

## Social engineering red flags to help keep your data safe

By Ashley Fontes

Have you ever opened an email that just didn't seem right? Perhaps a client was sending you an unexpected invoice, or someone in your organization was asking you for funds. Cyber criminals work day and night trying to spoof computer users to obtain their trusted information, and they have the technology available to alter emails in many ways to make them seem legitimate.

A breach at a well-known national nonprofit was recently in the news. One would think a large nonprofit would have the right security measures in place, but sometimes security is overlooked due to cost and the mindset of "if it's not broken, don't fix it". That breach involved a hacker infiltrating their server, where more than 20,000 records were left accessible. The data included donor email addresses and donation receipts that had customized links to a donor's tax receipt. This nonprofit surely tarnished their reputation with this security oversight.

The Boston Globe also published a story about a large nonprofit federation that was fooled into sending \$1 million dollars to a hacker in Japan after an employee's account was hacked. The hacker posed as an employee and created false documents to trick the agency into sending money. If employees had been trained, they may have recognized the warning signs and avoided a costly mistake.

No matter which security measures you have in place, employees must be informed and trained on best practices for email security. Your email filters have an average 10.5 to 15 percent failure rate, and the current IT security tools available for monitoring cannot prevent an attack if your employee was the one who clicked on a phishing link or forgot to change a password. We've compiled a list of red flags to look out for when phishing emails are smart enough to slip through spam filters to your inbox.

Ask yourself these questions when opening an email, and you'll usually be able to recognize a phishing attempt.

### Check the 'From' line

- Do you recognize the sender's email address, and is it someone you usually communicate with?
- Is the email from someone outside your organization, and is it related to your job responsibilities?
- Is it unusual or out of character?
- Is the sender's email address from a suspicious domain? Check for any misspellings, or if the domain uses a general

term, such as HR@yourdomain.org or IT@yourdomain.org.

- Is the email unexpected with a hyperlink or attachment from someone who you haven't communicated with recently?

### Check the To: Line

- Do you know the other people the email was sent to, and was it sent to an unusual mix of people?
- Are people included on the email that are outside your organization?

### Check the Hyperlinks

- Did you hover over the hyperlink, and make sure it links to the correct website?
- Is there a long hyperlink in an email without any other information? *Never click this link!*
- Does the hyperlink have something misspelled, or made to look correct with a different letter in place? An example would be [www.armazon.com](http://www.armazon.com).

### Check the Date and Time

- Was the email sent at an unusual time, such as 3 a.m.?

### Check the Subject

- Is the subject line irrelevant, or does not match the message content?
- Is the message asking you to reply to something you never sent or requested?

### Check the Attachments

- Did the sender include an attachment that you weren't expecting or that doesn't make sense?
- Is there a potentially dangerous file type attached? The only file type safe to click on is a .txt file.

### Check the Content

- Is the sender asking you to click on a link or open an attachment to avoid a negative consequence or gain something of value? An example would be, "click on the link or we will take legal action".
- Is the sender asking you to click on a link or open an attachment that seems odd or illogical? An example could be your HR department sending you a link to review your CEO and asking for secrecy.
- Is the email asking you to look at a compromising or embarrassing picture of yourself or someone you know?

Cyber criminals tend to target computer users by using tactics to trick you. If something seems odd, pick up the phone and call the sender to verify.

Tech Networks of Boston is hosting a cybersecurity webinar for Providers' Council members on March 19. Register at [providers.org](http://providers.org) and learn ways to manage your IT most securely.

Ashley Fontes is the Communications Manager at Tech Networks of Boston.

## Success of recovery coaching relies on proper training, integration

By Wendy Kent

Every day, people struggle as they take those first tentative steps in their recovery, trying to understand what they are experiencing and uncertain of where to begin. Others may be in the emergency room after having suffered an overdose, feeling anxious and sick, questioning their ability to stop their use, or whether they are even ready to stop.

Recovery coaching, one of the newer resources available to individuals with substance use disorders, can provide valuable support in either of these scenarios. The role of the recovery coach is to make personal connections and join with the person, provide advocacy, offer support and guidance, and help identify and access needed services, including harm reduction, detox, formal treatment or any other adjunct service that would promote recovery. They do not provide treatment and do not subscribe to any particular approach to recovery. They will work with people ready to begin the difficult journey of recovery, those who have already begun the recovery process and with those who are ambivalent about stopping their use.

The treatment provider network is recognizing and embracing the benefits provided by recovery coaches within their service system. At present, hospitals, residential programs, health care specialists and behavioral health providers are hiring recovery coaches to work in their programs, a trend that will have a positive impact as we continue to grapple with the opioid crisis. While there are numerous benefits of recovery coaching, this service also presents some challenges that require attention.

Currently, there is not widespread understanding of what skills and qualities to look for in a potential coach, how best to utilize them within services, and how to effectively integrate this non-clinical service into a clinical services setting. In addition, just as clinical staff need ongoing training, recovery coaches also require access to continuing education to develop their skills. For certified coaches, however, ongoing education and training is still somewhat limited.

Further, recovery coaches have unique, non-clinical supervision needs. While it is not a prerequisite, most coaches are in long-term recovery themselves and need to have well-established supports and self-care systems in place. Too often, people who are in the early

weeks of recovery, eager to give back and help others, attend certification programs and attempt to find employment as a recovery coach without a strong enough recovery foundation of their own.

It is critical for the Commonwealth of Massachusetts to address these issues and challenges. Ongoing training and certification of coaches is essential to the long-term success of this level of care. It is well known that people with substance use disorders have a broad range of service needs, including those related to mental health and primary health care, legal problems, housing, and vocational challenges. A recovery coach needs to be adequately and continuously trained to understand the many barriers that people they are supporting face, while also understanding the limitations inherent in their role and knowing when and where to access outside resources.

Of equal importance is that the provider community needs to be trained to understand the role and limitations of recovery coaches and to develop clear guidelines and standards for hiring and supervision that will work within their programs and ensure adequate support for coaches. Despite widespread hiring, regulations and expectations are still not fully developed. Recovery coaches are a valuable asset in clinical settings but are most effective when their non-clinical role is fully understood and proper supervision and support is provided to ensure they are maintaining an appropriate level of self-care and personal boundaries.

To meet these goals, the Commonwealth needs to solicit input from all levels of care, including treatment providers, experienced recovery coaches and representatives of the recovering community to develop clear guidelines related to training, supervision, hiring and service integration. Only then will people with substance use disorders obtain maximum benefits from the broad range of services available to them, including those associated with recovery coaching. Simultaneously our treatment system needs to take the necessary steps to ensure a willingness and readiness to properly understand and incorporate recovery coaching into services.

Wendy Kent is the Director of Behavioral Health and Prevention Programs at Bridgewell.

## Bipartisan effort created federal student loan repayment plan

By Katherine Clark

I met with George and his wife Joanne shortly after I was sworn into office in 2013. Their 22-month-old grandchild was born prematurely to their daughter who was struggling with opioid addiction. Their daughter needed help, but she couldn't find treatment close to home, work or child care. Unfortunately, this is a story members of Congress hear often.

Six years after this meeting, after rounds of hearings in multiple committees, months' worth of input from providers and advocates on the ground, and collaboration across the aisle, I am proud to say that help is on the way.

Last fall, in an extraordinarily divisive political climate, the SUPPORT Act was signed into law, providing hundreds of millions of dollars in new investment for addiction prevention and treatment. The SUPPORT Act includes two of my bills that came directly out of my conversations in Massachusetts. The first bill reduces interstate doctor shopping and prevents the stockpiling of prescription drugs by tracking opioid prescriptions nationally. The bill will allow us to better monitor where prescriptions are in our communities and prevent prescription abuse before it starts.



Congresswoman Katherine Clark

The second, Substance Use Disorder Workforce Loan Repayment Act, speaks directly to the issue faced by George and Joanne. I often heard from doctors, social workers and substance disorder specialists that there simply aren't enough addiction treatment workers. Too many families in my district have tried to get their loved ones into treatment only to find that programs are overloaded, understaffed and dealing with high worker turnover rates. As a result, wait times to get into a treatment facility can be long, and some never make it. This is a nationwide problem. Of the 22 million Americans living with a substance use disorder across this country, estimates suggest that only 10 percent receive any treatment at all, and the consequences of that shortfall are often tragic.

The reasons for the worker shortage are clear. The rising cost of education, low pay and emotionally taxing nature of the work make it difficult to attract new staff and retain experienced professionals. My legislation creates a student loan repayment program that incentivizes workers to join the addiction treatment field and stay in longer. The program will repay student loan debt up to \$250,000 if participants agree to serve in a high-need area for up to six years, receiving one-sixth of their loan per year. A high-need area is either one with a shortage of mental health professionals, or a county or city where the annual overdose rate is higher than the national average. The program provides help to the places that need it most, and it covers the entire spectrum of treatment workers including

doctors, nurses and social workers.

This program is law in large part because I worked with Congressman Hal Rogers of Kentucky, the lead Republican cosponsor of the bill. The districts Congressman Rogers and I represent are different in nearly every way, except one: both have been ravaged by addiction and overdoses. The fact is the opioid epidemic is a 50-state problem. It can happen to any family. It's not a red or blue state issue. It is blind to no one. The opioid epidemic is an American crisis and the only way to move forward is together.

Congressman Rogers and I each brought our unique perspectives to the table and put together an effective package of policy proposals that makes critical investments in the dedicated professionals we need to do lifesaving work. At the heart of our collaboration were the stories that came from families and providers. Because we worked together, someone's child, parent, sibling or spouse will have a chance to get the help they need, whether they're in rural Kentucky or suburban Massachusetts.

While we keep hearing stories of unimaginable pain and loss, we are determined to work together for solutions. The opioid epidemic is a daunting problem, but with local and federal partners, we can save lives.

Katherine Clark represents Massachusetts' 5th Congressional District in the U.S. House of Representatives.