Dear CGC Friends,

2016 was a year filled with change for the Child Guidance Center of Southern Connecticut (CGC). With the retirement of Sherry Perlstein, who led CGC as our CEO for nearly 30 years, the Board of Directors conducted a comprehensive needs assessment and a national search to select the best candidate to continue to grow and adapt the agency to the changing needs of our communities. We know we chose the right candidate in Dr. Eliot Brenner, a clinical psychologist and seasoned nonprofit leader.

CGC touched the lives of over 3,000 children this year. The record number of children our agency served highlights the mental health needs of our region. As we celebrate the goals we achieved, the families we helped, and the children we saved, it’s important to recognize that this number only represents a small fraction of those in need of mental health support. These are difficult times due to state budget cuts and increased symptom severity in young children. Despite the challenges, I have no doubt that CGC will prevail because we have amazing community supporters, a strong board, and dedicated staff.

The strength of CGC’s Board of Directors comes from a combination of the unwavering support of its legacy members and the addition of new board members. Our Board of Directors has implemented a strategic approach to how we govern—broadening our understanding of the mental health needs of our communities, the function of each CGC program in meeting those needs, and the role of each staff member in fulfilling our mission to address those needs. With that understanding in meeting those needs, the role of our board is to provide the necessary support to those on the front lines, ensuring they have the tools necessary to help children and their families thrive.

Each board member recognizes that our agency positively impacts so many lives because of the passion and dedication each CGC staff member displays. Their level of experience, professionalism, and commitment to improving the lives of each child and family who requests help is truly unparalleled. The achievements of CGC’s staff are not merely measured by the number of lives they touch, but also by the significant improvement each child helped achieves. It's a privilege and honor to support these unsung heroes, as they have gained the unflinching trust of each board member.

While CGC has accomplished many feats, there’s still room to grow and improve. With the support of our communities, the strength of our board, and the experience and professionalism of our staff, I’m confident our agency will continue to deliver programs and services to effectively meet the growing needs of our region’s youth.

Thank you for your ongoing support.

Jay H. Sandak
Chairman, Board of Directors
Dear Valued Supporters,

On my first day at the CGC, I remember feeling inspired by the accomplishments of my predecessor, Sherry Perlstein. For 30 years she nurtured and cultivated this premier mental health agency that serves children ages birth to 18. Every day, I strive to maintain the legacy Sherry built. It’s crucial to our agency’s success and sustainability to adapt to changing times to meet the needs of our communities’ youth.

As we navigate through the challenge of state budget cuts, we realize the importance of better communicating the quality of our services to children and families. After evaluating our agency’s performance I’ve established two goals:

• Continue to provide value to those we serve and to our funders by enhancing the measurement of all agency services; and
• Engage in greater community outreach to ensure our services are accessible to all who are in need.

It’s crucial that we continue to fine-tune how we track and measure our performance to improve our treatment services. With one-in-five children needing professional mental health care, we must also make a greater effort to increase our visibility in the towns we serve, ensuring that all families in Stamford, Greenwich, Darien and New Canaan are aware of our services.

Since I’ve began at CGC, we have updated our mission, principles of practice, and core values so to make the purpose of our organization more clear to our clients, supporters, and the community at large. By using less clinical language in our messaging we are able to enhance communication with our community members.

In addition, CGC developed and executed a new recruitment plan to continue to attract the best qualified staff. This will allow us to provide timely service for even more children and families.

During my first year at CGC, I’ve had the wonderful opportunity to work with an extremely talented staff and an incredibly dedicated Board of Directors. As our agency evolves to better meet the mental health needs of children and teens, I have no doubt we will continue to provide the high quality care that our communities deserve.

Thank you.

Eliot Brenner, PhD
President, Chief Executive Officer

Only 20% of children in CT with mental health issues have access to care
Our Mission

The Child Guidance Center of Southern Connecticut (CGC) is dedicated to improving the mental and behavioral health of children and teens through treatment, education, and community support.

Our Principles of Practice

The Child Guidance Center of Southern Connecticut is committed to providing the highest quality mental health services regardless of a family’s financial circumstances. Our services are:

1. Individualized for each child
2. Grounded in the active engagement of families
3. Based on current research and best practice
4. Culturally respectful and responsive
5. Strengths-based, promoting resilience and independence

Our Core Values

Here at CGC, we demonstrate the following core values in our interactions with clients, colleagues and community partners:

- Integrity - Show devotion to what is right, honest and just
- Respect - Treat others with dignity
- Caring - Be kind and helpful
- Excellence - Strive for professional distinction and growth
- Diversity - Respect individual and group differences
CGC offers a broad range of mental health assessment and treatment services, tailored to meet the needs of each child and family.

Crisis Programs

*Crisis Programs* target children at the highest risk for injury, abuse, or trauma:

- **Emergency Mobile Psychiatric Services** are provided 365 days a year to stabilize critical situations and prevent suicide, violence, and dangerous behavior
- **Child Advocacy Center** provides a children-friendly, neutral environment in which children who have experienced physical abuse, sexual abuse, and neglect are interviewed for forensic purposes and are connected with mental health, advocacy and medical services
- **Community Policing Partnership** provides outreach services 365 days a year for child victims and high risk children identified by the police
- **Community Emergency Response** offers on-site counseling for emergencies impacting large groups in the community, including natural disasters and school violence

Specialized Treatment Programs

*Specialized Treatment Programs* target children of certain age groups and diagnostic categories to foster healthy development and reduce psychiatric symptoms and problematic behavior:

- **Child and Family Therapy** provides a range of clinic-based diagnostic assessment and treatment services, individualized for each patient (ages 3-18)
- **Multi-Dimensional Family Therapy** provides intensive in-home child and parent treatment for youth abusing alcohol or drugs and engaging in delinquent or dangerous behaviors (ages 9-18)
- **Child First** offers intensive in-home parent/child therapy and care coordination focused on decreasing the harmful effects of trauma and deprivation on early development (ages prenatal-6)
- **System of Care** helps families of seriously emotionally disturbed, abused or neglected children meet complex needs by accessing integrated services

Prevention Programs

*Prevention Programs* benefit the public and professionals working with children, by advancing best practices in children’s mental health via:

- **Community Education** workshops
- **Consultation Services** to schools and agencies serving youth
**Our Demographics**

**Numbers Served by Program**

**Crisis Programs**
- Emergency Mobile Psychiatric Services*: 728
- Child Advocacy Center: 87
- Community Policing Partnership: 8
- Community Emergency Response: 53

**Specialized Treatment Programs**
- Child and Family Therapy*: 897
- Multi-Dimensional Family Therapy: 35
- Child First: 36
- System of Care: 44

**Prevention Programs**
- Community Education: 1220
- Consultation Services: 202

*Services provided to 432 crime victims are included in the Emergency Mobile Psychiatric Services and Child and Family Therapy programs.

**Ethnicity**
- 45% Hispanic/Latino
- 2% Asian
- 4% Bi-racial/Other
- 20% African American/Black
- 29% Caucasian

**Gender**
- 48% Male
- 52% Female

**Age Groups**
- 22% Birth to 5
- 27% 6 to 11
- 48% 12 to 17
- 3% 18+

**Total**
- 3,310 Children and Teens Served
- An Additional 4,303 Parents Served
Vivian, age 13, the oldest of three children, was referred to CGC by her parents due to her drug and alcohol use. Once an honor student who loved sports, they were alarmed to see such drastic changes in their daughter. Vivian began to withdraw from her family. She was associating with a different group of friends, sneaking out at night, and using drugs and alcohol. To her parents, Vivian wasn’t the sweet little girl they had raised.

Vivian and her family were referred to CGC’s Multi-Dimensional Family Therapy (MDFT) program. A clinician visited the home to provide treatment sessions. In counseling, Vivian was diagnosed with depression and anxiety. When she opened up about her feelings, the clinician learned that Vivian’s behaviors had changed after her mother started working full-time. Vivian felt her parents were completely unavailable to her due to their demanding schedules. When her parents were home, Vivian felt they were too busy arguing with each other to care about what she was doing. To cope, Vivian started engaging in destructive behaviors. She gave up on her parents because she thought they’d given up on her.

The MDFT clinician worked with Vivian to find healthy ways of expressing and managing her feelings. Her parents learned how to communicate more effectively with their children. A CGC Care Coordinator connected Vivian’s parents with a marriage counselor to help them find healthier ways of communicating with each other.

After five months in the MDFT program, Vivian stopped using drugs and drinking, and her grades improved. The family started to communicate with one another in a more positive and respectful manner. Vivian’s parents changed their work schedules so they could spend more time with each other and with their children.
Our Financials

Revenue

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<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>Percentage</th>
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<tr>
<td>Government Grants</td>
<td>$2,237,481</td>
<td>47.0%</td>
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<td>Fees for Service</td>
<td>$985,586</td>
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<tr>
<td>Corporations/Foundations/Non-Government Grants</td>
<td>$794,671</td>
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<tr>
<td>Individual Contributions/ Special Events</td>
<td>$741,722</td>
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Operating Revenue $4,759,460 100.0%

Expense

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<thead>
<tr>
<th>Service</th>
<th>Amount</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Child and Family Therapy *</td>
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<td>55.6%</td>
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<tr>
<td>Emergency Mobile Psychiatric Services *</td>
<td>$845,741</td>
<td>18.0%</td>
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<td>Child First</td>
<td>$483,508</td>
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<td>Multi-Dimensional Family Therapy</td>
<td>$354,305</td>
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<td>System of Care</td>
<td>$266,470</td>
<td>5.7%</td>
</tr>
<tr>
<td>Child Advocacy Center</td>
<td>$132,967</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

Operating Expense $4,691,469 100.0%

Operating Surplus $67,991

*Includes operating expenses of $378,425 for services provided to crime victims

Our Supporters

We are grateful to our supporters who help us make up the difference between what it costs CGC to provide mental health services and what families can afford to pay. Thank you for making a difference in the lives of children, teenagers, and their families.

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