



TOO MUCH, TOO FAST

Blackouts signal a problem with alcohol consumption.

• PAGE 3



NO HOLLYWOOD STORY

Actress Jamie Lee Curtis reveals her struggle with painkillers.

• PAGE 4



LIVES SAVED

San Francisco highway patrolman tells tales of crisis intervention. • PAGE 7

Hartford HealthCare Behavioral Health Network

BHINews

Suicide still on the rise

Younger age groups among highest at risk

While we have gotten better at treating cancer and heart disease, that is not the case with suicide. Suicides are on the rise, especially among young people.

Overall, suicides remain a leading cause of death in the United States, with approximately 45,000 people per year dying of suicide. According to the Centers for Disease and Control and Prevention (CDC):

- This is double the amount of homicides
- More than the number of breast cancer deaths
- Higher than the number of traffic fatalities.

INSIDE:
■ Successful year for Natchaug on many fronts, [page 2](#).

Hartford HealthCare Behavioral Health Network Physician-in-Chief and Hartford HealthCare Senior Vice President John Santopietro, MD, FAPA, speaking at Natchaug Hospital's annual reception on Tuesday, Oct. 23, said what is even more disconcerting is how the number of suicides are growing among children, teens and young adults.

According to the CDC:

- In the 10-14 age group, suicide is among the top 10 causes of death.

••••• See **SUICIDE** on page 2



Hartford HealthCare Behavioral Health Network Physician-in-Chief John Santopietro, MD, DFAPA, spoke about suicide prevention as part of the 64th Natchaug Annual Reception on Tuesday, Oct. 23, at the East Region System Support Office in Norwich.

Laura Saunders, PsyD, ABPP, speaks at the Institute of Living's "Treating the Whole Person: LGBTQ Identity Development from a Clinical Perspective" conference.



IOL hosts own LGBTQ conference

More than 120 providers from across Connecticut attended an Institute of Living conference focused on treating and supporting the LGBTQ community in the healthcare setting on Friday, Oct. 26.

"I do many speaking engage-

ments in schools and other clinical institutions in the greater Hartford area, and frequently, people would ask about an all-day training. Since I didn't know of any and I feel very passionately about educating clini-

••••• See **LGBTQ** on page 5

Success at Natchaug goes beyond numbers

Natchaug Hospital had a successful year in terms of inpatient volume, outpatient visits and financial stability. But, most importantly, its focus on recovery for those suffering from mental health and addiction was stronger than ever.

“It’s been a remarkable year at Natchaug,” said Behavioral Health Network Vice President James O’Dea, PhD, MBA, at Natchaug’s annual reception on Tuesday, Oct. 23.

The numbers were impressive:

- Natchaug averaged 55 out of 57 inpatient beds filled.
- It experienced 200,000 outpatient visits
- It had a positive operating margin of approximately \$165,000, which was better than what was budgeted.

But beyond the numbers — and behind the scenes — Natchaug cared for traumatized teenage girls through its one-of-a-kind in Connecticut Journey House program and provided a network of schools to help children and teens who struggle to learn in a traditional environment. Many times, these youngsters and their loved ones have lost confidence in their ability to graduate from high school, move on to secondary education or even cope in society. But because of Natchaug’s strong support system, time and time again Journey House clients and students have overcome those obstacles.



Ben Nazario, left, received the Staff Volunteer Award from Pat Rehmer, ACHE, MSN, president of Hartford HealthCare Behavioral Health Network, at the 64th Natchaug Annual Reception Tuesday, Oct. 23, at the East Region System Support Office in Norwich.

“If you have never been to a graduation for one of these students, you haven’t had the moment you need to have,” O’Dea said.

Natchaug’s growing footprint includes inpatient and outpatient, mental health and addiction services across eastern Connecticut — ranging from Dayville to Groton to Old Saybrook and Vernon — and many places in between. Natchaug employs 525 people, from drivers to doctors.

All staff members, no matter what their role, are crucial in creating a compassionate, coordinated environment

for clients to overcome their mental health and addiction services, said Patricia Rehmer, president of the Hartford HealthCare Behavioral Health Network and Hartford HealthCare senior vice president.

She said 80 percent to 90 percent of the clients Natchaug encounters have had some kind of trauma. Many also suffer from suicidal thoughts and addiction. She praised Natchaug staff for the work they do day in and day out to help people overcome stigma, discrimination and ultimately put them on the path to recovery.

“Your contributions to the work that we do are indispensable,” she said. “It takes a team that really works together, coordinates, cares about each other and puts patients first. I see the dedication every single day. Our clients have a better shot at recovery because of you.”

John Santopietro, MD, the new Behavioral Health Network (BHN) physician-in-chief who delivered the keynote address at the event, said he was honored to join the Natchaug team.

He said teamwork, leadership and innovation will be important for the future of Natchaug and the BHN.

“We want to create a culture where the best ideas survive and flourish, no matter where they originate. Our job as leaders is to unlock the power of teams to do great things.” Dr. Santopietro said.

SUICIDE, *from page 1*

■ In the age bracket of 15-24, the number two cause of death is suicide, after unintentional injury.

■ Suicide remains the number two cause of death for people ages 25-34, then begins to decline after that as people are impacted by other diseases.

Potential reasons for the increase in suicides among younger age groups are bullying, the rise of video games, hand-held technology, pro-suicide messages on the Intranet, stigma and discrimination, lack of treatment for depression and other factors, several recent studies have said.

Dr. Santopietro said getting people into treatment early for mental health issues is a key.

“If we get people into treatment at the right time, at the right place, and we give them great treatment, then 60-80 percent recover,” said Dr. Santopietro, who added that efforts like the ongoing Zero Suicide initiative at Natchaug and across the Behavioral Health Network will also help.

The initiative includes policies and protocols for when patients are hospitalized and when they are back in the community.

Blackouts signal a problem with alcohol consumption

They've been the subject of comedy skits, courtroom dramas and even Supreme Court justice nomination hearings, but the reality is that blackouts are a common and dangerous result of alcohol consumption.

"A blackout comes after heavy or binge drinking when the person loses control over impulses and, later, has no memory of what happened," said Samuel Silverman, MD, FAPA, DFAPA, Rushford director of medical education. "The person does not necessarily lose consciousness, but, later, cannot recall anything from the blackout period."



Silverman

He noted that there are two kinds of blackouts:

■ **Fragmentary blackouts** can occur after a low level of alcohol consumption and leave the person struggling to recall small segments of time. The blackout partially interferes with memory formation during intoxication. The person may not remember information even when prompted, and may stop talking in mid-sentence, unable to complete a thought.

■ **En bloc blackouts** cause longer periods of memory loss after drinking. The person may be physically and mentally able to perform various activities but doesn't seem quite normal. They will then have no memory of anything that happened during the blackout period.

The trouble, Dr. Silverman said, is that blackouts are unpredictable, both in when they happen and how long they will last. Many people have grasped at fuzzy details of activities after a night of partying, but with a blackout one might wake up in a strange place and not know how they got there or who is with them.

"Blackouts can last a few minutes or for an extended period of time, even

Do you have a drinking problem?

Several recent scientific papers have tackled the health effects of alcohol, some claiming there are health benefits while others suggest the national published guidelines for "safe drinking" should be lower.

The debate may make it harder to know if you or someone you care about has a drinking problem.

"The questions below won't give a diagnosis, but they can help people identify risk of — or increased risk of developing — an alcohol use disorder or medical problems related to alcohol use," said J. Craig Allen, MD, Rushford medical director.

Ask yourself:

- Has a friend or family member ever expressed concern about your drinking?
- Do you use alcohol to cope with feeling angry, depressed or stressed?
- Are you having problems with finances, work or relationships because of your drinking?
- Have you had the shakes in the morning and need a drink or medication to calm yourself?
- If you're a man, do you have more than five drinks a day or more than 15 a week? If you're a woman, do you have more than four drinks a day or eight or more a week?

If you've answered yes to any of these questions, Dr. Allen suggests speaking to your primary care provider about your alcohol use. Hartford HealthCare's Behavioral Health Network also offers help through its MATCH (Medication Assisted Treatment Close to Home) Program.

For more information, go to www.hhcbehavioralhealth.org/alcohol

days," Dr. Silverman said. "The person may even be conscious and seem normal but will not remember what happened during that time because the brain is not capturing information for later recall.

"During a blackout, there is a chemical disruption in the hippocampus, the part of the brain related to memory formation. It's like an alcohol-induced amnesia."

It's not just alcoholics who experience blackouts, he said. Most occur after drinking a large amount of alcohol in a short period of time. Someone who downs several shots of alcohol in quick succession will be more likely to experience a blackout than another person drinking the same amount of alcohol

over a longer period of time.

"The way to avoid blackouts if you are going to drink alcohol is to pace yourself and drink slowly to allow your body to process it," Dr. Silverman said.

The National Council on Alcoholism defines risky drinking as more than three drinks at any one time or seven drinks in a week for a woman and more than four drinks at any one time or more than 14 drinks in a week for a man.

If blackouts seem to occur often, the Medication Assisted Treatment Close to Home (MATCH™) Program at the Behavioral Health Network might be able to help. For more information, go to hhcbehavioralhealth.org/alcohol or call 885.825.4026.

Actress Jamie Lee Curtis reveals struggle with opioids

It was a prescription for painkillers after eye surgery that served as the entry into a battle against opioid abuse for “Halloween” actress and children’s book author Jamie Lee Curtis.

Curtis, who revealed a decade-long addiction in a national publication, is the most recent celebrity to admit having a struggle with opioids. She managed to keep the addiction a secret, she says, even as she stole pills from family and friends to feed her cravings.



Curtis

“This just underscores the fact that opioid addiction can happen to anyone. It knows no financial, social, gender or racial boundaries,” said Physician-in-Chief and Hartford HealthCare Senior Vice President John Santopietro, MD, FAPA.

Opioid addiction still carries a stigma, but addicts can come from every neighborhood and walk of life. Illicit street drugs, he said, are just one form of opioid. Another perhaps more insidious type is prescribed legally for pain relief, as was the case for Curtis.

“These are very powerful drugs and while they certainly have their role in helping battle pain after surgery or major illness, they must be prescribed and used on a limited basis because they are

physically and mentally addicting for many people,” Dr. Santopietro said.

Connecticut has one of the highest rates of emergency department visits and overdoses from opioid use in the nation, according to the Agency for Healthcare Research and Quality. Yet, help is available, including medication assisted treatment, which is considered the first-line treatment for opioid use disorder.

Hartford HealthCare’s Behavioral Health Networks’ MATCH (Medication Assisted Treatment Close to Home) Program operates clinics offering buprenorphine-based agonist medications

(such as Suboxone) or opioid receptor antagonist medications like naltrexone extended release (Vivitrol) paired with psychotherapy to treat patients with an opioid use disorder.

“Patients who are engaged in medication-assisted treatment half their risk of overdose, have decreased drug-related medical problems and increased social function and quality of life,” added J. Craig Allen, MD, Rushford medical director.

For more information on the Behavioral Health Network’s MATCH Program, go to www.matchrecovery.org.

Introducing the
HHC EMMie Awards

Nominate colleagues who made a moment matter for those in our care ~ patients, residents, clients, families, visitors, and students in our schools.

Recognize moments that matter in four categories:



Nominate a colleague who you caught doing the right thing for someone in our care.



Nominate a colleague mentioned in a letter, comment, or media story that came from someone who had such an exceptional experience that they felt compelled to share.



Nominate a colleague who found a way to improve the experience for someone in our care through one of the Lean/H3W continuous improvement venues.



Nominate a colleague who did the safe thing by catching an error and preventing harm to someone in our care.

Bonus cash on select vehicle purchases

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Nominations due no later than Feb. 15, 2019

Eight regional finalists and one winner from each category will be honored at an awards ceremony in April.

Visit HHC Connect for nomination and eligibility details. Nominations submitted through Momentum.



LGBTQ, *from page 1*

cal providers on LGBTQ-informed care, I decided to make our own conference,” said Laura Saunders, PsyD, ABPP, assistant director of psychology and clinical coordinator for The Right Track/LGBTQ Specialty Track.

The conference, which was presented by the IOL’s Family Resource Center and The Right Track/LGBTQ Specialty Track, offered providers training not traditionally available in journals and clinical publications, including sessions on transgender care and identity development, advice for supporting and treating LGBTQ patients and families, and the nuances of behavioral health treatment for LGBTQ individuals.

“As the LGBTQ community has increased their visibility over the last 10 years, it has allowed many people to take steps to seek therapeutic help,” said Saunders. “However there are certain risk factors and stressors that are unique to this population, so it really



Sarah Gilbert, LCSW, presents "Transgender Affirmative Care" at the Institute of Living's "Treating the Whole Person: LGBTQ Identity Development from a Clinical Perspective" conference.

takes extra work and training to be more sensitive, similar to work with veterans or other specialized populations.”

LGBTQ individuals carry additional stressors — social stigma, minority stress and family rejection — that cause them to be overrepresented in the mental health population, explained Saunders. This is why behavioral health providers need to be particularly attuned to the needs of the community.

“I have always thought of behavioral health as having a responsibility to lead the way on issues such as LGBTQ care,” said John Santopietro, MD, FAPA, physician-in-chief for the Behavioral Health Network and senior vice president for Hartford HealthCare, who gave opening remarks at the conference. “Behavioral health and psychiatry, from its origins over 200 years ago, have always been, in part, about social justice. We have always fought for better treatment for groups that have been marginalized.”

Although mental health and addiction treatment remained the focus of the conference, overall healthcare delivery remains a challenge for the LGBTQ community — particularly those who identify as transgender.

In her presentation on transgender affirmative care, Sarah Gilbert, LCSW, from Transitions Therapy, shared that in

a 2008 survey of more than 7,000 transgender individuals, 50 percent reported having to teach their medical providers about transgender healthcare.

This lack of understanding, coupled with the uncomfortable questions that transgender individuals often face, can prevent people from seeking the healthcare services they need, explained Gilbert.

“A transgender male needs to have a place to go for primary care that will understand his unique physical needs, but that means that all healthcare providers need to have more sensitivity to the LGBTQ community,” said Saunders. “It starts with your paperwork, your front office staff, and being able to validate people’s identities and ask direct questions about their lifestyle without shame.”

The conference was an important step in sharing information and best practices in treating the LGBTQ community across the Behavioral Health Network and Hartford HealthCare, said Dr. Santopietro.

“We are still not where we need to be nationally around regular education and training on LGBTQ healthcare issues,” said Dr. Santopietro. “There is a sense of urgency about this, and I’m proud that HHC is responding and being proactive.”

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■ Find flu shot schedules at hhconnect.org/flu, and on the HHC (external) internet at <http://www.hartfordhealthcare.org/flu>.

Senators join in healthcare discussion



U.S. Senators Chris Murphy, right, and Richard Blumenthal, center, were joined by hospital leadership and representatives from several community organizations during a roundtable discussion on the future of the Affordable Care Act and resources to help fight the opioid epidemic on Oct. 22 at Windham Hospital. Congress recently approved sweeping bipartisan legislation to help fight the crisis including eliminating a rule that prohibited Medicaid from reimbursing patients being treated for substance abuse disorders in facilities with more than 16 beds.



CarePartners of Connecticut is a new kind of health plan that brings together the medical expertise of Hartford HealthCare and the insurance experience of Tufts Health Plan to create innovative Medicare Advantage (HMO) plans focused on patient care.

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About BHNews

BHNews is published every other Friday. Story ideas or submissions may be sent to amanda.nappi@hhchealth.org or susan.mcdonald@hhchealth.org. Articles must be submitted as a Microsoft Word document. Every effort will be made to run the article in its entirety, but due to space constraints and style requirements, editing may be necessary.

The deadline for the next edition of BHNews is Tuesday, Nov. 13, at noon

The Office of Compliance and Integrity
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Compliance Week begins Nov. 5

Hartford HealthCare is celebrating Compliance Week from Nov. 5-9! Join the Compliance and Privacy team in Natchaug Hospital's Main Lobby on Monday, Nov. 5, from 11:30 a.m. to 1:30 p.m. or in the Rushford at Meriden Cafeteria on Wednesday, Nov. 7, from 9-11 a.m.

Play games, win prizes, learn something new about compliance and privacy, and have fun in the process!

Anything to share?

Are you interested in sharing your clinical experience or knowledge with co-workers? Consider submitting an article to the Clinical Corner.

To learn more, e-mail **amanda.nappi@hhchealth.org**.

New program focuses on first-episode psychosis

It might start subtly or be something easily attributable to the nuances and stresses of growing up, but first-episode psychosis (FEP) is an important peek at the mental unraveling that will certainly occur if nothing is done.

Early intervention is key to helping people with FEP get the help they need to lead fuller and happier lives as they grapple with the delusions, hallucinations, disorganized thinking, disorganized motor behavior and other symptoms consistent with psychosis, according to Patricia Graham, LMSW, of the Connecting Adolescents with Psychosis (CAP) Program and mental health first aid coordinator with the Behavioral Health Network.

Graham recently announced that the Institute of Living was one of just 10 organizations accepted to participate by the National Council on Behavioral Health as part of a Community of Practice to help people in the community understand, recognize and address FEP in individuals through piloting a Mental

Health First Aid (MHFA) First Episode Psychosis Curriculum.

“This is a great opportunity for us to assist the National Council in developing a pilot program for identifying first-episode psychosis,” she said, adding that three in every 100 people will experience FEP in their lifetime, usually between the ages of 15 and 25. “Early identification and treatment is critical to these people.”

As part of participation in the national program, Graham and her team will organize one community training for at least 10 key community groups that would most likely work or come into contact with people experiencing FEP. That includes law enforcement, staff at YMCAs, the Connecticut Healthy Campus initiative, mental health centers and others. Partnering with the Wheeler Clinic, which has an adult trainer working in the state prevention community, will assist in MHFA FEP training.

“The goal is to educate the com-

munity about the signs of FEP so they can help someone receive services and refer individuals for early intervention. Mental Health First Aid FEP will focus on signs and symptoms and how to get someone the help they need if a mental health problem is developing or if a crisis occurs,” Graham said.

Up to 30 people can attend the free eight-hour session which will be scheduled between November and December.

The Institute of Living provides a range of services for psychosis, including CAP, the POTENTIAL Early Psychosis Program and the Schizophrenia Rehab Program.

“Participating in this national initiative affords the IOL and the BHN the opportunity to connect with a lot of other organizations nationally to find out what they’re doing.”

Information on the upcoming training will be available soon. For more information on behavioral health services for adolescents, go to <https://hhcbehavioralhealth.org/>.

California highway patrolman tells tales of crisis intervention

Institute of Living Director of Nursing Ellen Blair and BHN Compliance Manager Olga Dutka attended the “Breaking the Silence: It Takes a Community” lecture by Sgt. Kevin Briggs at South Windsor High School on Thursday, Oct. 25. The presentation was sponsored by South Windsor Health and Human Services.

Kevin Briggs is a former California Highway Patrol (CHP) officer who spent most of his 23-year career patrolling the San Francisco Golden Gate Bridge area. The bridge, while one of a kind and beautiful, also carries a dark side as many people have chosen to end their life by jumping from it since its opening in May 1937.

Briggs completed the FBI’s Crisis Negotiation Course and trained new CHP officers as well as Golden Gate



BHN Compliance Manager Olga Dutka, left, and IOL Director of Nursing Ellen Blair, right, met with Sgt. Kevin Briggs and Gizmo the dog, who is the star of the children’s book about mental health, during an event at South Windsor High School on Thursday, Oct. 25.

••••• See **CRISIS** on page 8

Schizophrenia rehab program wins national award

The Schizophrenia Rehabilitation Program (SRP) at the Institute of Living/Hartford Hospital is the 2018 recipient of the Program of the Year Award from the Association of Ambulatory Behavioral Health. This award is given annually to a program demonstrating outstanding advocacy for partial hospitalization and intensive outpatient programs, innovation in program, or excellent patient outcomes.

SRP is a three-day per week intensive outpatient program that offers comprehensive, long-term psychiatric rehabilitation services to adults ages 21 to 55, with schizophrenia spectrum disorders who have functional community goals such as school, work or independent living. Treatment includes computerized cognitive rehabilitation, individual psychotherapy, group-based therapies and skill building, medication management, physical exercise, educational tutoring, vocational counseling, transitional work therapy, case management, and family meetings. The Institute of Living Work Skills Training Program and Easter Seals are integrated collaborative partners with SRP to provide vocational and educational counseling and support for clients pursuing these community goals.

SRP is a contemporary psychosocial treatment program incorporating cut-

ting-edge therapies that are “hot off the press.” Empirical research is conducted by staff under the supervision of Dr. Jimmy Choi to inform practices that meet the highest standards of evidence-based care, thus creating a modern program that is always up to date with the latest scientific findings. At this time, SRP is the only psychiatric program in the nation to use the following innovations:

■ SRP promotes the synergistic value of combining physical exercise and cognitive rehabilitation using virtual-reality technology called “exergaming.” Exergaming is interactive exercise equipment connected to a computer and monitor so the patient is engaged in a mentally stimulating game while exercising. For example, while pedaling on a specialized exergaming stationary bike, they “race through the countryside” while using a virtual reality headset.

■ SRP’s neurofeedback cognitive rehabilitation is a program that uses a psychophysiological measure of task engagement and cognitive resource allocation (pupil dilation) to gauge the difficulty and stimulation of training exercises, and automatically adjusts these exercises to hit the “sweet spot” so the training is challenging and stimulating but not so difficult or overwhelming that clients disengage. This training is delivered on tablets, and it is the first

ever neurofeedback training developed for psychosis.

■ Along these lines, SRP incorporates the exergaming and neurofeedback cognitive rehabilitation into an overall treatment algorithm using decisional informatics. Decisional informatics is SRP’s cyber system that informs real-time clinical decision-making that allows the treatment to evolve as the client progresses through various stages of recovery. Performance data from exergaming and cognitive rehabilitation are automatically entered into a database, and a computerized formula based on current scientific literature then outputs a suggested course of treatment. The staff considers this information in reformulating the client’s cognitive treatment for the following week. For example, the computerized formula will suggest that a client requires additional lessons in a certain memory skill instead of moving to the next lesson. Staff will then create a schedule in the cognitive skills group that allows the client to work on the specific memory skill until ready to advance. This is a tailored and highly personalized client-centered approach.

*For more information or to make a referral, please contact the SRP Program Manager, Dana Shagan, PsyD at **860.545.7514**.*



CRISIS, *from page 7*

Bridge staff on crisis interventions, specifically involving mental health and suicide. He has used his experience of encounters with people on the bridge as well as his own life experiences to improve mental health awareness across the world. Briggs’ law enforcement experiences on the bridge responding to calls for assistance are insightful and informative, as he dealt with numerous individuals who were over the rail — many off their medications, dealing with life circumstances that were overwhelming, or feeling that they

were out of hope.

Briggs is a trained and experienced speaker with the goal of raising awareness about mental health and wellness, crisis management, and suicide prevention. He delivers his message by sharing his personal story and experiences, as well as tools he developed to assist with crises that can be used by anyone. His talks are inspiring and educational while encouraging help-seeking and reducing prejudice and discrimination related to mental health.

Family Resource Center Support Groups

The IOL Family Resource Center (FRC) holds regular support groups. All programs are free of charge and, unless otherwise noted, are held in the Massachusetts Cottage, First Floor Group Room at the IOL Campus, 200 Retreat Ave., Hartford. The upcoming IOL FRC Support Group schedule is as follows:

■ Depression Bipolar Support Alliance

Group (DBSA). Nov. 5, 12, 19, 26, Dec. 3, 10, 17, 24, 31. (Every Monday), noon – 1 p.m. in the Todd Building, Bunker Room, Oct. 24, 31, Nov. 7, 14, 21, 28, Dec. 5, 12, 19, 26. (Every Wednesday), 7 – 8 p.m. in the Commons Building, second floor, Litchfield Room. Peer-run support group for those who have been diagnosed with depression or bipolar disorder.

■ Dementia Support/Educational Group

Meeting. Nov. 6, Dec. 4. (First Tuesday of each month), 11:30 a.m. to 12:30 p.m. in the Donnelly Conference Room, first floor. Please join us as we bring together experts and those who want guidance, direction, and support. Space is limited — reservations are required by calling **860.545.7665**.

■ Managing Schizophrenia.

Nov. 6. 6:30 – 7:45 p.m. This presentation will discuss the impact that symptoms of schizophrenia have on everyday activities, and provide tips on what you can do to make things better at home. To attend, please RSVP to Laura at **860.545.7324**.

■ Substance Use Educational And Support Group.

Nov. 8, Dec. 13. (Second Thursday of each month), 4 – 5 p.m. For family members impacted by loved ones with substance abuse.

■ Hearing Voices Network (HVN).

Nov. 8, 15, 29, Dec. 6, 13, 20, 27. (Every Thursday), 5 - 6:30 p.m. in the Todd Building, Bunker Room. Peer-run support group

based firmly on a belief of self-help, mutual respect and understanding where people can safely share their experiences of voices, visions, unusual sensory perceptions. The groups offer an opportunity for people to accept and find meaning in their experiences that help them regain power over their lives.

■ Al-Anon Parent Group.

Nov. 8, 15, 29, Dec. 6, 13, 20, 27. (Every Thursday), 7 - 8 p.m. One-hour topic discussion.

■ Support Group For Those Coping With A New Or Chronic Medical Condition.

Nov. 9, 16, 23, 30, Dec. 14, 21, 28. (Every Friday except the first of the month), 1 - 2 p.m. in the Center Building, first floor conference room. For young adults ages 17-26 struggling with a new diagnosis, chronic medical conditions, physical symptoms or limitations. The group will help with difficult losses and limitation due to a medical condition, and build a positive, future-oriented focus with realistic goals. To RSVP, please email **marissa.sicley-rogers@hhchealth.org**.

■ Social Support Group — LGBTQ Issues

(Lesbian/Gay/Bisexual/Transgender/Questioning). Nov. 14, 28, Dec. 12, 26. (Second and fourth Wednesday of each month), 5 – 6:15 p.m., in the Center Building, Young Adult Service Group Room. Support group for 16- to 23-year-olds who identify LGBTQ issues in their lives. The goal is to discuss support strategies to manage life challenges.

■ Autism Spectrum Support/Educational Group Meeting For Parents.

Nov. 14, Dec. 19. (Third Wednesday of the month), 6 - 7 p.m. Providing a place for parents of children on the autism spectrum, or another related disorder, to come together and get support and information. Monthly, peer-run sup-

port groups interspersed with special guests and speakers to offer additional guidance and perspective. Please RSVP to Goviana at **860.560.1711** or **gmorales@spedconnecticut.org**.

■ It's Hard To Be A Mom.

Nov. 15, Dec. 6, 20. (First and third Thursday of each month), 10 - 11:30 a.m. Peer-led group that acknowledges the inherent challenges with modern-day mothering and offers an opportunity for mothers to come together, share experiences, and support each other. This group welcomes expecting mothers and mothers with babies to discuss any and all challenges associated with motherhood. Babies welcome! Please RSVP to Laura at **860.545.7324**.

■ Support Group For Families Dealing With Major Mental Illness.

Nov. 15, Dec. 6, 20. (First and third Thursday of each month), 5:15 - 6:30 p.m., in the Center Building, first floor conference room. For family and friends of individuals who have schizophrenia, bipolar or other related disorders.

■ Dementia Lecture: An Introduction.

Nov. 20, 6:30 – 7:45 p.m. This program is for family members and friends of individuals who have dementia or a related disorder. It will present a basic understanding of the disorder, its treatment, along with specific suggestions to help family members and friends better cope with the illness. To attend, please RSVP to Laura at **860.545.7324**.

If you are a student that needs to observe a group for a class assignment, you must contact the Family Resource Center by emailing Laura Durst at **laura.durst@hhchealth.org** two weeks prior to the group you would like to attend. Please note, not all of our groups are open for observers and it is up to the facilitator and group members themselves.

Ride for Recovery



Natchaug Hospital recently held its first Motorcycle Ride for Recovery to benefit the Natchaug adult outpatient programs. The riders started at Sachus House, traveled to RiverEast, Care Plus, Quinebaug and then back to Natchaug. Top left: Riders depart Quinebaug for their last stop. Top right: Rushford's Kevin Carson enjoys his lunch break at Care Plus treatment center in Groton. Above: Riders enjoyed games and candy at Quinebaug treatment center in Dayville.



Discount memberships for BJs Wholesale Club

Natchaug Hospital is again offering discounted new memberships and renewals to BJs Wholesale Club.

Employees who sign up to renew their membership receive a discount on fees (\$40 for a basic membership or \$80 for the BJs perks membership), an additional month of membership and a second card for a family member. For new memberships (new means someone who never had a membership or the membership has been expired for close to 3 years), there is a special reduced rate (\$25 for a basic membership or \$50 for the BJs perks membership) for a 12-month membership. Additionally, \$5 from each membership will be donated to Natchaug.

Applications (which are on the intranet) and payments are due by Friday, November 16. Checks should be payable to BJs Wholesale Club. To learn more, email sherry.smardon@hhchealth.org.



GET YOUR TICKETS

Natchaug Hospital

Holiday Party

Saturday, December 1, 2018* • 6-10 p.m.

Elks Club • 198 Pleasant Street • Willimantic, CT 06226

Join us for a great night of dancing and socializing with fellow Natchaug Hospital staff. Dress to impress!

The event includes appetizers, dinner, dessert, door prizes, DJ, and cash bar.

Tickets: \$10 per employee and \$10 for one guest (18 or older)

Tickets may be purchased on-line with a credit card on Natchaug's website: <https://natchaug.org/giving/donate-now> (Select "other" amount and "other" designation) or via Human Resources with cash. Please obtain your tickets by **Friday, November 23, 2018**.

**In case of inclement weather, party will be held on Saturday, January 5, 2019. Rescheduling will be communicated by a Natchaug-All email and on Natchaug's Facebook page.*

Diversity Council looks at the 'Festival of Lights'

The Rushford Diversity and Inclusion Council contributed the following excerpt from ThoughtCo:

Deepavali or Diwali, also known as the "Festival of Lights," is the biggest festival in the Hindu Calendar. Spiritually, it symbolizes the victory of light over darkness, good over evil, knowledge over ignorance. As the term "Festival of Lights" suggests, the celebration involves millions of lights illuminated from rooftops, doorways, and windows in thousands of temples and buildings all over the countries where the festival is observed.

The festival extends over a five-day period, but the main festival occurs on Diwali night, which falls on the darkest night of the new moon falling at the end of the Hindu lunar month of Ashvin and the start of the month of Kartika. This falls between mid-October and mid-November in the Gregorian calendar. This year, Diwali will be celebrated on Wednesday, Nov. 7.

"The best part in celebrating Diwali is decorating my house with lights and making rangoli. I make some special food that we normally make only on Diwali." Anubhuti Baghel, Rushford human resources representative

To read more about Diwali, visit www.thoughtco.com/when-is-diwali-1770209.



Keep service members in mind on Veterans' Day

Community providers and peers can play a critical role in identifying service members, veterans, and their families (SMVF) of all generations who are accessing care in our communities and healthcare systems. When SMVF are not properly screened within our systems, we are missing an opportunity to connect with those individuals, inform treatment planning decisions, and help SMVF access care and benefits.

As of Jan. 1, 2016, LMSWs and LCSWs must attain two hours of continuing education on the topic of veterans and/or veterans families. This requirement of two hours is for every six years.

Find us on Facebook at www.facebook.com/rushfordconnecticut

Rushford Foundation Annual Reception

Trusted Connected Care

Join us for a celebration of Rushford's 2017-2018 accomplishments and presentations by the new Behavioral Health Network Physician-in-Chief John Santopietro, MD, DFAPA, and Rushford Medical Director J. Craig Allen, MD.

Wednesday, November 28, 2018

The Inn at Middletown | 70 Main Street, Middletown

5:30 pm Reception and buffet dinner

6:30 pm Program

RSVP by Monday, November 19

Sherry Smardon at 860.465.5910 or sherry.smardon@hhchealth.org



John Santopietro, MD, DFAPA, is the new physician-in-chief of the Hartford HealthCare (HHC) Behavioral Health Network (BHN). Prior to coming to HHC, Dr. Santopietro was the president and medical director of Silver Hill Hospital, following a stint as chief clinical officer for behavioral health and chair of the department of psychiatry at Carolinas HealthCare System where he spearheaded the integration of behavioral health practitioners in 70 primary care practices. A graduate of Yale University, Dr. Santopietro earned his medical degree from Northwestern University Medical School, completed residency in psychiatry at Cambridge Hospital and a fellowship at the Austen Riggs Center, both in Massachusetts and part of the Harvard system. He has published and lectured extensively, especially on the use of technology to enhance the delivery of behavioral health services.



Jonathan Craig Allen, MD, is the medical director at Rushford, chief for the department of psychiatry at Midstate Medical Center, and chair of HHC's opioid management committee and addictions clinical council. Dr. Allen is also a member of the state advisory board for the Department of Mental Health and Addiction Services, chair of the treatment committee for the alcohol and drug policy council, is on the state medical society's addiction medicine committee and opioid task force, and is the current president of the Connecticut chapter of the American Society of Addiction Medicine. Dr. Allen is currently an associate professor of psychiatry at the Frank Netter School of Medicine at Quinnipiac University and has held faculty appointments at Harvard and Yale medical schools. Currently he trains addiction medicine fellows in Rushford's ACGME-accredited ADM program, and child and adolescent psychiatry fellows and residents from the Institute of Living. Dr. Allen lectures and advocates locally and nationally for prevention, screening, early intervention and treatment access for substance use and other psychiatric disorders throughout the lifespan.



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WHERE:

**RUSHFORD AT MIDDLETOWN CAMPUS
1250 SILVER STREET
MIDDLETOWN, CT 06457**

DATE:

TUESDAY, NOVEMBER 13TH

TIME:

3:30PM

RSVP:

**SHERRY.SMARDON@HHCHEALTH.ORG
OR 860-465-5910**