General Information

Contact Information

Nonprofit        BHcare
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                 North Haven, CT 06473
Phone            (203) 446-9739
Web Site         Web Site
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At A Glance

Year of Incorporation  1979
Former Names
    Valley Mental Health Center
    Healthways, Inc.
    East Central Counseling Services
    East Central Mental Health Services
    Birmingham Group Health Services
    Harbor Health Services
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
BHcare provides comprehensive behavioral health, prevention and domestic violence services that improve the lives and health of the individuals, families and communities we serve.

A Great Opportunity

Description
HOPE Family Justice Center of Greater New Haven

A Great Opportunity Ending Date
Dec 31 2019

Background
BHcare was formed in 2012 through a merger that combined the resources of Birmingham Group Health Services in Ansonia and Harbor Health Services in Branford. In 2016, BHcare added the Lower Naugatuck Valley Parent Child Resource Center to its family of services, to provide a more comprehensive system of behavioral healthcare that covers the lifespan. BHcare has more than 35 years of experience providing community-based behavioral health services for residents of the Lower Naugatuck Valley and Shoreline communities. BHcare services are person-centered and recovery-based, they provide the individual with the tools and skills needed to accomplish their goals. BHcare is accredited by CARF, the Commission on Accreditation of Rehabilitation Facilities which is the highest level of accreditation awarded for outpatient mental health, substance abuse and employment services. BHcare is on the forefront in providing evidence-based, best practice behavioral health services. We provide a comprehensive system of care that includes individual and group counseling, supervised and supported housing, employment services and social rehabilitation, crisis services and jail diversion. BHcare’s The Umbrella Center for Domestic Violence Services (includes the former DVS of Greater New Haven) is the primary resource for victims of domestic violence and their children in our area. The Umbrella is dedicated to ending the cycle of domestic violence through education, awareness, and practical services to help victims escape danger and rebuild their lives free from violence. BHcare’s Alliance for Prevention and Wellness (formerly VSAAC) provides education, training, prevention and awareness for adults and children throughout the Lower Naugatuck Valley, Greater New Haven and sections of Fairfield and Middlesex County. APW is designated by the Department of Mental Health and Addiction Services as the Regional Behavioral Health Action Organization (RBHAO) for all of Region 2.
Impact
Thanks to the generosity of donors, private foundations, and corporate supporters, BHcare provided behavioral health, domestic violence and prevention services for more nearly 15,000 people living throughout Greater New Haven, the Lower Naugatuck Valley and the Shoreline. Last year BHcare provided specialized treatment and care for 2,896 adults who are working to recover from serious mental illnesses like schizophrenia, bipolar disorder and major depression. Services include group and individual therapy, medication management, on-site primary care, employment services, case management, housing assistance, crisis services, supportive and supervised housing. BHcare behavioral health programming allows individuals with serious mental illness to remain living safely and independently in the community. Last year with your support, BHcare’s The Umbrella Center for Domestic Violence Services (UCDVS) supported 6,177 victims of domestic violence and their children. UCDVS provided court-based advocacy for 3,687 individuals, emergency shelter for 167 adults and 151 children, and counseling and support on 3,415 hotline calls and 861 LAP line calls from police officers. UCDVS staff provided 1,137 lethality screens to assess the level of danger victims were facing. UCDVS trainers provided outreach and education for more than 1,100 people. Thanks to donors like you, all domestic violence services are provided completely free of charge. BHcare provides prevention education through its Alliance for Prevention and Wellness (APW) (formerly VSAAC). APW offers a variety of interactive workshops and presentations for youth and adults that address substance abuse, mental health, suicide and risky behaviors, APW trainings serve to help parents, children and the larger community become better equipped to deal with harmful substances and issues in their everyday lives. In 2017, APW provided information, training, and presentations to 3,450 youth and 1,318 adults. On March 1, APW will become the Regional Behavioral Health Action Organization for all of DMHAS Region 2 and as such will be responsible for mental health and addiction advocacy, strategy, prevention and education for residents of 35 towns throughout Greater New Haven and some portions of Fairfield and Middlesex Counties.

Needs
Nearly 3,000 adults rely on BHcare for mental health and addiction treatment; these individuals are struggling with chronic illnesses like schizophrenia, bipolar disorder and major depression. When serious mental illnesses are left untreated, they can result in devastating symptoms that lead to psychiatric crisis, and public health and safety hazards. The State budget crisis is having a significant impact on BHcare's adult behavioral health services. Over the last three years (since 2015) BHcare has suffered more than $1 million in cuts to its State contracts, which resulted in serving 500 fewer people than in years past. BHcare is seeking individual, corporate and foundation donors to help us continue providing critical behavioral health services in your community. BHcare needs your help to provide around-the-clock domestic violence services. Your donations to UCDVS literally save lives. Your support provides safe shelter, counseling, advocacy and support for more than 6,000 women and children who are fleeing abuse and working to rebuild their lives. Early intervention and prevention are absolutely essential for building health communities. With your support, youth, parents and professionals can learn about addiction prevention, suicide prevention, and mental health first aid. Support APW (formerly VSAAC) programming and you'll help build a healthy and safe future for your community.

CEO Statement
As a regional leader in behavioral health, domestic violence services and prevention, BHcare continually strives to provide accessibility of services while maintaining the highest level of quality treatment and care. For the thousands of individuals, families and children that we serve each year, this means providing the services in the communities where they work and live, ensuring that those services are available to those who need them regardless of ability to pay, and empowering individuals to achieve the highest level of recovery with the least amount of long-term supports. Alliances, partnerships and mergers of like-minded organizations (such as our partnership with CommuniCare, Inc.) have played a critical role in our success, while fundraising initiatives and private donations have enabled us to continue providing crucial services and address ever-evolving community needs. However, with drastic reductions in state funding and healthcare reform mandates, we need your support to ensure the stability and strength of this vital organization that brings help and hope to those at risk and in need. Please support BHcare and giveGreater.org. Together, we can make a true and measurable difference in thousands of lives! Roberta J. CookPresident/CEO
Board Chair Statement
As Chair of the BHcare Board of Directors, I am privy to the profound effect that the organization has had on the health and well-being of individuals and families in our community. Women and children who have fled for their lives in the middle of the night have found safety and support at our emergency domestic violence shelters. Individuals overcome by debilitating depression have found hope and strength at our outpatient clinics, and families shattered by substance abuse have been restored with help from our co-occurring disorders program. For our most vulnerable population, immediate access to community-based services, regardless of ability to pay, is absolutely critical to their recovery. BHcare works tirelessly to meet that need and expand services to ensure the greatest level of support and care. However, the task is not an easy one and the challenges facing BHcare are numerous, including decreases in government funding, staggering increases in service demands, dwindling volunteer and donor bases, and rising costs of doing business. Thus far, proactive and forward-thinking leadership, collaborative initiatives, and tremendous community involvement and support have enabled BHcare to weather these trials and continue to grow. But each day brings new challenges that threaten our existence. I have been honored to lend my experience and expertise to help build and strengthen this dynamic and vital organization that continues to make a true and measurable difference to those in crisis. Please join me in my commitment to ensuring the stability and longevity of BHcare so that help will always be available to those who need it – when they need it most. Michael Gulish Chair, BHcare Board of Directors

Service Categories

Primary Organization Category
Mental Health & Crisis Intervention / Mental Health Treatment

Secondary Organization Category
Human Services / Victims’ Services

Areas Served

Ansonia  
Bethany  
Derby  
East Haven  
Guilford  
Hamden  
Lower Naugatuck Valley  
Madison  
Milford  
New Haven  
North Branford  
North Haven  
Orange  
Oxford  
Seymour  
Shelton  
Shoreline  
West Haven  
Woodbridge  
Other  
Branford
BHcare is designated by DMHAS as the Local Mental Health Authority for residents of Ansonia, Branford, Derby, East Haven, Guilford, Madison, North Branford, North Haven, Oxford, Seymour, and Shelton. UCDVS serves the towns of Ansonia, Beacon Falls, Derby, Orange, Oxford, Seymour, Shelton, New Haven, West Haven, East Haven, North Haven, Hamden, Milford, Bethany, Orange, Woodbridge, Branford, North Branford, Guilford, and Madison. APW is designated by DMHAS as the Regional Behavioral Health Action Organization (RBHAO) for the towns of Ansonia, Bethany, Branford, Chester, Clinton, Cromwell, Deep River, Derby, Durham, East Haddam, East Hampton, East Haven, Essex, Guilford, Haddam, Hamden, Killingworth, Lyme, Madison, Meriden, Middlefield, Middletown, Milford, New Haven, North Branford, North Haven, Old Lyme, Old Saybrook, Orange, Portland, Seymour, Shelton, Wallingford, Westbrook, West Haven, Woodbridge.
The Umbrella Center for Domestic Violence Services

**Description**

BHcare’s The Umbrella Center for Domestic Violence Services (UCDVS) is dedicated to increasing awareness of domestic violence and its effect on the community, empowering those victimized by providing advocacy and safe and effective services, and to working for social change to eliminate domestic violence. UCDVS offers a 24-hour hotline, individual and group counseling, advocacy, information and referrals to local providers, children’s counseling, and general support. UCDVS now offers long-term clinical and support services for high risk victims of domestic violence. All services offered are free of charge and confidential. Services support 170 different languages 24 hours a day, 7 days a week. UCDVS supports residents of 19 towns in the Greater New Haven and Lower Naugatuck Valley regions. In 2017 UCDVS provided safe shelter for 167 adults and 151 children, court-based advocacy and support for 3,687 individuals and families, and fielded 3,415 crisis calls via the hotline. Each year UCDVS provides community education for more than 1,000 individuals and groups.

**Budget**

$0.00

**Category**

Human Services, General/Other / Human Services, General/Other

**Population Served**

Victims / /

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

Yes

**Short Term Success**

100% of clients contacting the confidential hotline are able to access a certified domestic violence counselor within 30 minutes of a call. 90% of adult clients will become aware of the dynamics of power and control and the cycle of violence in their relationships. 95% of callers to the hotline will feel validated as a result of the hotline counselor’s response to caller’s concerns. 90% of adults who enter shelter will report feeling safer within 48 hours of arrival. 100% of adults who have been residing at the shelter for a minimum of 20 days will name at least 2 community resources that will help ensure their safety and the safety of their children. 90% of children ages 6-18 who have been residing at the shelter for a minimum of 20 days will name at least 2 community resources that will help ensure their safety. 75% of attendees at community presentations about domestic violence will demonstrate increased awareness of the issue, including local resources and how to access them.
**Long Term Success**

Domestic violence survivors will be able to identify the dynamics of an abusive relationship as well as overcome the trauma they have experienced in both present and past abusive relationships. Our vision is to provide a safe and confidential environment giving clients the opportunity to access supportive services anytime they are in need of those services. Services will be held in the strictest confidence in accordance with the “confidentiality” law. UCDVS will work to reduce the impact of domestic violence in the community by holding batterers accountable for domestic violence crimes. 90% of program participants will know that they have rights and choices in relationships that they weren’t aware of before. 75% of program participants will have made healthier decisions in their relationships as demonstrated by a reduction or elimination of violence.

**Program Success Monitored By**

UCDVS conducts pre and post tests to track gains in clients’ knowledge on issues of safety, strategies, and resources. Information is collected and included on quarterly reporting forms required of the program’s trade agency, the Connecticut Coalition Against Domestic Violence (CCADV). The program is evaluated by CCADV every other year on 75 program standards adopted by the membership. UCDVS scored 100% compliance on its last audit in July 2017. In addition, the State Department of Social Services (DSS), which provides partial funding for the program’s hotline and safe houses, has established outcome measures to evaluate program effectiveness. UCDVS has successfully met these standards and submits a narrative report every six months regarding program activities that include community outreach efforts and established outcome measures. UCDVS submits a quarterly narrative and statistical report to CCADV which measures quantitative and qualitative goals based on program standards. Regular in-house individual supervision and staff meetings ensure proper case coordination.

**Examples of Program Success**

*Story submitted by UCDVS client* On October 28, I was beaten by my fiancé. He stomped on me until I peed on myself, punched me in my face until I was spinning, and choked me until my face was blood red and my eyes were black. I laid in my hallway unconscious for hours. When I came to I could barely move. I crawled to my couch and fell asleep. The next afternoon, my daughter and I packed my suitcase with only a few items that I felt were absolutely necessary. On October 29 at 3:00 pm, I walked out of my home, never to look back. I then had to give up my kids to keep them safe. It was the hardest thing I ever had to do. I gave up custody to their father (not my abuser). I needed to run because there is no doubt that my fiancé would come looking for me once he realized I was still alive. I spent one week traveling around on a bus. I had no idea what to do or where to go. I finally ended up at my sister’s house. A few days later, my sister and a friend put me on a bus to The Umbrella Center for Domestic Violence Services. When I arrived, I was met at the bus station with a nice warm robe and new jammies. I was taken to a hotel where I met three of the nicest women I have ever known. That night was the first time in three days that I was able to take a shower. I cried myself to sleep that night; afraid of what I left behind and terrified of my future. As I write this letter, I’m sitting at the kitchen table of the safe house. In three days, I leave to start my life all over. I was given a whole new life, a second chance. Yes, it is overwhelming, but I’m not scared anymore. I’m so excited for this new chapter of my life. Thank you to all those who have helped me at The Umbrella Center for Domestic Violence Services. I don’t have to live with domestic violence ever again.
Alliance for Prevention & Wellness (APW)

Description
The Alliance for Prevention & Wellness (APW), (formerly VSAAC) functions as one of 13 Regional Action Councils across the State of Connecticut. Established in 1990, APW serves the communities of Ansonia, Bethany, Derby, Orange, Oxford, Milford, New Haven, Seymour, Shelton, West Haven and Woodbridge. Assists local agencies in the development and implementation of culturally and linguistically competent substance abuse prevention programsAssists and conducts needs assessment/planning in the regionServes as a resource center to local communitiesAdministers Local Prevention Council’s (LPC) funding and provides technical assistance and support to the LPCProvides evidence-based trainings such as Mental Health and Youth Mental Health First Aid TrainingsEducates youth and adults on the effects and dangers of alcohol, substance abuse, and other risky behaviorsIdentifies alcohol/substance abuse prevention needs and plans a response to those needsProvides coordination for alcohol and substance abuse (and high risk behaviors) prevention programs in their communities

Budget
$294,643.00

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

Population Served
General/Unspecified / Adults / K-12 (5-19 years)

Program is linked to organization’s mission and strategy
No

Short Term Success
APW has significantly increased prevention capacity by: a) assisting a local community to establish coalitions; b) conducting media campaigns, c) facilitating for the Boys and Girls Club the development of a curriculum of Ecstasy use; d) assisting the Derby Public Schools to obtain funding to establish a youth service bureau and juvenile review board, e) provided assistance to area schools in obtaining prevention funding for substance abuse prevention. Other accomplishments include but are not limited to: 20 years of youth survey data allowing for on-going evaluation and trend reporting Obtaining highly competitive federal grant dollars to assist in furthering our mission Decrease in the number of youth using tobacco and other substances Increased knowledge of substance abuse issues in the region Professional development workshops for local educators and health & human service providers. Expansion of our region to beyond the Lower Naugatuck Valley

Long Term Success
APW will reduce alcohol, tobacco, and other drug use in our service area among youth and over time among adults through community mobilization, public awareness and advocacy.
Program Success Monitored By

Prevention capacity is directly linked to accurate data, which in turn, highlights and identifies needs, trends, strengths, and weaknesses. APW conducts a biennial survey to measure middle and high school youth risk and protective factors and substance abuse trends. The results from these surveys, as well as other community needs assessment data, influences APW decision-making regarding target population and proposed interventions/programs. We use process and outcome data for analyses of program effectiveness and potential adjustments. Outcome data is obtained from the aforementioned student survey and community indicator data collected and includes measures such as: evidence of decreased: alcohol and drug use and abuse in youth, risk factors associated with substance use/abuse in youth; perception of peer & adult acceptability of substance use in youth; increased age of onset for substance use in youth; increased perception of harm associated with substance use in youth.

Examples of Program Success

APW has been essential in the development of 2 youth service bureaus, a regional juvenile review board, and instrumental in working with towns to obtain targeted juvenile delinquency funding. They also cultivated a proactive response to the growing concern over prescription pill abuse through beginning the first drug take back program, partnering with police to install medication disposal boxes, partnering with a large educational company to provide a medical education symposium on prescription pill abuse in which more than 200 medical providers attended. APW was also essential in a CDC funded study with Rhode Island Hospital and Brown University in regards to the high rate of accidental overdoses in the Lower Naugatuck Valley. They were asked to assist because of our connections in the community and data driven programming. As a result of APW’s programming throughout the last 8-10 years, the Valley region has experienced a steady decline in alcohol and drug abuse as well as cigarette smoking among youth. For example past 30 day use of alcohol decreased from 31.2% in 2009 to 16.6% in 2011 amongst 9th graders (n=896). BHcare’s APW was one of the first agencies in CT to embrace the Mental Health First Aid training model. This program is now being recommended by the President of the United States and well as CT legislators as a training program to help teachers and staff recognize signs of mental illness in young people and refer them to treatment. In the past 3 years, BHcare certified instructors have certified more than 300 residents / employees in MHFA our communities.
Outpatient Clinical Services

Description
Not all disabilities are visible, and mental health issues can affect every area of a person’s life. Our professional staff use a person-centered approach and work with each client to develop a treatment plan that meets their individual needs and helps them achieve their goals. We employ an experienced team of psychiatrists, licensed clinical social workers, advanced practice registered nurses, certified alcohol and drug counselors, and other mental health professionals who provide a wide range of services for individuals affected by mental illness and/or substance abuse disorders. We are dedicated to treating the whole person and offer care-coordinated primary care services, tobacco cessation services, and we now provide Medication Assisted Treatment, including the prescription of Suboxone for individuals struggling with opioid addiction. Our outpatient services provide individual and group therapy to help individuals build on their strengths and improve their overall quality of life. Last year nearly 3,000 people worked toward recovery in our outpatient clinics in Branford and Ansonia.

Budget
$0.00

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

Population Served
Adults / At-Risk Populations / People/Families with People with Psychological Disabilities

Program is linked to organization’s mission and strategy
Yes

Short Term Success
we now offer walk-in assessment 8:30 am to 2:30 pm in both clinics. In 2019 we received a three-year accreditation from The Joint Commission. Overall satisfaction with services - 91% As noted above, long-term performance and outcome indicators reflect the promotion of growth, independence, and wellness of the individual. To this end, there are a range of short term goals necessary to help the person reach this level. They could include the following: abstinence from alcohol and other drugs of abuse; regular follow up with primary care and adherence to medication and dietary requests. These are both directly linked to BHcare’s unique smoking cessation and primary care programs, both intrinsically beneficial to the participants and of critical value to a severely ill behavioral health population given the high prevalence of significant smoking and poor medical health among them. Increased mood and energy to engage in day to day life activities; increased ability to manage anxiety as evidenced by engagement in day to day activities; abstinence from self-injurious behaviors; Initial return to work and re-integration back into community.
Long Term Success

Long term success for individuals treated by BHcare is a highly individualized process as the clinic believes strongly in the concept of recovery. The program values the uniqueness of its clients and their expectations for recovery. Goals and objectives are subsequently not defined by staff based on clinically-valued outcomes (e.g., reducing symptoms, increasing adherence), but are defined by the person with a focus on building recovery capital and pursuing a life in the community. Goals and objectives are driven by a person’s current values and needs and not solely by commonly desired clinical/professional outcomes. Outcomes evaluation is a continuous process involving expectations for successful outcomes in a broad range of life domains. Examples of potential long-term goals could include the following: sustaining oneself independently in the community; obtaining competitive employment with benefits; having a family; obtaining a high school college or graduate degree; giving back to others through behavioral health service provision (e.g. becoming a substance abuse counselor for someone in their own recovery).

Program Success Monitored By

The clinic utilizes specific strategies to help monitor program success. They are as follows: random drug screens for all clients receiving services for substance abuse related disorders; consumer satisfaction surveys disseminated annually; monthly review of all progress notes and treatment plans to assure third party payer requirements and adherence to recovery principles; reflection of increase in perceived competencies as reported by client and clinician. Annual hospitalization rate; Critical incident monitoring and reporting; Changes in the way clients think, feel and behave evidenced through (a) current and past behaviors; (b) family and significant other input; (c) acuity of psychiatric diagnosis; and (d) acuity of substance abuse.
Examples of Program Success

I am a former patient, wasn’t sure who to email, nor do I have anyone’s contact info for the Ansonia office, I am writing to Thank them all so very much! I don’t keep exact dates for recovery but I do know it was approx 13 months ago that I entered BHcare in Ansonia for the very 1st time. My life was a complete mess, 10 years of pain killer addiction, my depression and addiction had taken me over for most of those years, I was on verge of losing everything including my life, our home, never seeing my kids again. I was a walking zombie in a trap I couldn’t get out of, Dr. Gomez saw me for the 1st time and she was amazingly patient with me, for the 1st time in 10 years I had finally told someone I was an addict and what I had been going through and how bad my addiction really was. 4 to 5 thousand dollars a month for years. Dr. Gomez listened and more importantly trusted that what I was telling her was the truth, from that day (late July 2018) on, she put things in motion, and I haven’t looked back since. The IOP program and all of its staff, (too many to name here) along with Suboxone Dr Gomez recommended along with seeing Dr. Lena weekly (can’t remember last name) saved my life and most importantly gave my children their daddy back, it was really rough the 1st few weeks, I was def committed but it was hard, everyone at BHcare showed faith in me, no doubt in my mind I couldn't have succeeded without BHcare and its entire staff I dealt with daily for 6 straight weeks in IOP then with others weekly for another 3 to 4 months. I'm happy to say I have not relapsed, have been clean and free of opiate pain killers for at least 11 to 12 months, no longer on suboxone, no longer having panic attacks, no more laying on couch depressed, I’m not on any kind of medication or in any recovery programs. My life has done a complete 180. I am back to my pre-addiction place in life and then some, received 2 promotions at work, now I am financially stable, home is out foreclosure, friends and family back in my everyday life. I still use the tools and advice I received from all at BHcare daily. They are all still helping me. I know I’m still new to recovery and it early on, I have long way to go and the rest of my life will be battling, but I never imagined I would be here in such a good place again that just gets better n better. I don’t know what the future will bring, but so far, it’s been unbelievably great, and I owe that to BHcare Ansonia, I can’t thank them all enough. Dr Gomez could have easily turned me away, but she didn’t, she set me up on a program with great people running the program and gave put me in the places I needed to be to succeed. I will never forget her or anyone else that helped me from, all in IOP to Dr. Lena, to those I sat with for an hour to chat with weekly upstairs (Dick, Marie, Suhail), wish I could help others like they all helped me, thank you thank you thank you! Every time I drive by the BHcare Ansonia office I smile and thank god I walked through those doors that day in July 2018. After 10 years of absolute pain and self-destruction hell I am finally free again thanks to ALL of them!! Wish I could name all, their faces and words I will def never forget. The support was priceless. They will never really know how much they helped me and how grateful I am that I met them and was fortunate enough to learn and heal from them. God bless their souls. Great caring people. Kindest regards, John A. BHcare Ansonia patient July 2018-February 2019.
**Social Clubs and Employment Services**

| **Description** | BHcare knows that employment is integral to an individual’s recovery from mental illness, addictions or other disabling conditions. The goal is achieving productive employment in the community. Services include situational assessments, job seeking skills training, on-the-job and job-related supports, vocational counseling, resume and interview preparation, and ADA consultation. BHcare’s social clubs provide clients with opportunities to develop social skills that enhance their contributions to their communities. Social club services include social, recreational and psycho-educational programs that support the development of life skills, interpersonal skills, and independent living skills. BHcare social clubs provide an environment in which people can thrive and practice the skills they will carry into their individual lives. The clubs offer an array of structured and unstructured activities geared toward building self-confidence and self-sufficiency. |
| **Budget** | $0.00 |
| **Category** | Mental Health, Substance Abuse Programs, General/other / Mental Health, Substance Abuse Programs, General/other |
| **Population Served** | People/Families with of People with Psychological Disabilities / Alcohol, Drug, Substance Abusers / Unemployed, Underemployed, Dislocated |
| **Program is linked to organization’s mission and strategy** | Yes |
| **Short Term Success** | Short term success will include individual skill acquisition that a person works on mastering. One example of this would be developing a resume, basic computer skills or learning interview skills that will help an individual obtain employment, leading to self-sufficiency. When working with the people served in the program, they identify both their short term and long term goals which are incorporated into a Treatment/Recovery plan. As the person masters one skill, another is identified by the client with the assistance of agency staff that will help them come closer to their long term goals. |
| **Long Term Success** | The long term goal of employment and social club services is to prepare people to live independently through skill acquisition, and in many cases to no longer need the services provided by the department. In many cases the supports are long term and sometimes intermittent, always being adjusted based on client need and the goals that they have set for themselves. |
| **Program Success Monitored By** | Program Success is measured by achieving outcomes that are established for each program, which is part of the agency’s Program Evaluation Process. Some of these measures are required by the funding source, while others are established by the organization. These measures are tracked and monitored on a monthly basis and are reported on and documented semi-annually. In addition, clients are offered the opportunity to fill out a satisfaction survey that is used for program improvement and development on an annual basis. There is also an agency-wide strategic plan that sets forth a 3 year operational plan. The agency also has a Peer/Family Advisory Council that meets monthly to provide feedback, which is also incorporated into the organization’s planning process. |
Examples of Program Success

The social clubs have more than 200 members who are actively participating in club activities, rehabilitation groups and out trips. 227 people are enrolled in the Employment Program and last year 86 clients were able to gain and maintain employment for 90 or more days. Both sites exceeded the Department of Mental Health and Addiction Services required placement rate and job retention rate. Example: BHcare employment specialists recently worked with a computer programmer whose psychiatric symptoms interfered with his work. Together with his clinician and employment specialist, the client learned how to manage his symptoms and recently accepted a position with a starting annual salary of $90,000!
Community Services

**Description**
BHcare Community Services offer the highest quality, individualized care whenever and wherever it is needed. Following best practices in our field, BHcare emphasizes learning and skill-building, so clients can become more independent. We believe individuals with mental health and co-occurring disorders (mental health and substance use) can recover and lead full lives in their communities. The services focus on skill acquisition and mastery, environmental adaptations to support recovery, and accessing resources. Services are offered in locations that meet participants’ needs. Such locations may include individuals’ homes, hospitals, shelters, correctional facilities and other community locations. Community Services has three main components: Adult Community Support Services, Young Adult Services, and Housing Services. Each year more than 500 individuals receive support through community services.

**Budget**
$0.00

**Category**
Human Services, General/Other / Case Management

**Population Served**
People/Families with of People with Psychological Disabilities / Homeless / Alcohol, Drug, Substance Abusers

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

**Short Term Success**
Once clients are engaged in services, case workers and housing specialists will first work to ensure that each client's basic needs of food, clothing and housing are being met. Once basic needs are established, the individual will begin working toward skill-building that will allow him/her to live successfully and independently in the community. All recovery plans are individualized and goals are based on the clients needs, wants and desires.

**Long Term Success**
1. At least 60% of clients will maintain or increase the level of independence in living situation from admission to discharge. 2. At least 80% of clients will be living in stable housing at the time of discharge. 3. At least 75% of clients will maintain or increase their level of functioning between time of admission and time of discharge, or will maintain or increase their level of functioning over a six-month period as measured by MGAF.

**Program Success Monitored By**
The primary goal of Community Support Services is to assist participants in the restoration and/or improvement of their functioning to the best possible level. Program indicators and outcomes include: stability and level of independence in living situation, amount of competitive employment, changes in level of functioning scales, successful completion of treatment objectives upon discharge, consumer satisfaction and quality of life scales. Each fiscal year the program identifies Performance Outcomes Measures as part of the annual planning and performance improvement process. Progress toward the attainment of these outcomes will be monitored and evaluated throughout the year. These data will be reported to and utilized by appropriate staff, internally, in an ongoing manner to evaluate program performance, and in continuous quality improvement initiatives. They will also be reported to DMHAS as required by contract.
Examples of Program Success

Carl's story: I have Asperger’s syndrome and suffer with social anxiety. I was having a tough time socially and emotionally. I felt depressed and started drinking. I would sit at home and get drunk. Then I started going to bars and clubs to drink. Eventually, that led to other drugs. I went on a binge and started spending all my money on alcohol and drugs. I fell into a deep depression and ended up in the hospital 4 times for suicide attempts. I was tired of living this way and prayed for help. I started seeing a clinician at BHcare 5 years ago. She recommended that I join the Young Adult Services (YAS). YAS has been great for me. They have a drop-in service so I could go anytime. I started going on trips with the group and got comfortable talking to others. I’m not afraid to start a conversation now and find it easier to make friends. I learned how to cope with my issues and stopped using drugs. BHcare has made a huge impact on my life. I know now that want to support others and help them in their recovery. I enrolled in the Recovery Coach Training Program and completed the 10-week course and will attend Recovery University to get my state certification as a Recovery Support Specialist.
Leadership & Staff

CEO/Executive Director
Ms. Roberta J. Cook

Term Start
May 1990

Email
rcook@bhcare.org

Experience
Roberta assumed the role of President/CEO of BHcare in July 2013, she served as CEO since January 2012. Roberta was President/CEO of Harbor Health Services, for six years prior to the merger to form BHcare. She was the Chief Financial Officer for Harbor Health from 1993 to 2005, and before that she worked for R.J. Carabetta & Company as a staff accountant. Roberta earned her CPA in 1993, and her BS in Business Administration and Accounting from Western New England College in 1985. Roberta is a member of the American Institute of Certified Public Accountants and the Connecticut Society of Certified Public Accountants. She serves on the Board of Directors for CommuniCare, Inc., the Board of Incorporators for Guilford Savings Bank, and was appointed to the Governor’s Cabinet on Health and Human Services in 2011. Under Roberta's leadership and guidance, BHcare has developed into a $22 million organization that is providing treatment, care and support for more than 14,000 individuals and families in Connecticut.

Staff

<table>
<thead>
<tr>
<th>Number of Full Time Staff</th>
<th>231</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Part Time Staff</td>
<td>93</td>
</tr>
<tr>
<td>Number of Volunteers</td>
<td>104</td>
</tr>
<tr>
<td>Number of Contract Staff</td>
<td>7</td>
</tr>
<tr>
<td>Staff Retention Rate</td>
<td>86%</td>
</tr>
</tbody>
</table>

Staff Demographics - Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>87</td>
</tr>
<tr>
<td>Asian American/Pacific Islander</td>
<td>3</td>
</tr>
<tr>
<td>Caucasian</td>
<td>192</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>36</td>
</tr>
<tr>
<td>Native American/American Indian</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>13 Two or more races</td>
</tr>
</tbody>
</table>

Staff Demographics - Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>59</td>
</tr>
<tr>
<td>Female</td>
<td>272</td>
</tr>
<tr>
<td>Unspecified</td>
<td>0</td>
</tr>
</tbody>
</table>

Plans & Policies
Organization has a Fundraising Plan? Yes
Organization has a Strategic Plan? Yes
Years Strategic Plan Considers 3
Date Strategic Plan Adopted Jan 2016
Management Succession Plan? Under Development
Organization Policy and Procedures Yes
Nondiscrimination Policy Yes
Whistleblower Policy Yes
Document Destruction Policy Yes

Former CEOs and Terms

<table>
<thead>
<tr>
<th>Name</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms. Marilyn Cormack</td>
<td>1983 - Sept 0</td>
</tr>
<tr>
<td>Mr. Denis Olsen</td>
<td>1980 - Nov 2005</td>
</tr>
</tbody>
</table>

Senior Staff

**Sandra Gomez-Luna MD**
**Title** Medical Director, PCRC

**Christine Anderson**
**Title** Chief Program Officer

**Lorraine Branecky**
**Title** Vice President, Finance
**Experience/Biography** Lorraine Branecky has been employed by BHcare for more than 20 years. She is a Certified Public Accountant with twenty six years of experience in the accounting field, including ten years in public accounting.

**Emily Granelli**
**Title** Chief Business Development Officer
**Experience/Biography** Emily Granelli has more than 15 years experience in nonprofit communications, marketing and fundraising and has been with BHcare for the last 10 years. Ms. Granelli earned a BA in Mass Communications and History from Quinnipiac University, and an MA in Education from Quinnipiac University.

**Kathy Mulston**
**Title** Chief Human Resources Officer
Mary Nescott

Title
Chief Quality & Compliance Officer

Experience/Biography
Mary Nescott holds a Master of Public Health Degree and has more than twenty years of experience as a behavioral health administrator in non-profit organizations. Her areas of expertise include licensing and regulatory compliance, privacy practices, research/data analysis and program evaluation.

Formal Evaluations

<table>
<thead>
<tr>
<th>Evaluation Type</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEO Formal Evaluation</td>
<td>Yes</td>
</tr>
<tr>
<td>CEO/Executive Formal Evaluation</td>
<td>Annually</td>
</tr>
<tr>
<td>Senior Management Formal Evaluation</td>
<td>Yes</td>
</tr>
<tr>
<td>Senior Management Formal Evaluation Frequency</td>
<td>Annually</td>
</tr>
<tr>
<td>Non Management Formal Evaluation</td>
<td>Yes</td>
</tr>
<tr>
<td>Non Management Formal Evaluation Frequency</td>
<td>Annually</td>
</tr>
</tbody>
</table>

Collaborations

BHcare is a partner agency in the Patricia C. Andriole Volunteer Services Center (VSC) in Branford. The VSC is a social service resource where those who are in need can find hot meals, food staples, clothing, books and fellowship all in one central location. VSC clients may also obtain referrals to other support services in Branford and beyond including counseling, medical care, emergency housing, and other essential social services. The VSC houses The Community Dining Room, the Branford Food Pantry, the BHcare Clothing Bank and Friends of the James Blackstone Memorial Library. BHBHcare collaborates with numerous agencies, educational institutions, and community groups including: Greater New Haven Opening DoorsCT Coalition to End HomelessnessPartnership for Strong CommunitiesCoordinated Access NetworkGuilford Human Services CouncilCommuniCare, Inc.The Valley Council for Health & Human Services TEAM, Inc.Valley YMCAUnited Way of Milford & Valley United WaySpooner HouseLocal schools and universitiesThe Consultation CenterLocal Police DepartmentsWomen & Family Life CenterMiddletown Sexual Assault ServicesNew Haven Court Family ServicesWest Haven Youth and Family ServicesWoodbridge Youth and Family ServicesMilford Prevention CouncilThe Connection, Inc.Orange Drug & Alcohol Council

Affiliations

<table>
<thead>
<tr>
<th>Affiliation</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valley United Way</td>
<td>2013</td>
</tr>
<tr>
<td>United Way of Greater New Haven</td>
<td>2013</td>
</tr>
</tbody>
</table>

Awards

<table>
<thead>
<tr>
<th>Award/Recognition</th>
<th>Organization</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Recovery Award from the CT Chapter of USPRA</td>
<td>United States Psychiatric Rehabilitation Association</td>
<td>2009</td>
</tr>
<tr>
<td>Connecticut Criminal Justice Standards for Community Corrections Program Compliance</td>
<td>Department of Corrections</td>
<td>2002</td>
</tr>
<tr>
<td>Community Agency of the Year</td>
<td>Branford Chamber of Commerce</td>
<td>2010</td>
</tr>
</tbody>
</table>
Board & Governance

Board Chair
Mr. Michael Gulish

Company Affiliation
LPL Financial

Term
Nov 2018 to Nov 2021

Board of Directors

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. John A. Accavallo CPA</td>
<td>Machaud, Accavallo, Woodbridge and Cusano, LLC</td>
</tr>
<tr>
<td>Ms. Joyce M. Barcley</td>
<td>The WorkPlace, Inc.</td>
</tr>
<tr>
<td>Mr. William C. Bassett</td>
<td>Retired</td>
</tr>
<tr>
<td>Ms. Tammy L. Burrell</td>
<td>Tomasella, Schmitter &amp; Burrell, PC</td>
</tr>
<tr>
<td>Mr. Matthew Conway PhD</td>
<td>Superintendent, Derby Public Schools</td>
</tr>
<tr>
<td>Atty. Laura J. Donahue</td>
<td>Donahue &amp; Donahue</td>
</tr>
<tr>
<td>Ms. Natalie Feingold</td>
<td>Retired</td>
</tr>
<tr>
<td>Mr. Stephen C. Guarerra</td>
<td>Carey &amp; Guarerra Real Estate</td>
</tr>
<tr>
<td>Mr. Mark Kirschbaum</td>
<td>United Illuminating</td>
</tr>
<tr>
<td>Ms. Lorretta DiMatteo Lesko</td>
<td>DiMatteo Insurance Group</td>
</tr>
<tr>
<td>Mr. Andrew Lubin Esq.</td>
<td>Neubert, Pepe &amp; Monteith, PC</td>
</tr>
<tr>
<td>Mr. Bernard F. Lynch</td>
<td>Consultant</td>
</tr>
<tr>
<td>Ms. Catriona MacAuslan</td>
<td>Retired</td>
</tr>
<tr>
<td>Ms. Lynne Perry</td>
<td>Consultant</td>
</tr>
<tr>
<td>Mr. Anthony P. San Angelo</td>
<td>Ferguson &amp; McGuire/APS Insurance</td>
</tr>
<tr>
<td>Atty. Dominick J. Thomas</td>
<td>Cohen &amp; Thomas</td>
</tr>
<tr>
<td>Mr. Sean Thomas</td>
<td>Wells Thomas</td>
</tr>
<tr>
<td>Mr. Joseph A. Verrilli</td>
<td>Dwoken, Hillman, LaMorte &amp; Sterczala, PC</td>
</tr>
<tr>
<td>Mr. Ronald L. Villani</td>
<td>University of New Haven</td>
</tr>
</tbody>
</table>

Board Demographics - Ethnicity

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>0</td>
</tr>
<tr>
<td>Asian American/Pacific Islander</td>
<td>0</td>
</tr>
<tr>
<td>Caucasian</td>
<td>20</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</td>
</tr>
</tbody>
</table>

Board Demographics - Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>13</td>
</tr>
</tbody>
</table>
Female 7
Unspecified 0

Governance

Board Term Lengths 3
Board Term Limits 0
Board Meeting Attendance % 75%
Number of Full Board Meetings Annually 9
Written Board Selection Criteria Yes
Written Conflict of Interest Policy Yes
Percentage Making Monetary Contributions 100%
Percentage Making In-Kind Contributions 50%
Constituency Includes Client Representation Yes


Accident and Injury Coverage
Automobile Insurance
Automobile Insurance and Umbrella or Excess Insurance
Blanket Personal Property
Boiler and Machinery
Business Income
Commercial General Insurance
Commercial General Liability
Commercial General Liability and D and O and Umbrella or Excess and Automobile and Professional
Commercial General Liability and Medical Malpractice
Computer Equipment and Software
Crime Coverage
Directors and Officers Policy
Disability Insurance
Educators Errors and Omission Liability
Employee Benefits Liability
Employee Dishonesty
Employment Practices Liability
Exhibit Liability
Extra Expense Insurance
Fiduciary Liability
Flood
General Property Coverage
General Property Coverage and Professional Liability
Improper Sexual Conduct/Sexual Abuse
Standing Committees

Finance
Nominating
Development / Fund Development / Fund Raising / Grant Writing / Major Gifts
Executive
## Financials

**Fiscal Year Start**  
July 01 2019

**Fiscal Year End**  
June 30 2020

**Projected Revenue**  
$22,799,860.00

**Projected Expenses**  
$22,683,859.00

**Endowment Value**  
$902,646.00

**Spending Policy**  
Percentage

Percentage (if selected)  
80%

### Detailed Financials

#### Prior Three Years Total Revenue and Expense Totals Chart

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenue</td>
<td>$20,149,269</td>
<td>$19,442,015</td>
<td>$18,910,504</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$20,006,218</td>
<td>$19,493,099</td>
<td>$18,890,009</td>
</tr>
</tbody>
</table>

#### Prior Three Years Assets and Liabilities Chart

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Assets</td>
<td>$3,421,825</td>
<td>$3,428,940</td>
<td>$2,833,784</td>
</tr>
<tr>
<td>Current Assets</td>
<td>$2,538,702</td>
<td>$2,690,919</td>
<td>$2,154,109</td>
</tr>
<tr>
<td>Long-Term Liabilities</td>
<td>$67,308</td>
<td>$65,844</td>
<td>$56,308</td>
</tr>
<tr>
<td>Current Liabilities</td>
<td>$3,035,016</td>
<td>$3,186,646</td>
<td>$2,549,942</td>
</tr>
<tr>
<td>Total Net Assets</td>
<td>$319,501</td>
<td>$176,450</td>
<td>$227,534</td>
</tr>
</tbody>
</table>

#### Prior Three Years Top Three Funding Sources

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top Funding Source &amp; Dollar Amount</td>
<td>DMHAS $12,214,459</td>
<td>DMHAS $11,941,270</td>
<td>DMHAS $11,452,220</td>
</tr>
<tr>
<td>Second Highest Funding Source &amp; Dollar Amount</td>
<td>CCADV $1,487,197</td>
<td>CCADV $1,265,395</td>
<td>CT Coalition Against Domestic Violence $1,347,156</td>
</tr>
<tr>
<td>Third Highest Funding Source &amp; Dollar Amount</td>
<td>HOPWA $167,582</td>
<td>HUD $283,038</td>
<td>Dept. of Housing &amp; Urban Dev. $303,509</td>
</tr>
</tbody>
</table>

### Solvency

#### Short Term Solvency

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Ratio: Current Assets/Current Liabilities</td>
<td>0.84</td>
<td>0.84</td>
<td>0.84</td>
</tr>
</tbody>
</table>

#### Long Term Solvency

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-Term Liabilities/Total Assets</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>
Capital Campaign

Currently in a Capital Campaign?
No

Capital Campaign Anticipated in Next 5 Years?
No

Comments

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.