

Bridge House / Grace House

Strategic Plan 2022-2024



Executive Summary

In the following pages is an articulation of Bridge House / Grace House's strategic priorities, starting in January of 2022. We are utilizing the *Horizons Framework* which allows us to organize and detail near-term priorities the organization will pursue over the next three years, while identifying mid and long-term opportunities for expansion and innovation necessitating further evaluation. Bridge House / Grace House is launching this plan from a position of strength, buoyed by strong financial management, dedicated staff and a strong reputation built over decades of service delivery.

Over the next 3 years Bridge House / Grace House will continue to prioritize strengthening and building a top-tier program through investments in staffing, facilities, and standardization. This will be accomplished by a renewed dedication to staff experience and development while maintaining the growth of diversified revenue streams to provide the flexible resources required for strategic investment. Meanwhile, the organization will expand its community connection through a focus on outreach, awareness and the launch of an alumni program. All of this will require steady leadership at both the executive and board level.

This strengthening of core programming will provide the platform for the exploration of service expansion, whether that be through delivering dedicated services for women & children, aftercare housing, or enhanced employer partnerships and advocacy. Despite their variations, all of the opportunities in Horizons 2 & 3 stem from the same enduring vision: to be a leading organization - recognized for innovation and community engagement - in transforming addictive behaviors to realize human potential, strengthen individuals and families and build a vibrant, safe and healthy Greater New Orleans area.

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Our History

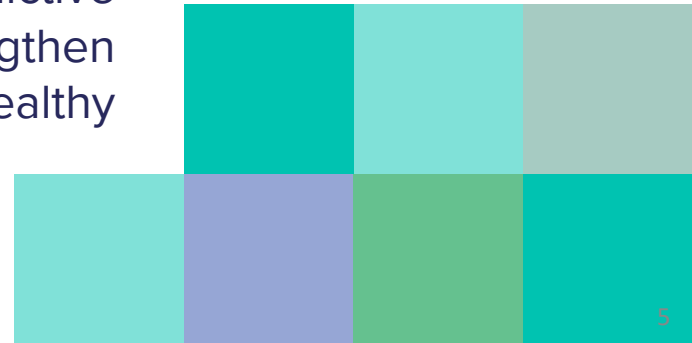


Our Mission

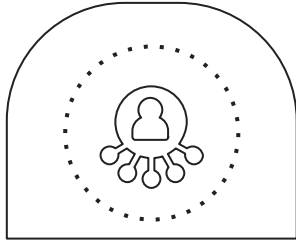
To provide gender-sensitive, long-term residential treatment to people who have become dependent on alcohol or drugs so that they may lead sober and productive lives. Services are provided regardless of one's ability to pay and offered in an atmosphere that promotes dignity, honor and respect.

Our Vision

To be a leading organization - recognized for innovation and community engagement - in transforming addictive behaviors in order to realize human potential, strengthen individuals and families and build a vibrant, safe and healthy Greater New Orleans area.



Our Beliefs



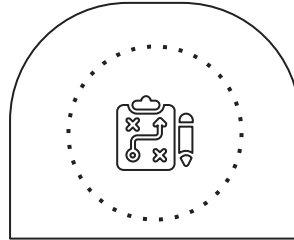
PEOPLE

We believe....

...men and women at times need help in order to overcome the problems of life.

...people can change their behavior and have the capacity for infinite growth.

...all people should be treated with dignity, honor and respect.



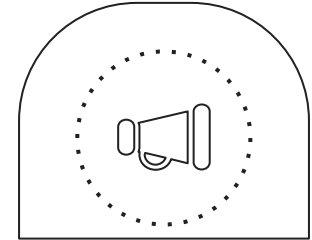
APPROACH

We believe....

...chemical dependency is a treatable disease.

...the 12-step recovery process is an effective tool for recovery.

...financial responsibility is an integral part of the recovery process in leading a productive and successful life.



OUR ROLE

We believe...

...it is our responsibility to furnish the needed help regardless of ability to pay, and that this requires extensive and diversified funding sources.

...it is our duty to inform the public that treatment is available and necessary.

Our History

Bridge House was founded in 1957 when a group of recovering alcoholics realized it is almost impossible for those living on the street to obtain and maintain sobriety without getting their basic needs met. Bridge House has transitioned over the years from being strictly a shelter for the addicted to becoming a long-term intensive alcohol and drug addiction treatment center.

In 1985, Grace House, the women's program, was founded with the same bedrock of residential treatment and an additional emphasis on the special needs of women. As the only substance abuse treatment facility exclusively for women in the Greater New Orleans area, Grace House provides gender sensitive treatment focused on the unique needs of women in recovery including the areas of trauma, self-esteem, parenting, and healthy relationships.

Bridge House and Grace House merged in 2006 and are now publicly known as Bridge House / Grace House with a single purpose- to provide long-term residential treatment for those suffering with the disease of addiction who would not otherwise be able to afford it. As one organization, BH / GH has 150 licensed beds

Our Programs

Bridge House / Grace House is a long-term residential substance abuse treatment program offering services from clinically managed low-intensity to high-intensity levels. All phases use a foundation of the 12 Steps of Alcoholics / Narcotics Anonymous combined with evidence based best practices that are integrated into modalities including individual and group therapies, psychoeducation, work therapy, and trauma informed care. The resident's progress through the program in the following phases:

Stabilization

This period provides services at the ASAM 3.5 or 3.3 levels of care, particularly suited for those with concurrent co-occurring issues requiring a more structured recovery environment.

The resident receives a minimum of 20 hours per week of high-intensity clinical and recovery-focused services. Lasting up to the first 30 days, residents participate in activities that acclimate them to our environment of a modified therapeutic community, education about addiction, treatment, and their role in their recovery.

Primary

This level of care, characterized in ASAM level 3.1, offers a combination of low- intensity clinical and recovery focused services.

Building on their individualized treatment plan, the resident's care concentrates on applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility, and learning how to integrate recovery within work settings, education, and family life.

The duration of this phase is traditionally no less than 90 days. The length of stay is determined by the development and demonstration of positive recovery skills as reflected through progress on their treatment plan, appropriate interactions at the therapeutic job site and being a positive role model within the therapeutic community.

Re-Entry / Transition

Clients seek and gain employment, pursue vocational training and/or further education, and strengthen recovery support groups outside of the treatment setting.

Clients experience "real-life" experiences using newly acquired recovery skills; and secure a suitable living arrangement.

What Makes Us Different

Treatment Model

Long-term Residential
Gender Sensitive
Individual *and* Group Therapy
Work Therapy / Psychosocial Rehabilitation
Modified Therapeutic Community
Intentionally target the most chronic, marginalized and forgotten members of the community



Diversified Financials

All traditional funding available for treatment services pursued
Funding supplemented with diverse fundraising practices and social enterprises to meet treatment need.
Strong fiscal management that maintains the goodwill and support of many private individuals, corporations, and foundations.

Experience

Providing services for over 60 years
Recognized as a leader in the field and the community



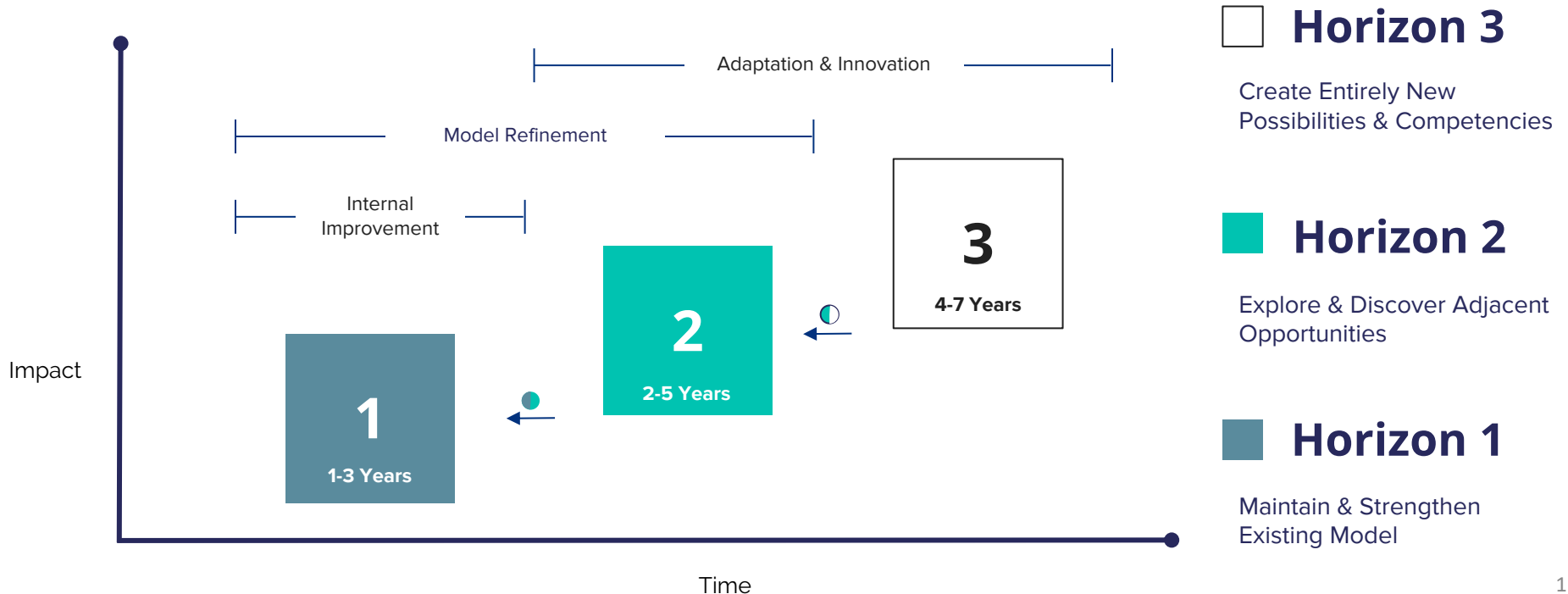
02

Our Plan



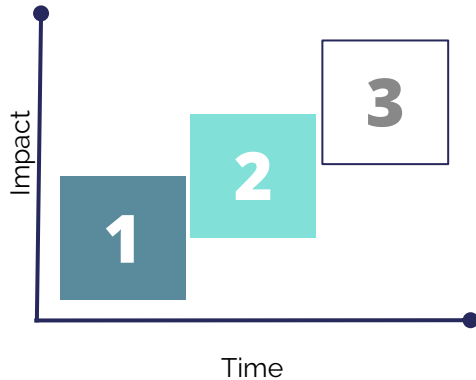
Planning Across Horizons

With a history of adapting treatment models and business practices to meet the needs of the community, Bridge House / Grace House will continue to innovate to deliver high-quality care.



Horizon 1

Horizon 1: Maintain & Strengthen Existing Model



Our priorities and focus areas for 2022, 2023 & 2024 will strengthen our model and allow us to continue to improve our outcomes for patients.

Top-Tier Program:

Strengthen Programming through Investments in Staffing, Facilities and Standardization

Best Place to Work:

Prioritize Staff Experience and Development

Community Connection:

Drive Outreach, Awareness and Alumni Connectivity

Sustainable Model, Flexible Resources:

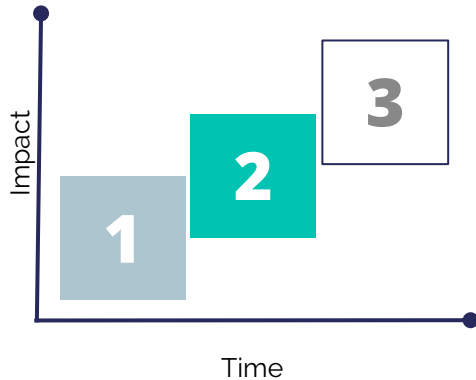
Maintain Growth of Diversified Revenue Streams

Steady Leadership:

Enhance Documentation, Succession Planning & Governance

Horizon 2

Horizon 2: Explore & Discover
Adjacent Opportunities



The opportunities highlighted in Horizon 2 are in an exploratory phase, and will continue to be evaluated for their financial feasibility and impact, with some being implemented within the next three years and others shifting later.

EMERGING OPPORTUNITIES

Aftercare Housing

Establish a transitional housing facility for residents following program completion.

Women & Children

Develop specialized services and housing for women with children in treatment.

Employer Advocacy

Expand outreach, advocacy and connection with employers to improve job accessibility for individuals in recovery.

Expand Earned Revenue and Training

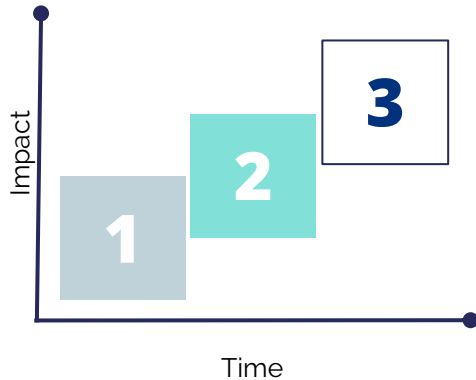
Launch new business line to provide resident training, deliver a helpful community service, and raise money for the organization, while seeking other reimbursables services for the treatment program.

Embedding DEI into Our Model

Embed principles of Diversity, Equity & Inclusion into the programmatic design, onboarding, and ongoing training for team members.

Horizon 3

Horizon 3: Create Entirely New Possibilities & Competencies



Horizon 3 is about new possibilities — future opportunities that would be transformative for the organization, and are in the nascent exploration phase.

Investigate expanding services to Intensive Outpatient and other levels of care, integrating emerging technology and telehealth tools that are redefining medical models.

Expand workforce capabilities to deliver hard skills training to clients.

Explore direct connection to employers.



Horizon 1 Priorities

Detailed Priorities & Measures

Top Tier Program

Measures of Success (by 2024):

Increase Program Completion from 24% to 30%

Reduce Drop-off at Week 1 Transition, from 17% to 10%

Increased 4-Week Retention from 58% to 73% (Increase 5% each year)

Reduced client to counselor ratio from 13:1 to 10:1

Improvement across Client Survey Benchmarks

Note: While the measures articulated in each area are benchmarked for 2024, they will be measured more frequently as the organization monitors progress towards the 2024 goal.

Our Priority: Strengthen Programming through Investments in Staffing, Facilities and Standardization

2022-24 Initiatives (in order of implementation)

- **Develop a Facilities Master Plan** that shifts Administrative Offices from Earhart to Euphrosine, creates communal meeting spaces at both Bridge House and Grace House, and incorporates space optimization for earned-revenue assets.
- **Utilize available internal data** to inform decision-making at all levels and create feedback loops, with an initial focus on improving the client intake experience.
- **Purchase and implement new clinical software program.**
- **Hire additional counselors to reduce caseloads** and adjust counselor to client ratios.
- Conduct **trainings around anti-bias and cultural competency**, beginning with the Programs team and expanding to the broader organization.
- Prepare and execute **CARF accreditation** and review.
- **Standardize 'curriculum'** for Stabilization (3.3) and Primary (3.1) and scale across both treatment sites.
- **Hire dedicated specialists to strengthen treatment model** – focusing on Primary Care Supports and Specialists. Expand alternative therapeutic interventions such as exercise, art, music, and off campus activities.

Best Place to Work

Measures of Success (by 2024):

Increase Employee Retention

Annual & Bi-annual Survey Data analyzed by Department/ and Role Specific within each Department*

Improve Employee Satisfaction

Increase overall personnel satisfaction to an average of 5.5 - an increase of 16%

Increase bi-annual survey participation from 34% to 60% of employees

(See [here](#) for detailed numbers)

Our Priority: Prioritize Staff Experience and Development

2022-24 Initiatives (in order of implementation)

- **Finalize and roll-out enhanced staff benefits across team.**
- **Focus on retention within the clinical team by improving clinician onboarding** to incorporate crisis management training and a slower ramp-up period, increasing RA compensation, and **improving communication channels** and support across client teams.
- **Hire a dedicated HR professional to manage the implementation of a comprehensive culture and retention plan** designed to monitor employee satisfaction, facilitate ongoing team engagement, and inform a roadmap for additional improvements.
- **Incorporate management training for clinical supervisors**, to strengthen support and leadership of direct reports. Pending results, expand to supervisors across the organization.

**Employee retention measures will require benchmarking 2021 based on current retention rates across roles.*

Community Connection

Measures of Success (by 2024):

Increase Program Composition of African American Residents from 25% to 35%

Active monthly alumni network, with 20 participants

Increased community awareness, measured via website traffic**

Our Priority: Drive Outreach, Awareness, and Alumni Connectivity

2022-24 Initiatives (in order of implementation)

- **Establish more structured system for referrals** to and from other service providers, built on effective coordination between outreach efforts and the clinical team.
- **Launch a public campaign** to increase awareness and understanding of Bridge House/Grace House among potential clients and broader community.
- **Host 2-3 events alumni events** (picnics, 12-step meeting on campus, campus visits) with an intent to form an alumni association and network.
- **Assess and refine understanding of the needs of our community** — better utilizing internal data while working with other providers to ensure an **inclusive** and **comprehensive** approach to substance abuse in future community needs assessments.
- **Plan and hold a ‘Sober Fest’**
- Plan more **extracurricular activities that engage local universities** in activities

*Note: This goal of increasing diversity within program composition will be mirrored with an internal staff diversity goal

**Pending benchmarking

Sustainable Model, Flexible Resources

Measures of Success (by 2024):

No less than 35% of overall revenues from Medicaid or MCO funds

1.5% Annual Increase Number of Cash Donors

20 Annual Attempts at Targeted Outreach for Planned Giving

Excellent Donor Stewardship & Maintenance*

3% Annual Increase in Net for Used Car and Thrift Store

Our Priority: Maintain Growth of Diversified Revenue Streams

2022-24 Initiatives (in order of implementation)

- **Sustain increase in reimbursements** from Medicaid and MCOs.
- **Push fundraising model forward**, continuing shift away from events to donor cultivation and major gifts.
 - Outline communications calendar for 2022
 - Diversify giving vehicles (e.g. stock donations, life insurance trusts, donor-advised funds etc.)
 - Engage donors through surveys or meetings to determine donor preferences, interests, and concerns.
 - Attracting and recruiting new donors and funders, leveraging site visits (2 per year for each Board member)
- **Continue to expand earned revenue** from the Thrift Store and Used Car Lot, focusing on operational effectiveness and marketing.

Steady Leadership

Measures of Success (by 2024):

Implementation & Execution of Successful CEO Hiring Process

100% Participation in Committees at the Board Level

Sustain Board Philanthropic Contributions and Site Visits

Our Priority: Enhance Governance, Succession Planning & Documentation

2022-24 Initiatives (in order of implementation)

- **Enhance governance** by hosting annual retreats, regularly evaluating bylaws, and improving board education and onboarding regarding programs and services.
- **Revise structure of BOD meetings** to emphasize committees and include a keynote topic (educational or strategic).
- Draft a **case for support** capturing the **institutional knowledge behind the "Bridge House / Grace House way"** - focusing on how the organization makes decisions and what makes it unique.
- **Develop a succession plan for the CEO position and other key leaders across the organization**, leveraging best practices from board members with succession planning experience.



03

Bringing the Plan to Life



Bringing the Plan to Life: Initiative Sequencing

Each initiative has been sequenced over the 3-year plan lifetime, with some major near-term priorities outlined for 2022 in Top-Tier Program and Best Place to Work.

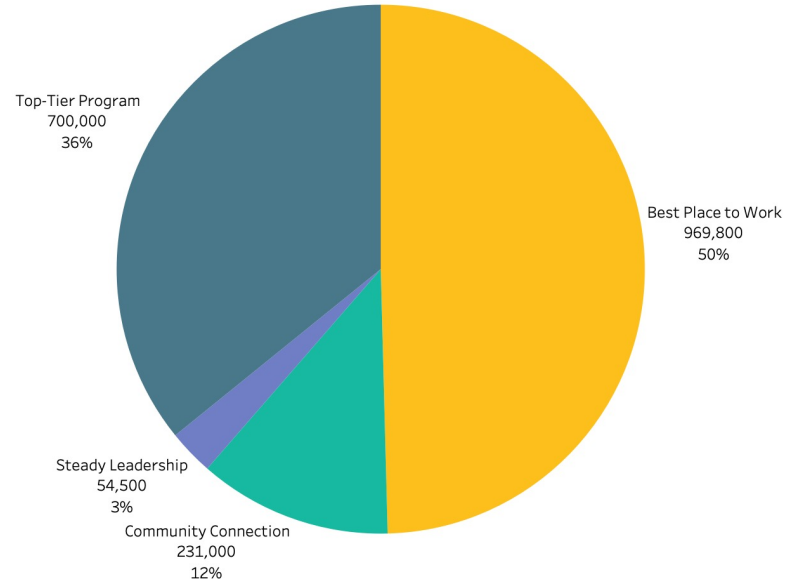
	2022				2023				2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Top-Tier Program												
Facilities Master Plan	■	■	■									
Internal Data Utilization	■	■	■	■								
New Clinical Software		■	■	■								
CARF Accreditation			■	■								
Hire Additional Counselors					■	■	■	■				
Anti-Bias Trainings						■	■	■	■	■	■	
Curriculum Standardization							■	■	■	■	■	■
Hire Dedicated Specialists							■	■	■	■	■	■
Best Place to Work												
Enhance Benefits	■	■	■	■								
Programs Team Retention	■	■	■	■	■	■						
Revise Employee Handbooks		■										
Hire HR Professional			■	■								
Supervisor Management Training				■	■	■	■					

Bringing the Plan to Life: Costing & Budgeting

The plan costing is based on an additive budget: how much additional investment will be required on top of existing expenditures to execute plan priorities. 2022 expenditures are based on what was included in the 2022 budget in relation to plan priorities.

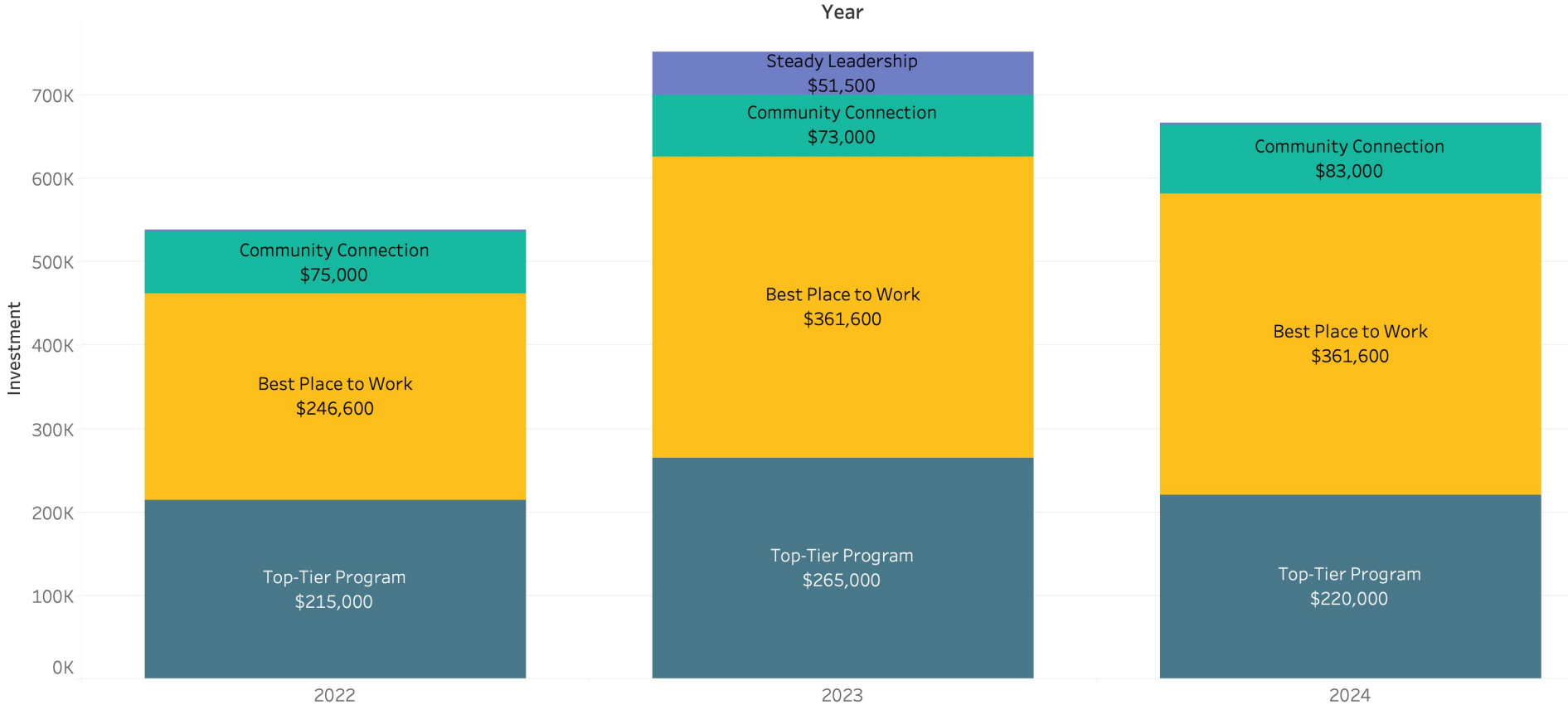
2022 sees an investment of \$508K, with a bump to \$751K in 2023, and \$666K in 2024. Half of these investments are made in the “Best Place to Work” area of the plan, driven by benefits increases and additional staffing. At this point, these numbers serve as estimates and may change as plan implementation continues. These numbers do not include all facilities upgrades and improvements, which will be further determined as part of the Facilities Master Plan. For a detailed list of estimated expenditures see [here](#).

Focus Area	2022	2023	2024
Top-Tier Program	\$215,000	\$265,000	\$220,000
Best Place to Work	\$246,600	\$361,600	\$361,600
Community Connection	\$75,000	\$73,000	\$83,000
Sustainable Model, Flexible Resources	\$0	\$0	\$0
Steady Leadership	\$1,500	\$51,500	\$1,500
Total	\$508,100	\$751,100	\$666,100



Bringing the Plan to Life: Costing & Budgeting

This chart demonstrates the investments shifting over time, with the bump in Top-Tier Program and Steady Leadership coming from investments in new staffing positions and potential professional assistance in succession planning and hiring for an Executive Director, respectively.



Bringing the Plan to Life: Costing & Budgeting

Enhance Benefits \$560,000	Hire HR Professional \$225,000	Hire Additional Counselors \$180,000	Programs Team Retention \$178,800		
	Sober Fest \$150,000	Hire Dedicated Specialists \$100,000	Curriculum	Develop Succession Plan \$50,000	
New Clinical Software \$245,000	Facilities Master Plan \$105,000	Public Awareness Campaign \$60,000	Alumni Events & Network		
			Anti-Bias & Competency		

This captures **cumulative spend over three years for all initiatives listed in the plan.**

The projected largest expenditures over the lifetimes of the plan are **benefits costs for medical coverage**, implementing a **new clinical software** program and hiring an **HR professional, additional counselors and increasing salaries for RAs.**

Other major expenditures include funding for a “Sober Fest” and for a Public Awareness campaign for Bridge House / Grace House.

Bringing the Plan to Life: Board Committees

Moving forward, the Board will incorporate the following changes to deepen committee engagement and ensure Board meetings are impactful and strategic:

- Ensure each board committee has a set of annual plans and goals, building from its function and purpose.
- Monitor and encourage active committee involvement and participation.
- Restructure Board meetings to include and focus on committee reports. (Note: Staff reports will still be included and distributed in pre-meeting brief)
- In each Board meeting determine a “keynote topic” — rotating between strategic discussions and educational content from internal and external experts related to treatment.
- Incorporate the following committees:
 - **Facilities Committee** - Develop facilities plan and oversee ongoing improvements to facilities.
 - **Succession Planning (ad-hoc)** - Design and oversee the succession planning process for Else, culminating in the hiring of a new Executive Director.

Current Committees:

Executive Committee is comprised of the Board’s Officers – President, Vice President, Immediate Past President , Treasurer and Secretary.

The Governance Committee’s role is to recruit new board members and ensure that each member is equipped with the tools and motivation to carry out his or her responsibilities.

Finance Committee The purpose of the Finance Committee is to ensure that Bridge House Corp. remains in good fiscal health.

The **Development Committee’s** role is to assist the Development Department in implementing an effective marketing and fundraising campaign.

Insurance Committee (ad-hoc) To review Bridge House/Grace House insurance policies and coverage.

Investment Committee – Develop and maintain investment policy. Manage relationship with portfolio managers at Morgan/Stanley.

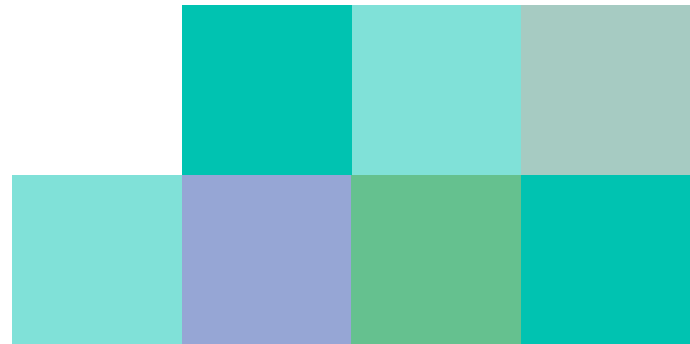
Government Outreach/Advocacy – Promote relationships with local, state and federal government entities. Reach out on a policy level with same.

Bringing the Plan to Life: Next Steps

1. Staff Owners of Priorities that are sequenced for Q1 & Q2 2022 will build out Initiative Plans, outlining milestones.
2. Board Committees will receive committee briefings, which will help them develop goals and priorities for 2022 based on their scope and strategic plan priorities.
3. BH/GH Leadership will finalize benchmarking for measures of success and begin tracking and monitoring process. (See [here](#) for overview of measures)
4. BH/GH Leadership will determine appropriate timing for feasibility studies for Horizon 2 & 3 priorities, likely beginning late 2022.



Appendix



Appendix: Timeline of Bridge House Grace House

1957 Founded as 604 House. Sober room with 5 beds was in a bar at Camp and Julia Streets.

1960 Incorporated as 604 Club.

1964 Changed name to Bridge House. Moved into 1160 Camp St.

1985 Grace House founded at 1401 Delachaise. Same model as Bridge House but exclusively for women.

1990 Opened thrift store on Camp Street.

1992 Opened second thrift store on Jefferson Hwy in Metairie.

1993 Opened used car operation on Camp Street.

2002 Bridge House discontinued services for women.

2005 Purchased land for building at 4150 Earhart.

2005 Hurricane Katrina puts plans on hold.

2006 Moved Metairie thrift store to Airline Highway.

2006 Merger with Grace House location.

2008 Began construction on Earhart with funds from capital campaign and new market tax credits. Opened investment account.

2010 Men's program moved into Earhart and transitioned Camp Street to expansion of women's program.

2012 Added limited billing for Medicaid eligible clients (10-15% of clients eligible).

2013 Became CARF accredited (Commission on Accreditation of Rehabilitation Facilities).

2016 Full Medicaid expansion (85-90% of clients eligible).

2016 Begin negotiating for property purchase from Woodward at 4243 Earhart to move thrift store and used car operations from Camp Street.

2017 Move completed under temporary lease. New locations open on March 9, 2017.

2018 Purchase complete of property at 4243 Earhart.

2018 Incorporated Medically Assisted Therapies into treatment model

2019 Purchased property in Algiers to consolidate and upgrade Grace House. Moved women's program out of Camp Street and Delachaise.

2020 Completed sale of Delachaise property.

2021 Purchased property at 4100 Euphrosine Street to relocate processing center / warehouse for Thrift Store donations and provide expanded space for certain administrative offices.

Appendix: Schedule of Locations

Men's Rehab & Admin

4150 Earhart Blvd. New Orleans, LA 70125

84 residential beds

Women's Rehab

6301 Stratford Place New Orleans, LA 70131

12 residential beds

6311 Stratford Place New Orleans, LA 70131

13 residential beds

6321 Stratford Place New Orleans, LA 70131

15 residential beds

6331 Stratford Place New Orleans, LA 70131

14 residential beds

6341 Stratford Place New Orleans, LA 70131

12 residential beds

Annex Building- Admin offices

6321 Stratford Place New Orleans, LA 70131

Thrift Store

4243 Earhart Blvd. New Orleans, LA 70125

Used Cars

4281 Earhart Blvd. New Orleans, LA 70125

Vacant

1078 S. Gayoso Street New Orleans, LA 70125

Tenant occupied through July of 2021, currently vacant

Warehouse Donation Processing & Distribution Center

4100 Euphrosine Street New Orleans, LA 70125

Section of offices currently vacant

Thrift Store

7901 Airline Drive Metairie, LA 70130

Currently the only rental property

Appendix: Glossary

CARF Accreditation: CARF - the Commission on Accreditation of Rehabilitation Facilities. CARF is considered the gold standard, the premiere accrediting body for rehabilitation programs: facilities that are CARF-accredited must meet stringent international standards. CARF offers several levels of accreditation, the highest being the Three-Year Accreditation. This indicates that the provider is meeting or exceeding CARF standards and will not need to be reviewed again for another three years. Bridge House / Grace House has received this accreditation for three consecutive three-year terms since 2013, and will be audited again in 2022. For more information see [here](#).

ASAM: The ASAM Criteria is a collection of objective guidelines that give clinicians a way to standardize treatment planning and where patients are placed in treatment, as well as how to provide continuing, integrated care and ongoing service planning. The ASAM (American Society of Addiction Medicine) Criteria has become the most widely used set of criteria in the United States for the treatment of substance-use issues, and it has been continually revised and updated over the years with the newest science in the field of addiction. Bridge House / Grace House defines its various programs by the ASAM levels of care. For more information see [here](#).

Cultural Competency: Cultural competence is defined as the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients.(1) A culturally competent health care system can help improve health outcomes and quality of care, and can contribute to the elimination of racial and ethnic health disparities. Bridge House / Grace House has identified the importance of ongoing trainings for staff training in this area.

Anti-Bias Trainings: Anti-bias education involves creating a community that supports all dimensions of human differences. Anti-bias trainings seek to motivate positive behaviors that can, in turn, change attitudes. Ideally, they can help the individuals throughout an organization identify and overcome their blind spots when it comes to things like race, gender, religion, or sexual orientation, so that employees and clients are all on a level playing field. Bridge House/ Grace House will identify a resource to provide cultural competency and anti-bias trainings for its clinical team, and then expand to the rest of the organization.