

# BEHAVIORAL HEALTH NEWS

YOUR TRUSTED SOURCE OF MENTAL HEALTH AND SUBSTANCE USE DISORDER

WINTER 2022

EDUCATION, INFORMATION, ADVOCACY, AND COMMUNITY RESOURCES

VOL. 9 NO. 3

## Volunteers and the Vital Role They Play

### Volunteering Makes Old Age Meaningful

By Michael B. Friedman, LMSW  
Adjunct Associate Professor, Columbia  
University School of Social Work

When I moved to Baltimore to be closer to my daughter and grandchildren, I left behind 50 years of work in New York's mental health community, 20 years of teaching at [Columbia University School of Social Work](#), an active life in jazz and in photography, many friends, and (though I tried to avoid it) a few enemies and detractors. It was a lot to give up, especially for a person with a long history of recurrent depression that I self-treated (with a few interludes with professionals) by staying constantly engaged in activities that absorbed me and kept me in contact with others.

I arrived in Baltimore with none of that, and I'm convinced that volunteering saved me from what would have been a devastating slide into depression. I've had bad moments, of course. I'm up and down like I've always been. But I hate to think of how bad it could have gotten.



Once I arrived, I volunteered whenever I could. I wrote a couple of articles for the [Baltimore Jazz Alliance Newsletter](#) and found my way to a weekly jam session

that led to a regular gig as a happy hour piano player.

I gave a presentation at [Johns Hopkins School of Public Health](#). I wasn't great, to

tell the truth. But I met a few people.

I got myself invited to sit in at the [Baltimore Aging Commission](#) where, I'm afraid, I made a bit of a nuisance of myself, but I also participated on a couple of very interesting committees with some very interesting people.

Most importantly, I was able to form a relationship with [AARP of Maryland](#), where I am now the volunteer chair of their Cognitive and Behavioral Health Advocacy Team, which I set up about a year after I arrived in Baltimore and about six months into the pandemic. I now have friends (and a few adversaries) from all over Maryland who share my interest in the well-being of older adults with cognitive and/or behavioral health conditions.

At AARP of Maryland, I am one of about 50 volunteer advocates who work on a broad range of issues—racial equity, drug costs, driving safety, scam protection, quality of long-term care, access to broadband, and many others. There are also hundreds of more volunteers working on all sorts of projects around the state.

*see Old Age on page 31*

## Behavioral Health News Spotlight on Excellence: An Interview with Steve Miccio, CEO of People USA

By Staff Writer  
Behavioral Health News

David Minot, Executive Director of Mental Health News Education, the non-profit organization that publishes Behavioral Health News, interviews Steve Miccio, CEO of People USA. Steve speaks about the Crisis Stabilization Center located in Dutchess County, NY, and his collaboration with the New York State Office of Mental Health to develop a sustainable stabilization center model that can be replicated in counties across the state.

Interview Transcript

**David Minot:** Hello, and welcome to the launch of the Behavioral Health News Spotlight on Excellence series, featuring exceptional leaders and innovative healthcare solutions that are raising the standard of care in the behavioral health community.

Today, we are speaking with Steve Miccio who is the Chief Executive Officer of [People USA](#), located in Poughkeepsie, NY. Inspired and driven by his personal



[Watch the interview with Steve Miccio, CEO, People USA](#)

lived experience, Steve has spent over two decades creating, providing, and promoting innovative crisis response services and systems-level improvements both across the United States and internationally. These improvements raise the bar on customer service, person-centered communication, trauma-informed care, empathy, and positive expectations for people's recovery and wellness outcomes. Steve's unique models and approaches significantly reduce hospital utilization, incarceration

rates, and overall healthcare spending.

Steve, thank you so much for being here with us today!

Steve Miccio: Thank you, happy to be here.

**DM:** Tell us about the Crisis Stabilization Center in Dutchess County, NY. When did it open and who does it serve?

SM: The Center opened February 13th of 2017 and it serves the community of

Dutchess County, which has about 300,000 residents, and it also serves other counties because people hear about it and come from other counties - it really serves everyone.

**DM:** What was your inspiration for developing this center? What is your goal, and how is it funded?

SM: I had been doing a lot of work in building pure respite - we are a peer-run organization - and 21 years ago I started the first respite, which is a seven-day stay for people dealing with crisis issues. Back when they were closing the [Hudson River Psychiatric Center](#) here in Dutchess County, there was reinvestment money that was going to be given to the county and the County Executive put together a committee of behavioral health leaders in the county to figure out what to do with that money. So, we got together as a group and one of the first things we talked about was the need for a mobile team - some kind of mobile crisis team because there was a lot of that need out there and it wasn't being addressed and that was something we all agreed on.

*see Interview on page 30*

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Deadline: March 16, 2022

Summer 2022 Issue

**The Behavioral Health System, Challenges Met, Challenges Ahead**

Deadline: June 15, 2022

Fall 2022 Issue

**The Impact of Behavioral Health on Families**

Deadline: September 16, 2022

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Westchester Jewish Community Services

## The Important Role Volunteers Play in OMH's Mission to Help Vulnerable New Yorkers

By Ann Sullivan, MD  
Commissioner  
NYS Office of Mental Health (OMH)

Volunteers are extraordinary people who play a critical role in behavioral healthcare. This was never more evident than during the first months of the COVID-19 pandemic when the [New York State Office of Mental Health \(OMH\)](#) reached out to mental health care professionals and asked that they volunteer to help New Yorkers who were feeling the stress and anxiety caused by the pandemic.

When OMH initiated our [Emotional Support Helpline](#) (1-844-863-9314) in March 2020, it was staffed solely by volunteers, including mental health professionals, who had received training in crisis counseling.

To date, the Helpline (which is now funded by FEMA and operated by NY Project Hope) has handled nearly 80,000 calls from New Yorkers seeking support. But without volunteers, we never would have been able to get the Helpline up and running. Thanks to their efforts, thousands of vulnerable people were provided with information about mental health resources available in their communities as well as tips for better managing stress, anxiety, and depression.

We also relied on volunteers for our ["Coping Circles,"](#) a first-in-the-nation program initiated by OMH to utilize telehealth technology to provide group support and therapy sessions for people who are emotionally overwhelmed by the COVID-19 crisis. Because in-person group therapy sessions were not possible during the pandemic, OMH developed Coping Circles to provide home-based support and resilience tele-groups.

Coping Circles consisted of free support and resilience group teletherapy ses-



Ann Sullivan, MD

sions, conducted by licensed independent mental health professionals. More than 750 mental health professionals volunteered to facilitate 1,200 Coping Circles, each of which consisted of six individuals.

Thanks to the volunteers who provided their services free of charge, we were able to offer specialized group sessions for healthcare workers and first responders, people who lost loved ones to COVID-19, and people who had lost their jobs due to COVID-19.

OMH and other state employees also answered the call for volunteers and helped their fellow New Yorkers by working at COVID-19 testing sites and vaccination clinics. But volunteerism is nothing new for OMH employees, who regularly assist in the aftermath of hurricanes, flooding, and other disasters.

And although the pandemic has reduced volunteer activities at our facilities, OMH staff and patients have long benefited from

the support and selflessness of volunteer groups, such as the Friends of [Rochester Psychiatric Center](#) (RPC). The "Friends" as they are affectionately called, were founded more than 45 years ago with the intent to make patients' days a little brighter and uplift the spirits of those in the hospital. Many of the members are RPC retirees and family members of those who have received services. In the past, the Friends have helped to celebrate patients' birthdays and provided each patient with a gift during the holidays. The [Greater Binghamton Health Center](#) (GBHC) Auxiliary has also played an important role in support of many activities for both patients and employees. The Auxiliary is made up of retired and current GBHC employees who have volunteered their time and talents to provide holiday gifts and parties, staff recognition events, field trips, summer picnics, baseball games, museum visits, park outings, and concerts, just to name a few.

At [Elmira Psychiatric Center](#), recreation staff coordinate activities with local churches and benevolent organizations and ensure that patients receive holiday presents. Volunteers at [Buffalo Psychiatric Center](#) ran a thrift store and used the proceeds to purchase birthday and holiday presents for patients. [Pilgrim Psychiatric Center](#) enjoys the support of the Family & Friends Advisory Board, which is comprised of relatives of past and present Pilgrim Psychiatric Center patients. The Board has helped organize open house events and holiday gift distribution. This year the Family & Friends Board donated gift cards to the unit for holiday parties.

The Advisory Council at OMH's [NYC Children's Center](#) has been providing volunteer services and donations to children and their families for more than 40 years. Their work supports and helps provide summer activities for children, holiday gifts, and youth activities at the hospi-

tal. And the local "Camaro Club" provides a free car show and toy donation each Christmas for children in the Queens hospital. Retirees of the NYC Children's Center have been especially generous with their time and resources.

Local churches and service organizations, such as the Lions, Elks, and Kiwanis Clubs, have also volunteered their time and resources, including to help facilitate BINGO games, pizza parties, and ice cream socials for patients at our [Western NY Children's Psychiatric Center](#).

In addition, our Boards of Visitors (BOV), which are composed of volunteers at our hospitals, play a key role in our effort to provide the best services possible. BOV members are appointed by the Governor and approved by the State Senate, reflect the community served by the facility, and are often family members of patients, or are themselves former patients who have expressed an active interest in the care of the vulnerable people we serve.

Every day, volunteers help thousands of individuals and families facing difficult circumstances. And, because doing good is its own reward, volunteers also benefit from their work. Giving to others can provide a sense of purpose, and can also help reduce stress, combat depression and keep you mentally stimulated. Volunteering can help people find new friends, connect with their community, learn new skills, and even advance their careers. OMH will be growing our team of volunteers at our hospitals, clinics, and residences. They can be invaluable contributors to our clients on their recovery journey.

I am so grateful to all volunteers who help OMH in its mission to provide support and assistance to vulnerable New Yorkers. I am also especially proud of the many OMH employees who regularly volunteer their services to help others. Their work, and their selfless desire to help others, has never been so important as it is today.

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## Volunteering Makes a Difference in Our Lives

By **Kimyai, Missy, Rhonda, and Wesley**

This article is part of a quarterly series giving voice to the perspectives of individuals with lived experiences as they share their opinions on a particular topic. The authors are served by [Services for the UnderServed \(S:US\)](#), a New York City-based nonprofit that is committed to giving every New Yorker the tools that they can use to lead a life of purpose.

We are four New Yorkers in our 50s and 60s who receive support from Services for the UnderServed (S:US). We all live in S:US housing and have a variety of behavioral health needs. Three of us were in homeless shelters before we found housing with S:US. One of us has been in recovery for 10 years.

Volunteering, in its many different forms, plays an important role in our lives. Some benefits include an increase in self-esteem and confidence, a reduction of

stress, and improvements in well-being; taking on new challenges helps us obtain different experiences, learning new skills can lead to gainful employment, and making a difference feeds our bodies and souls. By making connections with the people we're helping, we are cultivating friendships and doing our part to strengthen our community.

### Volunteering Can Lead to Paid Employment

Two of us started volunteering with [S:US Urban Farms](#), an initiative that runs community farms and garden spaces at S:US residences, and now we are paid, urban farmers.

“When Urban Farms first started, 11 years ago, I volunteered to work in the garden. We started with one bin and no one else volunteered. It kept me busy, kept me from thinking about using substances and alcohol. Then I started working for a stipend and we got a couple of garden bins. Now we have 10 bins and I

get a paycheck. Being part of Urban Farms helped me a lot, it kept me out of trouble,” said Missy.

“We have an S:US cooking class, and I help residents learn how to cook because I'm a chef. Also, we have a garden, so I help residents learn to eat healthy. We have people with diabetes, cancer survivors, and other underlying health issues. Everybody can learn how to cook. I also cook for staff lunches and for events,” said Rhonda. “Even though I have food service experience, I've also learned horticulture – so now I know how to do all these things on my own. I've learned how to grow things from seeds and watch them flourish. It's beautiful! Food tastes better when grown locally. It's fresher.”

### Volunteering is a Stepping-Stone to Employment

Two of us are members of the Brooklyn Clubhouse, which provides activities for and is run by individuals who live with mental illness. The Clubhouse offers

TASC (formerly GED) and basic computer training, as well as instruction in food service, facilities management, computer applications, and office skills. We like the Clubhouse because of the training opportunities they provide, plus we connect with our peers and other members of the community.

Two of us have receptionist positions at S:US residences through a Transitional Employment Program, which operates out of the Brooklyn Clubhouse. This program provides time-limited employment and on-the-job training in one or more integrated employment settings as an integral part of members' vocational rehabilitation growth. We both hope that these positions lead to similar jobs. This work has helped us improve our computer skills, gain office and people skills, and learn to manage stress.

“One of the things that this position has helped me with is how to handle stress. If I get upset about something for more than 20

*see Difference on page 34*

## Do you have a passion for helping others?

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In 2021, once again, ICL recognized more than 125 staff celebrating 5, 10, 15, 20, 25, and 30 years of service for doing incredibly meaningful work and helping build a culture of mutual support and collaboration.

At a time when our sector is struggling to fill open positions and the work we do has gotten more challenging, we want to thank all our staff for their extraordinary commitment to ICL and the clients we serve.

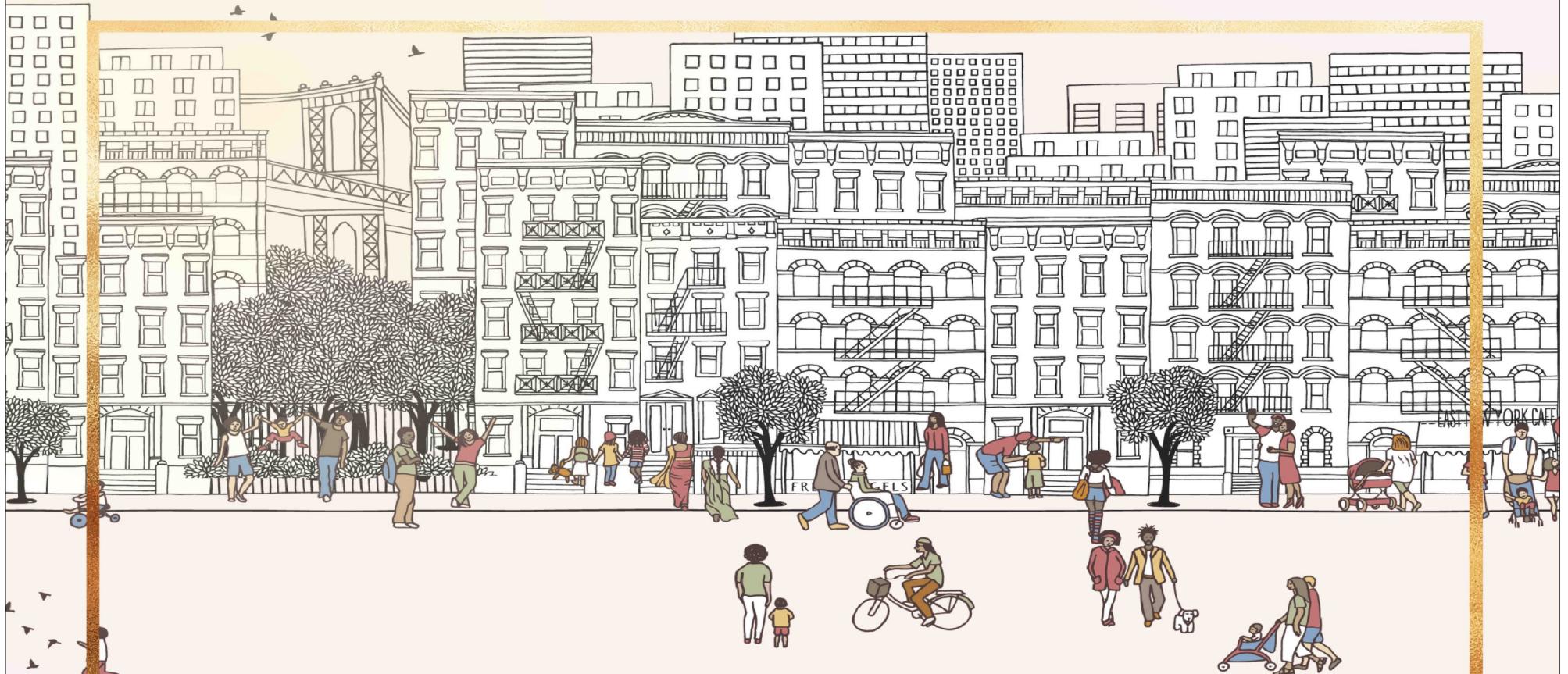
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## Help Stand for Science Within the Autism Community: Showcasing the Externship of the Association for Science in Autism Treatment

By David Celiberti, PhD, BCBA-D and Marcia Questel, MEd, BCBA  
Association for Science in Autism Treatment

Did you know that the Association for Science in Autism Treatment (ASAT) is primarily a volunteer-based organization? The important work that the [Association for Science in Autism Treatment \(ASAT\)](#) does to promote science-based treatment for individuals with autism, create accessible and free content, and counter misinformation simply *could not happen* without our volunteers. First and foremost, ASAT's mission is to disseminate evidence-based treatment options (backed by well-conducted, peer-reviewed research) that are safe and effective. We strive to bring a critical eye to new or fad treatments, aiming to prevent the waste of precious time and money for the autism community, and review and combat false information about autism and its treatment. Currently, ASAT has dozens of volunteers working diligently to share accurate information about science-based interventions for autism. Our volunteers come from a variety of backgrounds and disciplines, including both seasoned and young professionals, family members of



individuals with autism, and students ranging from high school to post-doctorate. Volunteers serve on our board of directors, participate in our [Media Watch](#) initiative, and support our social media efforts.

Many of these volunteers are currently, or were previously, participants in ASAT's [Externship Program](#), a structured, 150-hour, volunteer experience that

typically spans 12-18 months. Over the last several years, we have had externs from all over the United States, as well as Australia, Brazil, Canada, India, Ireland, the Philippines, and the United Arab Emirates. During the ongoing challenges associated with the COVID-19 pandemic, the ASAT Externship has continued to provide a unique opportunity for participants to obtain a wide array of experienc-

es from their homes and on a schedule and pace that fits in with their professional and family responsibilities.

As part of this structured experience, externs engage in a variety of activities, including but not limited to the following:

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- Completing initial training modules that focus on supporting science in social media, proofreading, and editing, writing for a consumer audience, authoring letters to the media, reviewing research, and dissemination
- Proofreading new content for ASAT's monthly publication, [Science in Autism Treatment \(SIAT\)](#)

*see Externship on page 33*



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# Hudson Valley Care on Managing Change and the Intersection of Health Homes and Technology

By Jessica Tien  
Content Manager  
Foothold Technology

**H**udson Valley Care is on a mission: to provide the highest quality support to individuals living with multiple chronic illnesses and/or serious behavioral health conditions. Operating as a New York State Health Home, they are a coalition of hospitals, federally qualified health centers, and community-based organizations, termed Care Management Agencies (CMAs). They connect their members – high-risk, high-need utilizers of Medicaid – to the services they need, in an effort to improve their quality of life.

As Executive Director Amie Parikh describes: “Care managers for Health Homes are responsible for the whole human being – caring for them on a daily basis. Do they have food? Do they have their medication? Or, is their fridge working so that they can keep their medication in the fridge? It’s coordination to make sure [members] have access to resources in the community to improve their quality of life.”

In order to successfully connect members to these community resources, technology is crucial to ensuring that each care manager has a clear picture of the individual they’re serving. Hudson Valley



Photo by Christina @ wocintechchat.com on Unsplash

Care and the CMAs in their network rely on platforms that can provide full member charts, efficient reporting, straightforward documentation, and reliable data. Perhaps most importantly, Health Homes and CMAs need to be able to trust the data that they are getting out of their systems. Without accurate data, ensuring that a member is getting the support they need and tracking their progress becomes nearly impossible.

When Hudson Valley Care decided to move their whole network onto the **Foot-**

**hold Care Management** platform, they found that they already had 100% buy-in from their CMAs to make the switch. As Parikh describes, half of their network was already using Foothold Care Management and loved it, while the other half was excited to make the switch. Still, understandably, they had their anxieties about the transition. They found that with even-keeled support from the Foothold team and a clearly documented implementation plan, they were able to make the transition seamlessly. Through regular meetings, high visibility into the implementation plan, and clear communication about the timelines, they felt that they always knew what to expect.

According to Program Specialist Brianna Rodriguez, “Everything was laid out clearly and the timeline for everything was really clean and we always knew what to expect. It went 2000x better than we expected.”

Hudson Valley Care also prepared their staff internally for the change, by letting their entire network know about the status

of the transition. They began by communicating about the implementation monthly and gradually increased the frequency of communication to weekly when implementation was drawing to a close. Their team also worked to clean their data in advance so that they could ensure their members’ information was transferred over smoothly.

Their advice for other Health Homes looking to make a change? Go through the current care management platform and look at all the processes and features – both big and small – and ask the right questions so that teams know how the old platform’s functionality will map onto the new care management platform.

One month out of implementation, Hudson Valley Care is looking forward to the myriad ways that technology will continue to support care management. Already, their CMAs are finding it easier to track contact with members every month, enter their encounter notes, and check the status of members’ Medicaid eligibility.

In the future, enhanced connectivity to other providers will enable Health Homes and CMAs to do their work even more effectively. In particular, the team is excited about the possibilities of closed-loop referrals. Rather than following up with community providers for multiple days after making a referral, care managers will know exactly when a referral was picked up. By reducing this administrative burden, care managers will be able to spend more time doing the coordination of care that’s so crucial for their members.

*To learn more about Hudson Valley Care, reach out to Program Specialist Brianna Rodriguez at [brrodriguez@hvcare.net](mailto:brrodriguez@hvcare.net). For more information on **Foothold Care Management**, feel free to connect with Sales & Implementation Manager Ben Bar at [bbar@fooholdtechnology.com](mailto:bbar@fooholdtechnology.com).*

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# Behavioral Health Volunteering in Times of Crisis

By Amy Carol Dominguez, MPA,  
and Dr. Laurel E. Blackman, DO, MBA  
Crisis Emotional Care Team  
Vibrant Emotional Health

When a call for support goes out at the onset of a disaster, we commonly recognize the basic needs: shelter, food, water, clothing. Behavioral health needs – mental, emotional, and spiritual care – have been an afterthought, if included in the response plan at all. This is beginning to shift. Behavioral health volunteers, who are trained specifically in crisis intervention and equipped with Psychological First Aid training, have become critical players in the coordination of disaster response. These early behavioral health interventions, coupled with psychoeducation, creative collaboration, and resource networking can change the trajectory of a victim's long-term recovery and resilience.

Over the last two years, we've been faced with a pandemic that has severely limited our ability to connect with one another. The pandemic grounded planes, canceled plans, closed critical social support for communities and it still continues. But the pandemic did not cancel hurricanes, earthquakes, incidents of mass violence, suicide, and refugee crises. These life-altering events remain a part of our lives, increasing the individual's and community's need for behavioral health support.

Through the past year, [Vibrant's Crisis Emotional Care Team](#) has been providing emotional and behavioral health support to federal, state, and local agencies in the face of disasters, incidents of mass violence, and community crises. Our team, composed of nearly 600 volunteers, has provided thousands of hours of free behavioral health support in the face of a variety of disasters and crises. In this article, we will share best practices for those considering stepping into the disaster volunteer space. We'll also provide a unique view of a volunteer's work to provide safety and security to a child who has faced significant trauma.

## Getting Ready to Deploy

Every day, our team receives inquiries from incredible individuals who are raising their hand to volunteer for others, creating a multi-disciplinary cadre with psychiatrists, psychologists, social workers, therapists, counselors, chaplains, and so many others. As a part of our volunteers' preparation, we provide baseline training that orients new members on important concepts in disaster behavioral health.

First and foremost, determine if this is the right time for you to respond. While it is a natural (and important) response to want to help when disaster strikes, volunteers are encouraged to pause and assess their current life and personal situations prior to confirming their involvement.

Once a team is vetted and ready to deploy, we hold a just-in-time training that orients people to the critical contextual elements of the response. We review some of the basics: the assignment, inci-



dent command, environmental awareness, how to provide services, population demographics, logistics, team make-up, and any other nuanced or specific details of the deployment. This conversation is one of the most important for our team. While the pandemic has required most of these trainings to be virtual, they still provide an important point of connection and alignment to the mission. Emails and documents with relevant information don't build a sense of confidence or offer an important opportunity to ask questions and engage in dialogue to help prepare for the mission.

An important step in preparing to volunteer is to establish individualized and anchoring self-care practices. For some, this could mean starting the day with meditation. For others, it could be as simple as bringing favorite tea bags, a photo from home, or a blanket that brings comfort. As well, the team initiates practices, such as establishing a steady schedule of communication and support when done for the day. Whatever the plan, all volunteers are encouraged to practice the same level of self-care they encourage their clients to practice. Vibrant developed a [helpful guideline](#) for this that is available for use.

## On the Field Effectiveness When Deployed

At Vibrant, we wait to be invited into a disaster response and then we depend on the local leadership and community to direct how we support. This cooperation requires authentic humility and slow intentionality that listens first and responds second. It can be tempting to act quickly. But we have found that giving in to instinct results in chaos, confusion and, most importantly, causes a distraction from the main point: providing care to those impacted by disaster.

Disaster response efforts often involve numerous agencies, both public and private, and the coordination of these partners is no small effort. We ask people to listen and honor what is requested of them. When all else is unclear, the incident command structure rules the day.

Behavioral health support in disaster looks remarkably different than providing

this can feel “insignificant” or “not doing enough,” but patience and listening often give way to life-changing creativity and support.

Dr. Laurel Blackman, one of Vibrant's Crisis Emotional Care Team volunteers, shares her experience and learnings after several deployments.

From Dr. Laurel Blackman

In my three deployments for a history-making, humanitarian mission to support new citizenship, I learned the following. Everyone associated with calls to action has something to give *and* receive. The task of facilitating resilience in the human spirit is a reciprocal process that unfolds in waves.

The story of a young schoolgirl who witnessed the execution of her teacher, and then started fainting at school, was well known across camp. At first, in an attempt to help her, she was sent home on the days when a less familiar teacher was teaching the class. This intervention inadvertently restricted the child from classes, a resource that required her to make a long trek to access. The child's fainting attacks continued. Clamors for medication ensued.

Instead of jumping right to pharmaceutical prescription, I recommended trialing a self-care kit using the resources at hand. It

*see Crisis on page 35*

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# Burnout and Why You Should Volunteer Your Time

By Sam Jackson, MD

**H**onestly this might be the most rewarding work I've done in Psychiatry yet, one of my co-residents Alex told me recently after completing an evaluation at [SUNY Downstate Asylum Clinic](#). The clinic, completely run by medical students and resident and physician volunteers provides free medical and psychological evaluations as well as medical-legal affidavits for people who have fled their country after being persecuted for their race, religion, political opinion, or, as it was in this case, after being tortured for being gay (a member of a particular social group). The man Alex helped, like so many other asylees, lacked any physical wounds but carried profound psychological scarring. Alex and the team were able to document this proof of his persecution, which will prove enormously helpful in securing this man's asylum status.

Historically, people applying for asylum without an evaluation documenting their medical or psychological injuries had barely a 30% chance of being successful, compared to a 90% approval rate for those with an evaluation in hand. With the pandemic and sweeping political changes over the last several years, the gap in these numbers is certainly even wider. Those expelled back to their home country or, in many cases, simply south of the border face grave danger, with over 7,500 accounts of rape, torture, kidnapping, murder, and other human rights abuses documented among asylum seekers sent to live in Mexican towns near the border. When being forced to leave the US means fear of these potential fates, the adage in this line of work rings true, now more than ever: "take a case, save a life."

Alex's reaction as the volunteer evaluator is also by no means uncommon. Speaking to him afterward, he excitedly told me about the process of piecing together the interview, matching the client's



statements with various diagnostic criteria, and the general joy in writing a rock-solid affidavit, "all to help this poor dude." Knowing the impact that this work will have, he started talking about his budding interest in Forensic Psychiatry, prompting another discussion about how to continue this type of work as a fellow and attending. Alex was not only energized and engaged – after becoming a volunteer – he was also gaining insight into a future career. Unfortunately, this boost of engagement contrasts with the more common trainee trajectory.

Residency is ripe with reasons to experience burnout. Many enter medicine with the desire to help people, but after long hours, frustrating administrative tasks, and electronic medical record (EMR) issues that place barriers between the provider and patient, residents start to feel overwhelmed, unmotivated and find themselves unable to cope. Attitudes shift and become cynical, ultimately leading to poorer job performance. About 50% of physicians in training and practice report some feelings of burnout, which is 15

times more likely than professionals in any other field. Feeling this way not only leads to poorer physical and mental health but also to a profound psychological disconnect from work, co-workers, and patients – the people we originally felt so motivated to help.

Seeing burnout and engagement as opposite ends of a continuum, structurally affording people the time and opportunity to volunteer may help decrease stress, build resilience, and re-engage those feeling disconnected. Repeated studies have shown a positive relationship between volunteering and psychological well-being in various populations: from teens to people with disabilities including serious mental illness to older adults in retirement. This article is not meant to be a review of the literature, but some studies looking at volunteering and burnout in medical professionals have seen similar results. One study found decreased levels of stress in medical trainees who volunteer, and another study looking at volunteering as an intervention to burnout found a drop in physician and nurse burn-

out characteristics following a volunteer global health experience.

Asylum work, global health experiences, free clinics, and homeless outreach efforts, to name a few common and rewarding medical volunteering activities, all may offer similar routes towards re-engagement. They provide direct, defined, and impactful ways to help people. Ideally, they exclude the organizational stressors like insurance demands and burdensome EMR tasks that lead to burnout and allow volunteers to return to a more personal and autonomous approach and to spend as much time on a task or with a patient as they want to. Senior volunteers may also be able to teach and discover a deep fulfillment in training the next generation of providers. Finding themselves to be helpful in this way may refresh their sense that their work is rewarding, that they are competent, and through their work, serve a greater good. As they re-engage, the person may find that their self-perceived value not only of their work but of their life, in general, has improved and that their cynical views of the world are changing.

To be clear, advocating for volunteers to meet these organization or population needs should not prohibit or displace people from being paid to do so. In fact, having both long-term, dedicated, and paid positions, as well as short-term, voluntary roles, may serve people's needs best when done in concert. Additionally, volunteers in any role should seek to participate within long-term, locally supported, sustainable projects, with a realistic understanding of their role within the community and what they're able to achieve. Receiving support from home institutions as well as having a background in understanding of the community and country in which the work is taking place are both vital to do in preparation and as an ongoing practice when working with underserved and often vulnerable groups.

*see Burnout on page 36*



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A close-up photograph of a woman with long, wavy blonde hair, looking out of a window. The window glass is covered in rain droplets, and the background is a soft, out-of-focus green. The woman has a gentle, thoughtful expression.

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# Governor Hochul Announces \$9.5 Million in Federal Funding to Support the Delivery of Addiction Prevention Services

By The Office of The Governor of New York State

Governor Hochul recently announced the availability of \$9.5 million to expand evidence-based practices for substance use disorder prevention services to youth, families, and communities in New York State. This federal funding will help support providers who had delivery of their services impacted by the COVID-19 pandemic. Federal funding is being administered by the New York State Office of Addiction Services and Supports (OASAS).

“The ongoing stress and uncertainty of the COVID-19 pandemic has made substance abuse and overdoses rise across the state, and we must do all we can to ensure that New Yorkers are able to access the



The New York State Capitol Building

treatment, support, and resources they need,” Governor Hochul said. “Not only

will this funding allow providers and communities to continue their important

work to prevent addiction, but is part of my administration's ongoing commitment to promote and protect the health of all New Yorkers.”

Throughout the COVID-19 pandemic, OASAS has recognized the value and necessity of prevention services, especially for youth, families, young adults, and communities. Like many support services, the prevention field had to pivot from in-person prevention practices to a virtual model or using alternate locations. This made the vast majority of prevention providers shift to remote delivery of prevention services.

This federal funding will provide greater access to prevention strategies in communities across the state and will allow providers to continue to support both the delivery of new prevention services

see *Addiction* on page 31

## Announcing Services for the Underserved’s New CEO

By Staff Writer Behavioral Health News

Services for the UnderServed (S:US) is pleased to announce the appointment of Dr. Jorge R. Petit as the CEO of S:US effective February 14, 2022. Dr. Petit will replace Donna Colonna, who retires after 25 years of service to S:US.

Dr. Petit is a board-certified psychiatrist with over 25 years of public healthcare experience. For the last four years, he has served as the CEO and President of **Coordinated Behavioral Care (CBC)**, a healthcare organization dedicated to improving the quality of care for Medicaid beneficiaries with serious mental illness, chronic health conditions, and/or substance use disorders.

Dr. Petit is extensively published as an expert in health and behavioral health and has served as a keynote speaker and presenter on numerous healthcare panels. Before joining CBC, he was the Regional Senior Vice President for New York State for **Beacon Health Options** and before that was the Founder and President of **Quality Healthcare Solutions**, a consulting firm that provided training and consulting services for healthcare systems including community-based behavioral health agencies, hospital systems, and local and state regulatory entities. He was the former Associate Commissioner for the Division of Mental Hygiene in the **New York City Department of Health and Mental Hygiene**.

Dr. Petit sits on the board of **Primary Care Development Corporation (PCDC)** and **Mental Health News Education (MHNE)**; is a Distinguished Fellow in the



Jorge R. Petit, MD

**American Psychiatric Association (APA)** and a member of the Committee on Psychiatric Administration & Leadership in the **Group for the Advancement of Psychiatry (GAP)** as well as of many other organizations. Dr. Petit is the author of *Handbook of Emergency Psychiatry* and *The Seven Beliefs: A Step-by-Step Guide to Help Latinas Recognize and Overcome Depression* and the recipient of the Schiff Community Impact Award from **The Jewish Board**, the 2017 Greater Good Honoree, Corporate Social Responsibility Award and the 2018 Heritage Healthcare Organizational Leadership Award.

The behavioral health community is excited to be on the threshold of this new chapter in the history of S:US and could not be more delighted that its future direction will be led by Dr. Petit!

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# Volunteer Engagement: Considerations for Organizational Success

By Ashley Brody, MPA, CPRP  
Chief Executive Officer  
Search for Change, Inc.

Health and social service agencies, and the nonprofit sector generally, rely on volunteers to advance their missions and to ensure their continuing viability. As nonprofit organizations (NPOs) must compete for resources necessary to sustain their operations, the availability of an engaged workforce (comprised, at least in part, of members who are willing to consign their labor without any expectation of financial remuneration in return) is often essential to their survival. An extensive body of research has explored this issue in the context of Resource Dependence Theory (RDT) – one that posits organizations depend on multidimensional resources for their survival (Ilyas, Butt, Ashfaq, & Acquadro Maran, 2020). RDT suggests NPOs, most of which rely on governmental and private philanthropic support that is seldom sufficient to meet the ever-increasing need, must explore innovative means of fulfilling their missions, especially during periods of resource scarcity. For many NPOs, the cultivation of a qualified volunteer workforce that supplements or extends the impact of paid personnel is therefore of paramount importance. Behavioral health organizations, in particular, must reconsider the role of volunteers in responding to a precipitous increase in demand associated with the COVID-19 pandemic and its adverse impact on public health. The rising incidence of depression, anxiety, suicidality, and substance misuse and abuse necessitates a marshaling of all available resources. Volunteers may constitute an essential component of the solution to this unprecedented health crisis.

NPOs often compete for volunteers, much as they compete for governmental grants and contracts and private philanthropic donations. To prevail in this competition, NPOs and their Human Resources departments or designated volunteer managers must identify and capitalize on prospective volunteers' motivations and ensure their work experiences fulfill or are aligned with these motives. One study offers a model that may inform organizational approaches to volunteer engagement. It examined and classified volunteers' motives as "endogenous" or "exogenous" in nature (Janus & Misiorek, 2019). It regarded these classifications as points along a continuum and indicated volunteers frequently possess complex or nuanced motives that may be differentially classified. These authors suggested this continuum may also be conceptualized as one that includes "altruistic"



Ashley Brody, MPA, CPRP

motives at one pole and "social" motives at the other. In this model, altruistic motives are driven by exogenous or extrinsic factors (e.g., a desire to "help others"), whereas social motives are driven largely by endogenous or intrinsic factors (e.g., a desire to "meet new people or to gain new experiences"). NPOs may utilize this and similar models and their corresponding evidence bases in formulating approaches to volunteer engagement.

Another study explored volunteer managers' strategies to cultivate and sustain volunteer interest and revealed several overlapping strategies that capitalized on their motivations in accordance with their placement on the foregoing continuum (Ilyas, Butt, Ashfaq, & Acquadro Maran, 2020). For example, some managers surveyed in this study cited the importance of providing opportunities for personal and professional development as a leading strategy to elicit and to engage volunteers, an approach that would be especially suited to volunteers driven by endogenous or intrinsic motives (i.e., those seeking personal gain). Other managers recognized the importance of fulfilling volunteers' "ulterior motives" for donating their services. These volunteers were likely impelled by intrinsic or endogenous motives but identified other (i.e., "extrinsic") factors when queried during the recruitment process. Some managers recognized volunteers' motives were inherently nuanced and subject to certain demographic factors, and they cited the influence of age on volunteers' motivations. As such, these managers calibrated their approaches in accordance with prospective volunteers' age and stage of life. Managers also cited

the importance of fellowship, opportunities for social interaction, and the provision of emotional support as leading strategies to sustain engagement. Presumably, these strategies would benefit volunteers irrespective of their motivations, as success in a workplace customarily requires supportive and productive interpersonal relationships among its personnel, both paid and unpaid alike.

Dynamics unique to the current economy offer leaders and managers of behavioral health organizations rare opportunities to bolster their volunteer workforces, provided they correctly identify and capitalize on volunteers' disparate motivations. The concurrence of a "Great Resignation," during which countless employees have relinquished paid positions, and a marked increase in demand for behavioral health services may produce a corresponding increase in the volume of volunteer applicants, especially among formerly disenfranchised employees driven by a search for meaning above financial remuneration. Studies that affirm the potential emotional and psychological benefits of volunteerism validate prospective volunteers' aspirations, and nonprofit managers may leverage these findings in their recruitment and retention efforts. For instance, one investigation into physical and mental health benefits associated with volunteerism revealed measurable increases in mental health, physical health,

life satisfaction, and social well-being following periods of volunteer work activity (Yeung, Zhang, & Kim, 2018). In addition, these increases were more pronounced among individuals engaged in "other-oriented" volunteer activities. That is, individuals who engaged in activities intended primarily for the benefit of others (i.e., those whose motives were altruistic) derived greater health benefits and satisfaction than volunteers who engaged in "self-oriented" activities, the motives for which were presumed to be inherently social or intrinsic.

As behavioral health organizations experience enduring obstacles to the fulfillment of their missions, their leaders and managers may look to a newly minted pool of prospective volunteers to extend the depth and breadth of their service offerings or, at the very least, to compensate for shortages in paid personnel. Success in this endeavor, however, requires meticulous attention to volunteers' motivations and the cultivation of corresponding strategies to sustain their engagement. The development of effective "volunteer management" skills may prove indispensable to many organizations' success and continued survival.

*Ashley Brody is the Chief Executive Officer at Search for Change, Inc. Ashley may be reached at (914) 428-5600 (x9228) or [abrody@searchforchange.org](mailto:abrody@searchforchange.org).*



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# Governor Hochul Appoints Dr. Mary T. Bassett as Commissioner of the Department of Health

By The Office of New York State  
Governor Kathy Hochul

**G**overnor Kathy Hochul recently announced that Mary T. Bassett, MD, MPH, has been appointed Commissioner of the Department of Health. With more than 30 years of experience devoted to promoting health equity and social justice, both in the United States and abroad, Dr. Bassett's career has spanned academia, government, and not-for-profit work. Her appointment is effective December 1.

"Our recovery from this pandemic requires tested leadership and experience to improve health equity and access across the state, and Dr. Bassett is perfectly equipped to lead the New York State Department of Health during this critical moment," Governor Hochul said. "When I was sworn in as Governor, I pledged to build a talented team with the skills, knowledge, and expertise to stop the spread of COVID-19, return our lives to normalcy, and move our state forward. Dr. Bassett is both a highly regarded public health expert and an exemplary public servant, and I look forward to working with her to keep New Yorkers safe and healthy."

"I am humbled and honored to return to my home state of New York to lead the



Mary T. Bassett, MD, MPH

Department of Health at this pivotal time," incoming Health Commissioner Mary T. Bassett said. "The pandemic underscored the importance of public health, while also revealing inequities driven by structural racism. As we move to end the pandemic, we have a unique opportunity to create a state that is more equitable for all New Yorkers. I look forward to working toward this with Governor Hochul and the team at the Department of Health."

Dr. Bassett currently serves as director of the François-Xavier Bagnoud (FXB) Center for Health and Human Rights at Harvard University and FXB Professor of the Practice of Health and Human Rights in the Department of Social and Behavioral Sciences at the Harvard T.H. Chan School of Public Health.

From 2014 through summer 2018, she served as commissioner of the New York City Department of Health and Mental Hygiene, where she made racial justice a priority and worked to address the structural racism at the root of the city's persistent gaps in health between white New Yorkers and communities of color. Dr. Bassett also led the Department's response to Ebola, Legionnaires' disease, and other disease outbreaks.

In 2002, Dr. Bassett was appointed deputy commissioner of Health Promotion and Disease Prevention at the New York City Department of Health and Mental Hygiene. In this role, she led the division responsible for New York City's pioneering tobacco control interventions and food policy, including the nation's first calorie posting requirements and trans fat restrictions. Her signature program was the launch of District Public Health Offices in several neighborhoods long harmed by racial/ethnic and economic health inequities. These offices

now lead targeted, multi-sectoral, multi-agency strategies to reduce the excess burden of disease. From 2009 to 2014, Dr. Bassett served as program director for the Doris Duke Charitable Foundation's African Health Initiative and Child Well-Being Prevention Program.

Early in her career, she served on the medical faculty at the University of Zimbabwe for 17 years, during which time she developed a range of AIDS prevention interventions. Building on this experience, she went on to serve as associate director of health equity at the Rockefeller Foundation's Southern Africa Office, overseeing its Africa AIDS portfolio. After returning to the United States, she served on the faculty of Columbia University, including as associate professor of clinical epidemiology in its Mailman School of Public Health.

Dr. Bassett's many awards and honors include the prestigious Frank A. Calderone Prize in Public Health, a Kenneth A. Forde Lifetime Achievement Award from Columbia University, a Victoria J. Mastrobuono Award for Women's Health, and the National Organization for Women's Champion of Public Health Award. She has also been elected a member of the National Academy of Medicine.

see Bassett on page 37

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# Volunteers: A Critical Support for Families Involved in the Child Welfare System

By Michael McInay,  
Randi Menchel,  
and Sheila Yossem

Volunteers at [The Mental Health Association of Westchester](#) play a critical role in improving the lives of children and families served by the child welfare system. Through two unique programs that rely on trained, supervised community volunteers, we advocate for the well-being of youth in family court and support families who are on the road to reunification through supervised visits. Giving of themselves – both of their time and their heart – volunteers in our [Court Appointed Special Advocate \(CASA\)](#) and Host Visitation programs support children and youth who have experienced abuse or neglect, helping to ensure that each child is well cared for and, ultimately, that they are reunified with their parents and/or placed in a loving, permanent home.

Established in 1989, CASA is a professionally supervised volunteer advocacy service that supports children ages 0-21 who are in foster care or at risk of placement. CASA Volunteer Advocates (CASAs) participate in 30 hours of training and are sworn in by a family court judge before being assigned by court order to a case to monitor and report on a child's health, education, mental health, and general well-being. Working alongside case managers, therapists, doctors, teachers, family members, and other service providers, CASAs provide a written summary of their findings and concerns, if any, to the family court judge, attorneys, and the Department of Social Services (DSS) prior to each court hearing. This information is critical for permanency planning for the most at-risk youth and to support the judge in determining the best interests of the child. CASA is the only program of its kind in Westchester County, and we are proud to announce recent approval to expand and provide this vital support in Putnam County, as well.

Also working in the best interest of children in foster care, volunteers in MHA's Host Visitation program – also known as visit hosts – help strengthen family connections for parents and children served by the child welfare system who are living apart. Visit hosts, who participate in a 15-hour training and are assigned to one family at a time, facilitate frequent and ongoing contact among family members. Under New York law, DSS only needs to provide parents with one hour of supervised visitation every other week; Host Visitation enhances visitation plans, allowing for both longer and more frequent visits. It also enables siblings in separate homes to see each other more often.

The children and youth served by the Host Visitation Program, which is a contract service through the Westchester County Department of Social Services, range in age from 0-21 and often come from fragile homes with multiple stressors including poverty, homelessness, domestic violence, substance abuse, mental health needs, lack of appropriate medical



care, lack of education and inadequate support services.

Using Coached Visitation, a model developed by Marty Beyer, Ph.D., and in-depth and ongoing training and support, visit hosts guide parents as they cope with their feelings, respond to the unique needs of their children and build on the strengths in each family. Evidence suggests that visitation is linked to improved permanency and well-being. Benefits of frequent visitation include strengthening the parent-child relationship; easing the pain of separation and loss for the child and parent; enhancing a parent's motivation to do well; increasing a parent's involvement in their child's everyday activities, which builds confidence and allows parents to practice new skills; and helping with the transition to reunification.

Coached visitation helps parents plan for each visit, making visits meaningful to families. Whenever possible, visits are made to the communities where the families live. The program is designed to serve families in a variety of settings, including but not limited to the Westchester County Department of Social Services (DSS) offices, parks, libraries, malls, restaurants, community centers, and homes.

Each visit host submits a visit observation form after each meeting. The information captured includes details of what transpired, observations, and evaluations. Case managers input the information obtained into a database that can be viewed by DSS staff and council and used to determine the next steps in visitation and permanency planning. The primary goal of Host Visitation is to increase parental capacity and skills to move the family from coached visitation to unsupervised visits or permanency.

"My recent work with a mother and her children has been both gratifying and heartbreaking," shares Sheila Yossem, a visit host volunteer since December 2019. "Our initial visits were in person, sometimes at DSS and sometimes in a park, but when COVID-19 hit, we moved to Zoom visits and returned to in-person visits when it was safe to do so."

The family Yossem worked with became involved in the child welfare system

due to family violence, child abuse, substance use, and other challenges. "Despite the trauma and hurdles, the mother remains fiercely devoted to her children and is fighting tooth and nail to try and get her children back home," says Yossem. "Equally, the children love their mother, even though fear and anxiety about past experiences manifest in different ways during their visits with her."

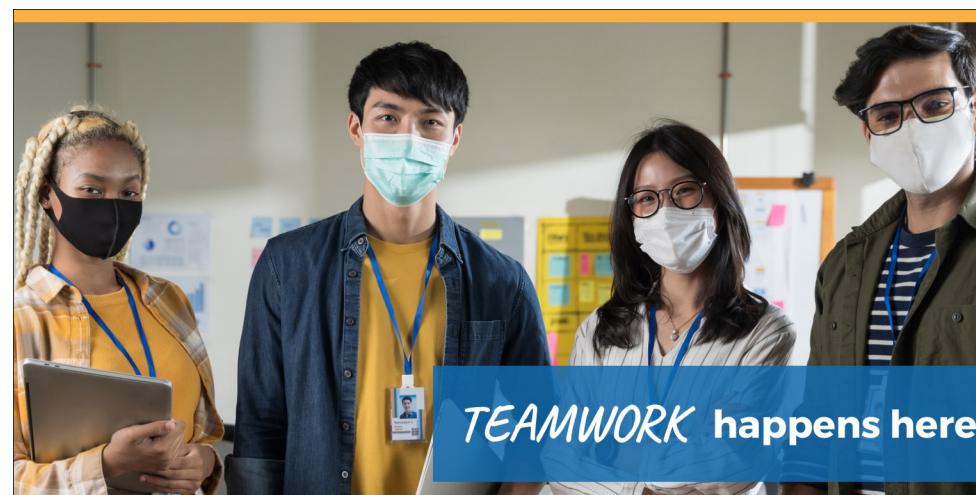
The mother, who has remained employed, has never missed a visit and comes prepared each time with dinner, drinks, and treats. With her volunteer visit host, she is coached on creating nurturing interactions.

"The children are remarkable – each in their own way. While they are saddled with sadness, hurt, separation, and trauma, they are resilient and tough as well," says Yossem. "Even though these children are split up from each other day to day, week to week, and year to year, I have watched, during my time with them, their devotion to each other grow and strengthen. I have witnessed the beauty of the power and warmth they draw from each other, and the generosity of spirit they give to each other and others they interact with, including me, their case manager, and the security officer at DSS, for example."

Volunteers like Yossem play a vital role in the reunification and/or permanency journeys of children and families involved in the child welfare system. Their work is supported by professional staff at MHA, who train and supervise volunteers, as well as act as the main point of contact with DSS.

It is understandably difficult to receive corrective feedback on parenting, and as such, visit hosts frequently strategize with

*see Families on page 22*



The Mental Health Association of Westchester, a Top Workplace in the Lower Hudson Valley, has received several exciting grants to initiate new ways of delivering critical services where and when they are most needed. We are immediately hiring for a variety of positions, including clinicians and RNs.

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## Building Community Resilience: Prevention and Recovery Services Working Together

By Miriam E. Delphin-Rittmon, PhD  
Assistant Secretary for Mental Health  
and Substance Use, The Substance  
Abuse and Mental Health Services  
Administration (SAMHSA)

September and October were two of the busiest months of the year here at The Substance Abuse and Mental Health Services Administration (SAMHSA). Each September, we observe by celebrating a strong and proud recovery community, promoting and supporting innovative treatment and recovery practices, and lifting up the dedicated service providers, peers, families, and community members who make recovery possible. Following on the heels of Recovery Month, October is Substance Use Prevention Month, during which we remember those who have lost their lives to drug overdose and substance use and renew our commitment to enabling and promoting the supports that help prevent these tragic deaths and heal hurting communities. [Recovery Month](#) by celebrating a strong and proud recovery community, promoting and supporting innovative treatment and recovery practices, and lifting up the dedicated service providers, peers, families, and community members who make recovery possible. Following on the heels of Recovery Month, October is Substance Use Prevention Month, dur-



Miriam Delphin-Rittmon, PhD

ing which we remember those who have lost their lives to drug overdose and substance use and renew our commitment to enabling and promoting the supports that help prevent these tragic deaths and heal hurting communities.

Drug overdose deaths reached 93,331 in 2020 – the highest number ever recorded. According to the 2020 National Survey on Drug Use and Health, just over 40 million people over the age of 12 reported having a substance use disorder in the year leading up to their response. This evolving overdose and addiction crisis requires an innovative and comprehensive mitigation strategy, aimed at keeping people alive

and meeting them where they are with the treatment and support they need. The Biden-Harris Administration supports the full continuum of care to deal with the chronic nature of substance use disorders. The newly announced HHS [Overdose Prevention Strategy](#) builds on previous and ongoing work that focuses on expanding primary prevention, harm reduction, evidence-based treatment, and recovery support services for all Americans.

In addition to addressing overdose, suicide is the 10th leading cause of death in the United States and is responsible for one death every 11 minutes. In 2020, more than 12 million adults, aged 18 and older, seriously thought about suicide. Suicide also requires a comprehensive [public health approach](#) that includes prevention, treatment, and recovery supports. The new 988 dialing code for the National Suicide Prevention and Crisis Lifeline, which will be operational in July 2022, will serve as an important resource for connecting people to needed prevention, treatment, and recovery services and supports.

Recovery is an essential component of the prevention strategy and a cross-cutting principle throughout SAMHSA's policies and programs. Our newly announced Office of Recovery advances our commitment to, and support of, recovery for all Americans. It will be staffed with a dedicated team who have a deep understanding of recovery to promote policies, pro-

grams, and services for those in or seeking recovery. The office will promote the involvement of people with lived experience throughout agency and stakeholder activities, foster relationships with internal and external organizations in the mental health and addiction recovery fields, and identify health disparities in high-risk and vulnerable populations to ensure equity for support services across the Nation.

Across the continuum of care [prevention strategies](#) work to prevent or delay the use and misuse of substances, [prevent suicide](#), promote mental health, mitigate problems among populations at risk for mental and substance use disorders, foster resilience, and prevent the onset among populations showing early signs and related problem behaviors.

[Recovery-oriented care and recovery support systems](#) help people with mental and substance use disorders manage their conditions successfully, sustain long-term recovery, and lead full lives in our communities. Offered in a variety of settings, [peer recovery support services](#), are non-clinical and include peer support services and engagement, recovery housing, recovery community centers, peer bridge programs, peer-run crisis respite, warm lines, and recovery programs in high schools and colleges. The recovery movement also provides an opportunity for

*see Resilience on page 34*

## Information and Answers for People Who Use Drugs or Have Substance Use Disorder During COVID-19

By The Centers for Disease Control  
(CDC)

Having a substance use disorder can make you more likely to get severely ill from COVID-19. People who use drugs may also have underlying medical conditions that put them at increased risk for severe illness from COVID-19, and they may have concerns and questions related to their risk. Additionally, recent data and reports show that fatal drug overdoses in the United States have been increasing before and during the COVID-19 pandemic.

This is an emerging, rapidly evolving situation and CDC will provide updated information as it becomes available.

### COVID-19 Risk and Severity

People who use drugs and live in [congregate \(group\) settings](#) or who gather with others are at increased risk of exposure to the virus that causes COVID-19. People with [underlying medical conditions](#), such as substance use disorder, chronic lung disease, chronic liver disease, or serious heart conditions, are more likely to get severely ill from COVID-19. We know that drug use can have serious effects on the body. For example:



- The use of opioids can cause slow breathing, and can even result in ineffective breathing, which can lead to decreased oxygen in the blood, brain damage, or death.
- The use of stimulants, such as cocaine, amphetamine, and methamphetamine, can cause acute health problems such as stroke, heart at-

tacks, abnormal heart rhythm, and seizures, as well as more chronic conditions, such as heart or lung damage.

- The use of drugs by smoking or vaping (for example, heroin, crack cocaine, marijuana) can make chronic obstructive pulmonary disease (COPD), asthma, and other lung conditions worse.

- Other conditions that affect the immune response, such as [HIV](#), are more common among people who use drugs, especially among those who inject drugs.

People with a substance use disorder are at [increased risk of severe illness and death](#) from COVID-19.<sup>1,2,3</sup>

Increased Substance Use During the COVID-19 Pandemic

Increased stress can lead to increases in alcohol and substance use. If you or someone you care about is using alcohol or other substances, or is increasing their use during the COVID-19 pandemic, here are a few suggestions that may help:

- Contact your healthcare provider
- Attend a virtual [treatment](#) or [recovery program](#)
- Discuss options for [medications to treat alcohol or opioid use disorders](#) with your healthcare provider.
- Take medicine as prescribed and continue therapy, treatment, or support appointments (in person or through telehealth services) when possible

*see COVID-19 on page 32*

# How Volunteering Benefits the Mental Health of 124 “Foster Grandparents”

By Barbara Faron  
CEO  
Federation of Organizations

**F**lorence, a senior citizen who volunteers in the Federation of Organizations’ **Foster Grandparent Program (FGP)**, donned a wide-brimmed hat to teach a second-grade class about the history of the Kentucky Derby. Florence read “Seabiscuit, The Wonder Horse,” which discusses the history of the storied event, and took questions from the children, many of whom were dressed up for the occasion and who excitedly stepped forward when “Grandma Florence” called on them.

Grandma Florence is one of 124 volunteers in FGP, the largest volunteer program at **Federation of Organizations**, a health and human services agency providing a wide variety of services to vulnerable populations in the New York City metropolitan area. FGP engages adults ages 55 and older in meaningful volunteer work in schools, childcare centers, and Head Start programs.

“FGP creates fulfilling opportunities that speak to the volunteers’ heart,” said Jessica Acevedo, FGP Program Manager. “It keeps our volunteers emotionally healthy and engaged in doing work that fills their hearts with joy. Volunteers routinely tell me, ‘I get so much more out of this than I put in.’”

## FGP Program

Each “foster grandparent” is assigned to a classroom at an elementary school or a group at a daycare center or a local Head Start program. They assist the teacher or childcare worker to help meet the children’s academic, emotional, and social needs.

“The foster grandparent helps the whole class, but the beauty of the program and the real impact lies in the fact that each foster grandparent may also be assigned to work more closely with up to three children to meet whatever their needs may be,” Acevedo said. “Some needs may be academic, such as if the children are falling behind in literacy, or if they are English as a New Language (ENL) students and need extra support with language development that a teacher can’t provide while she is managing a classroom with 25 kids. Some foster grandparents work with children who need consistent redirection to stay on task or bring them back to the task, or to provide emotional support to students who are very shy or introverted.”

Perhaps the most important benefit for the children is knowing that there is someone in the classroom who truly cares about them.

“A big piece for the children is the social-emotional connection to caring older adults who are there because they want to be there – the kids pick up on this right away, and it makes such a huge difference,” Acevedo said. “The foster grandparent is there with a loving, caring heart and wants to assist in the children’s development however possible. The bond is



Barbara Faron

genuine, and children sometimes tell the grandparent things they wouldn’t share with their teacher.”

At FGP, foster grandparents volunteer a minimum of five hours a week, but it can go up to 40 hours a week. The average is 15 to 20 hours weekly.

Federation launched its FGP in 1977, but it’s a national program started in 1965 by President Lyndon B. Johnson to bridge the gap between children and seniors and provide meaningful opportunities for seniors to stay connected.

About 27 percent of the Federation’s foster grandparents have been volunteering with the program for ten or more years; two have been at it for 18-plus years. More than a third (35 percent) of participants are 80 years or older, and seven volunteers are in their 90s.

## Mental Health Impacts for Volunteers

Numerous studies have pointed to various positive impacts of volunteering on an individual’s mental and physical health, including providing volunteers with a sense of purpose and community. A large-scale study in the United Kingdom published in the *Journal of Happiness Studies*\* in 2020 found that volunteering makes people happier and improves their mental health over time. The study featured data from nearly 70,000 research participants over nearly 20 years.

“FGP keeps seniors active and engaged,” Acevedo said. “It keeps their bodies and brains in motion. They feel needed and wanted, and it’s genuine; they know that these kids need them and rely on them. It forces them to get up and get dressed in the morning and show up. It fulfills so many needs for older adults, who can feel isolated, especially after losing their spouse or partner or friends, and may be wondering where to go from there. It gives them a true sense of purpose; it fills a void in their heart that is immeasurable.”

One volunteer, Grandma Phyllis, said the program has taught her how to deal with everyday problems and stress.

“This agency has given me a new lease on life,” she said. “I feel I have a purpose, and that is to help the children. They don’t realize by me helping them, they are helping me. I stand by the door and wait for them; I always get greeted with a hug and wonderful smiles.”

Further, Grandma Phyllis said, the teacher with whom she has partnered for multiple years has become a close friend.

In fact, the volunteers’ friendships that they make with teachers and other volunteers are an important benefit of the program.

“When they start, volunteers come to an orientation, which includes ice-breaker activities, and the connection between them starts there,” Acevedo said. “They forge friendships that become lifelong and that add to their connection to the program. Volunteers that serve in the same school often become close. Some of them will tell me they all met at a pool party over the summer, or they have dinner together once a month. They check on each other; it’s an amazing community.”

As seniors and as volunteers, the foster grandparents already have some things in common. “Their genetic makeup is to be good-natured, good-willed servants, which connects them naturally,” Acevedo said.

Federation provides opportunities for the volunteers to bond further.

“We usually meet monthly for training sessions,” Acevedo said. “There is a speaker, but there is plenty of free time for the volunteers to socialize with each other. We also provide a holiday recognition luncheon to thank them for their wonderful work and celebrate with each other.”

## FGP During the Pandemic

The impact of FGP on volunteers’ mental health was particularly apparent when their meaningful work came to an abrupt halt in March 2020.

“Participating in the program was such a huge part of their lives, and it was suddenly taken from them,” Acevedo said. “One day they were doing this – maintaining the schedule that many have done for years – and the next day it was gone.”

The team at Federation had brainstorming sessions to think outside the box about ways to keep the volunteers engaged remotely so that they could still feel the program’s benefits, if in a different capacity. These sessions gave rise to two successful alternatives: the Special Projects Program and the Penpal Program.

“The Special Projects Program is a

*see Grandparents on page 23*

**Federation**  
of Organizations



## CONGRATULATIONS

*On behalf of Federation of Organizations’ Board of Directors and staff, we congratulate Dr. Karine Charlot on her honor as the Community Care RX Direct Support Professional Champion Leadership Award.*

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# From Seeding to Eating: A Program Grows with Volunteerism

By Kathy Hagendorf  
Volunteer  
The Guidance Center of Westchester

In her own words, Kathy Hagendorf, a two-decade volunteer leader with The Guidance Center of Westchester (TGCW), shares how her passion for gardening has helped participants in the Personalized Recovery-Oriented (PROS) program learn, work, and thrive.

One of the true joys of summer for me is working in the garden. Whether I'm tending pole beans and other crops to be donated to a local shelter with my fellow Master Gardeners at Hart's Brook Demonstration Garden, keeping my kitchen herb garden in trim shape, or pinching back flowering plants to refresh their buds, I am at my happiest outside among my plants! The opportunity to spend so much time outdoors and feel the soil between my fingers brings me an enormous amount of pleasure and a sincere sense of well-being. When it all goes well and the ornamentals are doing their thing bringing beauty to my environment and the pests are allowing the vegetables to flourish it allows me to feel as though all of the hard work that gardening involves is worth it for that immense feeling of accomplishment that it brings. I've also learned through these experiences that gardening, whether solitary or in a cooperative community has enormous restorative benefits. Those feelings, the sense of peacefulness, and the ability to tune out the world and focus on the task at hand are something that I've always wanted to share in my volunteering at TGCW.

You can only imagine the sheer joy I felt upon learning that a "Seeding to Eating" class had been added to the PROS class roster and that I would have the opportunity to help bring these emotional benefits to a group of PROS participants. As a long-time member of the board of directors and an active volunteer in TGCW's programs, I was thrilled to see two of my passions so perfectly matched. And my fellow Master Gardeners at Hart's Brook acknowledged my enthusiasm and wanted to participate by donating many of the extra vegetables that they had propagated and such supplies as spare barrel containers to help us get started.

In 2017, I began volunteering weekly with the class. I was happy to report that



Stephanie Natelli, MS, LMHC (standing left) and Kathy Hagendorf (standing right) help program participants prepare a healthy salad with vegetables that the group grew and harvested

the feelings of self-satisfaction and well-being that I benefit from when gardening were being felt by the clients in each session. As we planted, seeded, and monitored the growth of our crops and shared watering duties, I could see how much the opportunity to accept responsibility for the plants meant to each of the participants in the gardening group.

When we finally harvested our first crop of terrace-grown lettuces, Stephanie Natelli, MS, LMHC, the PROS assistant director, suggested that we all share in a salad made from our bountiful crop. Roxanne, a peer counselor, provided some of her homegrown tomatoes and, with the addition of a healthy dressing of balsamic vinegar and olive oil, the participants proudly created a beautiful, healthy salad. As we shared our salad, we all agreed that it was very delicious, and probably made even more so by the fact that the lettuces were planted, nurtured, and harvested by our own hands!

We developed some great new ideas and, with the help of fundraising and a grant from The Burpee Foundation, expanded the program into a year-round

class. This includes planning the container garden for the following year while we finish harvesting our cool weather crops. In the winter, we seed and propagate our

plants under grow lights so that we have a full range of crops for the following season. As we harvest each vegetable, we sample and share recipes for delicious healthy dishes that our class participants can prepare for themselves at home with the crops that they've grown on TGCW's terrace...truly taking the scope of the program from "seeding to eating"! Stephanie also participated in a horticultural therapy class at the New York Botanical Garden.

In 2018, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded "Seeding to Eating" with an Excellence in Wellness award. With great pride, I joined Stephanie and Alicia Lore-Grachan, LCSW, deputy executive director for rehabilitative services, as we presented the foundation and fundamentals of the course to other PROS programs.

During the pandemic, participants remained engaged via virtual tours of different gardens. We discussed how those gardens compared to ours. I happily gave participants a tour of my home garden and we tracked the progress of my crops at Hart's Brook as well. When in-person sessions resumed, participants were eager to get back to gardening.

*Kathy Hagendorf is a long-time board member and active volunteer at The Guidance Center of Westchester.*

*Please note: all photos were taken prior to the pandemic.*

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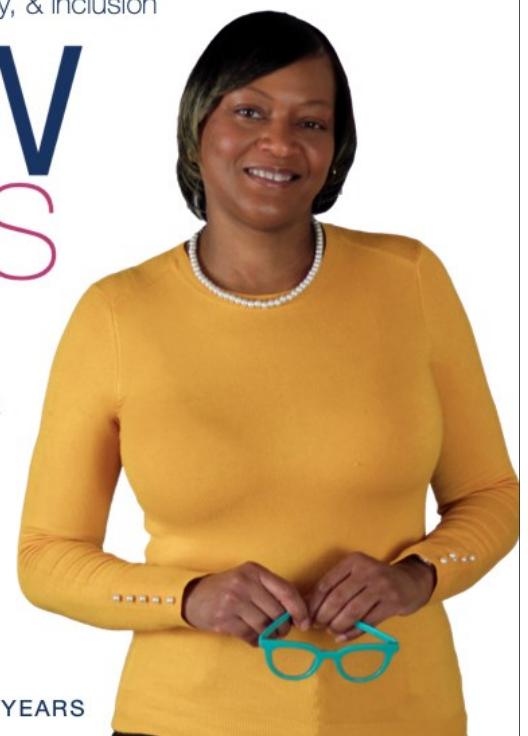
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### Families from page 19

their MHA staff supervisor to discuss communication styles and opportunities for positive reinforcement. Such partnership within the program has helped the mother with whom Yossem has worked improve her ability to carve out time for one-on-one interaction and attention with each child during visits. While this family's journey is still a work in progress, the team has witnessed positive growth.

"I could not do this work without the supervision and camaraderie of the professional staff and volunteers in this program, who provide me with their infinite

wisdom, guidance, and counsel," Yossem says.

Randi Menchel, the Supervisor of the Host Visitation program, is in frequent communication with both the DSS case managers and visit hosts, coordinating and updating scheduling changes, and discussing the ever-fluid family circumstances.

"Very often, a visit host will call from a visit, asking how to handle a situation, or afterward to share what transpired. I offer both guidance and support in many instances," says Menchel. "This work is rewarding and fulfilling in so many

see Families on page 31

# Adapting the Compeer Volunteer Program During COVID-19

By Laura Stein, LMSW  
Coordinator  
WJCS Compeer Program

It was mid-March 2020, and I, like so many others, will never forget how concerned I felt as I prepared to leave my office indefinitely to work from home due to the threat of COVID-19. It was a time when all of us were worried about our health and our futures, regardless of our circumstances. One of my coworkers asked if the Compeer program, which I oversee at Westchester Jewish Community Services (WJCS), one of the largest human service organizations in Westchester County, was over. Although I answered no, I was secretly afraid that it would be difficult or impossible to sustain the program from home, with little or no in-person contact between volunteers and the clients or between me and the volunteers and clients, and without any group events that are such an important component of the socialization process we facilitate.

Compeer Inc. is an international program that engages volunteers to provide one-on-one supportive friendships and mentoring to improve the quality of life for adults recovering from mental illness. For over 16 years, I have coordinated WJCS's Compeer program and have consistently been delighted to see how an individual's self-esteem and overall quality of life is improved by the friendships developed with our dedicated group of volunteers. When I recruit, interview, screen, and train volunteer candidates, I make it clear that it requires committing to visiting or calling their Compeer friend for a minimum of four hours a month for one year.

The goal of Compeer is to help offset the loneliness and isolation that accompany mental illness and to provide increased social interaction, positive role models, and access to educational and recreational activities in the community. At the start of the pandemic, it was not clear to me how I could continue to ensure that the program would be successful under these conditions.

## Grandparents from page 21

catchall: the volunteers do some of the work that they did in the classroom remotely," Acevedo said. "This may include reading to the class over Zoom, working on translations from Spanish to English for the teacher, doing cutouts for an arts and crafts project, or doing other clerical work to assist the teacher."

With the Penpal Program, the foster grandparents exchange letters with the children. This allows the volunteer and the children to continue their relationship while allowing the children to work on their reading and writing skills.

Federation was able to find remote program placements for many of the foster grandparents. In the early days of participating in the Special Projects Program, Grandma Rose Mary wrote to Federation, "I miss having a purpose each day. But I'm happy to report my teacher,



Laura Stein, LMSW

Yet, shortly after beginning to work from home, I noticed a surprising thing was happening. I was receiving *more* inquiries from potential volunteers than ever before. Many people wanted to volunteer because they both wanted to help lonely people and decrease the loneliness that they, themselves, felt as a result of the pandemic. The inquiries were coming from all over the tri-state area, from men and women of all ages and backgrounds. Since volunteers and clients were temporarily connecting through phone and computer contact only, volunteers who lived relatively far from Westchester County were able to be matched with clients in the county. Some of my first new volunteers were accomplished, enthusiastic college students, one of whom referred several of her friends. I was able to match all of these college students with clients on the waitlist, two of whom were in their seventies. Both of these matches, with a male and female college student in the volunteer role, were successful despite the age differences. The older adults enjoyed having energetic and kind young people to converse with them.

I was also fortunate enough to be con-

Jennifer, is keeping me busy virtually. I made her door decorations and bulletin boards on my floor and sent her all the pieces. This was a great idea to keep me busy. I have somewhat of a purpose now. I still miss my babies, but this is my connection."

Grandma Candy participated in the Penpal Program. "Your letters are the best part of my day," she wrote to one of the children. "I run to the mailbox to check for my penpal letters."

The aforementioned Kentucky Derby lesson was done remotely, with Grandma Florence reading and communicating with the children over Zoom. She also exchanged letters with the children. "All my little cherubs thanked me for my letters," she said, adding that the children's letters have "helped me to survive quarantining."

see Grandparents on page 31

tacted by multiple retired mental health professionals and teachers who were interested in volunteering. One retired mental health professional took on two challenging clients and never failed to send me detailed monthly reports about her interactions with both clients. Another volunteer who had already been matched before the pandemic asked for and received a second client. He began meeting with both clients regularly in person when it was deemed relatively safe to do so. In fact, there are now numerous matches that are currently able to enjoy meeting in person again while still following COVID-19 safety precautions.

Before the pandemic, I had always interviewed and trained volunteers in person and had also conducted intake interviews with clients in person. Beginning in March 2020, I became increasingly comfortable doing interviews and training sessions over the phone and was pleasantly surprised by how willing people were to answer personal questions from someone they had never even met in person. Both clients and volunteers were also excellent, for the most part, about keeping me posted on their matches and bringing up any concerns or questions they had. Most volunteers who wanted to meet with a match in person were even willing to get fingerprinted despite COVID-19 concerns.

I was fortunate enough to receive my second dose of the COVID-19 vaccine in early February 2021, and later that month was asked to come back to the office one of the three days a week that I work. I was very pleased to have some time in the office again and to see some of my coworkers in person. Although I had been able to get work done from home, there were some things that were simply easier to do in an office with fewer distractions. I am allowed to offer group events again and believe that I will do so within a few months. In addition, I am, thankfully, about to schedule the first in-person interview and training session with a volunteer since before the pandemic. Although the volunteer lives in Queens and was told that everything could be done over the phone, she chose to make the trip and meet with me in person. Considering the isolation brought on by the pandemic, her wish is not surprising. I have been fortunate to be able to administer the Compeer program during the pandemic despite challenging circumstances and look forward to continuing to do so under easier conditions as we make our way out of the pandemic.

Laura Stein, LMSW is Coordinator at the WJCS Compeer Program. To learn more about the Compeer program, please go to [www.wjcs.com](http://www.wjcs.com). To contact Ms. Stein, please write to [lstein@wjcs.com](mailto:lstein@wjcs.com).



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## The Respite and Recovery Peer-Run Crisis Service Model

By Shannon Higbee  
Chief Executive Officer  
Recovery Options Made Easy

Recently, [Recovery Options Made Easy](#), in partnership with [Spectrum Health and Human Services](#) and Western New York Independent Living Center's [Mental Health Peer Connection](#), has developed a new model of crisis response and hospital diversion services. This center is the first of its kind in New York State and incorporates multiple mental health crisis services under one roof. This innovative model was conceived of by the late Dr. Kirsten Vincent of Recovery Options in response to the growing need for effective person-centered mental health crisis response services that provide an alternative to hospital emergency room presentations. Dr. Vincent developed the first mental health crisis respite in Erie County which is still successfully operating. Several years ago, Dr. Vincent recognized that additional levels of service were necessary and that having multiple services available in one location would better support those in crisis. In response to this need, the Respite and Recovery Center concept was developed. Although the Respite and Recovery Center was in development before the COVID-19 pandemic, the need for easily accessible crisis response services has only grown throughout the pandemic. The



Respite and Recovery Center in Erie County New York

center aims to provide an inclusive continuum of services to meet the needs of those experiencing a mental health crisis while simultaneously reducing the burden on the hospital systems.

The Respite and Recovery Center will include the Renewal Center, an after-hours peer-run engagement center with nursing supports to run in cooperation with Western New York Independent Living Center's Mental Health Peer Connection; a behavioral health urgent care satellite run by Spectrum Health & Human Services; the Refreshing Water Respite, a peer-run short-term crisis respite providing 24-hour peer support for up to 28

days; and the Restful Rivers Intensive Respite, a peer-run intensive crisis respite providing 24-hour peer support, nursing support, and psychiatric support for up to 28 days both operated by Recovery Options Made Easy. By co-locating multiple levels of care under one roof, individuals experiencing a crisis will no longer need to contact multiple programs or present at multiple sites to receive the support that they need. Individuals can present at any program in the model and be offered an array of choices to meet their current needs. Additionally, the Intensive Crisis Respite model will be the first of its kind in NYS and fill an existing gap in the

county continuum of mental health crisis services by offering a 24-hour solution to those who do not meet behavioral health inpatient admission criteria but need more supports than a short-term crisis respite can provide. This will include 24-hour access to psychiatry and nursing supports.

Recovery Options recognizes the difficulties faced by individuals and their families in seeking support during a mental health crisis. Many of us have family or friends who have struggled with their mental health and did not know where to turn. The system can be confusing and overwhelming to those who are not familiar with navigating it. This often leads individuals to seek help from hospital emergency departments because they are open and easily accessible. However, this practice can lead to overcrowding in emergency departments, an increase in healthcare costs, and re-traumatization of the individual seeking treatment. Recovery Options believes that hope does not have to mean hospitalization and has developed the [Kirsten Vincent Respite and Recovery Center](#) to provide people in need with alternative voluntary options that can meet a variety of their needs during a crisis while maintaining their independence. By combining clinical and peer-based approaches for mental health crisis stabilization, the center will be able to offer the most effective options to meet

see [Recovery on page 36](#)

## The Many Benefits of Volunteer Programming

By Meg Dowd  
and Kelly Beliveau  
The Bridge

Like many nonprofit organizations, [The Bridge](#) welcomes volunteers who are willing to donate their time and expertise to further our mission and enrich the lives of our clients. Founded in 1954 as a self-help organization for adults diagnosed with a serious mental illness, The Bridge has since expanded to serve 3,500 New Yorkers each year. Our over 40 programs include outpatient mental health and substance use services, [Assertive Community Treatment \(ACT\)](#), care coordination, emergency shelter, and supportive housing; volunteers are involved in many of these programs.

There are many ways for volunteers to support our work. Our Phone Pals program connects volunteers with clients who may feel isolated and are looking for regular social interaction by participating in weekly phone calls. We've invited corporate groups to spend the day in our programs running activities for our clients or beautifying our facilities; such events allow us to educate the public about our work and address the stigma associated with mental illness. We also have a [junior board](#), which raises awareness of The Bridge's work and hosts fundraisers



which support important and unfunded initiatives that directly benefit our clients.

Most of our volunteers, however, provide direct onsite services to our clients by leading recreational groups in our outpatient and supportive housing programs. Popular topics for groups include arts and crafts, creative writing, wellness, yoga, movement, and mindfulness. Volunteers are encouraged to pick a topic that they are invested in and interested in, and we provide them with supplies and support to help ensure the success of their group.

Many of our clients express feelings of loneliness and isolation due to their mental illness. Through volunteer-run groups, clients connect socially with new people and engage with their peers. They can

also access activities we might not have otherwise been able to provide – our volunteers have included certified yoga instructors, MFA writing students, registered dietitians, and professional artists and dancers. Once an activities group is established, there is often a core group of attendees that will come back to each session, allowing them to get to know the volunteer and the other group members. The recurring nature of the groups allows for volunteers to build upon work from previous weeks. For example, some of our creative writing groups work on the same pieces from week to week, allowing clients to deepen their writing. Clients and volunteers alike look forward to these groups.

The volunteer program benefits not just our clients. Our volunteers benefit too, often in ways beyond the general satisfaction of giving back to their community. Many of our volunteers are interested in [The Bridge](#) and our population because they are considering changing careers or going back to school. Some have never worked with adults with a serious mental illness and running activities groups can be a great opportunity to get hands-on experience before making the jump into a new field. They can also gain an understanding of social service delivery in New York City, get an up-close look at how services are provided, and learn some basic clinical best practices.

The Bridge is happy to support our volunteers in their long-term goals, including returning to school or switching careers. For those who are interested in learning more about the variety of services we provide or how to enter the social services field, we provide tours and answer questions. We often write letters of recommendation for academic programs on behalf of our volunteers, and many volunteers have successfully entered programs for social work, mental health counseling, and other related fields. We've even had volunteers return to intern or work for us.

Our volunteers are enthusiastic, dedicated to our clients, and truly committed to

see [Benefits on page 30](#)

## From Fitness to Book Clubs, Virtual Volunteers Provide New Programs at AHRC NYC

By AHRC New York City

It took a pandemic for many nonprofit organizations to break out of their comfort zones when it came to technology, as in-person programs pivoted to virtual programs. Coupled with an eager and growing number of volunteers, AHRC New York City developed a successful model for the many people with disabilities it supports.

Zoom, FaceTime, and other programs kept people with intellectual and developmental disabilities and their families engaged in a new type of programming, focusing on virtual volunteers from across the U.S. and abroad. Volunteers are currently offering more than 60 weekly classes, in addition to nearly 80 biweekly interviews for people seeking employment. The average class draws 20-30 people.

From Broadway Dancer to  
Promoting Health

After 17 years of wowing Broadway audiences and crowds around the world in shows including Cats and La Cage aux Folles, Johnny Anzalone has transformed himself, focusing on teaching and a more holistic side of life. He brings his energy and enthusiasm to AHRC NYC's Chair Yoga and Mindfulness class.



Johnny Anzalone during his weekly Chair Yoga session

"Come on! You've got this! Yes!" are just some of Anzalone's choruses in his weekly class. He has taught virtually from New York, Florida, and even Louisiana while visiting his family.

In between exercises with weights, water bottles, or rubber bands, Johnny encourages the people to do their best and accept the rest – a valuable mindfulness practice he has adopted. This applies to all aspects of life, he said. "Outcomes can often be not what we expect, so practicing acceptance helps us not judge a situation, but brings understanding," Anzalone said.

He rarely misses class, knowing the importance of routines to people with intellectual and developmental disabili-



Les Mildenberg shows a match during his Wrestling Group

ties. One of the students, Ned Bealy, emailed Karen Zuckerman, AHRC NYC's Director of Volunteers and Corporate Engagement, asking, "Could you find out from (Johnny) and let us know by email if we will be having Thursday chair yoga class? It's not Thursday without Johnny."

New Hampshire Couple  
Finds Joy Volunteering

From New Hampshire, Les and Ida Stanger-Mildenberg have their own unique following. Ida's stepson, Jonathan Zalman, had volunteered to teach chess at AHRC NYC. He thought she and Les would enjoy remote volunteering. Today,



Chloe Baker enjoys connecting with people from AHRC New York City

Ida takes people around the country, providing virtual tours of different states. "Did you know the Piggly Wiggly in Oklahoma was the first supermarket in the U.S.?" she asks. Having completed all the states, her program is now called, "Name that Country."

After working in food sales for Sysco's national accounts in Boston, Ida took a liking to volunteering. Zalman helped her grow accustomed to Zoom. "He would shadow me a few times, as I'd go on YouTube to show a subway ride, the Oklahoma State Fair, or the Florida Everglades," Ida said, adding that volunteering

see *Virtual on page 35*

## Buprenorphine Misuse Decreased Among US Adults with Opioid Use Disorder From 2015-2019

By The National Institute  
on Drug Abuse (NIDA)

Data from a nationally representative survey indicate that in 2019, nearly three-fourths of U.S. adults reporting buprenorphine use did not misuse the medication in the past 12 months. In addition, buprenorphine misuse among people with opioid use disorder trended downward between 2015-2019, despite increases in the number of people receiving buprenorphine treatment. The study, published on October 15th in *JAMA NetworkOpen*, was conducted by the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health (NIH), and the Centers for Disease Control and Prevention (CDC).

Buprenorphine is an FDA-approved medication to treat opioid use disorder and relieve severe pain. Buprenorphine used to treat opioid use disorder works by partially activating opioid receptors in the brain, which can help reduce opioid cravings, withdrawal, and overall use of other opioids.

In 2020, more than 93,000 people lost their lives due to drug overdoses, with 75% of those deaths involving an opioid. However, in 2019, less than 18% of people with a past-year opioid use disorder received

medications to treat their addiction, in part due to stigma and barriers to accessing these medications. To prescribe buprenorphine for the treatment of opioid use disorder, clinicians must do so within a [certified Opioid Treatment Program](#), or submit a notice of intent to the federal government, and are limited in how many patients they can treat at one time. Only a small proportion of clinicians are eligible to treat opioid use disorder with buprenorphine, and even fewer prescribe the medication.

"High-quality medical practice requires delivery of safe and effective treatments for health conditions, including substance use disorders. This includes providing life-saving medications to people suffering from an opioid use disorder," said NIDA Director Nora D. Volkow, M.D. "This study provides further evidence to support the need for expanded access to proven treatment approaches, such as buprenorphine therapy, despite the remaining stigma and prejudice that remains for people with addiction and the medications used to treat it."

In April 2021, the U.S. Department of Health and Human Services released [updated buprenorphine practice guidelines](#) to expand access to treatment for opioid use disorder. However, barriers to the use of this treatment remain, including provider unease with managing pa-

tients with opioid use disorder, lack of adequate insurance reimbursement, and concerns about risks for diversion, misuse, and overdose. Misuse is defined as patients taking medications in a way not recommended by a physician and can include consuming someone else's prescription medication or taking one's own prescription in larger amounts, more frequent doses, or for a longer duration than directed.

To better understand buprenorphine use and misuse, researchers analyzed data on the use and misuse of prescription opioids, including buprenorphine, from the 2015-2019 [National Surveys on Drug Use and Health \(NSDUH\)](#). The NSDUH is conducted annually by the [Substance Abuse and Mental Health Services Administration](#). It provides nationally representative data on prescription opioid use, misuse, opioid use disorder, and motivation for the most recent misuse among U.S. civilian, noninstitutionalized populations.

The researchers found that almost three-fourths of U.S. adults who reported buprenorphine use in 2019 did not misuse buprenorphine in the past 12 months. Overall, an estimated 1.7 million people reported using buprenorphine as prescribed in the past year, compared with 700,000 people who reported misusing the medication. Moreover, the proportion of people with opioid use disorder who

misused buprenorphine trended downward over the study period, despite recent increases in the number of patients receiving buprenorphine treatment.

Importantly, for adults with opioid use disorder, the most common motivations for the most recent buprenorphine misuse were "because I am hooked" on opioids (27.3%), indicating that people may be taking buprenorphine without a prescription to self-treat craving and withdrawal symptoms associated with opioid use disorder, and "to relieve physical pain" (20.5%). Moreover, among adults with buprenorphine use, those receiving drug use treatment were less likely to misuse buprenorphine than those not receiving drug use treatment. Together, these findings highlight the urgent need to expand access to buprenorphine treatment, because receipt of treatment may help reduce buprenorphine misuse. Furthermore, it is necessary to develop strategies to continue to monitor and reduce buprenorphine misuse.

The study also found that people who received no drug use treatment and those who lived in rural areas were more likely to misuse the medication. However, other factors, such as being a racial/ethnic minority or living in poverty, had no effect

see *Buprenorphine on page 33*

## Resources to Address Mental Health and Resiliency in School Settings

By The Substance Abuse and Mental Health Services Administration (SAMHSA)

Going back to school during a pandemic can be challenging for families and schools. The following resources are designed to address mental health and resiliency in school settings.

Mental Health Technology Transfer Center (MHTTC) Resources

SAMHSA funds the [MHTTC Network](#), which is a collaborative network that supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field.

- [Back to School After COVID-19: Supporting Student and Staff Mental Health Toolkit](#) is designed to help guide conversations to include a trauma-informed, equitable, and compassionate lens to providing mental health supports to every member of the school community.
- [Behavioral Health Impacts During & After COVID-19: What to Expect and Ways to Prepare for the Return to In-Person Learning](#) presents information on (1) what has happened in the last year, (2) what to expect as students



return to school, and (3) ways to prepare at the staff, building, and district levels. It is designed to help guide schools and district teams to consider an array of strategies and considerations to keep in mind as schools bring students back into the school building in a way that prioritizes everyone's mental health and wellness.

- [Strengthening School Communities for a Safe, Supportive Return: Part 2](#) is a presentation that covers strategies and best practices for school systems to promote student AND staff resili-

ence, wellbeing, and success following COVID-related school closures, as well as promote cross-state networking and shared learning about best practices, successes, and challenges of supporting student and staff resilience and wellbeing during learning modality transitions.

- [The Managing Anxiety & Return to School](#) webinar series is part of [The Back-to-School Series](#) - Supports for Staff, Students & Families During COVID-19 which is a series of webinars on concrete strategies to strength-

en connections, promote mental wellness and resilience, and support everyone in the return to schools during a global pandemic.

National Child Traumatic Stress Network (NCTSN) Resources

Administered by SAMSHA and coordinated by the [UCLA-Duke University National Center for Child Traumatic Stress \(NCCTS\)](#), the [NCTSN](#) was created by Congress in 2000 as part of the Children's Health Act to raise the standard of care and increase access to services for children and families who experience or witness traumatic events.

- [Helping Children with Traumatic Separation or Traumatic Grief Related to Covid-19](#) offers information on how to talk with children about traumatic separation or traumatic grief as it relates to the COVID-19 pandemic. This tip sheet is for caregivers or other adults supporting children with traumatic separation or traumatic grief related to COVID-19.
- [The Power of Parenting During the Covid-19 Pandemic: Addressing Fears and Feelings from Prior Losses](#) provides caregivers guidance about how to address fears and feelings of prior losses

*see Resources on page 34*

## SAMHSA Announces \$30 Million Harm Reduction Grant Funding Opportunity to Help Address the Nation's Substance Use and Overdose Epidemic

By The Substance Abuse and Mental Health Services Administration (SAMHSA)

The Substance Abuse and Mental Health Services Administration (SAMHSA) is now accepting applications for the first-ever [SAMHSA Harm Reduction grant program](#) and expects to issue \$30 million in grant awards. This funding, authorized by the [American Rescue Plan](#), will help increase access to a range of community harm reduction services and support harm reduction service providers as they work to help prevent overdose deaths and reduce health risks often associated with drug use. SAMHSA will accept applications from State, local, Tribal, and territorial governments, Tribal organizations, non-profit community-based organizations, and primary and behavioral health organizations.

With overdose deaths exceeding 100,000 over a 12-month period for the first time, this funding opportunity will provide support to those working in their communities to reduce the harms of drug use. Providing funding and support for innovative harm reduction services is in line with the Biden-Harris Administration's ongoing efforts to address the over-

dose epidemic, and is a key pillar for the first time in the multi-faceted Health and Human Services' [overdose prevention strategy](#) announced in October. This funding allows organizations to expand their community-based overdose prevention programs in a variety of ways, including distributing overdose-reversal medications and fentanyl test strips, providing overdose education and counseling, and managing or expanding syringe services programs, which help control the spread of infectious diseases like HIV and hepatitis C.

"The reality is, evidence-based harm reduction services are out of reach for far too many people," said [National Drug Control Policy](#) Director Dr. Rahul Gupta, who also announced a new model law to help states ensure access to safe, effective, and cost-saving syringe services programs. "Building on the Biden-Harris Administration's efforts to expand evidence-based prevention, treatment and recovery support services, this historic funding will help make harm reduction services more accessible, so we can meet people where they are and save lives."

"Too many Americans, more than 100,000 people over the last year, have lost their lives to drug overdose. Our new HHS Overdose Prevention Strategy is clear – harm reduction services are critical

to keeping people who use drugs alive and as healthy as possible," said [Health and Human Services](#) Secretary Xavier Becerra. "Americans deserve health services that address the full range of drug use and addiction issues, and this funding will help provide those services in the neighborhoods in which they live."

"Innovative harm reduction services will help keep Americans alive," said Miriam Delphin-Rittmon, Ph.D., the Assistant Secretary for Mental Health and Substance Use and the leader of SAMHSA. "Thanks to this American Rescue Plan funding, harm reduction service providers in historically under-resourced communities will receive long-awaited support to help stem the disproportionate number of overdose deaths and related health issues facing those communities."

SAMHSA will distribute \$10 million per year over the next three years. Grant recipients must use the funds to support harm reduction services. Harm reduction service providers will be asked to develop or expand evidence-based services that may include, but not be limited to: the provision of sterile syringes, safe-sex kits, prevention education about synthetic opioids and other substances, overdose prevention kits including naloxone distribution, peer worker engagement, medical

services, case management and referral to treatment. Warm handoffs that facilitate engagement in care and referrals to treatment for individuals seeking these support services are also critical components of this grant program. Harm reduction services will be trauma-informed and guided by harm reduction stakeholder groups and other community members.

*This article was originally published on December 8th, 2021, and can be found [here](#).*

*For more information about Harm Reduction, [click here](#). To apply to this grant funding opportunity, [click here](#).*

*People searching for treatment for substance use disorders can find options by visiting [findtreatment.gov](#) or by calling SAMHSA's National Helpline, 1-800-662-HELP (4357).*

*Reporters with questions should send inquiries to [media@samhsa.hhs.gov](mailto:media@samhsa.hhs.gov).*

*The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.*

## Devereux Florida Student Volunteers Donate Time and Talents to Support Youth in Need

By Lindsey Phillips  
Director of External Affairs  
Devereux Florida

At Devereux Advanced Behavioral Health, volunteers play an integral role, donating their time and talents to help the nonprofit change lives and empower those it serves to achieve their full and unique potential.

Devereux is one of the nation's largest organizations providing services, insight, and leadership in the evolving field of behavioral healthcare. Founded in 1912, Devereux operates a comprehensive network of clinical, therapeutic, educational, and employment programs and services that positively impact the lives of tens of thousands of children, adults – and their families – every year.

One group of exceptionally dedicated volunteers at the organization's Devereux Florida center is the Devereux Volunteer Association of Students (DVAS), comprised of students from high schools in the Orlando area. DVAS was founded by Olympia High School students Tilly Beverlin and Maya Weber, in the summer of 2020, as a way to help youth in need during the pandemic.

Upon their initial introduction to the organization, Tilly and Maya decided they



Olympia High School students Tilly Beverlin and Maya Weber founded the Devereux Volunteer Association of Students (DVAS) in the summer of 2020 as a way to help youth served by Devereux Florida during the pandemic

could provide support in a variety of ways – not just through a single, volunteer project. The two honors students learned about the children served through Devereux Florida, and the more they learned, the more they wanted to help. This Servant Leadership mindset inspired Tilly and Maya to enlist the assistance of peers, classmates, friends, and neighbors. The students committed themselves to a multiyear project to engage civic-minded, young leaders who want to make a difference in their community and support the needs of an established nonprofit that serves disadvantaged youth.

Since 2020, DVAS has sewed fabric face masks for front-line behavioral healthcare workers and foster families; hosted a recreation drive to collect sports, educational, and leisure activity equipment for youth to enjoy while they remained in quarantine; and led a holiday campaign to collect monetary contributions and holiday gifts.

“Tilly and Maya are heroes for our children,” said Devereux Florida Director of External Affairs Lindsey Phillips. “The two connected with us at a time when volunteers were needed for a specific project, but they felt an immediate connection to the work we do and a compelling

see Devereux on [page 36](#)

## Office of Mental Health Receives Grant to Expand Access to Fresh Healthy Produce to People with Mental Illness

By James Plastiras  
Director of Public Information  
NYS Office of Mental Health

The NYS Office of Mental Health (OMH) has received a \$200,000 award to help people with mental illness gain access to healthy, fresh produce. The grant, from the NYS Health Foundation, will be used to expand the FreshConnect Checks Program and bring mobile farmers' markets to congregate housing sites for residents with serious mental illness. OMH will also develop a curriculum for residents focused on purchasing, preparing, and consuming healthy foods.

OMH Commissioner Dr. Ann Sullivan said, “People with mental illness often have significantly shorter lifespans than the general population, in large part because of chronic diseases related to an unhealthy diet. This new pilot program will allow us to not only teach people with mental illness about purchasing and preparing fresh healthy foods, but it will also increase their access to farm-fresh foods. By partnering with local service providers and the NYS Department of Agriculture and Markets, we can make a significant difference in the lives of New Yorkers living with mental illness.”

State Agriculture Commissioner Richard A. Ball said, “We are proud of



our FreshConnect Checks program, which helps ensure that New Yorkers have access to healthy, fresh produce while providing a boost to our farmers. By bringing farmers' markets that accept FreshConnect Checks directly to congregate housing sites, and providing the necessary support services, we can now better serve our populations living with mental illness. I want to thank OMH for leading this important initiative.”

In New York State, 45,000 people with serious mental illness live in congregate homes. These individuals often face challenges in accessing and using fresh, healthy foods. By bringing mobile farmers' markets to these congregate settings and engaging residents and residential staff to learn about purchasing, preparing, and consuming healthy foods, OMH will help them build these important skills.

And by expanding the NYS Department

of Agriculture & Markets' successful mobile markets and FreshConnect Checks Program, residents will have the physical access and purchasing power necessary to enjoy healthy foods.

The partners for the first phase of this pilot program will be the Buffalo Federation of Neighborhood Centers (BFNC) and Rehabilitation Support Services (RSS) in the Capital District. BFNC and RSS operate community residences and supportive housing programs, both of which offer opportunities to support food access, as well as hands-on food education and preparation.

OMH will work with these agencies to develop a range of workshops including healthy meal planning, shopping for fresh produce at the mobile market, making healthy snack choices, and using healthier preparation techniques.

OMH will also develop a training module for housing agency staff, who are key to ensuring residents' access to and consumption of healthy foods. Lessons learned from this pilot will inform future possible expansion of OMH's mobile market program across New York State.

OMH plans to expand the pilot program to additional OMH-licensed housing sites in the future.

James Plastiras is the Director of Public Information for the New York State Office of Mental Health.

## Volunteers of CBC's Consumer Advisory Board Contribute to Better Health Outcomes

By Robert Potter  
Performance Manager  
Coordinated Behavioral Care

**C**oordinated Behavioral Care (CBC) values the role of volunteers and cultivates opportunities to support active participation of volunteer members comprising its Consumer Advisory Board (CAB).

CBC was launched in 2011 by innovative NYC not-for-profit behavioral health organizations to meaningfully participate in NYS's Medicaid redesign and Value-Based Purchasing initiatives. In the following years, CBC developed a citywide Health Home, which is currently the largest of its type in NYC. CBC has launched effective gap-filling service programs for low-income New Yorkers that build on the expertise of its community-based service network. CBC "knits together" affiliated programs to holistically address individuals' treatment and recovery needs, while assessing community deficiencies and connecting individuals to needed support.

CBC's CAB Charter states that members "provide feedback and voice an informed perspective on issues that impact the recovery, resiliency, and rights of persons with mental illness or substance use disorders in navigating the health care industry."



Robert Potter

The CAB is comprised of a cross-section of volunteers from the CBC network (close to 70 agencies total) who identify as a consumer of behavioral health services, including Peers and Peer Specialists. CAB members contribute their skills, insights, and experience at monthly online meetings, and in turn, CBC uses CAB recommendations to improve care coordination practices and member-engaging sup-

ports. Meetings are co-facilitated by leadership from across CBC programs and departments.

Robert (Bob) Potter, Performance Manager at CBC and newly appointed CAB Chair, has volunteered at the [National Alliance on Mental Illness of NYC \(NAMI-NYC\)](#) as a leader of their peer-to-peer course and various support groups, as well as at other community-based and advocacy organizations. In a recent [NAMI-NYC video](#), Bob shares that "NAMI-NYC programs have made a real difference in my life, starting from when I was first a participant, 15 years ago."

Thanks to CAB volunteer members' input, the CAB has completed several important projects including:

- Extensive revisions to the Adult Health Home comprehensive assessment used with all members at intake and periodically thereafter, to include person-centered language and reflect greater member diversity. The revised assessment is now incorporated in the Health Information technology (HIT) platform used by CBC and several other Designated Lead Health Homes.
- Identified barriers to online resources under quarantine and made available 60 pieces of computer equipment including

used laptops, PCs, monitors, and keyboards for Health Home members' at-home learning, job development, and telehealth needs.

- Contributed their lived experiences to CBC's Pathway Home™ research to reduce their members' hospital readmissions.
- Reviewed member-facing brochures and materials to ensure person-centered services and full inclusion.
- Provided valuable feedback on training topics for continued workforce development.

CAB Members Vanessa Brockman and Yuriy Schneiderman have participated in nearly all CAB meetings in 2021. Vanessa, Certified Peer Specialist at [The Jewish Board](#), commented "Volunteering is wherever you turn, even if it is a little thing, doing something for which there is no pay, just the privilege of helping others." Yuriy, HARP Specialist at [Interborough Developmental & Consultation Center \(IDCC\)](#), also noted that "Volunteering on the CAB has broadened my horizons and enabled me to better assist people in need."

see Board on page 32

## Elevate Your Agency's Work with an Associate Board

By Richard Klein  
Director of Development  
WellLife Network

**W**hen you work in the non-profit sector, there is always more work to be accomplished. Volunteers can play a major part in a nonprofit's success, but the process for building out a volunteer program is not always easy and often fraught with challenges. One way to improve your ability to maximize volunteerism at your organization is through an associate board.

Establishing an associate board is a great resource for engaging highly motivated volunteers who are committed to helping you achieve your mission. With the right tools, these individuals can serve as ambassadors for your organization, provide new insights and fresh ideas for fundraising strategies, and open previously untapped markets for attracting new donors and volunteers into the fold.

As Director of Development for WellLife Network, I have the privilege of working with a remarkable associate board. In 2018, WellLife built this highly engaged group of nine individuals who work diligently to raise funding and awareness to advance our work in providing services for people facing mental health and substance use challenges and individuals with developmen-



Richard Klein

tal disabilities. This includes soliciting matching funds from their places of business, recruiting volunteers for projects that helped beautify our residential facilities, and organizing a *community day* to bring program participants to a baseball game at Citi Field. They have been a true force for good at WellLife and a valuable asset that any organization could benefit from.

The characteristics of an associate board member differ from your average volunteer. These are people who have a deep connection to your organization. Similar to senior board members, they are thoughtful advocates who are committed to driving your mission by virtue of their time, talent, and resources.

The process for recruiting such individ-

uals is largely dependent on your organizational structure and circles of influence. However, once you find them, there are key strategies that every organization can use to keep associate board members engaged and to maximize their ability to advance your organizational goals. Below are a few tips that I have found to be extremely useful:

### 1. Define expectations early and often:

Think about everything you expect of an associate board member and put it in writing. This includes things like the number of meetings they will be expected to attend, an annual give/get goal for donations, the number of volunteer hours expected per year, and how often they should post on social media about the organization. This document should be reviewed by all members on an annual basis to ensure that everyone is living up to their end of the bargain.

### 2. Give them ownership over projects:

The associate board should be tasked with undertaking special projects that otherwise would not happen without them. This could be things like organizing a special volunteer day, creating a social media fundraising campaign, or hosting a networking event to attract new members and volunteers into the organization. It is important that these projects are supported by your agency leadership, but that the onus is placed on the associate board to drive their development and execution.

**3. Provide incentives for engaged membership:** Joining an associate board should be a two-way relationship. Members should feel like they are getting something from the experience beyond the gratification of giving back to society. This could include things like professional development and training, networking events and mentorship opportunities with senior board members, and clear paths for being elevated from the associate board to the senior board.

By following these tips, your organization can build a dedicated core of volunteers who will grow with you. This process can be time-consuming, especially in the beginning, so you must be thoughtful and intentional when setting out to build an associate board. But with proper planning and strategy, you can have an invaluable resource for maximizing volunteerism at your organization.

*Since 1980, WellLife Network has been meeting the growing challenges of New York's most vulnerable populations. With programs across New York City and Long Island, we deliver critical services in the areas of behavioral health, intellectual/developmental disabilities, housing, co-occurring substance abuse behaviors, family support, vocational training, and care management. Our multidisciplinary approach ensures that each person we*

see Elevate on page 36

# Honoring Donna Colonna's Contribution to the Field of Human Services

By Services for the UnderServed (S:US)

After 25 years of passionate and dedicated service as the CEO of **Services for the UnderServed (S:US)**, Donna Colonna recently announced her plan to retire in February 2022. Donna has spent her nearly 50-year career working to promote self-determination for people who have been disadvantaged by the circumstances of their lives.

As she has often said, she is most grateful for her first full-time job because of the influence it had on her life and the way it shaped her attitude, beliefs, and values. It was a life-defining experience for her to live with 15 individuals with developmental disabilities, who had spent most of their childhood and adulthood in the Willowbrook State School. It was there that she learned about human resilience, human capacity, and limitless hope in the face of adversity. And it is this experience that impacted the trajectory of her career as she set off to join in the civil rights movement for people with disabilities. The lessons she gained from this early experience propelled her to want to 'pay it forward' and influenced the way she would approach her life's work.

When Donna joined S:US in 1997, the organization was almost 20 years old, had



**Donna Colonna**

a budget of \$27 million, and served 1,500 individuals primarily in Brooklyn, the Bronx, and Queens. Now, under her leadership, S:US is a leading and respected \$257 million health and human services organization serving 37,000 individuals and families each year, in all five boroughs of our city and on Long Island. As the organization grew, it became an important part of the fabric of the communities where it provides services. Donna has spent her working years as a vocal advo-

cate for the rights of, and services for individuals and families with developmental disabilities, people with behavioral health challenges, and people impacted by poverty. Her life's work has been dedicated to breaking down the stigma of disability and homelessness, building community, and helping to right societal imbalances.

S:US' growth and impact were achieved by the organization finding holistic ways to create opportunity, promote inclusion and break down stigma. It always had as its guiding light, the belief that everyone, despite the circumstances of their life, deserved the opportunity to shape their destiny. To this end, S:US has partnered with the people it serves in supporting them to write the narrative of their own lives.

S:US has worked with the public and private sectors in partnership for the public good. Its service philosophy has been built on the belief that safe, affordable housing provides the foundation on which a healthy and productive life can be built. S:US' housing portfolio (180 buildings and over 1,000 scattered site apartments), day programs, clinics and treatment centers, shelters, homeless eviction prevention, and care coordination services span over 60 neighborhoods, providing 4,500 New Yorkers a place to lay their head each night. S:US also has over 200 housing units under construction and an additional 2000+ units in its development pipeline.

Donna's visionary leadership gave birth to S:US Urban Farms, an innovative complement to S:US' housing offerings. This initiative serves as a vehicle for employment of S:US residents, a tool for wellness, and as a space for learning and personal development. Operating across 4 boroughs with approximately 15,700 square feet of growing space, S:US Urban Farms is among the largest therapeutic horticulture and urban agriculture projects in NYC.

Donna's belief in the notion that we all share common humanity recognized that people with disabilities, people in poverty, and people with challenging life experiences, just like anyone else, want purpose, meaning, participation, relationships, and belonging. It has been her life's work to help us all open our minds to the possibility of the gifts, strengths, and contributions of people for whom opportunity was not always available.

Throughout her tenure, S:US has been at the cutting edge of promoting and implementing innovative approaches that create pathways to independence for marginalized individuals. Over the years, Donna served in industry leadership positions in statewide and NYC trade associations and on numerous government committees that have shaped policy and program implementation on behalf of people

*see Donna on page 36*

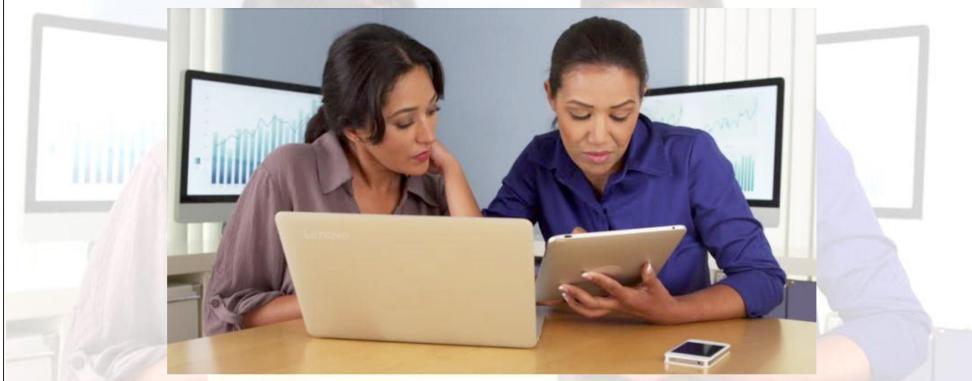
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*Interview from page 1*

Some small dollars were going to my having a peer in the emergency room here and in Dutchess County. There were some children's service dollars that went out there, but I remember in the meetings that we were having with the County Executive, they kept talking about integration and collaborations. What always struck me is that we always, as providers, have come to provider meetings and said we will work together well and we do provide good collaboration, but I wasn't seeing that. I was really kind of holding to my truth, which was: we need to develop a better system for people because we're not providing it, and I think we can do better.

One of the things I brought up was a Wellness Center - I didn't call it a crisis stabilization center - I called it a Wellness Center. I've been traveling around the country to different parts of the world looking at crisis services and what they were designing and doing, and a couple of them just struck me that they were very fast and efficiently greeting the guests and finding out what their needs are and moving them along in a continuum. That's what I wanted to create here in Dutchess County. So, I kept talking about it at the meetings and the County Executive finally said, "Well, let's give it a shot," and he went to the county legislation and asked for the money to not only open the program but also renovate the building that we were working in.

And so, we redesigned the building, we put together a workflow and a plan of how it was going to run, and we put it together and opened in about 1 1/2 years.

**DM: What services are provided at the Crisis Center? Are all services provided in-house or do partnerships with community provider organizations play a role?**

SM: Yes, this is really about partnerships and community collaborations, and follow-through. Anybody can come to the center and be experiencing a crisis. It's voluntary; there is no mandated treatment at the center. They can be experiencing mental health issues, emotional issues, addiction issues, substance use issues, and even health issues when they come to the center.

The center is designed to do an assessment to figure out what's happened to you, what you need, and get you to that service in the community within 24 hours. We actually have 23 hours and 59 minutes but within 24 hours. So, we can get someone into a medically supervised detox, a regular detox rehab, medical care, or mental health care within those 24 hours. And that's a lot of working with the community providers and partners to ensure that we're going to be able to move someone in that continuum that fast. And that's what we do.

**DM: What is your philosophy of how you operate?**

SM: The philosophy is really around

wellness - around a strength-based focus on excellent customer care. I want it to be as good as a five-star hotel that somebody would walk into. When people walk in I want them to know that they're welcome, that they're greeted with a smile, that they're greeted with kindness, and they're not plugged into any kind of diagnosis; it's more of what happened to you, what brought you here, and how can we help you?

The Crisis Center is very person-centered and very trauma-informed too. We ask our guests constantly, "Do you feel safe here?" and they'll give us some comments and pointers and we'll change the environment as much as we have to in order to ensure that people feel safe when they come to us. When people are in that state of mind, when you're in crisis, you're not thinking very clearly about everything. The more you can make a safe and welcoming environment, the better information you're going to get from that individual and the better outcome you're going to have as they go into the services.

**DM: Yes, I imagine that the experience is really what makes it unique and positive for the guests.**

SM: It really is and we get testimonies constantly; we don't even ask for them. People will say, "Nobody ever treated me this way before. Nobody ever asked me those questions before. I feel so good here. Thank you for everything you do." We'll get follow-up phone calls and letters from guests that came to say thank you. "Thank you for saving my life." "Thank you for helping me." "Thank you for helping my son or daughter." It does make a difference, the way you treat people.

**DM: Can you speak to the peer-led aspect of the organization?**

SM: That's where most of our pride comes from is that we are a peer-led peer-run organization operating a crisis stabilization center. It's more of a non-clinical model. It's a very supportive model that we've created, but we do have therapists there. We have licensed social workers and we have credentialed alcoholism and substance abuse counselors (CASAC) there, recovery specialists, and peers are there of course. Some of those employees under social work or other titles also disclose that they've also had mental health or substance use issues. It is primarily a peer-run stabilization center and that's important to us because mutuality is what helps build trust in the people you serve. When you can say to someone, "I may not know exactly what you're going through, but I can tell you my lived experience is similar and this is what happened to me," that really creates a better and stronger relationship with the person that you're serving.

**DM: In an earlier conversation, you mentioned that the NYS Office of Mental Health has started work on developing a**

**similar model based on your Crisis Stabilization Center so that it can be implemented across the state. What is your role in helping them get this developed?**

SM: This was a great thing. I had been working exclusively on building a funding tool under Medicaid to make the stabilization center more sustainable and to also say to the county, we can give your money back eventually because we built a sustainable tool that will allow us to pay for it through Medicaid dollars instead of county dollars. When I shared that with the Office of Mental Health, they said, "Well, actually we like the stabilization center idea and we're going to license it and we're going to find a payment system through the licensing." At first, I was a little upset and I said, "Did I do this work for nothing because now you're going to give us this license and we go forward with that?" But no, they wanted the tool that I created, so I shared that with them, and I also shared a lot of the philosophy and the operations of the stabilization center so they could put that into the licensing to keep the fidelity true to the values of trauma-informed, peer-centered, and also person-centered and focused on moving someone along the continuum more efficiently and effectively than a hospital emergency room could or other crisis services can.

**DM: Do you view this model being replicated across the country beyond NY?**

SM: I do and we're hearing more and more about stabilization centers. The only thing I think that's different is the leadership or the philosophy behind them is run differently. I've been to some stabilization centers that were very similar to walking into a hospital emergency room, which is not the most welcoming environment. And then I've been to other stabilization centers that are more welcoming - their environments feel safer and look nicer. So, it's a mix. What I would like to see is the fidelity of the model that we've created go forward because how can you say no to a comfortable and engaging and friendly environment rather than a cold-hearted experience where you are asked "What's wrong with you and why are you here again?" We don't do that.

**DM: How has COVID impacted your operations?**

SM: When it first started, we went into a slight panic mode to say, how are we going to do this? Then we went to telephonic and then to a combination of web and telephonic like telehealth was happening. As time progressed and people were vaccinated, we started opening to guests again. At the time we were only taking guests when they were brought in by the police.

What I didn't mention is that we also have trained about 700 police in the county about the stabilization center but also trained them in crisis intervention team

training, which is a 40-hour training on how to engage more safely with the community members that are struggling with addiction or substance use or mental health issues. We were taking those folks in during COVID because we had the space to separate and keep everyone safe.

And then as more people got vaccinated, we started opening in different capacities - 25%, 50%, and then 75%, which is where we are now.

**DM: What is your vision for the future of the Crisis Stabilization Center and the treatment model in general?**

SM: Well, it's evolving for us. When we first opened it, one of our partners was the hospital. We have several partners in the center. We have a case manager organization that helps out. We have a child and family organization that has staff that worked with us in the center, and we had nursing. We never really got to the level of need for the nursing when we had it, so we eliminated it about 2 1/2 years ago because we have medical partners in the community. Based on self-assessments, if somebody was challenged with any medical conditions, we could get them right to our partner, so we didn't need that nursing.

Now as we've evolved, I can see the need for a better health assessment and a nurse would be helpful to have, so that's going to happen. But overall, I think we're learning every day about what's working, what's not working, and we're very attuned to the success and the strength of the people we serve. So, we're making constant modifications to the environment, constant modifications to our workflow, including putting more peers in there and we put another social worker in there, so it is growing with capacity.

The vision I have is that these are in every county going forward, but also that the systems of care and the community respond to these. You can open a stabilization center and say, "We have a stabilization center," but if you don't have the partners and the workflow to get people to community services immediately, it's not going to be successful - it's going to become another kind of holding area for people in crisis instead of a wellness area for moving people along the continuum. So, there's a lot of asset-based community development work that needs to be done to ensure that every stabilization center is successful in what they do.

**DM: Well, I want to thank you so much for your time, it's been such a pleasure to speak with you, and thank you for being part of the launch of our series!**

SM: Thank you for having me.

*For more information about Steve and the Dutchess County Crisis Stabilization Center, please visit People USA at [www.people-usa.org](http://www.people-usa.org) and stay tuned for the next installment of the Behavioral Health News Spotlight on Excellence series.*

*Benefits from page 24*

The Bridge's mission and approach. In line with city and state requirements, volunteers complete a background check and are fully vaccinated against COVID-19. They also attend an orientation that includes training on trauma-informed and person-centered care, therapeutic bounda-

ries, and mandated reporting. To reduce turnover, volunteers make a minimum commitment of six months.

Investing in our volunteers has so many benefits. For our clients, it addresses loneliness, builds community, and provides access to new and engaging activities. For our agency, it expands and strengthens the services and activities we

can offer our clients, and helps reduce stigma surrounding mental illness, homelessness, and substance use disorders. For our volunteers, it offers an avenue to apply their skills to the benefit of others and explore potential career opportunities for themselves. For the field of behavioral health care, it invests in future clinicians and fosters an interest in social services.

Truly a win for all involved.

*Meg Dowd is Development Coordinator and Kelly Beliveau is Administrative Services Director for The Bridge. For more information on The Bridge or its volunteer program, please visit us at [www.thebridgeny.org](http://www.thebridgeny.org) or email [volunteer@thebridgeny.org](mailto:volunteer@thebridgeny.org).*

**Old Age from page 1**

So, if I wasn't convinced before, I am now, volunteering saves a lot of people from the potentially devastating impact of retirement.

What's the big deal about retirement?

First, working keeps us busy. Some people are happy as clams (however happy that is) after they no longer have to go to work, but some of us are at our wits' end. Why get up? Why get dressed? Why brush your hair? What's the point?

Secondly, working provides a bit of a social life, people to joke with, people to share family information with, people to have a political disagreement with, people to comment to about the weather, about anything, just to have a little human contact. Some people, I know, are just delighted to stop the small talk, to have some peace and quiet, to read a book, to take a walk. But a lot of us really miss the human contact we've had at work.

Thirdly, working gives many of us our sense of identity. To ask who someone is, we ask "What do you do?" After I retired, I answered with what I used to do. Now I can talk about my volunteer work. Yes, there are certainly some people, maybe most, who were never defined by their work; it was just what they did to earn a living. But for many of us—if we have been lucky in our careers—what we do is who we are in very large part.

Fourthly, those of us who have been



**Michael B. Friedman, LMSW**

lucky in our careers draw our sense of meaning from what we do. Some people who retire are content with the meaning they've had. They feel, I think, that their past meaning sticks with them even after they've stopped working. Other people, like me, feel that we no longer have meaning, that we no longer matter very much, that we are no longer making a contribution, that we are failing to fulfill our duties as human beings to make the most of our lives. Yes, we may have

meaning to our families, but that's not the same thing.

Finally, some of us have a need to be (or just to seem to be) important. We find ourselves bragging excessively about achievements from long ago. Pride of this kind is an important source of self-esteem for many people when they get old, and maybe it's enough for some people. But for others, it is a pale replacement for a sense of importance now. Again, some people retire without any feeling of loss of importance. They are satisfied with their past and with their present and perhaps even at peace with their ultimate end. But some of us feel invisible as we get further and further away from our active careers.

It's pretty clear, I think, how volunteering can help those of us who find retirement difficult or even painful. It fills the time. It gives us an opportunity to socialize. It gives us a new identity, a new way of defining ourselves. It gives us a sense of meaning and purpose and value. It gives us an opportunity to make a contribution to our world. And maybe it can let us feel important again.

There are, of course, other routes to personal satisfaction after retirement. New family roles, especially grandparenting. New clubs to join. New challenges to become good at something, whether it's golf or painting. New opportunities to learn and to be creative. For some, retirement brings a new opportunity to seek transcendent meaning in religion and other

forms of spiritual experience. And for some, retirement makes it possible just to relax and find some peace after lives of hard work and struggle.

All of this makes well-being possible in old age.

As does volunteering. Formal research confirms that volunteering is a source of social connection and thus an antidote to social isolation, which is a major source of mental distress. It confirms that people who volunteer have a greater sense of belonging, and it confirms that volunteering is a source of pride.

This reminds me of a poem by Robert Frost called the Hired Man, in which a former hired hand, who is dying, returns to a farm where he once worked because he has no other home and is desperate for the company of someone who cares. Frost describes him as a man with nothing to "look forward to with hope and nothing to look backward to with pride."

Volunteering can be a source of both pride and hope. And for me, it is a major source of sanity in a world that I find distressing in the extreme and in which I otherwise would feel less and less relevant.

*Michael B. Friedman, LMSW, is a retired social worker who continues to teach at Columbia School of Social Work—via Zoom—and who has become the volunteer chair of The Cognitive and Behavioral Health Advocacy Team of AARP Maryland.*

**Grandparents from page 23**

Federation has begun transitioning the foster grandparents back to in-person placements this school year and has resumed holding live monthly meetings for the volunteers.

*Barbara Faron is the CEO of Federation of Organizations.*

\*Journal of Happiness Studies, "Does Volunteering Make Us Happier, or Are Happier People More Likely to Volunteer? Addressing the Problem of Reverse Causality When Estimating the Wellbeing Impacts of Volunteering. Authors: Ricky N. Lawton, Iulian Gramatki, Will Watt, Daniel Fujiwara, published online March 17, 2020.

**Families from page 22**

ways. I enjoy working with the DSS case managers, discussing the progress of each family, and sharing this with our volunteers. Working with volunteers that are thoughtful, caring, and willing to give of themselves to help another is quite gratifying."

"Our volunteers play a vital role for these parents who desperately want to be

reunited with their children, and the children who they get to know and grow to care for. Host Visitation volunteers become cheerleaders for these parents and a consistent trusted person in their lives to help with their journey of reunification."

*To learn more about CASA and Host Visitation programs, please contact Michaele McIlnay, Program Director of Children's Advocacy Services, at [mcilnay@mhawestchester.org](mailto:mcilnay@mhawestchester.org).*

**Addiction from page 16**

through start-up funding and the continued delivery of existing services through updated programs. Providers may also use this funding to upgrade their IT systems, such as improved hardware and software, as well as subscriptions video conferencing platforms.

This is the first comprehensive RFA to support expanding prevention infrastructure to full complement services for youth, families, and communities. Eligible providers may apply for up to \$70,000 in funding by visiting <https://oasas.ny.gov/request-applications>.

Chair of the Senate Committee on Alcoholism and Substance Abuse, Senator Pete Harckham said, "Providers of substance use disorder prevention services and programs across New York will greatly benefit from the new state fund-

ing—and just in time. The COVID-19 pandemic significantly complicated the work of providers just when residents needed assistance most, and more resources will bolster necessary alternatives to in-person programs. I appreciate Governor Hochul's strong commitment to safeguarding the health of all New Yorkers and making these funds available for addiction prevention."

Assemblymember Phil Steck, Chair of the Assembly Committee on Alcoholism and Substance Abuse said, "Thank you, once again, to Governor Hochul for her leadership in disseminating funding for the services that so many New Yorkers and their families need to move forward in their addiction and mental health journey. COVID's effect on our youth and young adults will have a lasting impact in our communities and these programs are imperative to making a positive change."

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Over the past several years, OASAS has instituted an aggressive, multi-pronged approach to addressing the opioid epidemic, and created a nation-leading continuum of addiction care with full prevention, treatment, and recovery services. To combat this epidemic, the state has worked to expand access to traditional services, including crisis services, inpatient, outpatient, and residential treatment programs, as well as medication-assisted treatment, and mobile treatment and transportation services.

Governor Hochul was a member of the NYS Heroin and Opioid Task Force, which in 2016, recommended new, non-traditional services, including recovery centers, youth clubhouses, expanded peer services, and open access centers, which provide immediate assessments and referrals to care. These services have since been established in numerous communi-

ties around the state, and have helped people in need access care closer to where they live.

*New Yorkers struggling with an addiction, or whose loved ones are struggling, can find help and hope by calling the state's toll-free, 24/7 HOPEline at 1-877-8-HOPENY (1-877-846-7369) or by texting HOPENY (Short Code 467369). Available addiction treatment including crisis/detox, inpatient, residential, or outpatient care can be found using the NYS OASAS Treatment Availability Dashboard at [FindAddictionTreatment.ny.gov](http://FindAddictionTreatment.ny.gov) or through the NYS OASAS website.*

*If you, or a loved one, have experienced insurance obstacles related to treatment or need help filing an appeal for a denied claim, contact the CHAMP helpline by phone at 888-614-5400 or email at [ombuds@oasas.ny.gov](mailto:ombuds@oasas.ny.gov).*

**COVID-19 from page 20**

- Call the National Drug and Alcohol Treatment Referral Routing Service (1-800-662-HELP) to speak with someone about your alcohol or substance use problem
- Practice [harm reduction techniques](#) to minimize risks to yourself or loved ones

**Safer Drug Use During COVID-19**

An overdose may be less likely to turn fatal if others are present when you use drugs. If you are with others, [protect yourself and them](#).

- [Get the COVID-19 vaccine](#) when it is available to you
- [Wear a mask](#). However, if a person is unconscious, incapacitated, or otherwise unable to remove a mask without help, they should not wear one
- Stay at least 6 feet apart from others
- Avoid crowds and poorly ventilated indoor spaces
- Wash your hands often with soap and water for at least 20 seconds
- Avoid touching your face or your injection site with your bare hands. To prevent infection, always [wash your hands](#) and wash any injection sites with soap and water before and after handling drugs. If soap and water are not available, you can use alcohol wipes or a hand sanitizer with at least 60% alcohol.

**Practice Harm Reduction Strategies**

If you are unable to avoid [using drugs alone](#), practice [harm reduction strategies](#). Harm reduction strategies aim to reduce negative consequences associated with drug use. The following suggestions are important to help keep you safe anytime you use drugs and not just during the COVID-19 pandemic:

- Use small amounts of a drug at a time.
- Tell a friend or family member when and where you will be using and ask them to check in on you at specific times.
- Use an overdose prevention smartphone app to ensure help is called if you need it.

If you use opioids (including heroin), or other drugs such as cocaine that might be mixed with opioids like [fentanyl](#), follow the harm reduction strategies listed above. You should provide naloxone to a friend or family member who will check on you, if possible, in case you experience an overdose. If you do not have naloxone, talk to your healthcare provider or contact your local pharmacy (most states allow

pharmacists to dispense naloxone without a prescription) to get access to this life-saving medication. You can also get naloxone from [community-based naloxone programs](#) and most [syringe services programs](#). This is especially important due to recent data and reports showing that [fatal overdoses](#), especially overdoses involving fentanyl, are on the rise.

**Other Precautions**

Precautions taken to avoid harm from drug use can also help you avoid COVID-19. These precautions will also reduce the risk of other infections and overdose. People using drugs can:

- Avoid sharing drug-use equipment (for example, items used for injecting, vaping, smoking, and snorting drugs). [Clean equipment thoroughly](#) if sharing can't be avoided. Stock up on supplies if possible. For [people who inject drugs](#), ask your local [syringe services program](#) if they have ways to reduce in-person visits.
- When possible, avoid using drugs prepared by other people. If other people prepare drugs for you, make sure they [wash their hands](#) properly before doing so.
- Minimize close contact with other people when getting and using drugs by keeping a distance of at least 6 feet as much as possible, wearing a [mask](#), avoiding crowds and poorly-ventilated indoor spaces, and washing hands with soap and water for at least 20 seconds after contact. If soap and water are not available, you can use a [hand sanitizer](#) with at least 60% alcohol. Be aware that masks can be dangerous if a person is unconscious, incapacitated, or otherwise unable to remove the mask without help.
- Use services provided by [syringe services programs](#), if available, which include clean syringes, safe disposal of used syringes, testing for HIV and hepatitis B and C, and a range of other services including linking to care and treatment for substance use disorder and infectious diseases.
- Mail order options from community organizations may help you access sterile supplies while reducing your chances of exposure to COVID-19.

**Access to Treatment for Substance Use Disorder During COVID-19**

All healthcare facilities are taking steps to protect their patients and staff from COVID-19. Do not delay getting help because you are afraid of getting COVID-19. You can take steps to [protect yourself and others](#) while you get the help you need. If you need emergency services right away (for example, if you or some-

one you know is experiencing a drug overdose), call 9-1-1 or go to the nearest emergency department or urgent care center. If you do not need emergency care but need medical attention or want to start treatment as soon as possible, call your local healthcare facility or your healthcare provider to discuss treatment options. Many providers are using telemedicine so that people can access services without an in-person visit.

The following resources can help you find a specialized provider:

- [SAMHSA's National Helpline](#): 1-800-662-HELP (4357) and TTY 1-800-487-4889
- [SAMHSA's Treatment Services Locator](#)
- [Consider virtual meetings](#)

**Disruptions in Treatment During COVID-19**

Disruption in your treatment can be very stressful. If you have a regular doctor, ask if they can offer treatment or refer you to another treatment program with "telehealth" options, such as online meetings or visits. You can also look for resources listed in the [SAMHSA treatment locator](#) or call [SAMHSA's National Helpline](#): 1-800-662-HELP. [Virtual recovery resources](#) are available if in-person visits are not. Many [opioid treatment programs](#), [substance use treatment centers](#), and [syringe services programs](#) remain open during emergencies like the COVID-19 pandemic because they are considered essential services. Certain medications for opioid use disorder can also be offered through telehealth during the COVID-19 pandemic. If you are currently enrolled in a program and are concerned that you may lose access to care, discuss this concern with your healthcare provider.

**COVID-19 Vaccination**

Substance use disorder is considered an underlying medical condition that [increases the risk](#) of serious, life-threatening complications from COVID-19. COVID-19 vaccinations are recommended for and can be administered to most [people with underlying conditions](#).

Most people aged 16 years and older can receive a free COVID-19 vaccination regardless of current drug use or a history of drug use.

Many state and local vaccination programs are currently planning how to get vaccines to people who do not have a way to get to a vaccination location or do not have access to a regular healthcare provider. Refer to your [state or local health department](#) for the latest on whether vaccination at your syringe services program, federally qualified health center, or other location where you regularly receive services is planned. If you need assistance with scheduling your vaccine, you may be eligible to receive help from a [vaccine ambassador program](#) or another vaccination outreach program in your community.

Visit CDC's [Frequently Asked Questions about COVID-19 Vaccination](#) web page for accurate and up-to-date information about COVID-19 vaccination. For more information about the COVID-19 vaccines, benefits of being vaccinated, and what to expect during your vaccination and afterwards, see:

- [Key Things to Know About COVID-19 Vaccines](#)
- [Benefits of Getting a COVID-19 Vaccine](#)
- [What to Expect at Your Appointment to Get Vaccinated for COVID-19](#)
- [What to Expect after Getting a COVID-19 Vaccine](#)
- [Vaccines.gov](#)

**Key Resources**

- [Substance Abuse and Mental Health Service Administration \(SAMHSA\) Disaster Distress Helpline: 1-800-985-5990](#)
- [Syringe Services Provider locator](#)
- [Naloxone Distribution Locator](#)
- [Substance Use Disorder Treatment Locator](#)
- [Buprenorphine Practitioner Locator](#)
- [Behavioral Health Treatment Locator](#)
- [COVID Vaccine Navigator Initiative for People with Substance Use Disorders](#)

*This article originally appeared on the CDC website [here](#).*

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**Board from page 28**

*Robert Potter is a mental health professional working as Performance Manager at Coordinated Behavioral*

*Care, a Lead Health Home. Prior to joining CBC in 2018, he worked as Data Analyst and Peer Supervisor with a CBC network Health Home Care Management Agency. He joined that*

*agency in 2011, supporting direct care as a Peer Specialist with the CMA's SAMHSA-funded onsite integrated medicine clinic. He considers himself fortunate to pass along the support he*

*received in his recovery from a mental health diagnosis, and as a volunteer at NAMI-NYC and other advocacy organizations. He can be contacted at [rpotter@cbc.org](mailto:rpotter@cbc.org).*

**Externship from page 10**

- Reviewing and proofreading existing website content
- Submitting at least two letters to the editor of a recent story about autism treatment as part of our Media Watch initiative
- Promoting US and international dissemination by creating awareness regarding our free and comprehensive offerings
- Joining efforts to garner new subscribers for SIAT

Additional opportunities available to Externs include, but are not limited to, the following:

- Writing synopses of published research related to specific autism treatments
- Creating new content for ASAT's website including specialized pages for key stakeholder groups such as parents, educators, medical providers
- Authoring or co-authoring articles for SIAT (e.g., book reviews, Clinical Corner responses, treatment summaries)
- Participating in a Journal Club and earning CE credits at no cost
- Participating in non-profit grant research and the writing of grant proposals
- Engaging in and supporting our social media platforms ([Facebook](#), [Instagram](#), and [Twitter](#))
- Participating in conceptualization and development of ASAT's print materials (e.g., posters, memes)
- Translation of our content into [other languages](#)

Interested in learning more?

The ASAT Externship will provide experiences that may benefit your knowledge, career and professional developments, and the autism community at large. Several of our current and/or former externs have taken the time to provide their input on the overall externship experience:

“As the parent of an adult diagnosed with



**David Celiberti, PhD, BCBA-D**

autism, I have learned a great deal from my externship experience at ASAT. In the beginning, I felt intimidated by the fact that I was the only non-professional among the externs. However, I was welcomed by an encouraging and understanding group that made me feel an integral part of the team. Not only have I gained new skills, such as conducting interviews and participating in social media projects, but I have also become a more confident and effective advocate for my daughter and other parents in my community. I would strongly encourage other parents to partake of ASAT's Externship program.” (Franca Pastro, BA, Victoria, BC, Canada)

“The Association for Science in Autism Treatment works diligently to bring science at the forefront of the conversation about autism treatment and working behind the scenes as an extern to help with this effort has been an amazing experience. It's so great to work with a team of people who truly dedicate themselves and their time to making a meaningful difference in the lives of individuals with autism.” (Brizida Vinjau, MS, BCBA, Toronto, Ontario, Canada)

“The externship has been an invaluable experience for both my personal and professional development. It has allowed me to connect with an intelligent and motivated group of individuals committed to promoting science in autism treatment. Externs come from diverse backgrounds ranging from high school students to post-doctoral professionals, allowing all participants to take on the roles of both mentor and mentee. In addition, the externship is a highly individualized experi-



**Marcia Questel, MEd, BCBA**

ence. Externship coordinators personally work with each participant to select goals that will benefit both the individual and ASAT as an organization. Participants are provided ample support as they work to fulfill their goals, while also being given the freedom to progress at their own pace and direct their own activities. I have benefitted immensely from this experience, and I hope to stay connected to ASAT after my time as an extern is complete. (Adriane Miliotis, MA, BCBA, New York City)

Below are some testimonials from externs about how to make the most of the experience:

“ASAT has always had an individualized goal-oriented approach. In the first few weeks of my externship, they helped me identify personal and professional goals to advance my existing skill sets and have helped me reach these goals throughout my externship. To make the most out of the experience, it is critical to be involved with existing and future projects that will help you meet your individualized goals. ASAT has always supported each extern in meeting their goals while also benefiting the organization and their audience as a whole.” (Briana Ostrosky, MA, BCBA, Bridgewater, NJ)

“To make the most out of the externship, it is helpful to always keep in mind your personal and professional goals; the reason you came to the externship. ASAT externs are fortunate to be able to largely blaze their own paths and engage in activities that are meaningful to their personal lives and/or careers. If there is something that interests you or some-

thing you would like more experience with, ask! ASAT externs are a group of innovative, intelligent individuals from all walks of life. Each extern's ideas matter, so be sure to share them. Just as ASAT can make a difference in the lives of many, so too can you make a difference at ASAT. Step up, stay engaged, and never forget the lives you can change as an ASAT extern.” (Renee Wozniak, PhD, BCBA-D, Phoenix, AZ)

“Starting the externship, I was both excited and nervous about what it would entail. The entire process has been clearly outlined, with expectations and assignments laid out in a manageable, yet challenging way. The calls are geared to reflect on the group's progress in meeting goals in the past month and allow us the opportunity to ask questions and learn about other experiences. The externship not only provides the experience of disseminating ASAT's mission, but really helps you grow professionally, both as an individual and as a part of a larger group. (Karrie Lindeman, EdD, BCBA-D, Long Island, NY)

We are very pleased to share that many of the externs who graduate from our program have continued to remain with us in some formal or informal capacity. In fact, two current members of our board of directors were past graduates of our externship program.

Interested in volunteering with ASAT, but perhaps the externship program does not sound like the commitment level you are seeking?

We welcome the time and talent of other volunteers with skills in graphic design, language translation, marketing, database management, online research, Google ads, fundraising, grant writing, website navigation, and social media utilization.

*David Celiberti, PhD, BCBA-D, is Executive Director, and Marcia Questel, MEd, BCBA, is the Externship Coordinator at the Association for Science in Autism Treatment. If you would like to support ASAT as a volunteer or Extern, please complete and submit the [ASAT Volunteer Application](#) or the [ASAT Externship Application](#) to [dceliberti@asatonline.org](mailto:dceliberti@asatonline.org). Please communicate your specific interests, so that your work with ASAT can be a mutually satisfying and meaningful experience. We are always looking for passionate individuals to join our team. Help us communicate our information more broadly and make more people aware of our offerings. We hope to hear from you.*

**Buprenorphine from page 25**

on buprenorphine misuse. The study authors suggested that to address the current opioid crisis, both access to and quality of buprenorphine treatment for people with opioid use disorder should be improved.

“Three-quarters of adults taking buprenorphine do not misuse the drug,” said Wilson Compton, M.D., M.P.E., Deputy Director of NIDA and senior author of the study. “Many people with opioid use disorder want help, and as clinicians, we must treat their illness. This study also underscores the urgency of addressing

racial and ethnic, health insurance, economic, and geographic disparities in treatment access, to ensure that everyone with opioid use disorder can access this life-saving medication.”

*This article was originally published by the National Institute on Drug Abuse [here](#).*

About the National Institute on Drug Abuse (NIDA)

NIDA is a component of the National Institutes of Health, U.S. Department of Health and Human Services. NIDA sup-

ports most of the world's research on the health aspects of drug use and addiction. The Institute carries out a large variety of programs to inform policy, improve practice, and advance addiction science. For more information about NIDA and its programs, visit [www.drugabuse.gov](http://www.drugabuse.gov).

About the National Institutes of Health (NIH)

NIH, the nation's medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH

is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit [www.nih.gov](http://www.nih.gov).

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B Han, CM Jones, EB Einstein, WM Compton. [Trends in and characteristics of buprenorphine misuse among adults in the US](#). JAMA Network Open. DOI: 10.1001/jamanetworkopen.2021.29409 (2021).

### Resilience from page 20

people to advocate for improvements in prevention, harm reduction, treatment, and recovery services. Equally, the recovery movement can contribute to efforts to reduce negative public attitudes as well as discrimination embedded in public policies and the health care system. Scaling up the capacity and infrastructure of these programs will create strong resource networks to equip communities to support recovery for everyone.

Prevention and recovery services operate under the behavioral health umbrella, share common goals, have distinct sets of services funded through separate sources,

and address social determinants of health. To build community resilience there is tremendous potential to work together in a coordinated and comprehensive manner. Specifically, how can prevention and recovery efforts, representing respective parts of the continuum of care and those involved – individuals, families, community sector representatives, clinical providers, prevention practitioners, and people with lived experience – better assist one another to create a supportive web of services and reduce system fragmentation?

Prevention and recovery services are critical elements of a health safety net for communities. Let us sustain and bolster

these services, and work together to ensure seamless support for people in recovery and their families. Our mutually reinforcing activities enable us to work collectively and coordinate as a cohesive system, take what we're learning and infuse this information into our respective networks, and adjust how we carry out our work to create hope, build resilience, and strengthen our communities.

*Miriam E. Delphin-Rittmon, PhD, is the Assistant Secretary for Mental Health and Substance Use, at SAMHSA.*

*For more information, learn about some of SAMHSA's recovery support resources: [SAMHSA's Working Definition](#)*

*of Recovery, the Peer Recovery Center for Excellence, which focuses on the integration of peer recovery support workers into non-traditional settings, building and strengthening the capacity of recovery community organizations, enhancing the professionalization of peers through workforce development, and providing evidence-based toolkit and resource information for diverse stakeholders; SAMHSA's range of locators for behavioral health services including the National Suicide Prevention Lifeline (1-800-273-8255); and SAMHSA's [guide for health care providers, systems, and communities to support recovery from substance use disorders via employment mechanisms.](#)*

### Difference from page 7

minutes, I let it go. I know how to let it go so it doesn't mess up the rest of my day. I start realizing that the person who upset me isn't having a good day, that's why they're messing up my day. It helps me snap out of negative thinking," said Wesley.

"I had never worked with my pers or adults like me, only the general population. Now, I work with residents with disabilities and some with criminal backgrounds. And it makes me feel good to serve them in a positive way while also helping myself. It also feels good to have a routine, to get up in the morning," said Kimyai.

#### Volunteering Makes a Difference in Our Lives

We all help our communities in other ways as well.

"I help other tenants go to doctor and dentist appointments or go shopping. We have a lot of tenants who can't read, so I help them with appointments and help them read things. Many people in my building don't have a family to go to or

come to visit them for the holidays. Before I venture off to see my family, I cook for those who don't have friends and family. I serve them so they have something and don't feel alone," said Rhonda.

Wesley volunteers at [St. John's Bread & Life](#). He said, "It makes me feel good because I like to help people fulfill their needs. They look up to me and that makes me feel special. That makes me happy, and I like to give back."

Missy volunteers to decorate the building she lives in. "I have always loved to decorate, even when I lived with my mom. The living room was spectacular! I couldn't wait until we put up the Christmas tree. When I left home, I always bought a tree. I love the decorations – it makes me happy and makes the place look nice. I decorate every holiday downstairs and on my own floor in my building," said Missy.

Some of us appreciate that other volunteers have improved our residences.

"Volunteers are great. They painted all our garden bins. They do the tough weeding. They're very nice and they help a lot. I always greet volunteers when they're

here," said Missy.

"The volunteer groups are nice. There are different ones – people who work at banks, church volunteers, etc. It's nice for other people to see what we're doing. Volunteers help us maintain and beautify our garden and backyard space. We have a gazebo in the backyard, bins, different plants, bird feeders – different birds come throughout the season, like blue jays, sparrows, and once a swan," said Rhonda.

#### The Value of Volunteering

The opportunity to do volunteer work has helped us learn new skills and stabilize our lives.

"Doing this (receptionist) role has greatly improved my job skills and job prospects. And I've come a long way from when I was diagnosed with paranoid schizophrenia, got divorced, and lost my home. I spent 18 months in a Brooklyn shelter and then moved into temporary housing with S:US. Now I'm looking for permanent housing through the help of my wellness coach," said Kimyai.

"I used to work as a chef on cruise ships. When I stopped working and had knee surgeries, I got depressed. I've al-

ways cooked. Growing up in a big family, cooking was a passion for me. Now I have metal in both of my knees. I didn't know what I was going to do. Working in Urban Farms and volunteering makes me feel good – like my world opened up again," said Rhonda.

#### Volunteering Feels Good

We want to let other people know that volunteering is a win-win for us and for our community as a whole. It makes us feel good to give back and help others.

"I like doing this work because I enjoy seeing the smiles on their faces when I give them fresh tomatoes from our garden," said Missy.

"It makes me feel good to be able to give back to my community," said Rhonda.

"Don't be afraid to change, don't be afraid to move forward in your life and do something positive," said Kimyai.

*Kimyai, Missy, Rhonda, and Wesley are members of the Services for the Under-Served (S:US) community.*

### Resources from page 26

that are coming up during COVID-19. This fact sheet offers information on loss and trauma reminders, coping with separation, and the mind-body connection.

- [The Power of Parenting During the Covid-19 Pandemic: Mourning the Death of a Loved One](#) provides caregivers guidance on mourning a death of a loved one due to COVID-19. This fact sheet offers information on saying goodbye when you couldn't be there, understanding developmental differences in behaviors associated with grief, and seeking alternative support if needed.

- [Supporting Children During Coronavirus \(Covid-19\)](#) offers ways to support children and talk to them about COVID-19. This fact sheet describes how to start a conversation with children about COVID-19, correct inaccurate information, encourage children to ask questions and how to answer them, help children self-regulate, and outlines common reactions, how to stay connected, practice self-care, and what

to do if you need extra help.

- [Trauma-Informed School Strategies During Covid-19](#) provides trauma-informed school strategies in response to COVID-19. This fact sheet offers information on the physical and emotional well-being of staff, creating a trauma-informed learning environment, identifying and assessing traumatic stress, addressing and treating traumatic stress, trauma education and awareness, partnerships with students and families, cultural responsiveness, emergency management and crisis response, and school discipline policies and practices.

#### Suicide Prevention Resources

- [Suicide Prevention Resources for Teens](#). This information sheet, created by the Suicide Prevention Resource Center (SPRC), contains a list of websites with suicide prevention resources for teens—for those who may be at risk for suicide and those who have friends who may be at risk. These websites all have fact sheets, and some have videos, stories written by teens, and text and online chat options.

- [Preventing Suicide: The Role of High School Teachers](#). This resource for high school teachers, created by the Suicide Prevention Resource Center (SPRC), includes information on recognizing and responding to suicide warning signs, suicide prevention resources, and other information to help prevent suicide among students.

#### Other Federal Resources

[Supporting Students During the COVID-19 Pandemic: Maximizing In-Person Learning and Implementing Effective Practices for Students in Quarantine and Isolation | Department of Education](#)

As the new school year begins, we must provide every student—from every community and background—the opportunity to safely learn in-person full-time.

[Helping young children and parents transition back to school | CDC](#)

Learn what parents and teachers can do to help children make a successful transition to in-person learning and care.

[Children and Mental Health: Is This Just a Stage? | The National Institute of Mental Health \(NIMH\)](#)

Raising a child can be challenging. Even under the best circumstances, their behaviors and emotions can change frequently and rapidly.

[Guidance for COVID-19 Prevention in K-12 Schools | CDC](#)

This updated version of COVID-19 guidance for school administrators outlines strategies for K-12 schools to reduce the spread of COVID-19 and maintain safe operations.

[Return to School Roadmap | Department of Education](#)

America's public schools have been steadily reopening for in-person learning, and students are returning to classrooms.

*This article originally appeared [here](#) on the SAMHSA website.*

*The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.*

**Crisis from page 13**

went like this, “Teacher, ...I bring my dog to school every day to help me stay safe. I have other tools in my backpack to use so I can stay calm. When I start to get upset, I need my backpack. I get upset when: It gets too noisy. I am scared. I have a new teacher. When my heart starts to beat fast, I need my backpack. When I feel safer, I can go back to my schoolwork.”

I received feedback that peers wanting to take the self-care items from her was a safety concern to camp officials. Through collaboration we transcended to a third idea. We agreed that a drawing or photograph of the transitional object could represent the item at school, be readily reproduced if needed, and sustain the intervention while mitigating risk. My clinical training and expertise told me that pathologizing a specific acute stress response could do more harm than help. I focused on self-regulation tools and strategies for any situation or triggered circumstance.

After this intervention was introduced, the child resumed school daily without panic. The Crisis Emotional Care Team support was creative and re-imagined. Solution-finding to promote increased access to opportunity rather than retreat was immensely satisfying.

**Conclusion**

Dr. Blackman’s story echoes so many other volunteers who have made an impact by using their training in this unique

**Amy Carol Dominguez, MPA**

capacity. There is remarkable, tangible power in listening through the lens of expertise, anchored in compassion and care. It takes a disaster-specific focus, additional training, a posture of humility, and a willingness to let go of your ego. And while this is most certainly the case for all individuals engaged in volunteer disaster response, it is exceptionally so for those who are willing and able to help guide people through the unseen reactions to crises. We are commissioned to create a safe space for people to share their psychological trauma and give them the tools they need to carefully, intentionally, and resiliently rebuild.

*Amy Carol Dominguez serves as the Program Director for the Crisis Emotion-*

**Dr. Laurel Blackman, DO, MBA**

*al Care Team at Vibrant. She has been working in Disaster Mental Health since 2007. Amy’s international development career has taken her around the world to countries like Ethiopia, Liberia, Colombia, Argentina, Canada, and Mexico and she has coordinated international disaster mental health responses in Haiti, Nepal, Puerto Rico, and across the United States. She is a writer and speaker, focusing on best practices in volunteer engagement and leadership. Amy is actively involved in strategic program development for youth in Latin American countries and leads the Board of Directors for the Hands Offering Hope Foundation. She holds her Masters in Public Affairs from Indiana University and splits her time between Mexico and Connecticut with her*

*husband, Adiel, and daughter, Sofia.*

*Dr. Laurel Blackman has spent years creatively leading busy and diverse treatment settings serving a variety of patients through person-centered care and culture change efforts. She currently leads a cadre of advanced practice nurses increasing access to long-term mental health care online and provides on-demand psychiatric assessment for a network of mostly rural community crisis centers. Before that Dr. Blackman worked for over a decade successfully facilitating community re-entry for institutionalized persons with serious mental illness. Licensed to practice psychiatry in multiple states and working as a certified special education teacher PreK-12, she has devoted her career to excellence in patient care, access to treatment, and finding purpose through curiosity, connection, hope, and humanness. She is a champion of recovery and the underserved. Dr. Blackman defines recovery as “doing the most you can with what you have right now while also simultaneously paving the way for greater access, opportunity, and choice so options for life and living are ever-expanding.” As she sees it, there exists no greater disservice to humankind than not realizing one’s potential. She seeks novelty and adventure, utilizes FAARTS (Food, Activity, and ARTS) to bring about personal then clinical recovery, and has a passion for sharing her lived experiences as a person-centered, recovery-oriented psychiatrist and innovative practitioner.*

**Virtual from page 25**

is fulfilling.

After watching his wife’s experience, Les decided to volunteer. Les has a large, enthusiastic following with his wrestling group each week.

“I try to give them a little background and relate it to what’s going on today,” he said. “Most of them get it. It’s OK if they want to talk over me ... anything that engages them is going to be good.”

**Book Club via Romania**

In-person book clubs had been extremely popular across the boroughs. Volunteer Csenge Bodi was a college student planning a trip home to Transylvania, Romania for the holidays last year. Trouble was how to complete *The Call of the Wild*. “I didn’t want them to miss all that time and

not finish the book,” said Bodi, who was a sophomore at St. John’s University. So, at 6 p.m. in Romania, she conducted the 11 a.m. EST Book Club. After explaining why it was dark in Romania, Book Club resumed without a hitch. “It’s just as much a joy for me as it is for them,” she said. “It’s relaxing and makes an impact on their life and mine.”

**Staff Deliver Technology**

Staff throughout AHRC NYC programs delivered more than 700 tablets, iPads, and smartphones to the people they support, so they could be connected.

“This was such a widespread effort,” said Andy Pfadt-Trilling, AHRC NYC’s Director of Quality Improvement with Adult Day Services. “Staff at all levels delivered items from programs to people’s homes. No one asked. It was just their

sense of duty and about the relationships they had.”

Technology was the key to enabling the people AHRC NYC supports to see their friends while attempting to establish a routine. It brought comfort to families and their loved ones.

Jose España, AHRC NYC’s Quality Assurance Compliance Transportation Manager, was one of many staff to deliver items to people with disabilities and their families. “Every stop I made, every family I visited, touched my heart. When they see you, they see hope, they see help and some kind of rescue.”

Providing the technology to the people AHRC NYC supports was rewarding. “They’d sometimes ask, ‘Is this for me? Now I’m going to see you guys,’” España said.

Volunteer leader Robyn Ufer, along with volunteers Christian Stephenson and

Wendy Hagen, handled training, scheduling, and matching of volunteers to conduct mock phone employment interviews with people from different AHRC NYC programs.

“The people we support were so happy to get on Zoom,” Zuckerman said. “They were all together and socializing. They didn’t feel so alone.”

“This never could have happened without the tremendous efforts of our staff throughout AHRC NYC providing the technology and support during our volunteers’ programs,” she added.

*Share your interests and talents with the people AHRC NYC supports. Virtual volunteers provide valuable programs, including chess, sports talk groups, karaoke, pet therapy, and more. Contact Karen Zuckerman at 646-581-0909 or email [karen.zuckerman@ahrcnyc.org](mailto:karen.zuckerman@ahrcnyc.org)*

**Contact: Anne G. Katz**

(914) 400-3899

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**Recovery from page 24**

each individual's current needs while simultaneously working with individuals to engage in crisis planning to help avoid or better manage future crises. These services are a highly cost-effective and trauma-informed approach to mental health crisis stabilization that ultimately aids in reducing the overall burden on the hospital systems and the taxpayers while improving outcomes for those in crisis.

As a peer-run organization, Recovery Options has a strong track record of providing peer-run crisis respite services in Erie County. These services boast a 95% hospital diversion rate over the last five years. Growing options for respite support and adding intensive respite services will increase the agency's ability to provide robust, high-quality services to residents of Erie County. Now more than ever, people need support for their mental health needs. Many individuals experiencing a mental health crisis need more support than the existing respite options in the county can provide, but do not meet admission criteria for inpatient hospital care. The Intensive Crisis Respite model will fill this gap and provide a much-needed community resource to help those individuals man-



**Shannon Higbee**

age their crisis and successfully move forward in their recovery while still offering 24-hour support in a peer-run environment.

*Shannon Higbee is the Chief Executive Officer for Recovery Options Made Easy. To learn more, visit [recoveryoptionsny.org](http://recoveryoptionsny.org).*

**Donna from page 29**

disadvantaged by poverty or disability. She has used her position and has been generous with her knowledge to the benefit of the entire human services field. Her optimism and tenacity in always pushing forward have served the field well.

S:US has been a catalyst for social change and has helped make a difference in the lives of hundreds of thousands of individuals and their families by partnering with them to create a personally transformative path lined with activities and relationships they value and which bring them joy. Respecting the value that lived experience brings to a situation, S:US has leaned on peers to bring hope, practical support, and empathy to the lives of the people served as they make their way towards their goals.

Donna leaves S:US and her life legacy in the capable hands of Jorge R. Petit, MD, a board-certified psychiatrist with over 25 years of public healthcare experience. For the last four years, he has served as the CEO and President of **Coordinated Behavioral Care (CBC)**, a healthcare organization dedicated to improving the quality of care for Medicaid beneficiaries with serious mental illness, chronic health conditions, and/or sub-

stance use disorders. Jorge enthusiastically faces the challenge of leading S:US and taking it to even greater heights. The organization is poised for a strong and healthy future and Donna has expressed her confidence that S:US will remain a force for good.

Perhaps Donna's service to the human services community is best reflected in the words of George Bernard Shaw, "I am of the opinion that my life belongs to the whole community and as long as I live it is my privilege to do for it whatever I can." As Donna closes out her career, we thank her for helping to make a little corner of the world a better place.

About Services for the UnderServed (S:US)

Services for the UnderServed (S:US) drives scalable solutions to transform the lives of people with disabilities, people in poverty and people facing homelessness: solutions that contribute to righting societal imbalances. Founded in 1978, S:US works with over 37,000 individuals and their families every year to create pathways to rich and productive lives by offering housing, employment, skills-building, treatment, and rehabilitation services. Learn more at [sus.org](http://sus.org).

**Burnout from page 14**

Organizations that encourage volunteering and provide the opportunity to do so will likely nurture a more engaged and burnout-resilient group. Trainees may gain new skills and insights into career paths and more senior providers may discover a deep fulfillment in teaching. As a volunteer, knowing that you've been helpful, that you're capable, and have played a meaningful part in bettering another person or organization, may not only aid the communities you're assisting but also improve your view of yourself and general outlook on life. Just like Alex, choosing to volunteer might be your most rewarding experience yet.

*Sam Jackson is a third-year Psychiatry resident at SUNY Downstate Health Sciences University in Brooklyn and a second-year APA Public Psychiatry Fellow.*



**Sam Jackson, MD**

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**Devereux from page 27**

desire to support children in our community who are not as fortunate. They have inspired other students to join their efforts on countless projects, and now, we are planning for their legacy to continue through DVAS. It is heartwarming for the children in our care to see this kind of support from the community."

Tilly also noted that it "started as a way to support Devereux and give back to the community, but it has been such a rewarding experience that we hope to con-

tinue DVAS for years to come!"

*Lindsey Phillips is Director of External Affairs at Devereux Florida.*

*Devereux Advanced Behavioral Health is one of the nation's largest nonprofit organizations providing services, insight, and leadership in the evolving field of behavioral healthcare. Founded in 1912 by special education pioneer Helena Devereux, the organization operates a comprehensive national network of clinical, therapeutic, educational, and employment programs and services that positively impact the lives of tens of thousands of*

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*fare. Programs are offered in hospital, residential, community, and school-based settings. They include assessments; interventions and support; transition and independent life services; family and professional training; research and innovation; and advocacy and public education. For more than a century, Devereux Advanced Behavioral Health has been guided by a simple and enduring mission: To change lives by unlocking and nurturing human potential for people living with emotional, behavioral, or cognitive differences. [www.devereux.org](http://www.devereux.org).*

**Elevate from page 28**

serve receives the appropriate range of

services and level of care, with an individual treatment plan, coordinated by highly competent and supportive case manage-

ment professionals. These services meet the pressing needs of more than 25,000 individuals and families annually, and

some 2,000 New Yorkers every single day. Learn more about WellLife Network at [www.WellLifeNetwork.org](http://www.WellLifeNetwork.org).

**Bassett from page 18**

For many years she served as an associate editor of the [American Journal of Public Health](#). Her recent publications include articles in [The Lancet](#) and in the [New England Journal of Medicine](#) addressing structural racism and health inequities in the United States.

Dr. Bassett grew up in New York City. She received a B.A. in History and Science from [Harvard University](#), an M.D. from [Columbia University's College of Physicians and Surgeons](#) (serving her residency at Harlem Hospital), and an M.P.H. from the [University of Washington](#).

"We are thrilled that Mary will be bringing her strong leadership, fierce commitment to equity, and deep understanding of public health policy to this new role as New York State health commissioner," said Michelle A. Williams, dean of the faculty at Harvard Chan School. "While we will greatly miss her presence here, we are proud that she will be in a position to advance evidence-based policies, firmly grounded in science, to protect and improve the health of every New York resident. We know she will be a champion for all people across the state."

"I congratulate Governor Hochul on her appointment of Dr. Mary Bassett as New York State's Health Commissioner. I cannot think of anyone more qualified or better suited to head public health in our

state at this time," said Lilliam Barrios Paoli, Former New York City Deputy Mayor for Health and Human Services. "Dr. Bassett is a superb crisis manager. Working with her during both the Ebola and the Legionnaires' disease crises was a lesson on how to manage effectively and gracefully under enormous pressure. I can state unequivocally that it was her leadership that enabled New York City to successfully navigate those difficult situations. Her commitment to ending health disparities is unquestionable, as is her belief that good public health goes hand in hand with social, racial, and gender equity. I firmly believe that with this appointment, Governor Hochul is putting public health in New York State in the best possible hands."

"Governor Hochul has made a great choice with the appointment of Dr. Mary Bassett as New York State's health commissioner," said George Gresham, President of 1199SEIU. "As New York City's health commissioner, Dr. Bassett led our health care heroes through unprecedented challenges, including Ebola. As we face another unprecedented challenge, Dr. Bassett's public health expertise, knowledge of health care systems, and commitment to health equity will be a tremendous asset to the state. We look forward to working with her again."

"New York will be in extremely competent hands with Dr. Bassett. She is an internationally recognized trailblazer

known for building better systems to protect and promote the people's health and advance equity and justice," said Aletha Maybank, MD, MPH, Senior Vice President and Chief Health Equity Officer, [American Medical Association](#). "Having the privilege to launch the Center for Health Equity at the New York City Department of Health under her leadership set a national high bar for how government can hold themselves accountable to embedding equity and racial justice in the culture, practices, and policies of the institution and beyond. These efforts were recognized by the World Health Organization and the Centers for Disease Control and Prevention. Core to her being and her equity strategy is centering the voices and ideas of the most marginalized to help uplift all New Yorkers. One of the greatest gifts I learned from Dr. Bassett is advocacy – unabashedly standing up for people and for what is right, healthy, and equitable. I am truly excited for New York, and the country, to have her back in public service at this critical time."

"Dr. Bassett is an outstanding choice. Rochester needs a leader attuned to health care inequities, especially those exposed by the pandemic," said Vivian Lewis, MD, Professor Emerita - Obstetrics and Gynecology and Former Vice Provost, Faculty Development and Diversity at the [University of Rochester](#). "Recently, she and I were both on a panel about

healthcare disparities and I was impressed by her eloquence regarding the social determinants of health – race, socioeconomic status, access to healthcare, and housing that we need to address to end the current crisis- nationally, statewide and at community and individual levels. Dr. Bassett's record in NYC is a powerful lesson in enlisting neighborhood-based resources to build the trust needed to understand and address both chronic conditions and crises. Her example as a public health scholar will inspire our students and trainees to become the kind of healthcare leaders who value the need to have an impact in their communities, the nation, and globally. We welcome her leadership."

"Dr. Mary Bassett was a visionary and transformational leader as New York City's health commissioner, we welcome her back in this new and vital position as New York State's Health Commissioner," said Ayman El-Mohandes, MBBCh, MD, MPH, Dean of the [CUNY Graduate School of Public Health & Health Policy](#). "Her commitment to serving all New Yorkers across demographic geographic, economic, and cultural divides was in evidence every day. I've worked with Dr. Bassett for many years in a variety of capacities, and I can say with confidence that in this challenging moment in New York's history, the people of New York State stand to benefit enormously from the integrity, skill, compassion, and wisdom she will bring to her new role."

## Behavioral Health News Editorial Calendar

Spring 2022 Issue

**Understanding Treatment and Recovery Models of Care**

Deadline: March 16, 2022

Summer 2022 Issue

**The Behavioral Health System, Challenges Met, Challenges Ahead**

Deadline: June 15, 2022

Fall 2022 Issue

**The Impact of Behavioral Health on Families**

Deadline: September 16, 2022

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