

# Navigating a Pathway of Purpose



2009

Annual Report

# A Message from the CEO



Fiscal year 2009 has been one of the most challenging, yet satisfying, years in my twenty-five tenure as CEO. Challenging, because we are living through the worst economic crisis since the Great Depression. Most of the counties and states we contract with are in dire financial straits. They, in turn, have reduced rates of reimbursement, decreased contract amounts, or asked us to defer billing to the next fiscal year, which has cash-flow implications. I attribute our growth in this challenging fiscal environment to our ability to plan carefully and take advantage of credible business opportunities.

Fiscal year 2009 has also been a satisfying period on many levels. Our anticipation of the looming crisis, along with prudent decision-making, helped us to avoid some of the more radical actions taken by similar organizations in order to balance their budgets. For example, we have avoided significant staffing cutbacks, and retained valuable benefits, such as the employee retirement match. Fellowship Health Resources, Inc. (FHR) has focused on its comprehensive three-year strategic plan (FY 2008 – 2011), identified critical directions and incorporated them into its strategic plan for fiscal year 2010. Listed below is a representative sampling of the organization's many achievements this past fiscal year:

- Publication of FHR's PRISMMODEL for the Effective Treatment of Serious and Persistent Mental Illness.
- Initiation of the Case Management Certification Program.
- Board Development.
- Realizing its core business plan objectives.
- Augmentation of funding resources.
- Expansion of existing services.
- Commitment to quality care.
- Advancement of Information Technology.

Reflecting back on the past fiscal year and all that we have accomplished, I am truly grateful for the support of the Board of Directors, our employees, our service recipients, our donors, our family members, our funding sources, and our community partners. With their collaboration, Fellowship Health Resources continues to fulfill its mission of hope and recovery to individuals living with mental illness, addictions, and other life challenges.

# Purpose in Mission

**The mission of Fellowship Health Resources, Inc. is to assist individuals, especially those with mental illness and co-occurring disorders, to improve their mental health, well being, and quality of life.**

**We believe quality service is based in a culture of hope, respect, ethical behavior, and genuine caring for our clients and our employees.**

**We invest in the individual and never lose hope in the potential for personal growth and recovery of each person we serve.**

## **PRISMMODEL - An Established Clinical Approach**

Fellowship Health Resources, Inc. opened Westwick House (WWH) on January 16, 1975, as the first group home in the State of Rhode Island for adults diagnosed with mental illness. State funding for the residence coincided with the movement to deinstitutionalize the state hospital. At that time, few believed that recovery from mental illness was possible. Fellowship Health Resources and its staff were among those few believers.

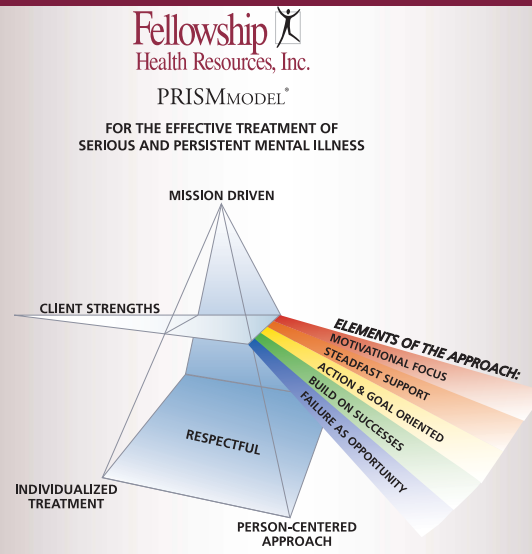


## **At Fellowship Health Resources we believe....**

- It is possible for individuals to take control of their lives;
- It is possible for our residents to consider moving to apartments of their own and re-joining the workforce;
- It is possible for adults with mental illness to lead happy and productive lives; and
- In the importance of adopting a unified approach to treatment, rehabilitation, and recovery.

By the end of that first year, Fellowship Health Resources had united behind Reality Therapy as its agency-wide clinical approach. Over time, however, the workforce expanded to include staff members with varied clinical expertise, and the organization determined it was time to re-discover its clinical approach to consumer service.

# Purpose in Mission cont.



Our experience strongly suggests that unifying staff around a common rehabilitation approach greatly enhances both the consistency and effectiveness of the rehabilitation intervention. With that in mind, the organization embarked on the qualitative examination of its clinical approach led by Jayashree Nimmagadda, Ph.D., FHR Board member, and Professor & Director of the Case Mgmt. Certification Program at Rhode Island College. Dr. Nimmagadda's efforts centered on preparing the Fellowship Health Resources' workforce to execute the project. Fourteen multi-disciplinary staff focus groups representing all Fellowship regions in existence at that time participated. Each group evaluated three case scenarios and described how they would go about helping the individual identified in each case study. We applied a computer software program to identify common themes, culminating in the establishment of the PRISMMODEL for the Effective Treatment of Serious and Persistent Mental Illness.

The PRISMMODEL articulates a relationship-centered approach to engaging, assessing, treating, and supporting individuals with significant mental health concerns. The therapeutic relationship is recognized within the model as a significant cornerstone of the helping process. This relationship is person-centered, respectful, individualized, strengths-based, and mission-driven (PRISM). It evolves and grows during the core stages of treatment - referral, first meeting, assessment, treatment planning, and discharge - and is the primary catalyst for individual recovery.

In Fiscal Year 2009, Fellowship Health Resources published the PRISMMODEL's three training Modules – Engagement, Assessment, and Treatment Planning. The workbooks are the foundation for an agency-wide PRISM training scheduled for January 2010 via the Fellowship's David L. Taton Learning Institute (TLI).

# Purpose in Vision

**Our Vision - Fellowship Health Resources, Inc. will become the national leader of program innovation and workforce development in the behavioral health field.**



Established in 2005, the David L. Taton Learning Institute is the Educational Division of Fellowship Health Resources. The Mission of TLI is to provide exemplary workforce learning opportunities for the advancement of behavioral health research, the promotion of scholarship, and the strengthening of services for the care of individuals with mental illness, addictive disorders, and other life challenges.

Highlighting the Institute's accomplishments in FY 2009 was its Undergraduate Case Management Certification Program. TLI and Rhode Island College joined in partnership in 2008 to offer the Undergraduate Case Management Certification Program (UCMCP) to interested FHR staff members. Through strength, commitment, and determination, 11 FHR employees successfully graduated from the program during FY '09. As a result of the program's success, TLI and RIC will offer the program once again to a new group of individuals during FY '10.



Graduates pictured left to right - Front row: Deborah Sylvain, Rebecca Nicol, Therese Bernier, Vanita Myles, Belinda Flateland, Ellen Russell, Lois O'Brien. Back Row: Melissa Soares, Jan Smith (Faculty), Sheila Cardente-Capece (Faculty), Susan Logan (TLI), Dr. Jayashree Nimmagadda, Joseph Dziobek (CEO), Caimasa Corneh. Graduates not pictured: Lela Anderson, Silvia Days.

# Purpose in Service

## FELLOWSHIP HEALTH RESOURCES SERVICE CONTINUUM

Fellowship Health Resources, Inc. operates 61 programs and services in the states of DE, MA, ME, NC, PA, RI, and VA. Our organization's continuum of care cultivates individual achievement and goal-realization in all of its treatment models.

### **INTENSIVE COMMUNITY RESIDENTIAL PROGRAMS:**

Affordable housing and 24-hour, on-site professional staffing offer supportive services and supervision for consumers with significant psychiatric, medical, and social needs. Fellowship Health Resources, Inc. operates 30 residential programs in the states of DE, MA, ME, RI, and VA.

### **SUPPORTED HOUSING:**

Community-based, supported apartment living for consumers who are poised for increased independence, yet require housing support, intensive case management, functional skills teaching, and social support to facilitate successful treatment outcomes. The organization's three Supported Housing programs are located in DE, MA, RI, and VA. (Several Massachusetts residential programs also have attached supported living services.)

### **ASSERTIVE COMMUNITY TREATMENT (ACT):**

Mobile multi-disciplinary teams provide intensive treatment, rehabilitation, and supportive services for consumers who have multiple life challenges, such as homelessness, unemployment, addictive disorders, legal involvement and/or significant medical conditions. Given its community-based focus, ACT brings various specialized services - such as psychiatry, nursing, addiction counseling, and employment services - directly to each consumer in natural, day-to-day environments. The organization operates six ACT programs in DE, MA, NC, PA, and RI.

### **CLUBHOUSE SUPPORTED HOUSING PROGRAM:**

The Clubhouse Model offers individuals with psychiatric disabilities the opportunity for friendship, support, employment, and education in a secure environment. Members and staff are engaged in all aspects of Clubhouse operation and share responsibility for its ultimate success within the community. Our organization operates two Clubhouse programs in MA.

### **PSYCHIATRIC REHABILITATION PROGRAMS:**

Professional staff members assist consumers in accessing increased independence through instruction in social skill development, symptom management, wellness and recovery, and the procurement of community resources. The organization's three Psychiatric Rehabilitation Programs are located in NC and PA.

# Purpose in Service cont.

## **COMMUNITY SUPPORT/CASE MANAGEMENT:**

The mobile multi-disciplinary Community Support/Case Management Team provides comprehensive, community-based treatment to persons with serious and persistent mental illness. Individuals receive intensive treatment, rehabilitation, and support services in their homes, on the job, and in social settings. The organization's two Community Support/Case Management programs are located in NC and PA.

## **CRISIS STABILIZATION AND HOSPITAL DIVERSION:**

Crisis Stabilization and Hospital Diversion are residential respite programs for adults with mental illness and other co-occurring disorders who are experiencing an acute psychiatric crisis that jeopardizes their current living situation. A Treatment Team assists consumers to avoid hospitalization or rehospitalization by stabilizing the consumer's psychiatric crisis and mobilizing community supports. The organization operates two Crisis Stabilization and Hospital Diversion programs in VA.

## **OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES:**

Outpatient Mental Health Services' licensed professionals conduct individual assessments and develop person-centered treatment plans for consumers based on individual needs. Consumers are seen by a psychiatrist, or a psychiatric nurse practitioner, for medication management. Individual and group therapy are available. Substance Abuse Day Programs offer consumers a staff-supported, therapeutic environment where specialists provide substance abuse rehabilitation and facilitate ongoing addiction recovery. The organization operates five Outpatient Mental Health and Substance Abuse Services in DE, NC, PA, and RI. (These are specialized services for individuals referred by the U.S. Department of Probation and Parole.)

## **SINGLE CLINICAL HOME**

Fellowship Health Resources, Inc. implemented the Single Clinical Home in Chester County, PA, in 2004. It is a comprehensive, county-based service continuum, consisting of outpatient, intensive case management, administrative case management, resource coordination, psychiatric rehabilitation and ACT services.

## ***SPECIAL POPULATION MODELS***

FORENSIC PROGRAMS - Located in RI and VA

GERO-PSYCH CRISIS OUTREACH - Located in PA

NEURO-COGNITIVE RESIDENTIAL - Located in ME

RECOVERY WORKSHOP - Located in RI

TRANSITIONAL YOUTH RESIDENTIAL - Located in DE and MA

# Purpose in Strategy

## **Realizing Core Business Plan Objectives**

- The state of Massachusetts awarded Fellowship Health Resources (FHR) three contracts, providing community-based flexible support services to a combined population of approximately 475 adults in group residences and supported apartments, including new enrollees from two other providers, one based on Nantucket.
- FHR successfully re-procured its residential services in Arlington County, Virginia. In addition, we restructured these residential services, resulting in a savings this fiscal year of \$80,000, with the potential of an annual savings of \$150,000. The state also contracted with FHR to provide offender re-entry services in Charlottesville, VA.

## **Augmentation of Resources**

- FHR improved its financial status, rebounding from last year's loss of over \$600,000. FHR received the following grant awards in FY'09: \$40,000 Phoenixville Community Health Foundation to fund a professional development position, \$2,000 from BankRI, and \$5,000 from the RI Foundation for housing support for consumers. This, combined with a successful direct mail campaign and fundraising initiatives, resulted in an overall \$130,000 in funds raised.

## **Expansion of Existing Services**

- FHR relocated A New Vision Counseling Center in Delaware to larger quarters to accommodate a growing outpatient mental health and substance abuse program.
- We enhanced our substance abuse services in North Carolina, where the state awarded us an exclusive contract to serve the Wake County Drug Court.
- We negotiated a new site in Pennsylvania, resulting in a savings of \$40,000 a year in rent and utilities, and a much-improved program environment.
- We created a Regional Director position in Maine to facilitate service expansion.

FHR is approaching its thirty-fifth year of serving adults with mental illness in the public sector. While remaining committed to this mission, we believe it is necessary to seek additional sources of funding, as well as an enhanced customer base, if we are to remain an agency renowned for its superior quality services and high-caliber staff.

# Purpose in Technology

The Information Technology (IT) Department oversees the procurement and maintenance of computers, printers, cell phones, telephone systems, internet service and small fax solutions. In addition, IT negotiates telephone and internet service contracts, configures, coordinates, and installs services in new and existing facilities. The department also works with contractors for wiring and installation of infrastructure in new and existing facilities. This year IT added hosting of the Electronic Client Record to its duties, and anticipates hosting the Webpage and Intranet in-house.

## **Electronic Health Records**

The behavioral health industry is heavily reliant upon technology in order to carry out its responsibilities. Recognizing this, Fellowship Health Resources is in the process of developing a new consumer Electronic Health Record (EHR) with a local software company. The comprehensive and robust system will ensure the maintenance of efficient and effective quality improvement information, consumer data, and outcome measurements. It will also allow us to examine the satisfaction, efficiency, effectiveness, and access of Fellowship Health Resources' services.

## **Website Advancement**

Fellowship Health Resources is nearing the completion of its newly designed website [www.fellowshiphr.org](http://www.fellowshiphr.org). The site is interactive and informative with a strong focus on consumers and their recovery.

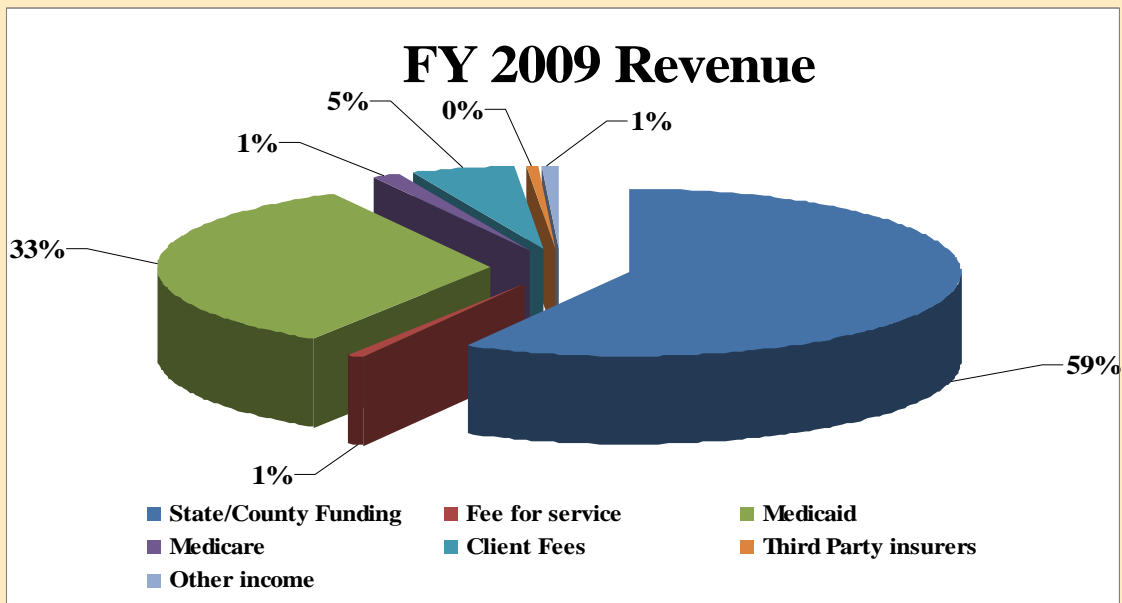
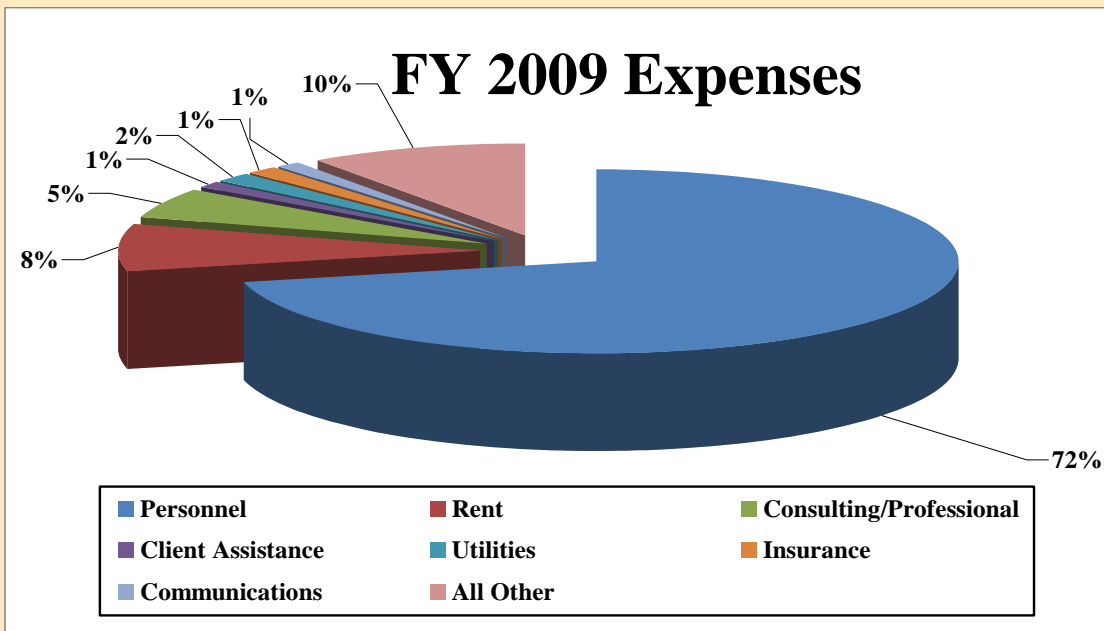
The multi-purpose site is designed to:

- EDUCATE funding sources, consumers, families, staff, other providers, Fellowship Health Resources' affiliates, and community stakeholders.
- ASSIST individuals and families confronting a mental health disorder.
- BRAND Fellowship Health Resources as a critical source for information on mental health.
- ADVOCATE for our population, increase awareness, decrease stigma, and enhance funding.

The anticipated launch date will coincide with the organization's thirty-fifth anniversary in January 2010.

# Purpose in Finance

The fiscal year ended June 30, 2009, represented a sharp turnaround from our financial performance in fiscal 2008. We ended the year with a surplus from operations of \$139,000 compared with an operational deficit of \$300,000 in fiscal 2008. On an accrual accounting basis, after depreciation, loan principal payments and gains and losses on investments, FY 2009 had a deficit of \$205,000 compared with a deficit of \$652,000 in FY 2008. On a consolidated basis, total revenue in FY 2009 was \$480,000 (1.6%) higher in FY 2009 than in FY 2008, while operating expenses were essentially the same. Our ability to maintain tight control over our expenses was the major contributor to our financial turnaround.



# Purpose in Quality



Fellowship Health Resources, Inc. has been accredited by CARF for the following behavioral health programs: Assertive Community Treatment, Assessment and Referral, Case Management/Services Coordination, Community Integration, Community Housing, Crisis Stabilization, Intensive Outpatient Treatment, Outpatient Treatment, and Supported Living.

In May 2009, the agency underwent its third CARF accreditation survey. The survey lasted three days and consisted of a team of six CARF surveyors, who visited various Fellowship Health Resources' programs within its nine regions. The agency's report was a positive one and, though there were recommendations, there were no major deficiencies. Fellowship received exemplary notice for its continued work on the PRISMMODEL for the Effective Treatment of Serious and Persistent Mental Illness, as well as the agency's accessibility plans. The agency received the highest achievement of a three-year accreditation.

## Consumer Satisfaction

Fellowship Health Resources, Inc. conducted its annual Consumer Satisfaction Survey in January 2009. The report chronicles consumers' levels of satisfaction and overall well-being in connection with services received. As demonstrated in Fig. 1.1, overall consumer satisfaction is high at 95%.

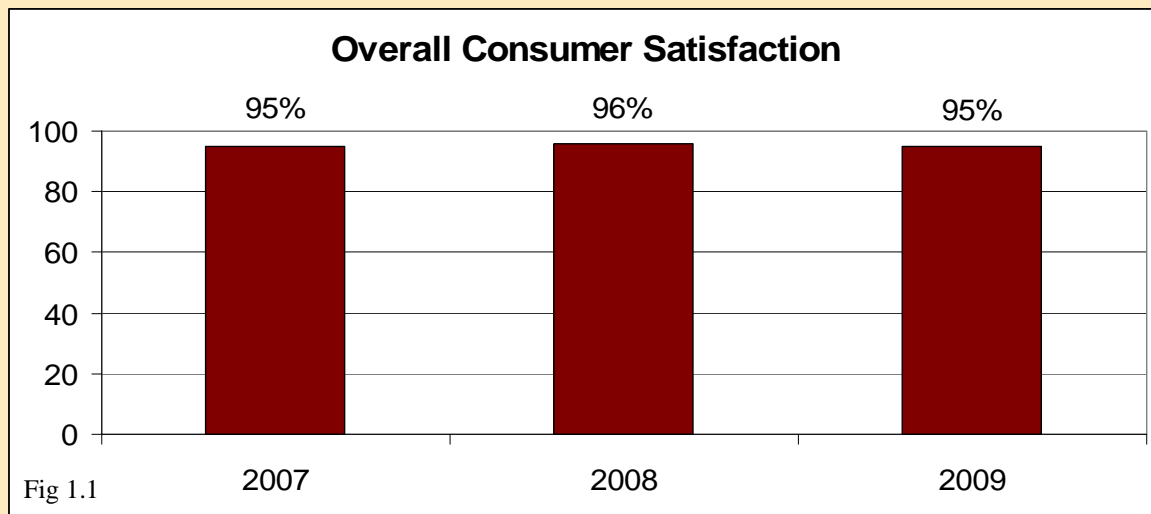


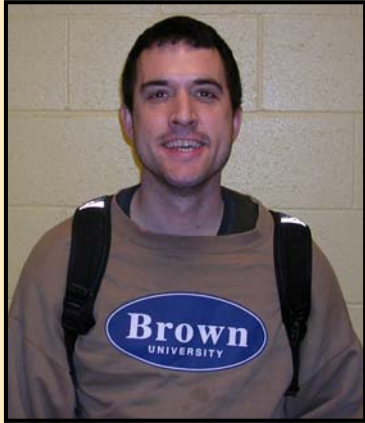
Fig 1.1

In Fiscal Year 2009, Fellowship Health Resources provided an array of mental health and substance abuse services to consumers in over 60 programs in the states of Delaware, Maine, Massachusetts, North Carolina, Pennsylvania, Rhode Island, and Virginia. On the following page is a personal story from one of the 3,000 individuals FHR serves each day.

# Purpose in Quality cont.

## Recovering from Mental Illness Takes Strength and Spirit

By: Marc L.



My journey with mental illness began in late 2001, a couple of months after 9/11. I was going through a very difficult time, as was my family, and those we turned to for help were unavailable to us. This, combined with a biological predisposition, led to my developing a mental illness.

The path to recovery for a person suffering from mental illness can be a long and arduous journey, with many obstacles along the way. I had my share of struggles. I experienced four arrests, twelve hospitalizations, spent one year in a locked facility, and was court-ordered to remain at a group home for two years. I spent six months on a farm in Western Massachusetts designated for people with mental illness, and was on home confinement for six months, not to mention all the manic and psychotic episodes that I went through during that time. I was also struggling to make sense of the loss of my sister, who had recently succumbed to anorexia nervosa. My sister was an accomplished runner, ranked ninth in the nation by Rhode Runner magazine. She graduated Cum Laude from Brown University in 2000, with a degree in psychology. She was intelligent and beautiful (she will always be so). She had her hangups that she could not come to terms with, but she did not deserve to die. I believe that all of our lives are journeys that bring us closer to our God, and although my sister's death still makes little sense to me, I find comfort in the knowledge that she is now at peace.

I have come to terms with my illness and am at a good place in my recovery. After being discharged from the group home, I worked for a while, and am now a full-time student at Rhode Island College, where I should get my diploma shortly (I need three courses after this semester). I have maintained a 3.25 cumulative grade point average and I hope to go to graduate school to study to be a psychologist. Mental health means a lot to me. I think that because I can relate to those with mental illness, and because I care, I would be a good psychologist.

Mental illness has been my cross to bear and my faith has been a great healer. Whatever the situations turn out to be, we must always remember to bear our crosses well, with strength and an unwavering spirit, and we must do so until we reap the rewards of our labor.

Editor's Note: Marc L. is a consumer with Fellowship Health Resources' Ocean State Outreach Program (OSO). OSO is a Mobile Treatment Team Program, based on the PACT model, offering support for individuals with serious and persistent mental illness in Rhode Island.

# Purpose in Community

## ~ Donors to Fellowship Health Resources, Inc. ~

Our sincere appreciation to the following donors whose generosity has helped to support Fellowship Health Resources' mission throughout fiscal year 2009. This list reflects the time period of July 1, 2008 - June 30, 2009.

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# Purpose in Community cont.

Myth & Music  
May 31, 2009



Joseph F. Dziobek (left), presents the OPUS Award to Craig S. Stenning, Director of the RI Department of Mental Health, Retardation and Hospitals, as Jeremiah R. looks on. FHR honored Craig for his Outstanding Performance and Unparalleled Service on behalf of individuals living with behavioral health disorders.

Stigma and discrimination against people with mental health problems contribute to low self-esteem and hopelessness, and lead others to avoid living, socializing or working with, renting to, and employing people with mental illnesses.



Myth & Music, Fellowship Health Resources' signature annual public demonstration project, uses the power of music to promote a fair, accurate and balanced portrayal of mental illness in our communities. The music program features works composed by individuals affected by mental illness, and a speaking panel of educators who are, or have been, similarly challenged.



Audience members pictured at left are: Front Row: Robert Rousseau and Stephen Civitarese. Back Row: Fellowship Health Resources' Board Chair, Pierre La Perriere, Susan La Perriere, and Master of Ceremonies Nneka Nwosu, Reporter/Videojournalist with Channel 12/Fox Providence.

FHR supports Myth & Music through private donations and the following business sponsors:



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# Purpose in Community cont.

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