Clifford W Beers Guidance Clinic

General Information

Contact Information

Nonprofit
Clifford W Beers Guidance Clinic

Address
93 Edwards Street
New Haven, CT 06511

Phone
(203) 772-1270

Web Site
Web Site

Facebook
Facebook

Twitter
Twitter

Email
info@cliffordbeers.org

At A Glance

Year of Incorporation
1968

Former Names
Clifford Beers Clinic

Organization’s type of tax exempt status
Public Supported Charity

Organization received a competitive grant from the community foundation in the past five years
Yes
Mission & Areas Served

Statements

Mission
Our mission is to provide integrated services addressing mental, physical and social determinants in order to improve health, resiliency, and a quality of life for children, families and communities.

Background
For more than 105 years, Clifford Beers, one of the largest community-based outpatient behavioral health clinics in the nation, has provided children and families with professional counseling and support across all of our programs. At the core of our model of care are professionally trained and license clinicians, care coordinators, and a dedicated medical staff who support the behavioral health and wellness needs of children and their families who have experienced trauma including abuse, neglect, witnessing domestic or community violence, and even the loss of a loved one. We develop alliances and partnerships with Yale New Haven Hospital, Yale University, the New Haven Public Schools and scores of community-based social services and organizations to improve behavioral and medical health outcomes for more than 5,000 children from the Greater New Haven region. Our commitment to excellence includes a fiscally sound approach to our work through financial transparency and accountability to our funders and donors. We consistently receive high marks and praise from GuideStar, one of the largest charitable and accountability monitors of nonprofit organizations in the nation. Moreover, the trust and faith placed by our committed staff is exemplified through our employee giving program, currently at 100 percent. Each day we work to strengthen CB’s sustainability through our three core programs: ACCORD (Advanced Care Coordination), an outgrowth of Wraparound New Haven, our new Autism specialty clinic, and our planned expansion of the New Haven Trauma Coalition to schools across Connecticut. These programs will help us to expand services to more diverse populations while creating a payment model that reflects lower health care costs, greater access to care for our children and families, and provide a major step toward partnerships with commercial insurance providers who see great promise in our work. The following summary is a reflection of these efforts and our unyielding commitment to preserving them well into the future.

Impact
Each day we measure impact by the number of children and families in crisis who come through our doors in search of the critical help they need to rebuild their lives. For many, it could be repair from exposure to physical and sexual violence, emotional disabilities, or any one of a number of traumatic experiences that prevent them from living normal, healthy lives. We measure impact by the care and compassion our staff provide to children and families – the expertise, dedication, and compassion our clinicians, social workers, care coordinators, etc. extends to a child or family in crisis. When our families can leave CB, they do so with the progress they’ve made and knowledge we will always be here when they need us. Your generosity allows CB to create an organizational culture of innovation and makes it possible to expand our services and reach to more children and families so desperate for help and guidance. Your financial support makes it possible for CB to increase our clientele to individuals with autism at our autism specialty clinic, (Marne Street) and expand our vision of our “whole-istic” approach that treats the whole person, but the whole family! We’ve also added more resources to New Haven Trauma Coalition. Clifford Beers care coordination teams assess the behavioral and medical health of children and families. A plan of care is developed by the coordinator in concert with the family, clinicians, social workers, and the medical team reflecting the most immediate concerns as well as a long-term approach to improving the overall health of the child and other family members. Our Marne Street clinic provides comprehensive services for individuals with autism spectrum disorder and intellectual disabilities. Services include diagnostic evaluations, medication management, care coordination, support groups, nutrition consultation, and social skills groups. The Clinic offers care within a multi-sensory environment that supports children and adults. We also provide critical outreach to children in need of behavioral health services through the New Haven Trauma Coalition, a unique model of care takes place in schools, where children, families, and teachers can assess and address a range of emotional and behavioral health challenges that serve as barriers to social and academic success. Additional resources allow us to reach even more children as we expand this initiative to other cities and towns across CT.
Needs
You, our friends, agree with us that delivering mental health services requires innovation. Anticipation.
Execution. Thank you for working with us as we do these things, and thank you for helping the Clinic’s reputation
to grow statewide and nationally. Our need remains fairly steady: financial support. The cost to deliver care is
rarely fully reimbursed by insurance, so your support often bridges the gap so that children and families can be
treated. What’s more, innovation requires start-up costs, and there you play such an important role. We could
not be nearly as innovative and forward-thinking as we are without the financial support of you, our friends.
Whether it be looking for new space in the community from which we can deliver accessible care or bringing on
new staff to meet the demand for services, you are a key player in making it all happen!

CEO Statement
Thank you VERY much for supporting our work! I can’t say enough what your friendship to our Clinic means:
It means that a teen girl -- who started cutting her arms after she had been abused by a much older man she met
online -- can get help. It means she can start to feel good about herself again! It means a little boy -- who sits in
school with his hair combed neatly and his pants pressed but in anguish knowing his daily afterschool beating
is waiting for him -- can get help. Get safety. Find healing. It means a diabetic child who doesn't go to school
because she cannot leave her grandmother home alone in an unheated apartment can get help from our
compassionate staff by connecting the family to services in the community. These are just three examples of
children and families you are helping through your support of Clifford Beers Clinic. We help over 1,600 children
and families every year as they work through anxiety, depression, school problems, attention difficulties or loss
of a loved one. If we weren’t so fortunate to know kind people like you, the odds against these families would
be great. The science is pretty convincing that untreated trauma -- like the circumstances described above -- is
a direct cause of emotional angst, social problems, and significant health problems. Today, we know that heart
disease -- even cancer! -- can be caused by letting stress and trauma fester untreated. But we do have you,
and that changes everything for the families we see! We are so glad to have you with us as we deliver care
AND bring awareness to the problem of untreated trauma. I am so glad you are onboard with us as we
advocate in front of legislators and decision makers to have untreated trauma declared the single greatest
public health crisis to come along in decades -- and force a public health response to it!!! I invite you to learn
more about our work at www.cliffordbeers.org. In particular, there you can review our results. Our outcomes
are encouraging, and we believe our efforts are having an impact. All because of you. Thank you very, very
much.

Board Chair Statement
I have the privilege of serving as the president of the board of directors of Clifford Beers, an organization deeply
committed to building healthy communities by bettering the lives of the children, youth and families who live in
those communities. As a practicing attorney for the past 30+ years, I appreciate the importance of three key
factors for achieving successful outcomes: (1) accurate identification of the need, (2) design of a viable strategy
for addressing that need in a practical, affordable manner and (3) effective implementation of that strategy to
produce the desired result. Over the years, Clifford Beers has ably demonstrated its effectiveness in modeling
these three factors. Never content with merely maintaining the status quo, Clifford Beers has raised the bar in
providing integrated mental health services in the Greater New Haven community and beyond. Recognizing that
treating a child’s mental health needs in a vacuum is less than ideal, Clifford Beers has pioneered the integrated
care model that treats the entire family in tackling the challenges of their child’s mental health issues. Clifford
Beers is quickly becoming a regional and national leader in the field of family wellness. By working with entire
families, seeing students in schools, and providing a comprehensive care model for the treatment of autism
and intellectual/developmental challenges at Marne Street Clinic in Hamden (the first of its kind in the state), Clifford
Beers is leading the charge of addressing mental health and wellness in the Agency’s second century of
existence. I am proud to lead such a committed board of directors, along with a multi-talented, creative and
enthusiastic staff, led by CEO Dr. Alice Forrester. Together, we are proving that good mental health for our
children, youth and families is a realistic and attainable goal for our communities. And, of course, none of
this would be possible without you—our friends, partners, supporters and donors who share our vision of a
community in which compassionate care is the hallmark, where families thrive and where children face a
brighter, more positive future.

Service Categories
Primary Organization Category: Mental Health & Crisis Intervention / Mental Health Treatment
Secondary Organization Category: Youth Development /

Areas Served:
- New Haven
- Ansonia
- Branford
- East Haven
- Guilford
- Hamden
- Madison
- Milford
- North Branford
- North Haven
- Orange
- Shoreline
- West Haven
- Woodbridge

Clifford Beers Clinic serves over 17 towns in the Greater New Haven Region. We have offices in New Haven, West Haven, Guilford and Woodbridge, and we are also located in four New Haven-area schools. We serve families from New Haven, West Haven, Branford, East Haven, Guilford, Hamden, Madison, Milford, North Branford, North Haven, Ansonia, Orange, and Woodbridge, along with other towns along the shoreline.
Programs

Clinic Overview

Description
Children and families who have experienced trauma need help. They need social connection. They need community-based resources to perhaps meet basic needs. They need therapy. They need streamlined care to address their biopsychosocial needs, and often it is not just a child but an entire family who needs care. At CB, we do all of this. Today, we do it not just at our 93 Edwards Street location but also in schools, community health centers, doctors' offices, and hospitals. In this way we are removing traditional barriers to care (like transportation and stigma) and reaching more children and families than ever to address a wide array of traumatic experiences. Through our efforts we are strengthening families and creating a community that is both happier and healthier.

Budget
$13,258,000.00

Category
Mental Health, Substance Abuse Programs, General/other /

Population Served
Children and Youth (0 - 19 years) / Families /

Program is linked to organization's mission and strategy
Yes

Short Term Success
At CB, our research department works hard to assess families at intake and compare that to discharge. Data from FY16 regarding problem severity (which examines problems with a child's behavior) and functioning level (which examines a child's difficulties interacting with people and otherwise functioning, e.g., self-care) indicate we are making good progress. At discharge, 56% of parents/caregivers reported the child moved out of clinical (unfavorable) range into normal range for problem severity -- that's more than every other child in our care! At discharge, 53% of parents/caregivers reported the child moved out of clinical (unfavorable) range into normal range for functioning -- also improvement for more than half the children in our care!

Long Term Success
Typically, CB measures success by comparing assessment data at intake vs. discharge. Because the average length of stay for our children and families is six months, long-term success is difficult to measure empirically; however, many children and families in our care stay in touch with the clinicians and therapists with whom they worked, and often we hear wonderful stories. For example, some years ago we served a teenage girl with an extensive trauma history and significant needs (i.e., her drug-addicted mother threw her out, she had no housing, she had little other family support) and we recently learned she graduated high school with honors and was awarded a science scholarship at a public university! Another boy who was once in our care bumped into his former CBC therapist, and he reported he was married and attending fathering classes so he would not repeat the mistakes his father made. Fortunately, these are just two of the many stories that indicate our efforts have impact!
CBC uses a wide variety of screening and assessment tools at various points during treatment. Our clinicians complete assessments at various points of care, and families complete assessments, too. Intake and discharge assessments ("paired data") are used to track progress, and our research department is constantly releasing reports that track overall progress. The data is used to not just track improvements and success but also to inform clinicians and other CBC direct-service providers where improvement in care can occur.

Jasmine's story is a good one to share! When we met her, Jasmine was an energetic two year old. Her mom, Bethany, brought Jasmine to CBC concerned by Jasmine's social-emotional development. Jasmine had lots of tantrums and was aggressive (throwing, hitting and biting). Teachers had a hard time controlling Jasmine. Almost instantly, our CBC team saw several issues with the interaction between Jasmine and Bethany. Bethany was very concerned with appearance and poise, and Jasmine's behavior was very contrary to that. Jasmine sensed how her behavior impacted her mother, and she would then behave even more poorly -- creating a negative feedback loop of behavior and punishment. They were rarely free to enjoy each other! We helped them work through that. Schedules, routines, reward systems and regulation activities were put in place. Also, a new school more suitable to Jasmine's strength and energy was found. Expectations have been adjusted, and today Jasmine is positive, having far fewer tantrums, and verbally advanced. "Many thanks to CBC!" said Bethany. "The storm has passed, and because of you we survived!"
Marne Street Clinic

Description
CB has develop and operates a specialty care clinic for children diagnosed with autism spectrum disorder (ASD) and other intellectual/developmental disabilities. Our decision was predicated on the current shortage of treatment centers available to children and families across Connecticut where reported cases of children and young people who struggle with ASD have grown significantly from just over 1,300 in 2000 to well over 8,000 in 2015. Despite this, there are only four autism spectrum disorder diagnostic-only centers in our region; the remaining 16 centers are located almost two hours away in the southern and northern parts of the state; there are less than ten across the state that focuses solely on the treatment of autism spectrum disorder. Marne Street Clinic in Hamden provides diagnosis and treatment services, counseling for siblings, educational and legal advocacy, occupational therapy, nutrition support, med management and other services needed to foster wellness and health. With your support Clifford Beers can expand its expertise and services to this under-served population, raise awareness about autism diagnosis and treatment, and assist families as they navigate the health care system.

Budget
$0.00

Category
Diseases, Disorders & Medical Disciplines, General/Other / Birth Defects, Genetic Disorders & Developmental Disorders

Population Served
Children and Youth (0 - 19 years) / Families / Adults

Program is linked to organization’s mission and strategy
Yes

Short Term Success
Why? Because we learned that although diagnostic services were largely available, too many families had difficulty finding appropriate care once their child received an autism (or related) diagnosis. We simply could not let that stand since, across Connecticut, in just 15 years there was a 515% increase in children and young people who struggle with autism spectrum disorder. Your support has made our efforts possible to do something incredibly exciting. In November of 2017 we opened our Marne Street Clinic in Hamden! It’s just off the Merritt Parkway and about a half mile south of Hamden High just off Dixwell Avenue, and it will provide diagnosis and treatment services, counseling for siblings, educational and legal advocacy, occupational therapy, nutrition support, and other services needed to foster wellness and health.

Program Success Monitored By
CB uses a wide variety of screening and assessment tools at various points during treatment. These tools are completed by our clinicians, and many times they are completed by parents/caregivers and even the children themselves. These tools track progress, and our research department is constantly releasing reports with results. The reports are used not just to see how our children and families are faring but also to inform clinicians and other CB direct-serve providers where improvement in care can occur.
Clinical/Community Services

Description
We offer child and adult mental health services at several locations to provide comfort, community and consistency that promote health and wellness. Care is trauma-focused and includes family members in the treatment. Some locations are specialized, like Marne Street Clinic. MSC provides a unique solution for individuals and their families impacted by autism or intellectual/developmental disabilities; treatment is comprehensive and closes gaps in care. All clinical services are designed so that there is the greatest opportunity for wellness, independence, and social inclusion. Our increased presence in the community has us grouping together several programs/services. These include: "bridging," which provides short-term counseling for children and families in the immediate aftermath of a report of sexual abuse; Child First, which occurs in homes of family with children 0-5 to help ensure strong parent-child bonds are formed; Newtown Recovery, which helped to support Sandy Hook after the tragedy of December 2012; and EMPS, which is a mobile response to a crisis in the community. EMPS Crisis Services: EMPS Crisis Services provides an immediate response to children, adolescents and their families when a behavior health crisis is occurring. When a family dials 2-1-1, EMPS Crisis Services staff respond to a location within 45 minutes of the call. Again, with your support we are able to offer care in different formats to help meet the needs of the families . . . and to create a happier, healthier community!

Budget
$0.00

Category
Mental Health, Substance Abuse Programs, General/other / Childhood Mental Health Disorders

Population Served
Children and Youth (0 - 19 years) / Families / US

Program is linked to organization’s mission and strategy
Yes

Short Term Success
EMPS Crisis Services provides a good example of short-term success. EMPS aims to (1) serve children and families in their homes, (2) divert use of costly hospital ERs, and (3) keep children out off expensive inpatient care. The average length of stay is 11 days, and the idea is to stabilize the issues and thoughtfully problem-solve. Treatment plans are drafted, and our data indicate that for FY16 77% of children met their treatment goals. During treatment, 4 out of 5 children (81%) of children with a history of inpatient psychiatric care were not readmitted. Also telling is the parent's ability to manage their child; at intake, 39% felt incapable of managing their child, but for FY15 this drops to 19% -- which means only 1 in 5 parents felt incapable of managing their child after treatment.

Long Term Success
Please refer to "Clinic Overview, Long Term Success"

Program Success Monitored By
Clinical assessments and screens are used at intake and discharge to track progress and inform treatment.
Stephen was seen by our EMPS clinician. It happened fast for him. He had significant rage, wanted to hurt someone, and was hospitalized. School suspension followed. Once released from the hospital but during his school suspension, EMPS was contacted. For six weeks our EMPS clinician worked with Stephen and his family to keep Stephen safe, provide support and advocacy, and work through his feelings of regret and remorse. CBC's clinician also attended several school meetings to help Stephen get back to school while explaining the process to his parents. Our clinician secured home-schooling support for Stephen and worked hard to keep Stephen and others safe. Ultimately, it was deemed best for Stephen to attend a new school where he would receive what he needed, including school counseling and extra time on assignments. Today, Stephen is in that school, stable, and EMPS connected him to therapy where he is learning to express himself appropriately. He has a safety plan that is effective, and Stephen and his parents have told CBC that the efforts of EMPS made all the difference.
Community Services

Description

This category encompasses several services: Care Coordination, which is an effort to keep children in their homes (and out of costly psych hospitals) and work with the family, community resources, and providers to strengthen the family; Community Support for Families, where DCF refers families to us where the children aren't in danger but the family needs help to connect to existing resources and supports; CATCH, which targets families who have experienced sexual abuse or domestic violence; our Child Advocacy Center partnership, where children and families can go after a disclosure of sex abuse and law enforcement, medical personnel, and social workers can help the family in a one-time effort (which avoids re-traumatizing the child); the NH Trauma Coalition, a school-based effort providing care coordination and counseling as well as trainings in trauma to school staff; LAUNCH, which looks to partner with physicians to screen children for trauma and involve the community in an overall wellness effort, and; Music Therapy, now provided in one NH school as a way to help children who have experience trauma.

Budget

$0.00

Category

Mental Health, Substance Abuse Programs, General/other / Childhood Mental Health Disorders

Population Served

Children and Youth (0 - 19 years) / Families / US

Program is linked to organization’s mission and strategy

Yes

Short Term Success

Clifford Beers understands that a child’s health and well-being are significantly influenced by things like family dynamics, social circumstances and environmental stressors. Our community-based, coordinated care network strives to address these elements in a way that best meets all the needs of the child and family: mental, physical and social. A key piece of care includes working with the family to leverage their strengths -- things like their natural supports (family, friends) and informal supports (church, mentor). Children and families want to move forward, and we work alongside them as they do so. We envision the future of each family we serve as one of sustained health and wellness.

Long Term Success

The average length of stay for our children and families is six month. Because of this, it is difficult to measure long-term success; however, we often hear from clients long after they leave our care since many stay in touch with their clinicians. For example, some years ago we served a teenage girl with an extensive trauma history and significant needs (i.e., her drug-addicted mother threw her out, she had no housing, she had little other family support) and we recently learned she graduated high school with honors and was awarded a science scholarship at a public university! Another boy who was once in our care bumped into his former CBC therapist, and he reported he was married and attending fathering classes so he would not repeat the mistakes his father made. Fortunately, these are just two of the many stories that indicate our efforts have impact!
Examples of Program Success

Sandra still cannot tell you which hurt more: the constant, dull ache in her heart caused by her husband’s endless verbal assaults, or those times when his fists would leave her bloodied and bruised. She can tell you, though, that the most tortuous part of her 12-year marriage was seeing her husband harm their young son, Joseph . . . and being paralyzed by fear to do anything about it. Paralyzed, that is, until you helped Sandra shed her fear, stand up, speak up, and get help. First, it was important to stabilize the family and get Sandra and Joseph into a safe place -- a service provided by their CBC care coordinator. Next, our care coordinator began working with Joseph’s school and teacher; they were given some insight into Joseph’s trauma history. Fortunately, Joseph was attending a CBC Trauma Coalition school, so his teacher already had an understanding of trauma, its impact, and how to help! (It also made care convenient since Joseph could receive support services at his school.) At the same time, Sandra was also in our care. That’s because we know the whole-family approach provides the best chance for success. Sandra and Joseph were in family therapy to heal from their hurt and anger, and our family advocate worked with Sandra to ensure the family would be kept safe and protected. In doing so, Sandra developed the tools to advocate for her and Joseph once out of our care. Given the depth of their hurt, Sandra and Joseph are still with CBC, but not for too much longer. “It’s hard to describe, but we really are better,” says Sandra. “Being safe and out of fear, I can feel my body is just better and I can see it in Joseph.” Sandra has historically had a hard time of describing what happened, but she’s learning to do so. She’s learning to feel, to articulate those feelings, and to move forward.
You certainly know how challenging it can be to get the care you and your family need. It’s time consuming, and office-based care is generally when you are at work and the kids are in school. One solution for this – one we’ve been working on for the last five years – is the New Haven Trauma Coalition. Through the NHTC, care takes place in the school, where children, families, and teachers can assess and address a range of emotional and behavioral health challenges that often serve as barriers to social and academic success. The model of care we developed with the New Haven Public Schools outpaces what hundreds of school districts are doing to address these issues across the nation. We are regularly invited to present our model (and its successful outcomes!) to school districts across Connecticut and around the country. Moreover, we’ve been commissioned to write a book about our model of care, our successes and challenges, and how such a program can be replicated in school communities across America. Your continued support will help us expand this care to those times when school is not in session. The void left for these kids during winter and summer breaks is just too big. And because part of the NHTC work is to help all school personnel see behavior through the trauma lens, your support will help us reach more schools who could benefit from learning about the impact of trauma on behavior!

### Budget

$0.00

### Category

Mental Health, Substance Abuse Programs, General/other / Childhood Mental Health Disorders

### Population Served

Children and Youth (0 - 19 years) / Families / K-12 (5-19 years)

### Program is linked to organization’s mission and strategy

Yes

### Short Term Success

Our school-based work prevents and addresses the adverse effects of childhood trauma in real time . . . and on site. We provide: • real-time de-escalation of issues, so a child can resume lessons • assurance that children with chronic complexity are immediately identified for follow-up care coordination in the home • evidence-based clinical interventions • teacher training and support so teachers are more empowered to help students focus on academics Benefits: reduced absenteeism, fewer out-of-district placements, improved student performance, less classroom disruption, and more time to focus on learning and achievement.
Long Term Success

For the past few years, we have enhanced our ability to provide critical outreach to children in need of behavioral health services through the New Haven Trauma Coalition. This unique model of care takes place in the school, where children, families, and teachers can assess and address a range of emotional and behavioral health challenges that often serve as barriers to social and academic success. The model of care we developed with the New Haven Public Schools outpaces what hundreds of school districts are doing to address these issues across the nation. We are regularly invited to present our model—and its successful outcomes—to school districts across Connecticut and around the country. Moreover, we’ve been commissioned to write a book about our model of care, our successes and challenges, and how such a program can be replicated in school communities across America.

Your generous gift will fund the Trauma Coalition’s future initiatives including making programs and services available during those times when schools are closed but children still require help. And it will allow us to introduce our care coordination model so that we can address myriad concerns including food and housing insecurity, transportation, workforce development, and other challenges that often exacerbate behavioral health issues in children and their families.

Program Comments

CEO Comments

We know without a doubt that the children and families we serve need help as indicated by increasing calls for crisis care, an uptick in emergency room usage, and the screenings and assessments we give that indicate among other things ever-increasing levels of posttraumatic stress disorder (42% in one school-based program alone!). We know, too, that these same children and families have experienced traumatic events, and convincing research indicates that leaving trauma untreated can result in lifelong struggles with physical health, mental health, and social circumstances. Additionally, since Clifford Beers recently launched a program to help those with autism/ID/DD, we have seen the havoc these conditions can cause—significant social isolation resulting in as-yet-untold levels of chronic stress. Still, we have opportunity to be thoughtful with our response. For example, we know that it suits families when we can go to them (thereby removing transportation as a barrier to care). When we are in schools we can address trauma, depression and PTSD, and in doing so we have impact—things like better grades, better school attendance, and fewer school suspensions. In one high school served we were able to see 67% moving from failing classes to passing classes! In another high school, we saw 59% do the same. Other school-based successes include a 30% reduction in symptoms of PTSD; we also made headway reducing suspensions for these students. Even though we know what we do is working, funding remains a constant pain point. Your support will result in a larger professional staff to work with the children and families, access to technology, and equipment that can provide the best care. Moreover, direct service requires oversight and administration, and those things need to be built into the cost of care. Finally, the health care policy climate is presently full of obstructions—in direct contrast to the increase in need we know is there! With every gift you make we are able to turn a challenge into and opportunity for real health and wellness for children and families.
Leadership & Staff

CEO/Executive Director
Alice M. Forrester PhD
Term Start
Sept 2007
Email
aforrester@cliffordbeers.org

Staff
Number of Full Time Staff 153
Number of Part Time Staff 15
Number of Volunteers 21
Number of Volunteers 21
Number of Contract Staff 1
Staff Retention Rate 85%

Staff Demographics - Ethnicity
African American/Black 40
Asian American/Pacific Islander 3
Caucasian 72
Hispanic/Latino 41
Native American/American Indian 1
Other 11 Two or more races

Staff Demographics - Gender
Male 35
Female 133
Unspecified 0

Plans & Policies
Organization has a Fundraising Plan? Yes
Organization has a Strategic Plan? Yes
Years Strategic Plan Considers 5
Date Strategic Plan Adopted Sept 2017
Management Succession Plan? Under Development
Organization Policy and Procedures Yes
Nondiscrimination Policy Yes
Whistleblower Policy Yes
Former CEOs and Terms

<table>
<thead>
<tr>
<th>Name</th>
<th>Term</th>
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</thead>
<tbody>
<tr>
<td>Mr. Chester J. Brodnicki LCSW</td>
<td>Dec 1989 - Aug 2007</td>
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</table>

Senior Staff

**Michael Riso CFO**

**Title**
Chief Financial Officer

**Kristen Harris Esq.**

**Title**
Chief Operating Officer and General Council

**Melanie Rossacci MSW**

**Title**
Chief Business Development Officer

**Christine Montgomery LCSW**

**Title**
Vice President of Community & School-Based Services

**Trude Piscitelli RN**

**Title**
Vice President of Integrated Care

**Lauren Weibrecht PhD, LCSW**

**Title**
Vice President of Outpatient Mental Health Services

**Naomi Libby MD**

**Title**
Medical Director

Formal Evaluations

**CEO Formal Evaluation**
Yes

**CEO/Executive Formal Evaluation Frequency**
Annually

**Senior Management Formal Evaluation**
Yes

**Senior Management Formal Evaluation Frequency**
Annually

**Non Management Formal Evaluation**
Yes

**Non Management Formal Evaluation Frequency**
Annually

Affiliations

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<td>Greater New Haven Chamber of Commerce</td>
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Board & Governance

Board Chair
Thomas J. Sansone Esq

Company Affiliation
Carmody Torrance Sandak Hennessey Law Firm

Term
Oct 2017 to Oct 2019

Board of Directors

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
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<tbody>
<tr>
<td>Roy Berger</td>
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<tr>
<td>Dr. Sandra Bulmer</td>
<td>Dean, School of Health and Human Services, SCSU</td>
</tr>
<tr>
<td>Cynthia Cartier Esq.</td>
<td>The Law Firm of Cartier and Bower</td>
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<tr>
<td>William S. Colwell Esq.</td>
<td>Parrett, Porto, Parez &amp; Colwell, P.C.</td>
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<tr>
<td>Ricci Cummings</td>
<td>Community Volunteer</td>
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<td>Jacqueline Epright</td>
<td>Yale New Haven Hospital</td>
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<tr>
<td>Dr. Ruth Eren</td>
<td>Retired Professor Emeritus, SCSU</td>
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<tr>
<td>Maureen Frank</td>
<td>Start Community Bank</td>
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<tr>
<td>Lynn Gabbard</td>
<td>New Haven Acadmey &amp; CT Adoption Services</td>
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<tr>
<td>Stephen H. Kovel</td>
<td>Hull's Art Supply &amp; Framing</td>
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<td>Richard Leibiger</td>
<td>Connecticut Vinyl Exterior</td>
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<td>Christopher Levesque</td>
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<tr>
<td>Robert Reed</td>
<td>President and CEO, T.I.R., LLC</td>
</tr>
<tr>
<td>Dominic B. Schioppo Jr.</td>
<td>New England Financial Group, LLC</td>
</tr>
<tr>
<td>Tina C. Weiner</td>
<td>Yale University Press</td>
</tr>
<tr>
<td>Cheryl Williams</td>
<td>Community Volunteer</td>
</tr>
</tbody>
</table>

Board Demographics - Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>2</td>
</tr>
<tr>
<td>Asian American/Pacific Islander</td>
<td>0</td>
</tr>
<tr>
<td>Caucasian</td>
<td>15</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>0</td>
</tr>
<tr>
<td>Native American/American Indian</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0 0</td>
</tr>
</tbody>
</table>

Board Demographics - Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>9</td>
</tr>
<tr>
<td>Female</td>
<td>8</td>
</tr>
</tbody>
</table>
Governance

<table>
<thead>
<tr>
<th>Category</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Term Lengths</td>
<td>2</td>
</tr>
<tr>
<td>Board Term Limits</td>
<td>5</td>
</tr>
<tr>
<td>Board Meeting Attendance %</td>
<td>75%</td>
</tr>
<tr>
<td>Number of Full Board Meetings Annually</td>
<td>10</td>
</tr>
<tr>
<td>Written Conflict of Interest Policy</td>
<td>Yes</td>
</tr>
<tr>
<td>Percentage Making Monetary Contributions</td>
<td>90%</td>
</tr>
<tr>
<td>Percentage Making In-Kind Contributions</td>
<td>75%</td>
</tr>
</tbody>
</table>

Standing Committees

- Finance
- Nominating
- Development / Fund Development / Fund Raising / Grant Writing / Major Gifts
- Building
Financials

Fiscal Year Start
July 01 2019

Fiscal Year End
June 30 2020

Projected Revenue
$15,846,000.00

Projected Expenses
$15,846,000.00

Endowment Value
$1,505,556.00

Spending Policy
Percentage

Percentage (if selected)
0%

Detailed Financials

Prior Three Years Total Revenue and Expense Totals Chart

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenue</td>
<td>$13,463,863</td>
<td>$14,519,049</td>
<td>$14,427,912</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$14,902,614</td>
<td>$15,615,102</td>
<td>$14,288,564</td>
</tr>
</tbody>
</table>

Prior Three Years Assets and Liabilities Chart

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Assets</td>
<td>$4,958,107</td>
<td>$5,573,812</td>
<td>$6,317,733</td>
</tr>
<tr>
<td>Current Assets</td>
<td>$471,434</td>
<td>$1,791,032</td>
<td>$3,112,860</td>
</tr>
<tr>
<td>Long-Term Liabilities</td>
<td>$1,463,976</td>
<td>$540,000</td>
<td>$985,426</td>
</tr>
<tr>
<td>Current Liabilities</td>
<td>$713,158</td>
<td>$921,234</td>
<td>$1,110,604</td>
</tr>
<tr>
<td>Total Net Assets</td>
<td>$2,780,973</td>
<td>$4,112,578</td>
<td>$4,221,703</td>
</tr>
</tbody>
</table>

Prior Three Years Top Three Funding Sources

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top Funding Source &amp; Dollar Amount</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Second Highest Funding Source &amp; Dollar Amount</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Third Highest Funding Source &amp; Dollar Amount</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

Solvency

Short Term Solvency

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Ratio: Current Assets/Current Liabilities</td>
<td>0.66</td>
<td>1.94</td>
<td>2.80</td>
</tr>
</tbody>
</table>

Long Term Solvency

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-Term Liabilities/Total Assets</td>
<td>30%</td>
<td>10%</td>
<td>16%</td>
</tr>
</tbody>
</table>
Capital Campaign

Currently in a Capital Campaign?
No

Capital Campaign Purpose
N/A

Goal
$0.00

Capital Campaign Anticipated in Next 5 Years?
No

Comments

CEO Comments
We continue to counteract the challenges associated with rising costs in nonprofit health care work with opportunities that present themselves. We are constantly looking for new grants, new funders, and new donors, and we make every effort to expand existing relationships. Clifford Beers remains grateful for all past and current support and welcomes all opportunities to discuss with past, present and newly interested funders ways in which the Clinic delivers care and how funds are used to treat children and families affected by trauma.

Foundation Staff Comments
This profile, including the financial summaries prepared and submitted by the organization based on its own independent and/or internal audit processes and regulatory submissions, has been read by the Foundation. Financial information is inputted by Foundation staff directly from the organization’s IRS Form 990, audited financial statements or other financial documents approved by the nonprofit’s board. The Foundation has not audited the organization’s financial statements or tax filings, and makes no representations or warranties thereon. The Community Foundation is continuing to receive information submitted by the organization and may periodically update the organization’s profile to reflect the most current financial and other information available. The organization has completed the fields required by The Community Foundation and updated their profile in the last year. To see if the organization has received a competitive grant from The Community Foundation in the last five years, please go to the General Information Tab of the profile.