Bridges Healthcare

General Information

Contact Information

Nonprofit: Bridges Healthcare
Address: 949 Bridgeport Ave
           Milford, CT 06460 3142
Phone: (203) 878-6365
Web Site: Web Site
Facebook: Facebook
Twitter: Twitter
Email: mhotchkiss@bridgesmilford.org

At A Glance

Year of Incorporation: 1957
Former Names:
   Bridges A Community Support System
   Milford Mental Health 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
Bridges mission is to provide a broad range of community based behavioral and healthcare services to the residents of our area. We respond effectively to the needs of adults, children and families with a comprehensive range of prevention, mental health and addiction recovery programs. We are committed to creating a Healthcare Home for all the people we serve. We envision a community in which all people, regardless of age, race, gender, sexual preference, religious beliefs, disability or financial status have access to high quality and comprehensive behavioral and healthcare services. We envision a community of compassion, which responds effectively and respectfully to the needs of all members of the community. We envision a person-centered community support system to help families and individuals lead healthy, fulfilling and productive lives. We envision a strong, dynamic and flexible organization that is a model in the provision of behavioral and healthcare services. We envision Bridges as a leader in advocacy and education on behalf of our clients. We value the individual: At Bridges, the dignity and the rights of each individual is respected. We believe that all people have the right to the best behavioral health services available, regardless of their circumstances. We believe that all people have the right to enjoy full and productive lives. We believe in empowering individuals to reach their full potential. We value community and family: We strive to continually improve our programs, always maintaining our sense of accountability and responsibility to the community we serve. We develop new programs that respond the changing needs of our community. We give family members meaningful roles in the care of their loved ones. We collaborate and partner with other agencies, service providers and faith-based groups to realize our shared vision for a healthy community. We commit to excellence and diversity among the board of directors, staff and volunteers.

Background
Bridges was founded in 1957 by a group of concerned and forward-thinking citizens in Milford. It provides quality and cost effective care encompassing a comprehensive range of outpatient mental health, addiction, community support, primary care and home-based services for both children and adults, including emergency services that are available 24 hours, 7 days a week. It serves nearly 7,000 people annually at sites in Milford, Orange and West Haven as well as surrounding towns. Home-based and mobile services extend this coverage to 14 communities in south central Connecticut. With the goal of assisting clients to lead healthy, fulfilling and productive lives, Bridges' recovery-focused services are available to adults, children, adolescents and families. Clients use their resilience to focus on their strengths and their ability to live a recovering lifestyle. Bridges also plays a leadership role in advocacy and education on mental health and addiction issues at the state, regional and national level. Bridges is the DMHAS appointed Mental Health Authority for the towns of Orange, West Haven, and Milford, serving adults age 18 and older with severe mental illness with outpatient psychiatric services, vocational rehabilitation, social rehabilitation, case management, jail diversion and residential services. The West Haven Mental Health Clinic is an affiliated agency providing outpatient services and case management to this population. Our wraparound services for Young Adults are based in West Haven. They represent the most disabled population aging out of the Department of Children and Families and cluster into two groups: those with Pervasive Developmental Disorder, Schizophrenia and Developmental Disorders and those with histories of severe abuse and neglect, multiple foster home and/or institutional placements who suffer from Post Traumatic Stress Disorder and incipient personality disorders. We provide transition planning, supported living, vocational and/or educational supports, social/cultural/recreational skill training, peer advocacy and outpatient psychiatric support for the youth and, when available, the family support system. Our outreach and home-based services address the population of at-risk, fragile families and vulnerable individuals with complex problems. Bridges also maintains an annual Continuous Quality Improvement Plan, monitored by a Quality Council that as oversight of all policies and procedures.
Impact

Bridges Healthcare, Inc. is a non-profit agency that has provided quality mental health and substance abuse recovery services to adults, children and families in southern Connecticut for 62 years. As a collaborative partner serving the Milford, Orange, West Haven and Naugatuck Valley areas, Bridges works closely with all stakeholders to identify and address the needs of each community. Bridges has achieved substantial progress in 2018 and 2019 to date. The agency was awarded accreditation via the Joint Commission - the gold standard in the field. Bridges also completed the upgrade and implementation of a new electronic health record system, affording the agency the ability to become more efficient and effective in its data management. Bridges also introduced the state's first Mobile Addiction Treatment Team with the ability to prescribe and administer Suboxone street-side to those seeking treatment and relief from opioid use disorder (OUD). MATT's Van travels in Milford and West Haven, parking at locations where individuals with OUD who may be in withdrawal, are able to begin treatment immediately from the medical team and recovery coach on-board. Patients are then referred for follow-up to Bridges or another provider, and are connected with the Peer Recovery Coach to help them stay in treatment. 2019 will be marked by Bridges developing a new strategic plan to guide the agency over the next three years. Implementing this plan, sustaining our progress and growing to meet the needs of our community will be challenging in the current state and fiscal environment. We remain dependent on state grant funding for the majority of our revenue. We are working towards diversifying our funding in an effort to maintain and increase our fiscal stability.

Needs

The most pressing need for Bridges and other community agencies which provide vital services through grants and contracts with the State of CT is for the State to resolve its ongoing budget crisis and implement reforms to the way it works with and funds human services providers. Studies done by the CT Community Nonprofit Alliance indicate that if the State were to convert its State-run LMHA's to private nonprofits the savings in the first year alone would be $34 million. Private nonprofits deliver quality services to clients for $7,300 less per person than state run operations. Yet, we continue to ride a fiscal roller coaster of recissions, late payments and inadequate reimbursements for services. While we have made improvements to our electronic health record, it is a challenge both in terms of financial and staff resources to keep up with the latest releases and implement all capabilities. We continue to struggle with collecting, organizing, analyzing and utilizing data to improve outcomes to a very meaningful extent. We would like to add a full-time data analyst position, but cannot do so at this time. Diversifying income/revenue generation is key to sustainability, and we have not yet found a revenue generating source that fits with our mission and operations. We continue to investigate social enterprise opportunities and would benefit from the expertise of a business consultant to assist in this effort. Fundraising is also a challenge, with major donors dwindling and increasing competition in every area of private and public fundraising. Attracting and retaining qualified APRN's and other prescribers is a major need, particularly as we increase our efforts to address the opioid/subscription drug epidemic with Medication Assisted Treatment.
CEO Statement
Providing mental health and addiction services to children, adults and families is a role that Bridges has fulfilled for sixty years. The essential work of Bridges is to help create and sustain healthy, safe, compassionate and vibrant communities. As Bridges CEO, and with nearly 40 years of experience in behavioral health, I am worried that the current legislative environment challenges our efforts to achieve this goal, and to effectively address the growing public health issues of addiction and suicide. On average, two people die from drug overdoses in Connecticut every day. Most of these deaths involve opioids. More people die this way than in car accidents. Though lifesaving legislation has been passed to combat the opioid crisis, its consequences loom large. Connecticut also has one of the nation’s highest suicide rates—nearly one per day. Suicide is the tenth leading cause of death in the US. There is a strong link between suicide and addiction. Bridges’ staff are called upon to intervene in these serious and life-threatening problems each day. I am grateful and proud of the skills and dedication they display in helping clients resolve many difficult issues. We know that high quality, evidence-based treatment helps people recover from addictions, manage mental illness, and live healthy and productive lives. Prevention initiatives also play a major role in ameliorating both of these problems. With fully-funded, long-term prevention programs, we might see the kinds of success countries like Iceland have experienced, where an effective national program has dramatically reduced drug and alcohol use in teenagers, and helped kids become healthier and more resilient. These are the kinds of outcomes Bridges works toward on a community and family level. Bridges has engaged in prevention efforts for many years, and has increased our endeavors in response to the rise in suicide rates and opioid use. Our courses in Mental Health First Aid help people recognize and respond to a developing problem or crisis. We retain fiduciary responsibility for the Milford Prevention Council and support its work to reduce underage drinking and other substance use through social norms campaigns, educational forums and pro-social activities. Bridges will host community forums to increase awareness and educate people on the process of addiction and available treatments. At Bridges, we view our role in the community as essential to the health and well-being of all residents, and we are committed to meeting emerging needs with every resource we can marshal.

Board Chair Statement
Most of us can identify family members or friends who in one way or another, at some time in their life have dealt with mental illness. It could be depression, anxiety, mood or eating disorders. For many it is serious persistent illnesses such as bipolar disorder or schizophrenia. Addictions are on the rise in every demographic in the U.S. Whatever its type, mental health and substance use disorders can disrupt an individual’s life to the extent that they cannot manage their own healthcare, nor can they function well in society or even within their own family. At Bridges, we know that people with mental illness or substance use disorders take better care of themselves when they are stable and in a process of “recovery” that allows them to understand and participate in their own treatment. We help clients develop a positive and meaningful sense of identity within the context of their particular illness. Some of these changes are at risk of reversal under new healthcare legislation. Successful community behavioral health organizations like Bridges face serious challenges. Our various public funding streams (federal, state and local governments) place us at risk when they are reduced due to budget cuts. And we still struggle with getting behavioral health services on a level playing field with medical healthcare service reimbursements. I am hopeful that, because of the current emphasis on coordinated care and treatment of the whole person in healthcare reform, our primary care program and others like it will flourish. This approach necessitates enhanced information technology (IT) that allows all treatment information to be entered on secure electronic health records that physicians and clinicians can access from wherever they are. More funding is required, however to accommodate these newer technologies and reporting requirements, so we may achieve parity with hospitals and other large medical facilities. Of greater concern to me are the continuing threats from Congress of cutting social service benefits and reducing financial support for the uninsured, under-insured and poor. This will only serve to target the most vulnerable in our country who will eventually show up in our emergency rooms with more complicated, untreatable illnesses that taxpayers will end up paying for on a larger scale. Already, people living with serious mental illnesses are dying 25 years earlier than the rest of the population. This group cannot be left behind as healthcare reform moves forward. This is my special request to you. Be a partner with us in speaking up for people with mental illness and for including behavioral health on a par with medical healthcare reform in this country.

Service Categories
Primary Organization Category
Mental Health & Crisis Intervention / Substance Abuse
Areas Served

Milford
Orange
West Haven
Ansonia
Bethany
Derby
Seymour
Shelton
Woodbridge
Lower Naugatuck Valley

Bridges' Home Based Services for Children and Families, including our Intensive In-Home Child and Adolescent Psychiatric Services, extend Bridges coverage beyond Milford, Orange and West Haven to include Ansonia, Bethany, Derby, Seymour, Shelton, Woodbridge. Under our CommuniCare partnership we also operate a statewide Tobacco Cessation program, and provide Lation Behavioral Health Services in Ansonia, Bethany, Branford, Derby, East Haven, Guilford, Hamden, Madison, Milford, N Branford, N Haven, Orange, Oxford, Seymour, Shelton, West Haven, Woodbridge.
Programs

Adult Mental Health and Addiction Services

Description
Promotes recovery and improves the quality of life of persons with behavioral health/substance use disorders by providing resources for understanding and managing a disorder. Services provided are recovery oriented and include crisis intervention, outpatient therapy and clinical support to acute care clients and CT Dept. of Mental Health and Addiction Services target populations including people with substance abuse problems and their significant others, people with severe and prolonged mental illness, persons with co-occurring mental illness and substance abuse, people at-risk of hospitalization. Approximately 85% of these people are low-income. Links to primary care providers is a key component to this program. The agency’s Central Access and Central Intake Department provides triage, evaluation and assessment, mobile crisis and crisis intervention and Walk in Clinics. Adult and Child treatment and case management teams provide ongoing support to an individual or family, with the availability of multiple skill building, support, and psychotherapy groups, case management, a social club, vocational supports and medication management. Our goal is to ensure that the activities of Family and Children’s Service, and Adult/Addiction Services are closely linked, ensuring that a service plan is comprehensive and reaches all members of a family in need. Our outreach and home-based services address the population of at-risk, fragile families and vulnerable individuals with complex problems and continue to be important resources to improve the quality of life for persons in our communities. Our ACT Team and Mobile Crisis Clinicians are able to engage and stabilize adults with serious and persistent psychiatric disorders who previously have not been connected to services.

Budget
$2,633,510.00

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

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

Program is linked to organization’s mission and strategy
Yes

Short Term Success
100% of clients will co-develop a treatment plan with their service team and establish goals for their recovery. These goals vary greatly from person to person.

Long Term Success
The ultimate goal of Bridges’ Adult Services programs is that all consumers will lead healthy fulfilling and productive lives and are empowered to be the best they can be. Specific program successes include: 100% of clients will receive needed care promptly. 88% of clients will increase their overall ability to manage their lives. 91% of clients will express positive opinions about services and results. 75% of clients will remain in the program until their treatment/service plan objectives are met.
Program Success Monitored By

We continue to commit to evidence based best practices by continuing our involvement in the IDDT (Integrated Dual Diagnosis Treatment) State-Wide Consultation group. This included a co-occurring group designed for family members of clients to participant. Trauma Focused Cognitive Behavioral Treatment (TF-CBT) also continued through active participation in on-going training. In addition, we are cooperating with DMHAS in utilizing the supported employment fidelity model from Dartmouth as well as successfully converting the case management services to Community Support Program (CSP) and Recovery Pathways (RP). Also, IICAPS had another credentialing visit in May 2011 and the Yale staff that reviewed the program commented that the site visit was the best by far of the other 9 sites they reviewed. We use the following tools to measure success: Annual Consumer Satisfaction Survey Continuous Quality Improvement Plan Evaluation and monitoring under external agency contracts with DPH, DCF, DMHAS, RMHB, HMO’s and CARF.

Examples of Program Success

Consumer comments from Annual Consumer Survey help illustrate program success: "As a chronic, intractable pain patient and a prior student of DBT/CBT, the therapy I get at Bridges is invaluable. My therapist is a very intelligent, capable and perceptive woman." "The parking isn't good but I love my counselor and doctor and believe they can help me get better." "Because of my husband's loss of employment our family eventually also lost medical coverage. I have been suffering from depression and was under a doctor's care. My doctor referred me to Bridges when my insurance coverage ended. From my first meeting, paperwork, counseling appointments, medications- from receptionists to doctors-all have treated me with friendly, respectful behavior. Bridges has helped a broken-hearted, depressed woman understand her value. You have helped me to understand that I count on this earth and have some worth."
Young Adult Services

**Description**
Assists young adults, ages 18 - 25 whose lives are affected by mental illness, to help them reach their fullest potential and improve the quality of life. Prepares young adults who are transitioning out of DCF/foster care for independent living by offering a variety of community-based supportive services, with sensitivity to individual needs and strengths. The program offers young adults the opportunity to achieve independence by providing clinical, vocational and social rehabilitation services that are tailored to meet their unique needs. Clients may choose to join the residential program and reside in an apartment on-site, or may live in the community with family or significant others while utilizing any/all of the services that are available.

**Budget**
$3,405,596.00

**Category**
Mental Health, Substance Abuse Programs, General/other / Residential Mental Health Treatment

**Population Served**
At-Risk Populations / People/Families with of People with Psychological Disabilities / Poor, Economically Disadvantaged, Indigent

**Program is linked to organization’s mission and strategy**
Yes

**Short Term Success**
100% of YAS clients will establish personal goals.

**Long Term Success**
The ultimate goal of the YAS program is that these young people who have experienced severe trauma, neglect abuse and abandonment will develop the skills, resources and support systems that will enable them to fully integrate into the community and live healthy, fulfilling and productive lives. 100% of clients will maintain or increase stability within the community. 80% will develop skills to maximize independence. 100% obtain appropriate educational/vocational services. 80% obtain employment. 95% develop a reliable social support system. 100% become actively involved in their own treatment and recovery. 85% increase their overall ability to manage their lives.

**Program Success Monitored By**
YAS is a CT Dept. of Mental Health & Addiction Services contracted program which is monitored by DMHAS with specific tracking and recording requirements. In addition, Bridges YAS staff monitor each client's progress through assessments, progress notes and interviews.
Examples of Program Success

Excerpt from letter written by YAS client transferred to a higher level of care: I wanted to tell everyone that I am fine — I’m better, or at least getting better. It’s been close to two weeks that I have been clean and sober — no booze, no dope, no pills. Just me. I am meeting me without the crutch and I’m a little scared — no a lot scared! I have a temper, and some anger issues and I’m not always nice to people, especially those who are trying to help me. I’d like to say that I’m sorry for my past behavior, I’d like to blame it all on the drugs, but that wouldn’t be the truth — the issues are there and I need to work on them. I’m going on my next step in my recovery, another new place with new people and staff. I’m really scared but also really excited and happy that I have a chance to work on me, get to know me, and try to make me the person I want to be. I know I have people in my corner, some are new and some have been there a long time. Thank you for staying. It helps to know that I am not alone. It’s not easy to ask for help or even expect it when you have done the things that I have, but I’m asking and I’m praying that I have the strength to do this. It’s not my first time trying, I’m just hoping that it will be my last time and that I can remain clean and sober and then maybe work on why I’m so angry. Clinician said to think of this as a gift, she always says things like that, to make me think. I don’t always do the thinking right then, but I do later. It’s not easy listening to ya all, growing up, making your own decisions — but mostly, it’s not easy moving on. It feels like stepping off a cliff. Thank you Case Manager for being a pain — you believed in me when I did not believe in myself. Thank you Staff for not giving my apartment away, I’m scared to come back, but I’m glad I have a place to come back to. You were right about the medical detox — I could have never made it through without the help. Thank you all for giving me a chance — again.”
Child & Family Services

Description

The Child and Family Outpatient Treatment Program (Child Guidance Clinic) provides behavioral health services to children, adolescents and their families living in the communities of Milford, West Haven and Orange. Services are designed to promote the social and emotional well-being of children and their families. The goal is to enhance the ability of the family to remain intact and support the safety and well being of the child in the least restrictive treatment environment. All services are provided in partnership with children and families, by encouraging participation in service planning, maintaining a recovery model and providing services that are culturally competent. Families may include children and their biological, foster, adoptive parents or significant adults with whom they live. Our Intensive In-home Child and Adolescent Psychiatric Service Program (IICAPS) functions to to divert large numbers of children and adolescents with serious psychiatric disorders from frequent hospitalization and/or residential treatment. Care Coordination provides high fidelity wraparound through the use of the child and family team process. Wraparound is defined as an intensive, individualized care management process for youths with serious or complex needs and is a means for maintaining youth with the most serious emotional and behavioral problems in their home and community. Prevention programs for youth and their families, including resiliency training, asset building, peer counseling and peer and adult mentoring of youths in our local schools.

Budget

$3,378,621.00

Category

Human Services, General/Other / Children & Youth Services

Population Served

Children and Youth (0 - 19 years) / People/Families with of People with Psychological Disabilities / Poor, Economically Disadvantaged, Indigent

Program is linked to organization’s mission and strategy

Yes

Short Term Success

93% of families served will not experience an incident of repeat maltreatment during a six month period beginning with the date home based services are initiated. 93% of families served will not experience the removal of a child or children during a six month period beginning the date home-based services are initiated. Annual consumer survey will show that 85% or more children and families served are satisfied or more than satisfied with services received at Bridges, in all domain areas.

Long Term Success

The ultimate goal is for all children and families to live safe, healthy and productive lives. 50% of cases will show a 5-point increase in Functioning between Intake and Discharge or 50^% of cases will show a 5-point decrease in Problem Severity between intake and discharge. 80% of children will not receive placement in a more restrictive setting during the course of their participation in IICAPS. 75% of children will not show a decrease of more than 5 points of the GAF. 75% of children will maintain or increase school attendance. The number of juvenile justice arrests for 75% of participating children is maintained or decreased. 100% of families in Care Coordination program will receive wraparound services.
The Dept. of Children & Families has databases and reporting requirements to track Bridges' outcomes for the programs and services we provide under contract. Bridges' conducts an Annual Consumer Satisfaction Survey, Post-Discharge Follow-up Survey, Continuous Quality Improvement Plan, Suggestion Boxes, Complaint/Grievance process and collects and responds to informal and often unsolicited feedback.

Examples of Program Success

"It's been calming for my son to receive treatment here. Stress has been somewhat reduced due to treatment. I appreciate the services." "IICAPS have been a real help to myself and my family. A great support group for me (mother) while coping with teenagers trauma and anxiety."

Young Adult Outreach Services

Description

With the State of Connecticut ending its support of the three CT STRONG program, which was designed to engage and connect transition-age (16 - 25) young adults who have or are at risk for behavioral health disorders to high-quality care through the use of Wraparound Services, Bridges has made staffing and other changes to its Youth and Young Adult Outreach efforts. We continue to offer our RM4 Drop-in Center which is open to area residents ages 18-25 and provides a safe, non-clinical environment for young adults who may need transition-focused support and services. Arts, recreation, yoga and other activities help individual explore their skills and talents. Free wi-fi and use of computers for jobs, vocational training or education services are available, as are peer counselors and staff. We have modified the program formerly known as the Young Parent Program to meet the current needs of our community, as teen pregnancy rates have dropped dramatically. Now operating as B-SAFE (Sexual Awareness and Family Empowerment), the program provides prevention education, information and support to girls and young women, teens and young adults related to sexual activity and reproductive health, healthy relationships, body image, bullying and social media pressures, pregnancy and parenting. B-SAFE helps empowers teens and young adults to make healthy, responsible decisions to foster future self-sufficiency. Bridges has also increased its support of local high school students by providing staff for individual counseling onsite and will be staffing the Optimus School-Based Health Clinic at West Haven High School in 2020.

Budget

$400,000.00

Category

Mental Health, Substance Abuse Programs, General/other /

Population Served

At-Risk Populations / Females / Adolescents Only (13-19 years)

Program is linked to organization’s mission and strategy

Yes
Leadership & Staff

CEO/Executive Director
Mr. John Dixon LCSW

Term Start
Sept 2018

Email
jdoxon@bridgesmilford.org

Experience
With more than three decades of leadership experience addressing complex social issues, Mr. Dixon has served as Deputy Secretary at the Maryland Department of Juvenile Services, Associate Commissioner at the New York City Administration for Children's Services, Superintendent at the Connecticut Juvenile Training School and Deputy Director at the New York State Office of Mental Health.

Staff

<table>
<thead>
<tr>
<th>Number of Full Time Staff</th>
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<tbody>
<tr>
<td>Number of Part Time Staff</td>
<td>19</td>
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<tr>
<td>Number of Volunteers</td>
<td>50</td>
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<tr>
<td>Number of Volunteers</td>
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<tr>
<td>Number of Contract Staff</td>
<td>18</td>
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<td>Staff Retention Rate</td>
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Staff Demographics - Ethnicity

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<td>Other</td>
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Staff Demographics - Gender

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<tr>
<td>Male</td>
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<td>Female</td>
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Plans & Policies

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<td>Organization has a Fundraising Plan?</td>
<td>Yes</td>
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<tr>
<td>Organization has a Strategic Plan?</td>
<td>Yes</td>
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<td>Years Strategic Plan Considers</td>
<td>5</td>
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<td>Date Strategic Plan Adopted</td>
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Management Succession Plan?  Yes
Organization Policy and Procedures  Yes
Nondiscrimination Policy  Yes
Whistleblower Policy  Yes

Former CEOs and Terms

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Barbara DiMauro</td>
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</table>

Senior Staff

Dr. Martin Schwartzman Ph.D.
Title  Chief of Program Operations

Ms. Dawn Silver-DeAngelis
Title  Director, Community Support Services

Ms. Valerie Ferrante
Title  Director, Human Resources

Ms. Marcy Hotchkiss
Title  Director, Fund Development & Communication

Mr. Marquese Davis
Title  Director, IT Services

Dr. Tara Kerner
Title  Medical Director

Ms. Jennifer Fiorillo
Title  Chief of Strategy and Business Operations

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
Collaborations

CommuniCare, Inc. (CCI), recognized as the first regional collaboration of its kind in Connecticut, is a partnership between Bridges...A Community Support System, Inc. (Bridges), Birmingham Group Health Services, Inc. (BGHS) and Harbor Health Services, Inc. (HHSI). Since November 2009, Bridges as the lead and fiduciary for CommuniCare in collaboration with Cornell-Scott Hill Health Care (a Federally Qualified Healthcare Center) has been able to offer on-site primary health screenings, nurse care management, peer mentoring/support and access to a ten-week curriculum that is tailored around several evidence-based models. The Health Management Strategies for Recovery program was specifically designed to address the harsh reality that individuals with serious mental illness are dying 25 years earlier than the general population. Bridges collaborates and coordinates services with a wide variety of human resource systems in Milford, the surrounding communities, and in regional and state planning groups, along with close collaboration with each of its funding sources. Bridges has collaborations with CAC6, RMHB II, Connecticut Community Providers Association, NAMI, CT Latino Behavioral Health Services, South Central Crisis Services, Milford Board of Education, Beth El Shelter, Milford Hospital, Catholic Family Services, Milford's Promise, Young Parents' Program, Yale Medical School, Department of Psychiatry and Child Study Center.

Affiliations

<table>
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<th>Affiliation</th>
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<tr>
<td>Connecticut Community Nonprofit Alliance</td>
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Awards

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<th>Award/Recognition</th>
<th>Organization</th>
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Board & Governance

Board Chair
Mr. Shaun Mee

Company Affiliation
Castle Bank

Term
Oct 2017 to Sept 2019

Board of Directors

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<th>Name</th>
<th>Affiliation</th>
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<tr>
<td>Ms. Ellen Beatty</td>
<td>Retired</td>
</tr>
<tr>
<td>Mr. John Biancur</td>
<td>UPS</td>
</tr>
<tr>
<td>Ms. Jacqueline Bontems</td>
<td>Drazen Realty</td>
</tr>
<tr>
<td>Mr. Robert H. Boynton</td>
<td>Attorney - Private Practice</td>
</tr>
<tr>
<td>Mr. T.J. Casey</td>
<td>Gaffney Bennett</td>
</tr>
<tr>
<td>Ms. Joan Cretella</td>
<td>Social Worker</td>
</tr>
<tr>
<td>Mr. John DePalma</td>
<td>Retired</td>
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<tr>
<td>Ms. Karen Fortunati</td>
<td>Author</td>
</tr>
<tr>
<td>Mr. Frank Fortunati M.D., J.D.</td>
<td>Yale New Haven Psychiatric Hospital</td>
</tr>
<tr>
<td>Mr. Chaz Gaines</td>
<td>The Milford Bank</td>
</tr>
<tr>
<td>Mr. Jorge Garcia</td>
<td>NeoDirect</td>
</tr>
<tr>
<td>Ms. Kathleen Hendricks</td>
<td>Retired</td>
</tr>
<tr>
<td>Ms. Margaret Jerrell</td>
<td>Human Resources Professional</td>
</tr>
<tr>
<td>Ms. Michelle LeMere</td>
<td>CT Fund for the Environment</td>
</tr>
<tr>
<td>Mr. Charles Montalbano</td>
<td>Commercial Designer</td>
</tr>
<tr>
<td>Mr. Justin Rosen</td>
<td>City of Milford</td>
</tr>
<tr>
<td>Ms. Jessica SImone</td>
<td>Orange Youth &amp; Family Services</td>
</tr>
<tr>
<td>Mr. Raymond G. Vitali</td>
<td>Retired School Principal</td>
</tr>
<tr>
<td>Ms. Ann B. Yost</td>
<td>Social Worker</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>1</td>
</tr>
<tr>
<td>Asian American/Pacific Islander</td>
<td>0</td>
</tr>
<tr>
<td>Caucasian</td>
<td>16</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>1</td>
</tr>
<tr>
<td>Native American/American Indian</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>20</td>
</tr>
</tbody>
</table>

Board Demographics - Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>10</td>
</tr>
<tr>
<td>Role</td>
<td>Count</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Female</td>
<td>9</td>
</tr>
<tr>
<td>Unspecified</td>
<td>1</td>
</tr>
</tbody>
</table>

**Governance**

- **Board Term Lengths**: 2
- **Board Meeting Attendance %**: 75%
- **Number of Full Board Meetings Annually**: 10
- **Written Board Selection Criteria**: Yes
- **Written Conflict of Interest Policy**: Yes
- **Percentage Making Monetary Contributions**: 100%
- **Percentage Making In-Kind Contributions**: 30%
- **Constituency Includes Client Representation**: Yes

**Standing Committees**

- Development / Fund Development / Fund Raising / Grant Writing / Major Gifts
- Executive
- Finance
- Endowment
- Board Governance
Financials

Fiscal Year Start
July 01 2019

Fiscal Year End
June 30 2020

Projected Revenue
$13,095,388.00

Projected Expenses
$13,095,388.00

Endowment Value
$1,244,037.00

Spending Policy
Income Only

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>$13,105,169</td>
<td>$13,503,661</td>
<td>$12,910,541</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$13,282,336</td>
<td>$13,362,982</td>
<td>$13,002,815</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>$4,360,646</td>
<td>$4,464,095</td>
<td>$4,371,168</td>
</tr>
<tr>
<td>Current Assets</td>
<td>$1,463,260</td>
<td>$1,401,837</td>
<td>$1,173,597</td>
</tr>
<tr>
<td>Long-Term Liabilities</td>
<td>$986,085</td>
<td>$1,035,386</td>
<td>$1,627,451</td>
</tr>
<tr>
<td>Current Liabilities</td>
<td>$1,046,618</td>
<td>$1,108,065</td>
<td>$672,906</td>
</tr>
<tr>
<td>Total Net Assets</td>
<td>$2,327,943</td>
<td>$2,320,644</td>
<td>$2,070,811</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>City of Milford</td>
<td>$375,000</td>
<td>--</td>
</tr>
<tr>
<td>Second Highest Funding Source &amp; Dollar Amount</td>
<td>United Way</td>
<td>$180,932</td>
<td>--</td>
</tr>
<tr>
<td>Third Highest Funding Source &amp; Dollar Amount</td>
<td>Town of Orange</td>
<td>$79,647</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>1.40</td>
<td>1.27</td>
<td>1.74</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>23%</td>
<td>23%</td>
<td>37%</td>
</tr>
</tbody>
</table>

Capital Campaign
Currently in a Capital Campaign?
No

Dates
0 to June 0

Amount Raised To Date
0 as of Mar 0

Capital Campaign Anticipated in Next 5 Years?
No

Comments

CEO Comments
Bridges services for individuals, families, children, youth and adults care lifelines for people who are facing life-altering behavioral health issues. We provide a comprehensive range of services, including crises services, counseling, prevention, referrals, Mental Health First Aid training and healthcare services. We are heavily funded by DMHAS and DCF grants, along with fees from state, federal and private insurance. United Way and local municipal funding are part of the complex funding streams that have made this a public and private partnership, which is replicated throughout this state by hundreds of non-profits. Our outpatient services are open from 8 AM until 7PM four out of five weekdays. We provide 24/7 wrap around care for a wide range of adults and children along with community based Emergency Mobile Psychiatric services. We are a DMHAS designated Local Mental Health Authority. State and Federal rates pay less that 50% percent of cost of providing these services. We have received minimal to no increases in over 15 years to State grants that account for almost 68% of Bridges revenue. Our out-patient service capacity is shrinking and we currently have demand to fill at 4 clinical positions. We are holding vacant positions open. We are unable to respond to all the service requests we receive each day. Cases are increasingly complex, requiring a variety of service modalities and coordination of care. While state legislators have verbalized a commitment to mental health services and the media publicizes new mental health initiatives that are being funded. The reality is that few of those dollars will reach the core outpatient services that are on front line every day 24/7. With indefensible rates and grant funding levels that are now financially unmanageable we are forced to terminate services and programs. We have reached the tipping point as DMHAS is once again confronted with the need to surgically cut adult outpatient grants. Cuts on already financially unstable outpatient services will create a community and statewide crises. Lives are at stake and thousands of adult clients will be at risk of having inadequate psychiatric care and medication management.

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.