Building trust and connecting care isn’t easy. This patient story shows how we do it:

A pregnant woman called 911 while in labor. By the time the paramedics arrived, she had delivered the baby, but was brought to a Hartford HealthCare hospital, where they determined she was addicted to heroin. The baby was placed in an intensive care unit to be observed for neonatal abstinence syndrome. Appropriate notifications were made. The mother was connected with Rushford services for an evaluation and immediately given a Rushford inpatient bed for treatment.

There is a lot more to this story, but the bottom line is we have to continue to build trust and connect care, both as an organization and as a health system.

In order to build trust and connect with our patients, we need to include those who have gone through recovery and overcome addiction at every level of the organization, from administration to the frontlines. This was a major focus in the past year and will continue to be moving forward.

We also build trust and connect care through outreach and media appearances. Rushford staff members are consistently viewed as experts when it comes to the opioid crisis, and our many speaking engagements, internal and external training sessions, and media appearances are proof of that. Whether it is a press conference about new funding to fight addiction or training of physicians on prescribing, we are trusted for our expertise and connecting with people on a variety of levels.

These efforts, and many more, can be seen throughout this year’s annual report, with a theme of “Trusted, Connected Care.”

Throughout the year, we focused on quality, fiscal responsibility, improving the customer experience, and especially, recovery.

Ever since my arrival at the Hartford HealthCare Behavioral Health Network, I have been fortunate enough to be surrounded by expertly trained, caring and compassionate staff. I want to thank our clinicians, physicians, support staff and community partners for all they have done to help make the past year a success.

Here are just a few highlights:

- At press time, it appears that Rushford will end the year with a positive operating margin, which is no small feat in the world of behavioral health. Rushford’s residential programs performed better than expected, and, by improving how we do our work, we were able to become more efficient and provide even better care. This is never easy, but it is crucial for the future of healthcare, and especially behavioral health.
- We entered into a partnership with Planet Fitness to help create a fitness center at our Middletown location. The gym, which is on the third floor, is our way of incorporating exercise into recovery. In addition, when patients successfully complete their inpatient stay, they receive a free three-month membership to use at one of 27 Planet Fitness locations across Connecticut.
• We are continuing to standardize our MATCH (Medication-Assisted Treatment Close to Home) to ensure that our clients have the same experience no matter where they are treated.
• At our Avon MATCH facility, we added art therapy, a community garden, a resource library and yoga.
• Our Glastonbury MATCH location added a substance abuse partial hospitalization program, which has been successful clinically and financially.
• The Cheshire MATCH location held its first client appreciation event to promote engagement and teach clients to enjoy sober activities during the summer.
• And, we added MATCH services at Rushford in Meriden and Middletown to provide services to the many people who need it.
• In the area of quality and safety, Rushford programs maintained state licensure and accreditation through the Joint Commission; a new Zero Suicide governance structure kicked off; and we also began our journey towards High Reliability with the introduction of daily safety huddles.
• Rushford is participating in a pilot of the MARS-12 (adult population) and OHIO Scale (adolescent program) assessment tools. The full implementation of these tools across all Rushford programs and non-inpatient programs next fiscal year will allow the BHN to strategically drive treatment goals and better understand clinical and quality outcomes.

But, no matter how good we are, mental health and substance abuse patients don’t always receive optimal care in healthcare settings. Although the number of overdose victims in Connecticut is expected to be flat this year compared to prior years, another study shows that there are many more people addicted to opioids than originally believed.

We need be proactive and prepared. In order to do that, we need to build trust.

That’s why our recovery coach program remains so important. These staff members are in recovery from mental health or substance abuse issues and work with behavioral health patients in our emergency departments to ensure that they get appropriate care. They can also help take the pressure off our other clinicians, especially in our busy emergency rooms.

Recovery coaches can reach patients in ways that most others can’t because their message is so personal. If you’re feeling hopeless and lost, it can be a very powerful thing to see someone who went through the same thing and is now living a happy and meaningful life.

That’s what I call building trust, connecting care and just doing the right thing.

Patricia Rehmer, MSN, ACHE
President, Hartford HealthCare Behavioral Health Network
Senior Vice President, Hartford HealthCare
Hartford HealthCare Senior Communications Specialist Steve Coates spent time embedded with Rushford staff members whose jobs include documenting and helping the homeless. Here is their story:

Tim Washington couldn’t sleep.

It was the coldest night of the year, and Washington, a case manager for Rushford’s Homeless Outreach Program, had a client on his mind. The client was an older man who was living outdoors near the Meriden train tracks. Despite Tim’s urging, he refused to go to a local shelter.

“I got up at 3 a.m. and made a pot of coffee. My wife asked me what I was doing, and I said ‘I just can’t sleep. I have to help this guy,’” Washington said.

Washington bundled up, grabbed his Thermos® full of hot coffee, and headed to the railroad tracks, a short drive from his home. When he arrived, the man was fast asleep, bundled in layers of blankets and clothing. Washington called out the man’s name.

“He lifted his head from under the blanket and said, ‘What the heck are you doing here Tim? I’m sleeping here nice and warm. Why’d you wake me up?’” Washington laughed. “I told him that I brought him some coffee and that I’d drive him to a shelter or wherever he needed to go. He said, ‘God bless you. But I’m fine, Tim. I’m fine.’”

While this homeless man said he was fine, many in his position are not. In fact, most homeless people need some type of medical or behavioral health service, Washington said. As part of his role with the Rushford outreach team, Washington drives homeless clients to and from doctors’ appointments, to shelters or to the local food pantry — if they’re in need and willing to accept his help.

**Progress, but not perfection**

On any given night in Connecticut more than 3,300 people go without shelter, according to the Connecticut Coalition to End Homelessness. While that might seem like a large number, in a state as wealthy as Connecticut, it’s a 10-year low. State officials and advocates attribute the positive trend to a more coordinated effort between state, federal and local groups to identify those in need of assistance.

Through the state’s Coordinated Access Program — mandated and funded by the federal government — resources are made available for rapid rehousing, security deposits and even a few months’ rent for those who qualify.

In the Meriden area, where Rushford serves as the designated Local Mental Health Authority, the Rushford Homeless Outreach team takes the lead in helping people find permanent housing and connecting them to behavioral health and addiction services as needed.

Tomeka, a Rushford client, is one of those people. She found housing through the program after living in and out of shelters for more than four years, including a stint outside on the New Haven green.

For Tomeka, the cycle of homelessness began after she lost her job in retail. She tried, but couldn’t find work as she battled depression she believes was brought on by abuse and feelings of abandonment from her childhood.

At an early age, she said, her parents left her to live with an emotionally abusive grandmother, and she practically raised her younger siblings herself.

“My family wasn’t very supportive [when I was homeless]. Once in a while they’d let me sleep on the couch or eat a hot meal. They were like ‘You can go back to the shelter. They can help you better.’ So I had to stick it out,” Tomeka said.

**Building trust**

Tomeka has been living in her own apartment for more than two years and comes to Rushford for services. In addition, the outreach team has connected her to resources to help her find work. While she still battles depression, she said she’s learning to trust people again thanks to the program.

“[The outreach team] helps me keep my motivation,” she said. “They help me keep a good perspective on life and the circumstances that I’ve been through. They’ve become my vital support.”

Rushford Housing/Homeless Outreach Coordinator Deanna Bencivengo said Tomeka’s self-awareness and willingness to seek help is what makes her successful.
Rushford Housing/Homeless Outreach Coordinator Deanna Bencivengo, left, and Rushford Homeless Outreach Case Manager Tim Washington visit a homeless community in Meriden. Washington carries cinch bags with personal hygiene items and blankets to give to clients he might encounter.
“I remember the first day I met with Tomeka, she said to me, ‘I just want to know that you’re always going to be honest with me, that you’ll always be truthful.’ And I made her that promise,” Bencivengo said.

Hartford HealthCare Behavioral Health Network President Patricia Rehmer agreed that gaining clients’ trust is crucial.

“The work is really to engage them — which is very, very difficult,” said Rehmer. “These are people who are usually disconnected from family and society in general. It takes a long time to build up trusting relationships.”

A psychiatric nurse by trade and former commissioner of the State Department of Mental Health and Addiction Services, Rehmer is very familiar with their work.

“The work is really to engage them — which is very, very difficult. It takes a long time to build up trusting relationships.”

“[Outreach team members] are extraordinarily special people. They are people who are willing to go under bridges and into places other people aren’t willing to go, in all kinds of weather, and engage with some of the most disenfranchised people that are out there,” Rehmer said.

**Going where no one else will go**

On a raw, drizzly night in late January, I had the opportunity to see this special group of people in action as I accompanied Bencivengo, Rushford Housing Case Manager Stacey Bouchard and Caroline Perez from the Meriden-Middlesex County-Coordinated Access Network on the annual “Point in Time count” — a mandate by the federal government to count the number of people who are without shelter.

For Rushford, it’s more than a just a head count. The outreach team uses the event to follow up with existing clients and locate former clients who might be back out on the street.

“We have a good feeling of where people are or where they might be. But the reality is that this is a very transient population and it changes,” Bencivengo said as we left Rushford’s Meriden parking lot with Bouchard behind the wheel of Bencivengo’s SUV.

Our first stop that night was the Walmart Super Store in Wallingford just a few minutes from the Rushford campus. Walmart is usually accommodating to people who stay in its parking lots for extended periods, Bencivengo said.

“As long as they don’t become a nuisance, Walmart really won’t say anything. So it’s kind of become a safe place for them to park. They’re open 24 hours. They have access to a bathroom. They feel a little safer,” she said.

Almost immediately, Bencivengo and Perez spot a familiar pickup truck. They suspect it belongs to a man and woman who were successfully housed following last year’s Point in Time count.

“Darn, they’re back out,” Perez said disappointedly.

We park and the four of us approach the weathered truck, its capped-bed filled with personal belongings and trash. Bencivengo approached the passenger-side window.

“I thought you had gone to stay with friends?” she asked the couple.

“Yeah, we did. It didn’t work out,” said the woman.

“We need to get you back on the list. You guys should be eligible for housing at this point. So we want to make you active again and get you working with us again,” said Bencivengo.

Bencivengo gave them her business card and a knapsack filled with personal hygiene items and blankets. Perez used an app on her phone to record some personal information and enter them into the database.

As we drove away from Walmart, Bencivengo said she’s hopeful she’ll hear from the couple.

“They’re both pretty vulnerable. They both have medical issues. The female has some psychiatric issues. I’m pretty sure that the male has some substance abuse and alcohol issues. So we’d like to get them stabilized,” she said.

**Rushford to the rescue**

Next, we take a short drive and park on a deserted Meriden street sandwiched between affordable housing complexes.

We walk down a wet, rocky path to an abandoned factory. The glass in the long windows has been knocked out. And, the combination of fog, drizzle and dull orange light from the street lamps make it seem like a set from a B-horror movie.

The women were unfazed. They’ve heard people have been living here. Armed with only pocket flashlights and their Rushford identification badges,
they step over broken glass and garbage to enter the building.

“We’re here from Rushford. Do you need any help?” Bencivengo called out several times, her voice echoing against the remnants of the day’s rain eerily dripping off the steel girders.

This time, we didn’t find anyone. Because of the isolated spot and the “general creepiness” of the building, she said it’s a perfect spot for a homeless person to take up shelter and go undetected.

During the next three hours, we searched a commuter parking lot, an abandoned parking garage and several lightly wooded areas where the team suspected people might be living unsheltered.

We also found an empty encampment that they’d all heard about but had never seen, adjacent to a liquor store and old town grange in the downtown area.

Before the night ended, we stopped by a downtown fire station because Bencivengo had heard that a one-time Rushford supportive housing client with severe alcoholism was living outside close by. She learned from firefighters that the man had recently been transported to MidState Medical Center for a minor ailment.

“He’s known to sleep out back of the fire station, and at this point we’re just trying to keep enough eyes on him so he doesn’t freeze to death, and hopefully try to engage him back into services,” she said.

As we pulled into the Rushford parking lot a little after 11 p.m., Bencivengo judged the night a success.

“We did find that couple and that their resolution to their homelessness didn’t work out. They probably were not people who were going to seek us back out. So I’m glad that we did see them and we can work with them,” she said.

Emotionally draining, but rewarding work
Armed with new information and being reconnected with past clients, Bencivengo’s team vowed to get to work. Washington would visit the new encampments again, trying to connect with the people who live there and build the trusting rapport he’s been known for through his years working at Rushford.

“I’ve been here 13 years and I love my job. It’s very tough sometimes because I’m such a giving person or try to be such a giving person. My boss tells me I can’t fix everyone. But I try to,” said Washington.

Washington said it can be frustrating and emotionally draining when clients don’t want his help or he finds they’re back on the street.

But the rewards of his work are immeasurable. Washington reflected on one recent success story — a woman who had been homeless for more than five years and found an apartment through Rushford and coordinated access.

“We brought her to the apartment. She looked around. It was clean. It was beautiful,” Washington recalled. “And she said ‘This is mine?’ And I said ‘Yes this is yours’ and I handed her the keys. She started crying right then and there. She couldn’t believe it was hers.”

To listen to a podcast or video about Rushford’s homeless efforts, visit www.rushford.org/homeless
MATCH Program Thriving

In the shadow of a relentless opioid epidemic, Hartford HealthCare has become a leader in addressing the challenges of addiction and mental health in a compassionate, accessible and discreet way with its rapidly expanding MATCH Program.

MATCH, or Medication-Assisted Treatment Close to Home, was first introduced in the BHN in early 2016 as a multi-faceted way of helping teen and adult opioid users find lasting sobriety.

“Substance use and psychiatric disorders frequently co-occur and outcomes are significantly improved when treatment addresses both issues,” said J. Craig Allen, MD, medical director of Rushford. “With MATCH, we coordinate medication management and psychosocial therapy within a team that has expertise in both behavioral and substance use disorders.”

MATCH combines the use of FDA-approved medications such as Suboxone® or Vivitrol® to reduce cravings for opioids and alcohol with group therapy aimed at relapse prevention and opportunities for holistic treatment such as yoga. Through its various locations, the program has touched thousands of lives. From July 1, 2017 through June 30, 2018, more than 2,500 clients with a diagnosis of opioid addiction came through the various MATCH locations.

“Medications such as Suboxone help these individuals continue to function at home and at work while they are working on their recovery,” Allen said, adding that, “same-day appointments and flexible programming accommodates clients who have real-life work, family and social responsibilities in addition to managing their substance use disorder.”

Medication, he explains, improves treatment outcomes, but every patient also participates in a relapse prevention group to help improve their overall functioning and provide support throughout the recovery process.

Private physicians can prescribe medications to help patients find sobriety, but the value of MATCH comes in the support and health services offered as well. Classes in yoga, meditation, exercise and mindfulness are also part of MATCH because, Allen said, they are known to have a positive impact on substance use disorder, depression, anxiety and overall mental and physical health.

To meet the state’s demand for opioid-specific programming, MATCH expanded recently to add several new sites. The 16 locations now include:

- Rushford’s site in Middletown in addition to existing sites in Avon, Cheshire, Glastonbury and Meriden.
- Natchaug Hospital treatment sites in Danielson, Dayville, Enfield, Groton, Mansfield, Norwich and Old Saybrook, as well as a new location in Vernon.
- Backus Hospital’s location in Norwich.
- The Hospital of Central Connecticut sites in New Britain and Southington.

“The opioid epidemic continues in Connecticut and nationwide,” said BHN President Patricia Rehmer. “The Hartford HealthCare Behavioral Health Network continues to be proactive by providing MATCH services across Connecticut, in urban and suburban locations, so people can access the services that they need. We are consistently adding new locations because we are keenly aware of how important it is to have medication-assisted treatment, close to home.”

Rushford Equips Drivers with Narcan to Prevent Overdoses

Creating and sustaining a safe care environment often means filling in the gaps. Rushford did exactly that recently and scored a great win for the people it serves.

The Hartford HealthCare Behavioral Health Network has been leader in not only treating those with opioid addiction, but in shaping policy on a state and national level. The leadership team has advocated strongly for the use of Narcan (naloxone) as an overdose-rescue medication for patients, family members, first responders and others.
The transportation huddle at Rushford includes drivers who pilot vans that take clients to and from treatment. In the first week, Donna Williams, one of the drivers, noted that clients might be at risk for overdose while being transported. Some clients still may be struggling to stay off opioids and might use drugs immediately before pick-up. She said, “We should have Narcan in our vans in the event that someone slumps over while I’m driving them and I might be able to assist and even rescue them. Can we make that happen?” It went to the daily Rushford safety huddle and became a “just do it.” Transportation Coordinator Joe Shuckerow and Nurse Manager Justin Sleeper helped make it happen. Drivers were trained in the use of Narcan and it’s now included in the kitbag they pick up every day before climbing into their vans. From idea to completion, it took eight days.

ABAM Fellowship

Rushford continues its participation in the pioneering Addiction Medicine Fellowship Program. The current fellow, Sarah Calnan, MD, will graduate in June 2019 and will join four other doctors who have completed their fellowship at Rushford.

During the one-year fellowship, certified by the American Board of Addiction Medicine (ABAM), physicians train across a broad array of clinical settings at Rushford’s five Connecticut campuses and other institutions within the Hartford HealthCare Behavioral Health Network, including The Institute of Living/Hartford Hospital.

Fellows gain exposure to traditional addiction specialty and related inpatient and outpatient programs, including detoxification, dual diagnosis, acute intoxication and withdrawal syndromes, medication-assisted treatment for opiate and alcohol use disorders, and collaborate with various clinicians in team case conferences.

“The fellowship program continues to be very successful in helping us prepare candidates for independent practice and certification in addiction medicine,” says Samuel M. Silverman, MD, FAPA, Rushford’s ABAM Fellowship Program Director. “By doing this, we are ensuring that high-quality, interdisciplinary, evidence-based addiction treatment programs can be provided to those most in need of this clinical service.”

Upon completion, participants receive a diploma in completion of the Addiction Medicine Fellowship, and are eligible to sit for the ABAM certification.
Austin Rice knew better. Watching people overdose while in high school in Colchester, he saw how seductive and addicting opioids can be. Studying chemistry in college, he learned how they can ravage the mind and body.

In the end, he knew, but it didn’t matter.

Rice was 21 when a car accident left him with broken ribs and a dislocated knee and shoulder. The doctors gave him Oxycontin and Percocet, both opioids, for the pain. When they started weaning him off the prescriptions, he couldn’t handle the persistent pain, especially when he returned to work at a Colchester net factory. He decided to see if heroin might help.

“I sniffed it and found it was a cheaper and faster high,” he said. “I did more, and then started injecting it.”

Less than a year later, Rice experienced the first of many overdoses, although he remembers little of it. It’s the overdose a few months later that he recalls, detailing the situation in a calm, almost disembodied voice while sitting in the common room of Stonehaven, Rushford’s extended residential treatment program in Portland.

“I was laying on a comforter at my mother’s house after doing a mix of cocaine and heroin,” he said. “It felt like the comforter was coming in around me, swallowing me. Then, it felt like I was screaming but there was no sound coming out of me.”

Rice, 32, later learned that his mother had to break down his bedroom door to help him. He woke up after three days at Backus Hospital feeling “frail and awful.” The overdose of cocaine and heroin caused brain damage so severe that he couldn’t make new memories.

“They were repeating things to me over and over, but I couldn’t remember them,” he said. “It took two months, and a stay in a Pennsylvania hospital for brain injuries, before I started remembering bits of what happened the day before.”

The long-term memories, he says, trickled back in “bits and pieces” and his math skills, key for a chemistry student, are still affected.

Within two weeks of his return from the hospital after the overdose, though, Rice was getting high again. It’s a cycle he’d repeat in different locations for almost a decade. He’d think a little wouldn’t harm him, or convince himself he could go through the withdrawals on his own, instead of in a medically-supervised setting. It never worked for long.

He took heroin and cocaine. He discovered — and enjoyed — the calming effect of benzodiazepines like Xanax and Valium that numb the nervous system. He’d contemplate sobriety and then party to rid his house of all the stashes of drugs beforehand, finding himself in worse shape. Even when on methadone, a legal opioid substitute used to wean addicts off heroin, it never felt clean.

“It didn’t give me the feeling of sobriety. I wanted to get off of everything,” said Rice, who has the chemical structure of LSD tattooed on the back of his right calf.

That proved problematic when coming off the benzos, which caused small and grand mal seizures. Often, he’d wake up confused as doctors or firefighters peered down at him. There were periods of homelessness and jail time stemming from drunk driving charges and subsequent probation violations.

The program, he says, is helping him be “clean mentally” and spiritually as well as physically, a fresh approach.

There were equally extended periods, however, in which he’d go to work, often laying tile in Florida with his father, and make good money. He bought a house and helped both his mother and grandmother when they were sick.

The drugs, however, always lingered on life’s periphery.

“One time, I detoxed on my own from methadone and told myself I’d never get physically addicted to anything again,” Rice said, the fingers of his left hand drumming a staccato beat on the arm of his chair. He looks up, a black beard crinkling as he smiles broadly. “Yeah.”

“Addiction is a chronic disease that behaves like other chronic diseases, but has a more powerful impact given the organ affected is the brain,” said J. Craig Allen, MD, medical director at Rushford. “With addiction, the
Austin Rice, a client at Rushford’s Stonehaven facility in Portland, speaks highly of the treatment and counseling he has received there.
damage is done to the structure that manages our impulses, motivation, and decision making.

After spending most of 2016 clean, he recalls thinking about his “old chemistry days” and found himself on the internet, researching fentanyl and other substances that could get him high legally and be delivered right to his door. He placed order after order, testing each delivery in case sellers laced the drugs with more dangerous chemicals.

His use “started off being manageable,” but Rice admits he was soon cooking methamphetamine and then overdosed on a batch of fentanyl from China.

“The state troopers thought it was a suicide attempt,” he says quietly, running a hand through his short black hair, “so they had me held on a three-day psychiatric hold. I wanted to get clean but I knew I had 10 more grams at home waiting for me.”

Perhaps more upsetting than his history of overdoses and seizures, however, was watching his younger brother overdose. Rice stopped using, but, like most experiences in his dizzying cycle of drug use, it was only temporary. Benzos, he says, are seductive and made him feel like he could do anything.

Driving under the influence of benzos in Connecticut in late April, he got into a car accident. He spent two weeks in the Institute of Living, then went to McAuliffe Center. From there, he was accepted at Stonehaven, where he finally felt “cautiously optimistic” about achieving long-term sobriety.

Rushford Residential Addiction Treatment

Rushford at Middletown offers detox and residential rehabilitation programs to start clients on the road to recovery. The private and secluded facility overlooking the Connecticut River offers holistic therapies, a highly credentialed and compassionate staff, aftercare planning and more.

Rushford’s detox program, which is the first step in recovery and often the most challenging, offers clients a safe and comfortable way to stop the use of opioids, benzodiazepines or alcohol. The 19-bed co-ed unit offers 24-hour medical care and supervision from registered nurses and physicians, group treatment opportunities for those who are ready to begin therapy, and boasts the lowest detox readmission rates in Connecticut.

Once clients have started their sobriety, Rushford’s 42-bed intensive residential rehab program offers them valuable skills and tools they need to make lifestyle changes and maintain their recovery. In addition to group treatment, the residential rehab program offers individualized treatment plans, relapse prevention groups, family therapy and mental health consultations and care.

The final step in the residential continuum of care is Rushford at Stonehaven — a 26-bed brownstone in Portland that offers a structured and supportive environment to help ease the transition from 24-hour care to daily living. Clients have the opportunity to reintegrate into the community and workforce, while having access to flexibly scheduled clinical services that teach and maintain coping and relapse prevention skills.

Rushford’s four outpatient facilities, located throughout central Connecticut, offer another hub of services for clients stepping down from residential care, and offer clients the opportunity to continue treatment and their road to recovery.
Rushford was joined by several other community partners in marking International Overdose Awareness Day at the Meriden Town Green on Friday, Aug. 31.

The event included an opening ceremony, where J. Craig Allen, MD, medical director of Rushford, spoke about the need for communities to join together in dealing with the growing opioid epidemic in the region, as well as yoga, Qigong and Zumba classes, Narcan prescriptions, CPR classes, prescription drug disposal, music, games and more.

Rushford staff, clients and members of the community attended the Out of the Darkness suicide awareness walk on Saturday, June 16 at Woodrow Wilson Middle School in Middletown. The event, organized by the Rushford Zero Suicide champions committee, raised more than $3,500 for the American Foundation for Suicide Prevention.

Rushford at Meriden hosted its second annual client health fair featuring dozens of health and wellness agencies from across Connecticut.
Rushford Client Talent Show

Clients showcased their skills in a wide array of performances including poetry, storytelling and music during the second annual Rushford Client Talent Show on Wednesday, Oct. 25, 2017 in the Rushford cafeteria in Meriden. In all, 14 Rushford clients receiving care from the organization took part in the event, which was meant to give them an encouraging environment to show off their creative skills.

Performances and performers included:
• “The Star-Spangled Banner” by Valerie L.
• “The Landlady” (self-penned poem) by Shaun M.
• “What’s the Use of Feeling” (from “Steven Universe” by Rebecca Sugar) by Sabrina F. and Sage
• “More Than Life’s Worth” and “School of Hard Knocks” (self-penned poems) by Eric S.
• “Growing Up and Believing In Yourself” (self-penned poem) by Jenny R.
• “Somewhere Out There” (from “An American Tail”) by Penelope P.
• Quote by Sarah Young and “Let It Be Let It Be” (self-penned poem) by Janice W.
• “The Bag Lady” and “This Little Light of Mine,” performance by Lis F.; narration and singing by Ray S.
• Rakim’s “My Melody” by Jesse J.
• Adele’s “All That I Ask” by Kathleen A.
• The Firm’s “Satisfaction Guaranteed” by Stephen G.
• “You Asked” (self-penned song accompanied by harmonica) by Tim. F.
• “God Bless America” by everyone

Recovery Concert

The band Selfish Steam, made up of musicians in recovery, headlined an evening of music, food and fun at a Recovery Concert held on Saturday, Aug. 11, at Rushford at Middletown. Proceeds from the event benefited the client fund for Rushford’s detoxification and intensive residential programs.
Buddy Benches

Runs for Recovery Event at the Hartford Yard Goats

Rushford hosted a “Score Runs for Recovery” event at the Sunday, Aug. 12 Yard Goats game at Dunkin’ Donuts Stadium in Hartford. The event was attended by almost 100 Rushford clients and staff members.

Patricia Rehmer, MSN, ACHE, president of the Behavioral Health Network and senior vice president at Hartford HealthCare, gave an on-field presentation about addiction and recovery prior to the game; James O’Dea, MBA, PhD, vice president of the Behavioral Health Network, threw out the first pitch; Rushford Medical Director J. Craig Allen, MD, gave an in-game interview in the broadcast booth; and Rushford staff handed out BHN information and souvenirs to fans.

Buddy Benches

On Friday, Oct. 13, Rushford staff and Stonegate clients presented Spencer Elementary School in Middletown with a hand-crafted Buddy Bench. Buddy Benches are a social inclusion tool for young students who feel isolated during recess or free play time. When a student takes a seat on the bench, it acts as a signal for other kids to come invite them to play or talk. The Buddy Bench presented to the school was built by boys from the Rushford Stonegate program in Durham as part of their community service efforts and was funded by the Community Foundation of Middlesex County. Benches will be presented to each of the 12 schools that attended the annual Rally for Bully-Free Communities in Middletown.
Race for Recovery

The first Annual Rushford Race for Recovery 5K, held in Portland on May 12, brought close to 100 participants, including numerous children and a few four-legged friends. Top male and female finishers were Rob McGuiness who finished the course in 18:41.4, and Amy Heffernan who ran the course in 22:45.5. All proceeds from the event benefited clients in Rushford’s Stonehaven program located in Portland.

Golf Tournament

The 30th Annual Rushford Golf Classic was held on May 22 at the Lyman Orchards Golf Course in Middlefield. More than 90 golfers came out to support the event, which benefits the Rushford child and adolescent programs.
The grants received from August 2, 2017 to August 9, 2018, totaling $327,559.55, include:

**The Arthur and Edythe Director Family Fund**
$2,073 to support substance abuse prevention programs for children and youth, particularly in Middlesex County

**BHcare, Inc.**
$5,000 towards funding for the Meriden Healthy Youth Coalition

**The Charles and Mabel Jost Foundation**
$2,000 benefitting Rushford’s children’s residential treatment programs

**City of Meriden Community Development**
$9,000 to support the Save a Life program for the growing opioid crisis

**DMHAS**
$50,000 for Opioid Use Disorder education for staff at Midstate Medical Center

**The George H.C. Ensworth Memorial Fund**
$5,000 to support alternative therapies to support recovery

**Norma and Natale Sestero Fund - Hartford Foundation for Public Giving**
$50,000 to support alternative therapies such as the yoga/mindfulness program, and expansion of the acupuncture therapy to aid in recovery

**Main Street Community Fund**
$8,000 for alternative therapies for Rushford’s behavioral health clients

**Meriden and Wallingford Substance Abuse Council**
$986.55 mini grant to fund Rushford’s Meriden Healthy Youth Coalition

**SAMHSA**
$125,000 for Drug-Free Communities grant focuses on underage drinking, marijuana use and prescription drug misuse in school-aged children

$50,000 for Sober Truth on Prevention to combat underage drinking through the Meriden Healthy Youth Coalition

$525,000 to increase access to medication-assisted treatment for those struggling to enter treatment for a variety of reasons

**Town of Portland**
$500 to support affordable and accessible substance abuse and mental health prevention and treatment services to Portland residents

**Wheeler Clinic, Inc.**
$20,000 for the Connecticut Recovery Oriented Support System for Youth (CROSS)
Donors

Visionary
BHcare, Inc.
City of Meriden Community Development
Department of Mental Health and Addiction Services
Hartford Dispensary
Norma and Natale Sestero Fund - Hartford Foundation for Public Giving
Main Street Community Foundation
Substance Abuse and Mental Health Services Administration
TheaterWorks, Inc.
Wheeler Clinic, Inc.

Benefactor
Connecticut Lighting Centers
The Lapidus Foundation
TryCycle

Leadership
Atromitos, LLC
The Arthur and Edythe Director Family Fund
The Charles and Mabel Jost Foundation
Peach Pit Foundation
Tower Laboratories

Sustainer
J. Craig Allen, M.D.
Jennifer Brennan
John Carvey
Connecticut Community for Addiction Recovery
CWFM, Waste Removal and Recycling Services

Friend
James Abely
Eileen Alquist
Jim and Doreen Anderson
Karolyn Andrews
Anonymous
Atlas Metal Works
Victor and Rita Baccaro
Matt Barrett
Doreen Bartowski
Peter and Nancy Bauer
Daniel and Andrea Bednarz
Bendett & McHugh
Attorney's At Law
Erica Berthiaume
Jill Bertolini
Big Y
Jamie Birchall
Neva Bosch
Dan Boulay
Lauren Brackett
Devon Leigh Briem
Gail Brooks
Peter and Joan Cahill
Carolyn Camire
Armand Carbone
Kevin Carson
Rachel Calverley

William Clic
Sheila Gosselin
Vin Guglietti
Rosanne Gunlaw
Monika Gunning
Jon Guzzallis
Bernadette Hamad
Mary Harris
Mary Hasbrouck
Amy Heffernan
Joe and Beverly Heffernan
Susan Heuberger
Shanna Hoard
Greg Hogan
Hunter's Ambulance
Louis Iannotti
David Kaliszewski
Lucille-Ann Kelly
Arthur and Lauren Knowlton
Megan Kokofski
Cara Kostacopoulos
Nancy Lanza
Ashley Laprade
Brian Laprade
Patricia Lemieux-Lewis
Regina Levesque
Jennifer Lindfors
Frank Loehmann
Lucille Longo
Medalya Lopez
Herb Lustberg
Artemis Lyons
Michael Magee
Paul Maloney
Peter Maneggia
Robin Markham
Geina Kasandra Marrett
Peter Marshall
Sharon Mattice
Jacquelyn McDaniel
Rob McGuiness
Michelle McNickle
Kate McNulty
Daniel Meagher

Members First Federal Credit Union
Middlesex United Way
Steve Mikkanan
Richard Miles
Deirbhile Milloy
Bennett Meohl, M.D.
Melissa Monroe
Sophia Monroe
Jeanne Moore
Kieren Moore, Esq.
Wanda Moore
Mariah Mora
Melissa Mora
Dermot Morgan
Siobhan Morgan
Andrew Morrissey
Sam Moy, Ph.D.
Czeslaw Mularczyk
Pamela Mulready
Amanda Nappi
Network For Good
Stephen Nyerick
Karen O’Connor
James O’Dea, Ph.D.
Nicholas Olsen
Rhonda Papalo
Mary Pardee
Elizabeth Pendleton
Personal Auto Care
Stephen Pesta
David and Michelle Pestillo
Publicis Hawkeye
Ashley Przekopski
Darlene Przekopski
Sharon Purzycki
Sita Raisz
Lyzbeth Ramos
James Ray
Recovery Ware
Cynthia Riccio
Melanie Ricci
Jonathon Robinson
Roman Oil Co., Inc.
David Ruutel

Michael Salisbury
Heidi Sandling
Laura Shires
Michael Sieniewicz
Maureen Sich
Sami Jo Sioch
Justin Sleeper
Sherry Smardon
Keith Solomon
Sheryl Sprague
St. Dominic Church of Southington
Cheryl Stoddard
Danny Strong
Andrea Tabacchi
The Men’s Group
Traveler’s Insurance
Krystal Turner
United Way of Central & Northeastern Connecticut
United Way of Massachusetts Bay and Merrimack Valley
Celeste Vaidez
Willie Vasileff
Genesis Vega
Jennifer Vega
Michelle Voegtle
Susan Willmore
Grace Winakor
Laura Winakor
Dominic and Meagen Yacohino
Kristin Yetishefsky
Enza Zachia
Quinn Zah
Laura Zeppieri
Zlotnick Construction

In Kind
Lyman Orchards
### Financials & Statement of Operations

#### Assets

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$3,449,190</td>
<td>$2,378,631</td>
</tr>
<tr>
<td>Accounts receivable, less allowance</td>
<td>4,911,338</td>
<td>4,361,626</td>
</tr>
<tr>
<td>Other receivables</td>
<td>211,822</td>
<td>533,219</td>
</tr>
<tr>
<td>Due to - from affiliates</td>
<td>(1,397,048)</td>
<td>(745,948)</td>
</tr>
<tr>
<td>Prepaid expenses and other assets</td>
<td>144,015</td>
<td>247,147</td>
</tr>
<tr>
<td>Current portion of assets whose use is limited</td>
<td>-</td>
<td>62</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>$7,319,317</td>
<td>$6,774,737</td>
</tr>
<tr>
<td><strong>Other assets</strong></td>
<td>$37,539</td>
<td>$66,567</td>
</tr>
<tr>
<td><strong>Property, plant, and equipment, net</strong></td>
<td>$5,702,812</td>
<td>$5,736,914</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$13,059,668</td>
<td>$12,578,218</td>
</tr>
</tbody>
</table>

#### Liabilities and net assets

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current liabilities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>218,363</td>
<td>259,810</td>
</tr>
<tr>
<td>Salaries, wages, payroll taxes, and amounts withheld from employees</td>
<td>843,106</td>
<td>777,705</td>
</tr>
<tr>
<td>Accrued expenses</td>
<td>411,822</td>
<td>211,822</td>
</tr>
<tr>
<td>Estimated third-party settlements</td>
<td>983,222</td>
<td>504,658</td>
</tr>
<tr>
<td>Current portion of long-term debt and capital leases</td>
<td>77,306</td>
<td>35,895</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>$2,549,082</td>
<td>$3,086,107</td>
</tr>
<tr>
<td><strong>Long-term debt, less current portion</strong></td>
<td>134,870</td>
<td>61,664</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>$2,683,952</td>
<td>$3,147,771</td>
</tr>
</tbody>
</table>

#### Net assets:

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>10,268,019</td>
<td>9,263,208</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>107,697</td>
<td>167,239</td>
</tr>
<tr>
<td><strong>Total net assets:</strong></td>
<td>$10,375,716</td>
<td>$9,430,447</td>
</tr>
<tr>
<td><strong>Total assets:</strong></td>
<td>$13,059,668</td>
<td>$12,578,218</td>
</tr>
</tbody>
</table>

#### Year to Date September 30, 2017

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net patient service revenue less provision for bad debts</td>
<td>$20,398,312</td>
<td>$19,762,031</td>
</tr>
<tr>
<td>Other operating revenue</td>
<td>11,584,815</td>
<td>11,250,559</td>
</tr>
<tr>
<td>Net assets released from restriction</td>
<td>115,312</td>
<td>49,764</td>
</tr>
<tr>
<td><strong>Total revenues</strong></td>
<td>$32,098,439</td>
<td>$31,062,354</td>
</tr>
<tr>
<td><strong>Operating expenses:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and wages</td>
<td>18,476,154</td>
<td>17,685,593</td>
</tr>
<tr>
<td>Employee benefits</td>
<td>4,634,082</td>
<td>4,856,786</td>
</tr>
<tr>
<td>Supplies and other</td>
<td>1,103,090</td>
<td>1,360,965</td>
</tr>
<tr>
<td>Purchased services</td>
<td>6,447,614</td>
<td>6,146,296</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>576,665</td>
<td>606,093</td>
</tr>
<tr>
<td>Interest</td>
<td>14,475</td>
<td>28,258</td>
</tr>
<tr>
<td><strong>Total operating income/loss</strong></td>
<td>$1,004,811</td>
<td>$468,201</td>
</tr>
<tr>
<td><strong>Excess (deficiency) of revenues over expenses</strong></td>
<td>$1,004,811</td>
<td>$468,201</td>
</tr>
</tbody>
</table>