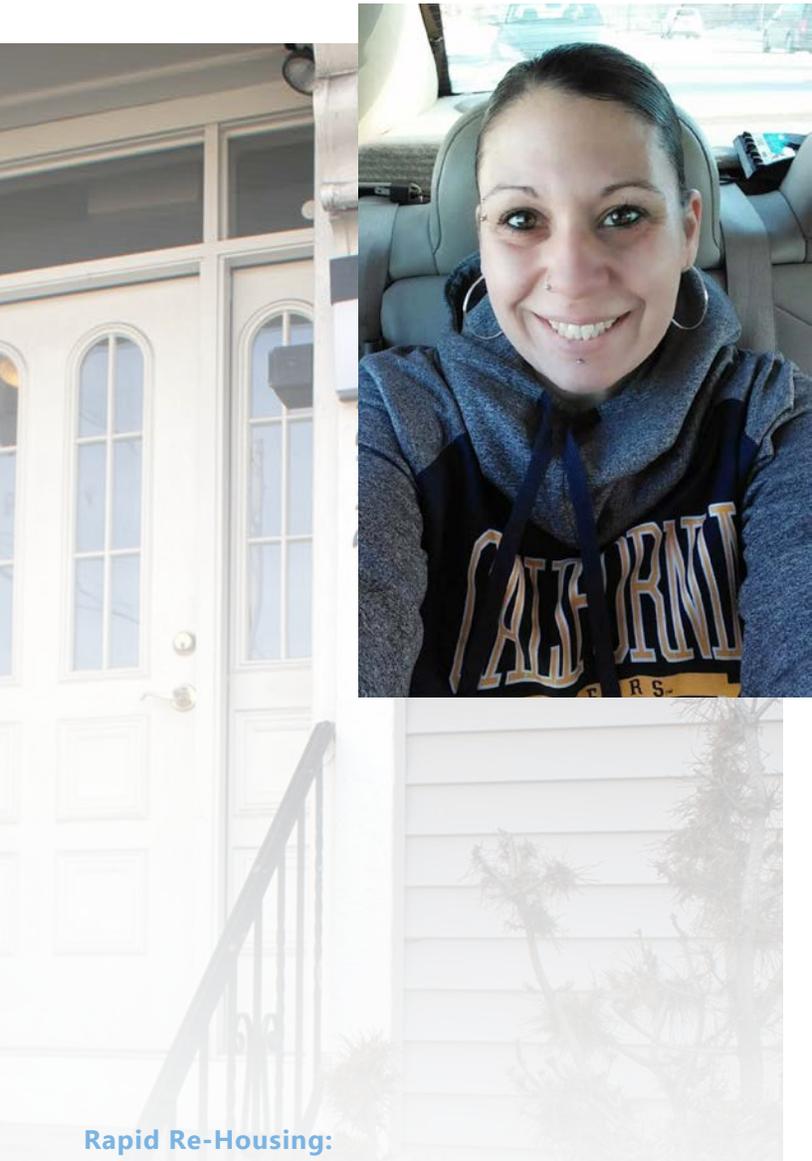
There are 84 scattered site units in Woonsocket and Providence that are owned by CCA and managed by Housing Opportunities Corporation (HOC).

- ‡ These housing sites provide permanent housing to over 100 people (singles and families).
- ☐ Biweekly monthly meetings occur between CCA and HOC to address any housing related issues and increase support services to the tenants as needed.
- ☐ There were 0 evictions this year due to the collaboration between CCA and HOC staff, and the supportive services provided to the tenants.

### Woonsocket Shelter

This program is intended to be short term, 90 days or less, and provides an individual bedroom for each family where they share a kitchen, bathroom and living room with other families. The shelter serves single women and families. Upon entering the shelter, residents work toward obtaining housing, which is the ultimate goal.

- ☐ Approximately 12% of residents increased their earned income and 34% increased their total income, an increase from the previous year.
- ☐ Nearly 87% or more of clients leaving the shelter moved to permanent housing.
- ☐ Nearly 9% of individuals and families moved to CCA Transitional Housing program for young parents and their children, a positive step toward permanent housing.



# Kristi

*“The difference in my life and my daughter’s life between 2016 and 2017 is unbelievable. I don’t think I would have made it without the help and support I have received from the people at CCA. When my living arrangement with friends became unbearable, I called 211 and they connected me with the shelter. The woman at 211 told me that Bette made a spot available for us and prevented our being separated by DCYF. Next, I ran into CCA employee, Charlie Martin, a lifelong friend of my family, who connected me with Gerri Floody-Duarte.*”

*Gerri took the time to interview me and help me assemble the necessary paperwork for the housing application. Gerri told me that she thought CCA could help me find a suitable apartment. I was amazed at how quickly things went from there. In just a few weeks my daughter and I were able to move into a beautiful apartment that fit my budget.*

*CCA has also helped me in other ways. Getting Outpatient Services in Team 5 has helped me get organized. They provided a vast array of services for both me and my daughter, and have helped us over some rough times. When I first met my counselor, Christine Rathbun, I didn’t think she could be much help, because she looked so young! To my surprise, Christine has been amazingly supportive, showing a level of knowledge and professionalism that I never expected. This year, CCA showed me that there was a light at the end of the tunnel and helped me get through the darkness and emerge into the light. I will be forever grateful for all of the wonderful people at CCA for their help and support.”*

—Kristi Emmons, former Shelter resident, now living in a CCA Independent Living Apartment

## Rapid Re-Housing:

Rapid Re-Housing helps persons who are homeless move quickly into housing, thus minimizing the time they spend being homeless. Rapid Re-Housing assists people to obtain housing in an expedited manner, increase self-sufficiency, and remain housed. The Core Components of rapid re-housing are housing identification, rent and move-in assistance, and case management and supportive services. Rapid Re-Housing generally targets persons with low to moderate service needs.

- ‡ 38 households were served through this program for a total of 132 people (44 Adults and 88 children).
- 🏠 93% of participants successfully graduated the program and were able to maintain the apartments on their own.

*“My worker makes me feel as though I am not judged, and if he can’t help, we work together to find a way or a place to go to find that help, and that has helped me to find confidence that there are people who care and that I can trust to care about me.”*

—Wendy S., Rapid Re-housing Participant

# Supporting Recovery

## Community Support Programs

...Everyone needs a community.

### Integrated Health Homes (IHH) and Assertive Community Treatment (ACT)

Community Support Program teams focus on the client's individualized plan of recovery, wellness, and health self-management. The goal is to assist vulnerable individuals to live safely within the community and to reduce hospitalizations and institutional care.

- † Served a total of 1051 individuals. 865 were enrolled in the Integrated Health Home program and 141 in the Assertive Community Treatment (ACT) Team.
- † Provided a total of 25,310 treatment hours focusing on individualized plan of recovery, wellness, and health self-management.
- ☰ A 20% decrease in the number of psychiatric hospitalizations this past year with 242 inpatient mental health admissions compared to 317 in FY16.
- ☰ 95% of IHH clients received a Body Mass Index (BMI) screenings and were provided with follow-up and education.
- ☰ Since the implementation of BMI monitoring over 2 years ago, 371 clients have had a BMI reduction.
- ☰ 95% of clients responded favorably to services provided by the program.
- ☰ Met the 9% target each quarter for the number of IHH and ACT population employed part or full-time.

### Evergreen Assisted Living Facility

Daily 24/7 monitoring is provided to primarily mentally ill individuals with difficulty with Activities of Daily Living. Most residents also receive Community Support Program services, and receive BMI monitoring and intervention from the IHH or ACT teams.

- † Served 28 residents.
- ☰ Processed 3 new admissions and 7 discharges. Of the 7 discharges, 1 was discharged to a nursing home, while 4 were discharged to another ALF and 2 residents to their own apartment.
- ☰ 11 residents had a decrease in their BMI.



Peer Recovery Specialists complete a 5-day comprehensive training that was developed by Community Care Alliance and endorsed by the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. They become part of a unique workforce offering informed support to individuals receiving mental health or addiction services as they promote long-term recovery.

### The Serenity Center

The Serenity Center is a peer-run program that offers support services by certified Peer Recovery Specialists on Thursday and Friday evenings and Saturday and Sunday afternoons. Recovery groups include NA, AA, Families Coping with Addiction, and Medication Assisted Treatment Support Group. Social activities promote development of a recovery support network.

- ☰ Hosted 9 events with 104 participants, averaging 12 attendees per event. 30 of these individuals were new and became Serenity members.



The Serenity Center was well represented at the Health Equity Zone event at the State House.

**“I am grateful to CCA for helping me to be a better stable person. The groups are helping me to learn to believe in myself. ALIVE is the best.”**

—Cheryl C., Community Support Program Client

### **ALIVE Peer Support Services**

ALIVE is a peer supported social recovery program that provides both on-site and community group activities for individuals living with a mental illness and/or addiction. Although the program lost state funding a couple years back, CCA has been able to support the continuation of this community based peer recovery program through a contract with Parent Support Network and the assistance of the peer support specialists on the IHH and ACT teams. This year the ALIVE attendance has steadily increased back to where it was prior to the funding cut. There was a total of 172 activities and 1429 attendees with an average of 8 participants at each activity. It continues to provide a social network for its members offering Holiday support and dinners for the many who struggle during this difficult time.



Tanguay Apartments

## **Austin**

***I have gone from my whole world being centered around getting “high” to trying to prove that I am a responsible person, enough to become independent in the community. Going from the group home to the supervised apartment level has helped me see my own self development and has provided me with more opportunities. I am getting my GED and hope to go to college and become a lawyer someday. I just joined the gym and I have no more conflicts with my family. I really enjoy spending time with them. Certain staff have really helped me grow up in a lot of ways and I am able to see the bigger picture now and what’s important.***

—Austin Santos, Tanguay Apartments Resident (MHPRR Client)

### **The Wellness & Recovery Center**

The Wellness & Recovery Center offers CSP clients and adult Outpatient clients therapeutic, health and wellness, and peer support groups, and encourages personal growth. People can drop-in for the computer lab and Lucy’s Place, a small café serving light fare for breakfast and lunch.

- Held 24 different groups with 200 unduplicated clients participating in 4913 group activities.
- Both the computer lab and Lucy’s Place has seen an increase in drop-ins this past year.
- Extended activities to the community with walking groups and the startup of a yoga group at Shri Yoga Studio in Pawtucket.

### **Mental Health Psychiatric Rehabilitative Residences (MHPRR)**

MHPRR sites provide transitional placement for those discharged from long term hospitalization and requiring 24/7 support to develop skills needed to live independently. The program provides crisis management and wrap-around support, assisting clients in building a strong foundation of recovery while reducing the need for inpatient psychiatric admission. While mental health stability continues to be one of the main focuses of treatment, many residents have chronic medical issues that require medical intervention and coordination. Clients also receive other services at CCA and within the community, and while treatment is important, a strong family involvement can be critical to the client’s engagement in services.

- Served 43 clients in 2 group homes and 2 supervised apartment programs.
- Received 2 admissions both from the state’s long term mental health hospital, Eleanor Slater Hospital.
- Transitioned 3 clients into more independent living settings.
- Although there were 5 clients that required medical hospitalization, 26 clients had a decrease in their BMI from FY16 to FY17 with the nutritional and diet monitoring of meals and education and coordination provided with the guidance of the Residential RN.
- Thirty clients participated in groups offered at the Wellness Center; 9 clients received mental health counseling; 10 worked with a Substance Use Specialist; 8 met with a Vocational Specialist.
- 29 clients have family involvement in treatment.

# Promoting Mental Health

## Behavioral Health Counseling

...Counseling is so much more than talking with a professional in a room.

### General Outpatient Services for Adults

GOP provides individual, group and family counseling services by independently licensed clinicians using evidence-based practices, including cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT), and Motivational Interviewing (MI). Psychiatry is available to those whose symptoms are best managed with medication.

- † Delivered trauma-informed services to 1667 individuals with co-occurring mental health issues and addiction.

Team 5 offers comprehensive, multidisciplinary Health Home services that include case management, counseling, nursing, psychiatry, peer support and vocational counseling. Clients receive assistance with a wide variety of needs in addition to their behavioral health needs including chronic disease management, care coordination, activities of daily living, housing, education/employment, family support, and social engagement.

- † Assisted 266 people with complex medical and behavioral health needs with our Integrated Health Home services multi-disciplinary teams.

GOP has implemented Mirah Measurement-Based Care, an assessment that allows clients to provide input at every session on how they are doing in terms of risk of harm to self, feeling connected to their therapist and that treatment is helping them, clinical symptoms and personal strengths. This assessment allows us to identify areas of progress and where improvement is still needed, so that interventions can focus on issues that are most important to the client.

### Children's Behavioral Health Services

- † Served 311 children in our Enhanced Outpatient community-based program.
- † Served 746 children in Children's Outpatient Services.
- 12 † Served 68 adolescents and young adults in our Healthy Transitions program.



Art is often a means of expression. Butterfly is the work of Lisa (story below) during Healing Through Art group.

## Lisa

Lisa was admitted to the General Outpatient Health Home Team 5 in March 2015 to receive counseling for



symptoms of depression and post-traumatic stress disorder. Highly motivated to improve her life situation as well, Lisa has utilized many of the other services that CCA has to offer. With the help of her case manager, Lisa moved out of the shelter and is living independently. She was

also helped with accessing benefits and community resources. She participates in ALIVE activities and benefits from the support of the Serenity Center. Lisa stopped smoking almost three years ago, replacing this with healthier behaviors. She is learning how to advocate for herself and to express her needs. In part, this has been through the skills developed by participating in the Dialectical Behavior Therapy (DBT) group. Lisa also participates in the Healing Through Art group. Not only does she have an opportunity to express herself creatively, Lisa enjoys the support of other group members. Additionally, Lisa is engaged with Project Learn and is earning her GED. Since coming to CCA, Lisa has invested a great deal of energy into her recovery. Life is not always easy, but Lisa has many coping skills and a strong support system to help her.

—As written by Michelle Taylor, CAGS, LMHC, Director of Outpatient, HIV & Re-entry Services

# Empowering Parents

## Family Well-Being & Permanency

...Raising a family is challenging even under the best circumstances.

### Home Visiting Programs

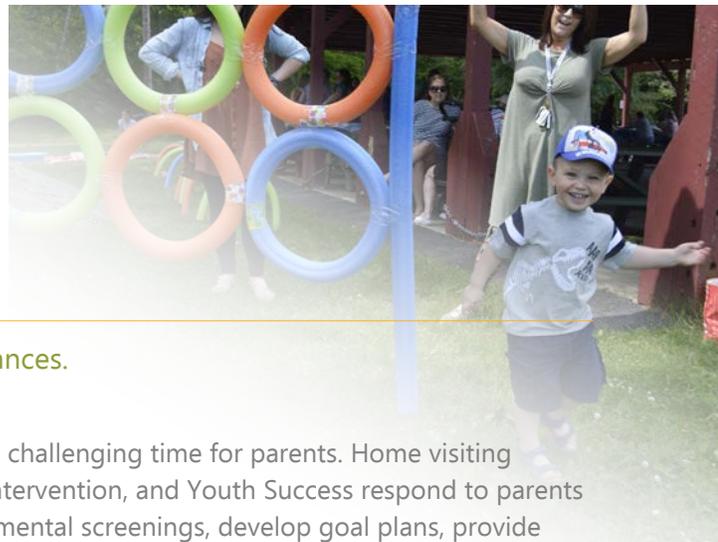
The early years, from the time of pregnancy to four years of age, are a challenging time for parents. Home visiting programs such as Healthy Families America, First Connections, Early Intervention, and Youth Success respond to parents needs, encourage and offer support, provide depression and developmental screenings, develop goal plans, provide parent education, and answer questions about growth and development, breast feeding, sleep patterns, etc. Children screened early for developmental milestones and connected to Early Intervention are less likely to need further more costly interventions later in their schooling. Parents who are isolated, and more likely to feel the stress of parenting are able to connect with other parents.

### First Connections/ Pregnancy — Age 3

- † First Connections engaged 433 families and provided a total of 679 home/community visits during this reporting period.
- ☞ 99% of children received at least one developmental screening and 67 children were referred to Early Intervention.
- ☞ Screened 347 pregnant or new moms for depression and made referrals for further mental health assessment and treatment for 61 women.
- ☞ Made over 200 guided referrals to other community supports including WIC, SNAP, housing & heating assistance, as well as pediatric and post-partum care.
- ☞ Our specialized Perinatal Hepatitis B statewide program tracked the successful immunization of over 80 additional children who were at risk for exposure to Hepatitis B transmission.
- ☞ Moms seen by First Connections are more likely to complete their 6 week post-partum OB/GYN visit.
- ☞ Received over 1578 regional referrals and were able to engage nearly 30% of those referred.

### Early Intervention/ Newborn — Age 3

- † Started this reporting period with 251 active children and added an additional 236 through eligibility determination.
- † Received 324 referrals in total bringing our total served to 575.
- ☞ One hundred forty-nine children graduated from EI into preschool programming and over half met their goals and were discharged without needing further special education services before age three.



### Healthy Families America/ Pregnancy — Age 4

- † Served 114 families with prenatal and parenting support, case management and education.
- ☞ All families were screened for health indicators during pregnancy including perinatal depression, use of tobacco, alcohol and other drugs and referrals for further assessment are made as appropriate.
- ☞ All children served are up to date on their immunizations and have a consistent medical home.
- ☞ Families in HFA report fewer injuries and visits to the ER than the general population of infants and toddlers.
- ☞ Our retention rates are generally good (we have 12 families whose children are graduating at age four this year) and we are continuing to explore strategies for successful initial engagement.

### Youth Success/ Woonsocket Parenting Teens

- † Served 45 parenting teens
- ☞ 3 received their HS diploma, 1 obtained their GED, 15 obtained employment and there was only 1 repeat pregnancy. This is significant because rate of repeat pregnancy for youth not involved with Youth Success is 3 times higher for



# Strengthening Families

## Family Permanency

...Struggling families are juggling families.

### Family Care Community Partnership (FCCP)

FCCP assists families to navigate services and community resources, and utilize natural supports to help their family. FCCP is also a major prevention strategy of Department of Children, Youth and Families (DCYF). Families may have a child with behavior issues where the family is not sure how to get help; and/or are at-risk for involvement with DCYF. Families are often overwhelmed and unsure how to proceed, either due to a child who has special needs or behaviors that the parents are not prepared to handle, or the parent is affected by substance abuse, mental health, or domestic violence issues. The goal is to strengthen families in becoming more self-sufficient.

- † Opened 239 active cases to FCCP.
- 📊 68% of the families met some or most of their goals.
- 📊 8% of families opened with DCYF.

Other efforts center on supporting parents and youth, through parenting groups, classes and family events to promote positive family time. These different activities support parents in their efforts to create a positive environment for their children, as well as to empower youth to make healthy decisions.

- 📊 Parenting classes were offered 2 times, and Expungement Clinics held 3 times.
- 📊 Family events included an autumn Pumpkin Party, winter Bowling, spring Farm Day, and summer Block Party.
- 📊 In addition, a new collaboration with the YMCA has resulted in programs for family time and safety awareness.

**“Ashley was my biggest advocate when it came to getting my kids back. If it wasn’t for her, I’m not sure where I would be. They have always pushed me in the right direction and never made me feel bad about everything that happened”**

—Alicia, Mom to a 4 and 1 year old

## Wendy

**“I was being evicted—about to be sleeping on my sister’s floor, and had no support system. Through FCCP, I was connected with the Rapid Re-housing program, as this was the most appropriate way to go. So within 2 weeks, I had viewed an apartment and signed my lease, and was able to move back into my own apartment expense free. At that time, I was not having visitation with my sons, a year later I now have my sons every weekend, and the program has helped me to provide transportation to see them each weekend. They’ll come out and see you, they’re really helpful, and they won’t just leave you stranded. I can take better care of my health and mental health because I don’t have to spend my time worrying about having a place to sleep at night. The best part was getting the one on one attention.**

—Wendy, FCCP and Rapid Re-Housing Recipient

### Nurturing Early Connections

Our Program serves families with children 0-2 years who are involved in the Child Welfare system and an out of home placement. We provide increased supervised visitation for biological families, parenting skills, and intensive case management with a goal of re-unification and/or permanency for young children. We use an evidence based parenting curriculum with families focusing primarily on child development and attachment and bonding.

- † Served 20 families.
- 📊 14 families utilized other CCA programs.
- 📊 All 20 families doubled weekly visiting time.
- 📊 6 families were successfully reunited.
- 📊 One child received permanency thru an open adoption and several other families are in the process of reunification or permanency.

“It’s true —only we can change. But it is also very necessary to have someone there next to you holding you up until you believe in yourself.”

—Northern RI Visitation Center Client

## Jeremias

Jeremias expressed life goals as “having a better job that can help me support my family and my wife when she comes home.” Jeremias was referred to Intensive Family Preservation last year as a single father caring for 4 daughters, aged 3 to 11. Having financial difficulties, he was in jeopardy of being evicted and struggled to afford food to feed his family. Jeremias’ wife was in substance use treatment and per DCYF was not allowed in the home. The family had little to no family supports or resources.

The family utilized help from the Family Support Center, Adopt-a-Family, and church programs. Through the Department of Human Services, Jeremias obtained paid day-care for his youngest child, and met with his IFP case manager every week, learning parenting skills. The family made time for church and Jeremias reports that he relied on his faith to get him through this difficult time. Jeremias also used supports from his Pastor, who came out to the home weekly.

His face lit up when he heard about the Medical Billing and Coding program at CCA’s Employment and Training Center and he signed up. Jeremias made it through the program while caring for his 4 daughters! Following graduation, Jeremias is now working full-time at Verizon.

The family was eventually reunified with their mother. Their strength was to be tested again when upon arriving home, Mom underwent brain surgery. She was bed ridden for over a month while she recovered. They made it through with daily encouragement and ongoing supports through CCA.

Jeremias and his wife always had grateful hearts for any and all help given. They passed this quality to their children. A year later, the family continues to do extremely well and although closed to IFP and DCYF, they continue to seek help when they need it. Jeremias’ wife fully recovered and is doing very well.

—As told by Katie Landolfi, BA, Intensive Family Preservation Supervisor



Jeremias on an outing with his four daughters

### Northern RI Visitation Center

NRIVC works with parents whose children are in and out of home care due to abuse and/or neglect, and are currently working towards reunification. Additionally parents involved with NRIVC have an identified mental health and/or substance use concern. All NRIVC clients are referred by DCYF.

- Added 2 staff members.
- NRIVC is now part of the Integrated Permanency Support Services (IPSS), which also include Intensive Family Preservation and Nurturing Early Connections.

Cross-trained IPSS staff in order to provide continuity and maintain relationships with clients. This allows for clients to maintain a working relationship with one case manager as they move from visitation to reunification (IFP).

### Intensive Family Preservation (IFP)

IFP functions as a continuum service with NRIVC. Families that reach reunification continue work with their case manager, in their home setting in order to provide support and resources during the transition period.

- Served 52 families
- 14 families successfully maintained their children in the home.
- 21 families were successfully reunified.
- 13 out of the 21 families were initially open to our NRIVC program. These families were able to keep the same case manager following reunification.

# Averting Difficulties

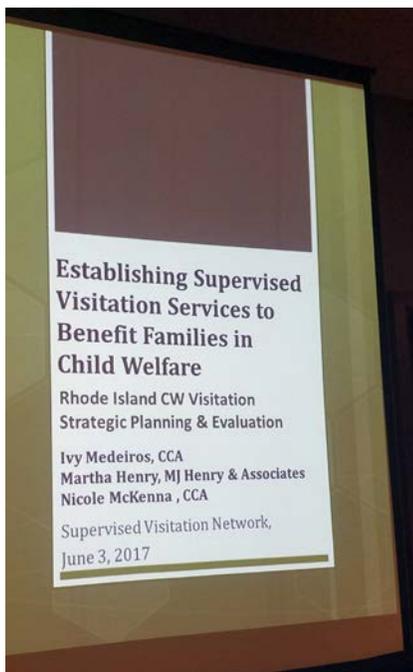
## Ensuring Child Safety

...Home should always be a safe place.

### Therapeutic Foster Care

Therapeutic Foster Care connects boys and girls who are placed in the child welfare system with foster parents. The program relies on foster parents to provide a refuge for children exposed to abuse and neglect, and a support team helps foster parents meet the emotional & behavioral needs of the children placed in their homes. Our goal for the children is permanency, and while reunification is what we seek for all children, permanency may end up being guardianship with a relative, or adoption.

- ‡ 34 children entered foster care. Of these children, we had a total of 16 sibling sets, 2 sets of 3 and 14 sets of 2.
- ☞ All of the sibling sets were placed together except one. They were a teen brother and sister who were temporarily separated and reunified after 8 months.
- ☞ 9 of the sibling sets left care with positive outcomes including a 3 sister siblings who were adopted.
- ‡ 29 children left foster care.
- ☞ 8 were moved to a pre-adoptive home or adopted.
- ☞ 9 were reunified.
- ☞ 7 moved to kinship.



Ivy Medeiros, LICSW, Director of Child Welfare Services, presented with Case Manager, Nicole McKenna at the Supervised Visitation Network annual conference in Texas. This conference brings an international audience together to discuss innovative practices in supervised visitation. Our Rhode Island Foundation Strategic Planning and Evaluation Grant was a collaboration between multiple agencies in Rhode Island to implement the use of a standardized assessment tool known as FAST (Functional Analysis Screening Tool). With the help of our evaluation consultant, we customized this tool in order to match the needs of families receiving visitation services. Use of FAST allows for comprehensive assessment of family's needs, evaluation of the effectiveness of programming, and a framework to build ongoing quality improvement for programs. The CCA conference presentation was possible through the grant funding.

## Community Integration

...You're out, and then what?

### Northern Western Re-Entry Council

The Northern Western Re-entry Council provides community re-entry services for men and women from Cranston, Kent County, Pawtucket and Northern Rhode Island. Re-entry Council is responsible for a wide range of interventions to assist people at a vulnerable time when being released from the Department of Corrections. Seventeen treatment areas are offered, including employment, mental health, substance use, medical, housing, education, providing documents, SNAP applications, RIPTIKs, clothing, health insurance applications, SSI/SSDI recertification, spiritual supports, sex offender services, domestic violence counseling referrals, job training, and anger management counseling referrals.

- ‡ 599 adults met with our Discharge Planners both at the DOC and in the community.
- ☞ CCA has embedded a licensed clinician on Wednesday mornings at the Woonsocket Adult Probation Office to meet with newly discharged clients for intake and assessment for services at CCA. 27 persons were referred for this service between 10/2016 and the end of the Fiscal Year.
- ☞ In Warwick the Re-entry Release Coordinator participates in monthly Re-entry Forums and provides a presence and a resource for newly released persons who may not have had access to a re-entry release coordinator while in prison. They are able to introduce a number of helpful services and resources for a successful re-entry.

# Joe

In 1985 Joe (pseudonym) was sentenced to life in prison. After serving 32 years of a life sentence, Joe was being released! As a condition of his release, he was expected to work with Woonsocket's Prisoner Re-entry Discharge Planner, Justin Gordon. Justin worked with Joe for several months before his release providing basic case management services and helping to secure multiple services including mental health counseling, food stamps, and health insurance.

Joe was released in August from the Department of Corrections to the Parole unit. On the date of his release, Joe was extremely emotional and downright frightened after 32 years of incarceration, so Justin met with him for several hours and stayed by his side as he waited to see his parole officer.

Joe's family was also outside waiting for him and Justin met with the family and reassured them that he was there to answer any questions they might have about Joe's parole and re-acclimation back to society. Justin stayed with Joe until the end of that day reviewing everything they worked on while he was incarcerated. Joe had a hard time believing that he was "allowed" to leave and go home with his family. Justin told Joe that he could call him with any questions or even if he just needed to talk.

The first week of Joe's release, he remained home with his mother. He was having an extremely difficult

time adjusting to being out of prison and back in society. Joe called Justin often that week with many questions. Justin met Joe and his family at the DMV in Woonsocket one morning to help with obtaining a state ID. When it didn't work out to get his ID on that day, Joe became extremely emotional and said that he was having terrible thoughts. Justin pointed to Joe's sisters and brothers and responded, "Do you see the people surrounding you right now? They love you and are here to support you. You have a lot to live for and we are all here to help." Joe agreed, "Thank you—I can do this."

A few weeks after Joe's release, things started getting easier for him. He was able to get his ID and food stamps, and started his mental health counseling. He was also calling Justin on a weekly basis to fill him in on how he was doing. Joe started to work part-time in the family business. He met with Justin weekly when he came to see his Parole Officer, and admitted to Justin that he was starting to feel "strong."

Joe has been out of prison for 5 months now and still contacts Justin to let him know how he is doing. Joe is working more hours and is also taking the road test to obtain his drivers license. Joe has been in compliance with the conditions of his parole and stated to Justin "I feel like I am blending into society again."

—As told by Celeste Greene, LMHC, LCDP, CADC, Outpatient Clinician, Northern Western Prisoner Re-Entry Program Supervisor

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“It is rewarding when someone calls and tells me how they are doing when they get out. People don't want to be reminded that they were in prison, so when I get to hear from someone how they are doing—it is rewarding.”

# Educating Children & Youth

## Alternative Education Solutions

...The traditional classroom is not for everyone.

### Viola M. Berard Education Center

We provide individualized academic and therapeutic interventions for at-risk children whose behavior and psychological difficulties impair their ability to learn in traditional school settings.

- † Served 24 students from 3 school districts in both the Out of District Placement Program as well as our 45 Day Assessment and Stabilization Program.
- † Three districts were served: Woonsocket, Lincoln and Cumberland.

### Out of District Placement Program

- ☞ 1 student changed school districts due to placement in foster care
- ☞ 3 students transitioned back to their school systems, and one transitioned to another alternative school setting.

### 45 Day Assessment and Stabilization Program:

- † Served 3 students.
- ☞ 1 student returned to high school upon completion of the assessment.
- ☞ 2 students were transferred to a more restrictive school setting upon completion of the assessment.

During the student intake process, families complete a Needs Assessment. Families have been referred to other areas of the agency in order to support the family as a whole.

- ☞ Referrals were made to FCCP, Children's Services, Adult Services, Summer Programs.

Making lemonade at VMB School



### In-School Behavior Interventionists

Behavior Interventionists are placed in public schools to assist administration in working with challenging students. Behavior Interventionists are a resource to teachers, providing suggestions about how to manage challenging behaviors. They also play a huge role in being students' biggest connection to the school.

- † Placed 12 behavior interventionists in 2 school districts, Smithfield and Woonsocket, serving 11 schools.
- † 5 Behavioral Interventionists work in specialized classrooms and 7 work school wide.
- ☞ Lowered the number of students needing out of district placement.
- ☞ Lowered the number of suspensions.

“The youth center has not only helped me but they have believed in me. That has made all the difference in me reaching so many of my goals and feeling supported in anything I need.”

—The Harbour Youth Center Participant

## The Harbour Youthworks411 Center

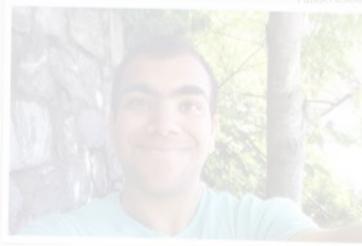
The Harbour serves youth and young adults ages 14 to 24. Each participant can receive workforce development skills training, academic supports, leadership training, and social/emotional supports in a free, safe environment.

- ‡ Over 2400 enrollees with 242 new youth participants.
- ‡ Average 70-90 participants that utilize the youth center at least once a week, with many as repeat weekly users.
- ‡ Connect with 600+ youth through social media, email, phone and the local high schools weekly.
- ‡ Interviewed over 280 youth for available employment slots in the summer employment program, and placed 60+ youth and young adults.
- ‡ Over 70 youth and young adults were enrolled in the Workforce Investment Opportunity Act Program (WIOA) receiving workforce readiness training, financial literacy, job shadowing and paid internship work experiences.
- ‡ More youth participants graduated high school or received GED than in recent years.
- ‡ Received recognition by the Workforce Partners of Greater RI for The Harbour YouthWorks 411 Center programming.

## A Youth Center Participant

*We have a client that came to us with her high school diploma but no idea what to do next. She was a new parent of a little boy and wanted to do something that would stabilize their lives and make him proud as he grew. We enrolled her in our WIOA job training program and worked to help her identify her talents and interests. She ultimately decided that healthcare was the direction she was called to and enrolled in our joint CNA training program. She has successfully completed her training, is working full time, and has an apartment for her and her son. She is now working toward enrolling in a program that will help her achieve her Registered Nursing Degree at Rhode Island College.*

—As written by Stump Evens, AA, Youth Services Program Manager



Devan

I'm happy  
because justice was done  
prosecutor and judge



Alaida

I'm quiet yet very observant  
I wonder if the world will ever be a peaceful place  
I hear the rain falling on a calm gloomy day  
I pretend to be happy when everything is falling apart  
I worry about the future  
I cry because I have been strong for too long  
I understand you can't change the past  
I say I believe in God with all my heart  
I dream about a happy powerful life  
I hope to one day help my families and the people in need  
I'm quiet yet very observant



Neda

I hardworking  
I like to think of me  
I'm strong she loves my  
my life  
I'm sad, to be just  
hardworking  
I hope that I don't  
and proud  
like to talk  
I'm strong  
I like

I pretend to be positive all the time  
I worry about my future  
I cry when I get doubted  
I say I could do it  
I dream big  
I hope for success  
I am capable



# Changing Career Paths

## Work Readiness Training and Education

...A career change can have long-lasting effects on financial well-being.

### Employment & Training (EMTR)

Students have access to a wide-range of resources while attending employment training programs, and/or obtaining a high school equivalency diploma, and improving literacy. Resources include, Project Learn classes, work readiness training, vocational assessments, career interest and exploration, employer partnerships, supportive and non-supportive employment services, job coaching, individualized financial planning and financial literacy workshops, community-based work experiences, case management, expungement clinics, and Career Compass (a job club).

### Assessments

Students, including those referred by the Office of Rehabilitation Services (ORS), receive vocational evaluations and community based work experiences to assess manual dexterity, career interest, and vocational aptitude. Some EMTR students who are placed in jobs receive additional supports such as job coaching and retention to help ensure their success.

- † Served 27 non-supportive employment clients and four supportive clients for job development services.
- † Served 8 non-supported employment clients and three supported employment clients
- 📋 Completed 25 vocational assessments and 17 community based work experiences with multiple local employers.

## Alyssia



*Financial instability has been no stranger to me. Since I*

*moved out of my parent's house at the age of 18 I have struggled to keep a steady income and stay on top of my bills. Most recently, I was employed as a day care teacher. While I enjoyed the job itself, there was no room for growth and costly education wouldn't result in higher pay. I was stuck. One divorce and two children later, I decided it was time for a big change.*

*In my search for opportunities, I found the Healthcare Reimbursement Specialist (HRS) program and felt it was a good fit for me. Staff helped me find funding to start the program, and in May of 2016, I started my journey.*

*Community Care Alliance helped with every barrier I faced. If someone wasn't able to help with an issue, they knew exactly where to send me. Feeling supported and encouraged, I completed the 10-week HRS program, gaining a certificate for the program itself, as well as two national certifications. Once I had completed this program, I started the On-the-Job-Training program, where I was given resume input and general support in my job search.*

*Four months after the beginning of my journey at CCA, I had completed the course, received my certifications, had multiple interviews, was given two job offers and had the opportunity to choose the one that was the best fit for me; and landed an amazing job that would finally offer stability for my family. I was so excited to jump right into a position where I could use my new skills and knowledge to work as a Medical Biller for a local nonprofit, with future opportunities to move up in the company. In December, I sat for my CPC certification and passed it with flying colors. I couldn't have done any of this without Community Care Alliance and their incredibly kind, supportive and knowledgeable staff.*

—Alyssia, Employment & Training Program Graduate

“I walked into class that first day, scared but oddly excited for the first time in a long time. The first few weeks were mostly about employment skills and such, but the Employment & Training instructors reminded me that I had something to offer and that I'm not...unworthy as I had taught myself to believe.”

—Employment & Training Program Student

### Administrative Office Management Training Program

A 10-week program that consists of work readiness skills, resume and portfolio implementation, typing, business math, Microsoft Word and Excel, as well as routine administrative and clinical tasks to help keep offices running smoothly.

- ‡ The Administrative Office Management Program enrolled 19 students;
- 📊 16 successfully completed the program.
- 📊 Ten students were placed in the administrative industry—a placement rate of 62%.

### Healthcare Reimbursement Specialist Training

A 10-week program to obtain certification as an Electronic Health Record Specialist. Trainees learn about medical terminology, electronic health records, medical reimbursement, and ICD-10, HCPCS, and CPT coding.

- ‡ Enrolled 17 students.
- 📊 15 successfully completed the program.
- 📊 Eleven students were placed in the healthcare industry—a 73% placement rate.

### Janitorial Training

Students perform routine cleaning duties to keep offices, clinics, restaurants, or other types of environments clean while being green. This program works with our local public and charter schools for work try outs and employment opportunities.

- ‡ Enrolled one student who also took advantage of our supportive employment services.

### On The Job Training

Assist enrollees to find permanent jobs through direct placement or training subsidies for the employer. Participants must be RI Works (RIW) cash recipients.

- ‡ Seven students successfully completed the program and are now employed—a 100% placement rate.
- 📊 Numerous referrals could not become active due to homelessness, transportation, daycare issues, and non-responsiveness to numerous contact efforts.

### Project Learn

Project LEARN. Project LEARN is an adult education literacy program for earning a General Equivalency Diploma (GED), or National External Diploma Program (NEDP) diploma. English as a Second Language (ESL) classes are offered, as well as the Wilson Reading System for students to improve reading and spelling skills, and those diagnosed with a language-based learning disability.

- ‡ Project LEARN served 182 participants.
- 📊 Launched a new academic skills enhancement program, known as Skills Build.
- 📊 Guided tours were added into the curriculum to supplement classroom instruction while enhancing the students' abilities to engage in hands-on, interactive learning experiences that could not be replicated in a traditional classroom.

### Money Sense

Funded by United Way, Money Sense financial literacy workshops are integrated with our occupational skill training programs. Additionally, Money Sense empowers agency case managers with financial tools to educate and guide their clients toward paying off lenders, improving credit scores, increasing net worth, opening and maintaining a bank account, and establish financial goals and budgets. Workshops are also offered to the general public at local libraries, schools and businesses.

- ‡ Served 241 individuals

### Expungement Clinics

Expungement clinics are offered with the help of two attorneys through AmeriCorps.

- ‡ Helped 51 people with expungement.

# Attending to Essentials

## Basic Needs Supports & Resources

...When seemingly small needs aren't met, monumental problems may result.

### Family Support Center (FSC)

Woonsocket residents receive emergency food and clothing vouchers, utility and limited rental assistance based on income guidelines and circumstances. Staff advocate and negotiate affordable repayment plans with property owners and utility companies when household bills fall behind. New clients receive a comprehensive assessment of household resources and review priorities together with our Family Advocate for appropriate referrals to address immediate concerns. Moving from crisis to stability and self-sufficiency is the goal for every client contact.

- 📍 Signed in 7452 visitors.
- 📍 Served 3755 households representing over 6000 individuals.
- 📍 Delivering USDA commodities to 200 elderly/disabled households each month.
- 📍 Provided on average 180 food vouchers and 100 clothing vouchers monthly.
- 📍 Prevention of homelessness is a core outcome of these supports.

### Holiday Program and Milk Fund

CCA administers the applications for Adopt-a-Family and the Milk Fund; and distributes holiday food baskets for families in need.

- 📍 Processed 950 Adopt-a-Family applications, which provided 1,940 Woonsocket children with holiday gifts and clothes from donors in the community.
- 📍 Milk Fund served an average 251 families, 12,068 half gallons per month.
- 📍 Distributed 491 food baskets that were donated by area organizations and businesses.

“I didn't know you could own your own home and be eligible for food stamps (SNAP). We appreciate the resources the Center gave us in helping us through this rough patch”

—Family Support Center Client

## A Donation

We received flexible rental assistance funds through a grant provided to CAP agencies from a donor to the Rhode Island Foundation. With these funds CCA assists families with a short term crisis that can be solved with less than \$1000, allowing them to sustain their housing as the crisis passes.

Examples of crisis are temporary loss of income due to an injury not related to work; or an expense that is needed in order to keep working, like a car repair.

This grant of about \$10,000 was leveraged with other funds from various sources including faith-based missions in Woonsocket, and resulted in preventing homelessness for 25 families so that 60 individuals avoided entering the emergency shelter.

—Darlene Magaw, Family Support Director

Our agency served 8276 individuals in 6,901 families last year. If you consider all the household members who benefited from basic needs assistance from the Family Support Center, 13,500 individuals were served.

“It feels like home and it has been a life changer!”

—Agape Member

## HIV AIDS Supports

...Having HIV/AIDS has unique challenges.

### Agape Woonsocket

The Agape Center is a social support organization that provides a safe, supportive, non-judgmental space where people living with HIV/AIDS can come to socialize and learn about the progression of their disease and their role in staying healthy longer. Agape provides multiple services, resources, and advocacy, and promotes community awareness and prevention of the disease. Confidential, free testing is offered to members of the community. Our services include case management and referrals.

- ‡ 51 clients received case management services, assisting them with care coordination with their Infectious Disease doctor and assisting them with activities that help them to live a healthy and meaningful life.
- ‡ Another 113 clients are enrolled in the “Basic” program, which means that they participate in Agape’s drop-in center, meals, food pantry, RIPTIKS, personals, and emergency financial assistance.

### Agape Pantry

In addition to receiving case management services which offer support and assistance in navigating the complicated medical and entitlement system, a registered nutritionist is available to work with clients around preparing healthy meals for a healthy diet. Living a healthy lifestyle, which includes eating a healthy diet, empowers our clients to better manage their HIV disease. Members are encouraged to assist in preparing healthy meals for the drop-in Center.

- ‡ 70 households visited our pantry 800 times.
- ☐ These households had 108 family members; 15 adults and 13 children. Our pantry was able to provide 3.5 days of food for each visit for each household.
- ☐ Distributed 14,872 lbs of food.

## Bradley

“I was referred to Agape a few years ago. Since then I have been helped in many ways. I have been supported both physically and mentally by all I have met. My quality of life and needs have been heightened.

I now have a sense of belonging and feel as though this is family to me. I feel blessed to have all this support in my life. It’s been difficult to keep food on the table and now with the food assistance I am receiving, I’m eating well and am very happy! Not only has this Center helped me, it has given me the feeling that I am not alone. I suffer from Agoraphobia and I’ve been able to fight against it with the Center’s support.

I am thankful for what I am a part of!

—Bradley, Agape Member



Agape program staff at our Annual World AIDS Day event.



# Together, Caring for the Community

1st Choice Rentals, Inc  
AAA Northeast  
Tracey Abrams  
Affiliated Insurance Managers  
Aidance Skincare  
Michael Aldoupolis  
Patricia Allen  
Beverly Alward  
Amica Insurance  
Heather Andreozzi  
Atlantic Elevator South Co., Inc.  
Nicole Aucoin  
Charles Ayotte  
Julien P. Ayotte  
B&M Printing & Trophies  
Mike Baillargeon  
Irene Balleux  
Jason Ballou  
BankRI  
Daniel Barbosa  
Chevon Barboza  
Bruce and Patricia Beauchamp  
Renee Belanger  
Anonymous  
Anonymous  
Michael Benoit  
Nancy Benoit  
Patrick Benoit  
Jill Berard  
Kerri Berman  
BJ's Wholesale Club  
Blackstone River Federal Credit Union  
Blais Insurance  
Blue Cross & Blue Shield of Rhode Island  
Peter Boland  
Boucher Real Estate  
Lorraine Boudreau  
Roberta Bourgeois  
Doreen Bouvier  
Susan Bowler  
Jennifer Bradley  
Randi Braunstein  
Brian's Fire Alarm System Solutions LLC  
George Briggs  
Robert Briggs  
Dan Brown  
Kristin Cael  
Cameron & Mittleman LLP  
Marcia Card  
Frances Carty  
Stephen Casey  
Mary Fay Catterall  
CBIZ Primarily Care  
Cercle Laurier, Inc.  
Germaine Chamberland  
Gayle Champagne  
Marc Champagne  
Katie Charbonneau  
Christine Chiacu-Forsythe  
Children's Friend  
U.S. Congressman David Cicilline  
Lorna Cohen  
Dawn Collins  
Comtel Group  
Connecting for Children & Families  
Susan Corkran  
Jacqueline Corriveau  
Barbara Corsi  
Stephanie Costa  
Senator Marc Cote  
State of RI Grant Sen. Marc A. Cote  
Anonymous  
Cox Communications  
Virginia Cusson  
Czarnowski Display Service, Inc.  
D'Ambr CPA  
Emma Dandy

Joshua Davis  
Michael Davis  
Anne Marie DeConti  
Delta Dental of Rhode Island  
Debra Deragon  
Stephen Dizio  
Joyce Dolbec  
Brittany D'Oliveira  
Dominion Diagnostics  
Brenda Doucette  
Francoise Dowling  
Amanda Duarte  
Anonymous  
Elaine Dubois  
Marc Dubois  
Anonymous  
Georgette & Marcel Duguay  
Ann Dupre  
Denise Dussault Leduc  
Mary Dwyer  
Caye Eddy  
Christine Egerton  
Richard Egerton  
Donna Emidy  
Episcopal Charities Fund  
Estate of Theresa H. Pare  
Joel Esten  
Carla Faria  
Thomas Fichtner  
David Fiorillo  
First Assembly of God  
Five Below, Inc.  
Five Guys Burger & Fries  
Kristen Fletcher  
Geraldine Floody-Duarte  
Anne Fortier  
G & G Construction  
John Gaca  
Bette Gallogly  
Theodore Garlandy, Jr.  
Amanda Gazin  
Jessica Gazin  
Paul Gazin  
Robert & Jo Ann Geib  
Rhonda & Richard Gemma  
Steven Gendreau  
Daniel Gendron  
Kelsey Gleeson  
Barbara Gloria  
Michael Gloria  
Michelle Gould  
Celeste Greene  
Colleen Gregory  
Kimberly Griffith  
Hillary Ha  
Mary Ha  
Abraham Haddad  
Lora Harmon  
Richard Harris  
Harvest Community Church  
Mark Hayes  
Dee Henry  
Horizon Pharmacy  
Housing Opportunities Corporation  
Hunter Insurance, Inc.  
Barbara Inderlin  
Inland Associates Inc.  
Tara Jacques  
Margaret Janci  
Deb Jarvis  
Colleen Joubert  
Dennis Kalberer  
Susan Kelley  
Jessica Keoviphone  
Key Program  
John Kiley  
Ian Knowles

Kelly Kobani  
Korel Construction, Inc.  
Marcel and Jeanne Laflamme  
Patricia Landolfi  
Anonymous  
Anonymous  
Eileen LaRiviere  
Dennis L. Larson  
Lucille Lavallee  
Margaret Leahy  
Kimberley Lee  
Benedict F. Lessing  
Craig Letourneau  
Gary and Irene Letourneau  
Barry Licker  
Marfisa Lombard  
Robert Lombardi  
Priscilla Lowell  
Anonymous  
Mary Dwyer  
Aurelie Maciejewski  
Darlene Magaw  
Main Street Investments, Inc.  
Mainland Properties, LLC  
Linda Majewski  
Leona Malkin  
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Vincent Marcello  
Marcum LLP  
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