

## Executive Summary

For the last 50 years Bridge House has provided services for individuals with substance abuse problems who would otherwise have little chance for recovery due to lack of resources. Substance abuse impacts the individual, the family, and the community as a whole. Drugs and drug-related activities have a major impact on crime. Treatment offers a life-time solution for many. By helping hundreds of addicts each year, we are helping to mend our community at many different levels. Bridge House has a proven track record of the efficacy of the treatment provided to our residents. Seventy-percent of those who complete the program sustain their recovery for two years or more (2001).

We are now reaching out to the community in an ambitious effort to secure the future of Bridge House in New Orleans. Many people don't realize that our main residential facility at 1160 Camp Street is rented, not owned, by Bridge House. It is located in the center of what was once skid row. Not only will our new facility expand our current services by as many as 104 new beds, a new, permanent home is will ensure that Bridge House will remain a beacon of hope far into the future of our community. Individuals needing treatment, regardless of financial circumstances, will have increased access to treatment

Bridge House has been able to sustain itself through creative funding initiatives that support over 85% of our operating budget. The used car lot, the thrift store and the fund development department do a tremendous job of generating this major portion of our funding. While the savings from our current rental properties would help to offset the cost of the new facility, we need additional support.

Substance abuse at its core is a mental health problem. In post-Katrina New Orleans, the need for mental health resources has expanded greatly, yet the limited traditional resources that remain are overburdened. Bridge House has developed a well-deserved reputation as a community resource for those who have no other place to turn.

For the 17<sup>th</sup> consecutive year, the certified public accounting firm of Ericksen, Krentel, Canton and LaPorte audited our financial statements for the years ending December 31, 2005 and 2006 rendering an unqualified or clean opinion of the financial position of the Bridge House Corporation. Following this page is our Case for Support. We hope you will take the time to read it.

Thank you for your time and consideration.

## **Building a Bridge to the Future:**

### **Bridge House: The Next 50 Years**

**Bridge House needs your help to build a permanent home.**

We are embarking on our first-ever Capital Campaign with a goal of raising \$7 million. Our plan is to build a new, larger, permanent facility at the corner of South Dupre and Earhardt Boulevard. Bridge House already owns the land. Our new home will centralize treatment services and accommodate more residents than our current location. At almost 31,000 square feet, our new building will have room for up to 104 licensed beds, as well as clinical and administrative offices.

These are our goals:

- Invest in the future of Bridge House and New Orleans by securing a permanent home for our services
- Build a firm foundation that ensures the quality of our services for years to come
- Build a larger facility that will double our current capabilities
- Create a warm, welcoming space that inspires recovery

### **A New Home: Investing in our community.....**

Many people don't realize that our main residential facility at 1160 Camp Street is rented, not owned, by Bridge House. It is located in the center of what was once skid row. Not only will our new facility expand our current services by as many as 104 new beds, a new permanent home will ensure that Bridge House will remain a beacon of hope far into the future of our community. Individuals needing treatment, regardless of financial circumstances, will have increased access to treatment. The need for these additional services is expressed daily by those individuals that we must turn away. Bridge House will maintain its current location in conjunction with our new location. (Please see Appendix 1 for our projected income and operational expenses for both locations.)

## Open Doors

Thank you for your consideration in supporting Bridge House. We take great pleasure and pride in acquainting you with our program. As you read our case for support you will find that we have used various statistics and carefully worded appeals. We hope that you will feel that you know us well as you read the following pages. We invite you to participate in our efforts to provide a secure location for our vitally needed services.

By providing treatment we contribute to the community at many different levels. Our mission, however, is only secondarily about reducing crime, providing marketable skills, helping to provide stability in our community, and other extremely worthwhile positive goals.

We present facts and figures – not because we are indifferent to the human dimensions involved, but it is impossible to collect data on the heartbreak, the suffering, and the misery that is caused by alcoholism and drug addiction.

When you see the light in a mother's eyes, the reborn love of a husband or wife, and much greater, the happiness of the children when a man becomes reunited with his family, you personally feel the satisfaction that comes only to those who are "their brothers' keeper".

Quite intentionally Bridge House offers services to individuals that no one else will. Many facilities screen potential residents in a way that we chose not to.

Our primary goal is to open our doors to down-and-out, troubled human beings suffering with alcohol and drug addiction when they ask for help. *We want* to be available in their time of great need to help them as well as we can. Many of those who walk through our doors truly have nowhere else to go. *We want* to offer unconditional love and support. *We want* to make every individual seeking treatment at Bridge House feel special, important, and welcome.

The residents who seek treatment at Bridge House may not be those who have the highest potential for recovery. Will we become more stringent in who we will admit to improve our statistics? *Absolutely not.* We will tirelessly seek new ways to improve our services and outcomes. Our doors will remain open to all those who are willing to take that first step towards recovery. We cannot predict whose heart and mind will be opened. We want to open doors at Bridge House, not close them.

*Grace strikes us when we are in great pain and restlessness. It strikes us when we walk through the dark valley of a meaningless and empty life.*

*Paul Tillich  
(Theologian and Philosopher)*

## ***The Bottom:***

*Self-knowledge and self-improvement are very difficult for most people. It usually needs great courage and long struggle.*

*Abraham Maslow*

*(American Psychologist)*

Many individuals would not have the *courage* to walk through the doors of Bridge House. Imagine *admitting* to yourself and anyone else that you have suffered *utter defeat*. Imagine admitting that you are *powerless* and that your life has become so *unmanageable* that you have been *rejected* by your family, your friends, and, now that the money has run out, the junkies and drunks on the street want nothing to do with you either. It costs \$6.00 to stay in the shelter, and when you try to panhandle for that you are looked upon with *disgust* and *disdain*, maybe you are even arrested. What would you do? Where would you go? Would you have the *courage* to walk through the doors of *Bridge House*? If you did, you would find that Bridge House is easy to enter. You need *no money*, *no identification*, and *no connections*. We will welcome you as an individual who realizes that he can no longer live with the disease of addiction, and we will do all that we can to support your desire to change your life forever.

## Who are we?

One misconception about Bridge House is that we are a mission or a shelter. Let the record state that Bridge House is a 95 bed, residential treatment facility that serves those in search of help with their substance abuse problems. Bridge House was established in 1957 to provide long term intensive alcohol and drug addiction treatment for those who have lost the ability to support themselves. Bridge House is one of the largest facilities of its kind in Louisiana.

Our mission is to facilitate positive change and recovery in the lives of the addicted by teaching them to practice the principles of recovery in order to become productive citizens. Also, we offer a therapeutic work environment that teaches residents discipline, ethics, and marketable job skills.

- Why?

The founders of Bridge House recognized that if an individual suffering from alcohol or drug addiction had a desire to recover and could not have his basic needs met, that individual would stand little chance of success. Bridge House is often called the “last house on the block”. Nearly 600 individuals a year seek help from us. Life changing rewards are possible for those who complete the program and embrace a clean and sober lifestyle. The community often gains a productive citizen, and the family regains a loved one with whom they may rebuild what seemed forever lost.

Bridge House offers and encourages long-term treatment.

- Why?

In order to develop the “habits of recovery”, those seeking treatment require a long-term opportunity in a stable, secure and structured environment to nurture the skills for “living life on life’s terms” without the use of mood altering substances. Changing lifestyles is a process that requires not only a commitment on the part of the individual, but the security of sustained support and encouragement. Post treatment outcomes are most influenced by the time spent in treatment.

Bridge House uses the treatment model of a Therapeutic Community (TC).

- Why?

The TC is a structured environment that encourages personal growth through participation in a setting of peer support that emphasizes the impact that an individual can have on the entire community. Within this social environment there are house rules, work ethics, community guidelines, high expectations and individual goals. These parameters (which in large part are created by the residents themselves) give the members of the community a sense of direction, positive and constructive use of time; as well as motivation for improved self-esteem. There is an emphasis on personal responsibility for one’s own life.

## ***The Challenge:***

*At Bridge House we are at war with substance abuse!  
Our objective is to win the hearts and minds of residents!*

In discussing the wars in Vietnam and now in Iraq, pundits have said our military efforts are futile unless we can win the hearts and minds of the people in those countries. In a nutshell this is also what Bridge House is trying to do. In his book *Understanding the Alcoholic's Mind: the Nature of Craving and How to Control It*, Arnold M. Ludwig, M.D. discusses what individuals need to do to insure sobriety. He states:

The answer seems to be....*in the mind.*

It is there that alcoholics conjure up reasons and excuses to drink, it is there that they first entertain decisions to quit, struggle with their daily urges, and make choices about the future direction of their lives. It is there that they deceive themselves and others. It is there that they acknowledge their helplessness, seek spiritual support, or turn to others for help. If they are to remain sober, they somehow must get to the point, regardless of whatever perspective of their problem they or others hold, where they not only can envision living without alcohol but actually prefer doing so. For that to happen, their thoughts, attitudes, and motivations have to change.

The founders of Alcoholics Anonymous identify a "psychic change" that must take place often identified as a "spiritual experience" or "spiritual awakening" which is described as a "personality change sufficient to bring about recovery from alcoholism".

While daily efforts are made to challenge the thinking of residents, at some level they must accept the information at a personal level. Many are proficient in the language of recovery, and still cannot incorporate it into their daily lives. They can "*talk the talk, but not walk the walk*". That is the beauty of the Therapeutic Community. Both staff and peers reflect daily behaviors that challenge the resident to internalize this new language of recovery, to allow it to touch their hearts.

At the same time we want to win their *hearts* through encouragement, support, spiritual inspiration, camaraderie, fellowship, and teamwork that foster a sense of belonging, self-esteem and significance.

*Our objective is to win the hearts and minds of residents!*

## ***How does treatment at Bridge House meet the needs of our community?***

From *Evaluating Recovery Services: The CALDATA (California Drug and Alcohol Treatment Assessment) Report*:

- The cost benefit of treatment averages \$7 return for every dollar invested.
- Criminal activities significantly decline after treatment. The level of criminal activity was reduced by two-thirds from before treatment to after treatment. The greater the length of time spent in treatment, the greater the percentage reduction in criminal activity.
- There are significant improvements in health resulting in reduction in hospitalizations both during and after treatment.
- The largest gains in employment occur with those individuals staying in treatment beyond the first month with the greatest increases within the social model or other residential programs.

Consider the following report generated by the New Orleans Police Department:

**1<sup>st</sup> Quarter 2006 compared to 1<sup>st</sup> Quarter 2007**

<b>Citywide</b>	<b>1<sup>st</sup> Quarter</b>	<b>1<sup>st</sup> Quarter</b>	<b>%</b>
Offense	2006	2007	Change
Murder*	17	48	182%
Rape	23	14	-39%
Arm. Robbery	73	190	160%
Sim. Robbery	31	54	74%
Assault	220	447	103%
<b>Violent Crime Total</b>	<b>364</b>	<b>753</b>	<b>107%</b>
Burglary	904	1289	43%
Theft	950	1851	95%
Auto Theft	685	727	6%
<b>Non-Violent Crime</b>	<b>2539</b>	<b>3867</b>	<b>52%</b>
Total			
<b>Total Index Crimes</b>	<b>3903</b>	<b>4620</b>	<b>59%</b>

**Source: New Orleans Police Department Administrative & Support Bureau**

Couple these sobering statistics with the following information:

From *Drug Abuse in New Orleans: Orleans Parish Criminal Sheriff's Office Public Information Series*:

- The percent of male arrestees who volunteered for testing and were positive for any drug has remained at or near 70% since 1988.
- Between 1994 and 1999, drug arrests increased 111.2%.
- Between 1999 and 2000, drug arrests hovered between 8,000 and 9,000 per year.
- Between 1994 and 2001, deaths attributed to drug abuse increased 189.7%.

Bear in mind that this report reflects only Orleans Parish and *only* those who were arrested. It is hard to imagine how this represents other than the tip of the iceberg for the greater New Orleans metropolitan area.

The following is an excerpt from a letter written to Bridge House by New Orleans Mayor, C. Ray Nagin:

*Drug related crimes account for the majority of the arrests made in New Orleans, and conflict arising from drug abuse can destroy families. The Bridge House's professional counselors work with local law enforcement officials to help chemically dependent individuals assimilate back into the workforce and family life. By helping rehabilitate chemically dependent individuals, the Bridge House provides a vital service in our community (March 30, 2005).*

*Bridge House internal data (related to criminal justice system): 2006*

- 51% of those admitted (222 residents) had been arrested or in jail 2 or more times in the 6 months prior to admission.
- 14% of that group successfully transitioned out of our program.
- 65% of those who became employed retained their employment.
- 87% of those who successfully transitioned out of our program have had no arrests since entering treatment.

Alcoholism and drug addiction affect not only the individual involved, but also families and society as a whole. The following are statistics from the *2004 Public Opinion Survey provided by the Council on Alcohol and Drug Abuse for Greater New Orleans*:

- 25% of those surveyed admitted that a family member had been affected by alcoholism or drug addiction in the last year.
- 12.7%, or one out of 7 persons, had a family member seek treatment during the last year.
- Both of these percentages are above the national average.

Finally, it is important to know that 58% of the residents who entered Bridge House in 2006 were classified as homeless. The remaining 42% are indigent or working poor, certainly unable to access services without Bridge House.

***Bridge House makes every attempt to meet the need for substance abuse treatment in our community.***

## Who is a Bridge House resident?

Bridge House services 95 males who have substance abuse problems. We absolutely strive to utilize all of our available bed space, and quite often have a waiting list. We are responsive to the requests for services from all venues. Although approximately 51% of those admitted to Bridge House have been arrested or in jail 2 or more times in the 6 months prior to admission, residents that are actually mandated from the criminal justice system represent about 20% of our total population. Individuals who meet the true definition of homelessness represent approximately 58 % of our population.

Where do the rest of our residents come from?

They are people from all walks of life. Again, remember, we serve a population who without the services of Bridge House may not receive any treatment at all, as they can not afford the many costly facilities elsewhere. They could be your son, your brother, your nephew, your neighbor. They ask for help, and we do our best to provide it. Some highly educated; some cannot read. Many were well off at some time in their lives. Others have lost what little they had. ***Alcoholism and drug addiction are known as equal opportunity diseases.*** One's position in life does not make them immune. Sooner or later, we hope that if the help and support is needed, pride will not present the stumbling block to asking for the assistance needed to start on the road to recovery.

Bridge House staff (and residents as well) are encouraged to accept others as they are and not to be judgmental of another's worth. We realize that we all have shortcomings and moments of despair. Bridge House works hard to foster a climate whereby all are treated with dignity, honor, and respect. Should a resident come to Bridge House and leave, he is always welcomed back to try again. The more attempts at recovery, the greater the chance for success.

Remember, *we are trying to win their hearts and their minds!*

## The Program:

*I never suspected that I would have to learn how to live – that there were specific disciplines and ways of seeing the world I had to master before I could awaken to a simple happy, uncomplicated life.*

*Dan Millman (World Champion Gymnast and Author)*

Once an individual enters our program he begins *a journey of self-discovery and new awareness*. There are many *paradoxes* in the program. How about “surrender to win”? For many, the journey begins in *deep denial*. Although he has somewhat acknowledged that alcohol and drugs have created nothing but problems in his life, *understanding the dynamics* of his *addiction* is quite *challenging*. Our Clinical Program focuses on the here and now. How is the resident going to stay sober one day at a time and build on that experience? Will he be able to challenge old attitudes, values and beliefs in a way that will contribute to long-term success? The Clinical Program is focused on helping the resident achieve just that.

## The Clinical Program:

First and foremost Bridge House builds the foundation of recovery with the 12 Steps of Alcoholics Anonymous. Bridge House makes every effort to employ the best and most up-to-date practices in the field of substance abuse. We use *Reality Therapy*, *Cognitive-Behavioral Therapy*, as well as *Rational Emotive Behavioral Therapy*. The clinical staff is provided with numerous opportunities for continuing education to improve their skills. The clinical staff consists of clinical social workers as counselors and vocational rehabilitation counselors.

### ***Working Recovery***

One unique aspect of the Bridge House Program is a program called *Working Recovery*, which is begun upon the completion of the stabilization phase. ***Bridge House understands that developing a good work ethic is essential to recovery.*** In developing occupational skills, residents gain an understanding of how a positive work attitude and the discipline necessary for recovery complement each other. As residents move from Stabilization to Primary Care, they are assigned to one of the various departments of Bridge House for work therapy (e.g. thrift store, car lot, kitchen, clerical etc.). They must report to work on time, cooperate with co-workers, meet job expectations, and complete tasks in an acceptable and timely manner. We employ Certified Vocational Rehabilitation counselors who interact regularly with work supervisors in order to monitor resident behavior and address reactions to situations on the job. Abundant opportunities for application of newly acquired recovery skills present themselves in day-to-day work situations throughout this portion of treatment. Bridge House recognizes the value of teaching residents to react to difficult situations in a positive manner. Counselors can help illustrate how work-related problems/interactions are similar to difficult life situations that residents will encounter throughout their lives. Effectively “working through” these problems while in treatment can facilitate success after treatment.

### ***Phase I: Stabilization***

Stabilization is the most intense portion of our program. Residents participate in groups all day and into the evening hours. This phase of the program is at least two weeks in duration and is in place to allow the resident an opportunity to familiarize himself with his surroundings and learn the rules of Bridge House. This extended orientation provides time for the resident to finish residual detoxification and lessen anxiety about being in treatment. This phase orients residents to Bridge House and includes a physical examination. The resident is introduced to the 12 Step Program and, relapse prevention, and denial management. Residents move to the next phase of treatment when they have completed the required tasks and assignments in Stabilization and demonstrated that they have an understanding of the rules and structure of Bridge House. It is also during this phase that the Family Therapist will begin a relationship with the residents and his family, initially for education and leading up to aiding in rejoining a family when possible.

### ***Phase II: Primary Care***

Primary Care usually lasts from three to six months. It is at this point that a resident is given a job assignment for the *working recovery* aspect of his program. During this phase residents are expected to show progress in recovery, work performance, attitude, behavior and social skills in order to be given the opportunity to secure outside employment.

During the primary phase of treatment, residents begin to work a 12 Step Program of recovery, completing the required steps and readings for each level of care. Residents learn denial patterns and relapse warning signs as described by Terence Gorski, an addiction specialist whose workbooks are used extensively throughout all treatment phases. Residents learn to recognize and manage high-risk situations as they complete the workbooks provided. As a resident prepares to move on, he must design a solid recovery plan. The goal is to help residents become aware of the destructive behavior patterns that are inconsistent with successful recovery. Residents are required to complete a recovery plan before consideration for advancement to the next phase of the program. Readiness to move is determined by the resident's daily expression of recovery.

### ***Phase III: Re-entry***

This is the phase where outside employment begins. Upon reaching this phase residents are expected to do more, not less. This is a different and quite difficult phase of the program because residents are allowed more freedom, and the additional freedom brings additional responsibility. During the first several months, they are still required to attend group every night and go to 3 outside 12 Step meeting each week. The new freedoms and responsibilities test their recovery skills. Residents have the opportunity to process the challenging issues they face as they begin to reconnect with the outside world. They continue to work with their counselors (clinical, family and vocational rehabilitation) and their sponsors on how to incorporate the 12 Steps into their daily lives. In Phase III, residents must learn how to take care of personal finances. They begin to rebuild their relationships with their families. If and when the counselor determines that it is appropriate, they may begin to attend group two nights a week. At this time the resident is preparing to become fully integrated in the recovering community outside of Bridge House. Upon completion of this phase we are confident that a resident has been provided with the tools necessary to continue to grow in recovery. A resident will now make the decision to leave Bridge House or continue on in our Permanent Housing Program.

### ***Permanent Housing Program:***

Residents who express a need for continued support and structured living are offered an opportunity to stay at Bridge House for an unspecified length of time. The administration recognized that some residents will always have a need for minimum structure as well as a safe environment that is supportive to continued recovery. These residents are offered the services of a counselor and must adhere to the same basic rules that are in place for our Phase III. The counselor works with the resident to set goals for continued growth toward greater independence.

## **Medical Services:**

The following is from an appeal letter written by Dr. Howard Wetsman in support of Bridge House. Dr. Wetsman has been a practicing psychiatrist for 21 years, with an emphasis on addiction medicine:

*I've never worked at a treatment center before where the focus was so completely on helping the patients recover. This is literally the best place I've ever worked as a doctor. (January 2005)*

### ***Co-Occurring Disorders:***

Many individuals who enter Bridge House have co-occurring disorders that may hinder their recovery efforts. Bridge House utilizes the resources of Central City Mental Health Clinic which operates under the Louisiana Department of Health and Hospitals to assist these residents in securing the additional services needed for their additional mental health services. The staff teaches the residents the importance of managing their additional psychiatric problems in their efforts to remain sober. It is not uncommon that individuals have been using illicit drugs in an effort to self-medicate with obviously disastrous results. The clinical staff of Bridge House has the cooperation of the medical staff at Central City Mental Health Clinic in treating these residents. When well managed, these individuals have every opportunity for a successful treatment episode and long term sobriety.

### ***Tulane University Clinic:***

We are extremely fortunate to have a weekly medical clinic set up on the Bridge House campus under the leadership of Dr. James Theis. We have had this ongoing relationship with Tulane Medical School for over 10 years. The clinic provides an initial physical to each new resident, as well as Hepatitis testing, HIV testing, and acute care or referral as needed. Dr. Theis and the Tulane students have shown great insight, knowing that if we can treat a resident at Bridge House it greatly reduces the need for the resident to leave the main campus for those services, thereby reducing possible high-risk situations for the resident in traveling to and from outside resources. The clinic also does its best to provide medication when at all possible.