

Search for Change





A Message from the Chief Executive Officer

I will soon celebrate my 25th Anniversary at Search for Change. This has given me ample reason to reflect on the events of the past quarter-century and to consider the innumerable challenges and accomplishments I have been privileged to share with my friends and colleagues during this time. My sentiments on the subject were nicely expressed by Howard Schultz, the former Chief Executive of Starbucks whose vision elevated a common coffee shop to a worldwide movement.

“When you’re surrounded by people who share a passionate commitment around a common purpose, anything is possible.”

I stand in awe of the dedication my team members continually demonstrate amid profound challenges. In recent years our agency has evolved from a diminutive nonprofit whose primary purpose was to provide safe and stable living arrangements for former occupants of state-operated psychiatric centers to a multi-service organization that delivers a continuum of supportive housing, vocational rehabilitation and care management services to individuals with increasingly complex health conditions and life challenges. Moreover, this complexity is not limited to the service delivery side of the equation. A host of transformative initiatives presently underway, including the state’s Delivery System Reform Incentive Payment (DSRIP) program, “Triple Aim” of healthcare reform, Olmstead Implementation Plan and a movement to replace Fee-for-Service reimbursement systems with Value-Based alternative payment models administered by private Managed Care Organizations (MCOs) requires health and social service providers to cultivate competencies their founders could not have imagined when they filed their charters in simpler times.

Such disruptions strain the resources and test the mettle of the most dedicated and mission driven organizations. It is therefore more important than ever for us to evoke the passion that called us to service when we entered our profession and to find renewed strength in our colleagues, partners and the many individuals who demonstrate immeasurable courage in their personal recovery.

I am deeply grateful to those with whom I have shared this journey.

Through a shared commitment to our agency mission will surely meet the challenges to come.

Ashley Brody, MPA, CPRP
Chief Executive Officer

Strength In Numbers: The Changing Face of Partnerships

For much of its history, Search for Change (SFC) has relied on informal partnerships with its fellow health and behavioral healthcare providers, community-based social service organizations and many other stakeholders with whom it shares its mission.

As a host of transformative initiatives presently underway aim to replace Fee-for-Service reimbursement systems with outcome-based alternatives, providers must achieve newfound economies and establish value propositions that demonstrate their impact in order to remain viable. They must also develop competencies in contracting, performance assessment and revenue cycle management necessary to sustain commercial relationships with emerging payers.

These require capacities and infrastructures unavailable to most behavioral health and social service organizations. In order to successfully navigate this new terrain many are solidifying partnerships through which resources and challenges may be shared.

In early 2017, the New York State Office of Mental Health (OMH) announced the Behavioral Health Value Based Payment (VBP) Readiness Program, a multi-year initiative designed to promote behavioral healthcare providers' preparedness for VBP service delivery and reimbursement requirements. This initiative provides financial support for Behavioral Health Care Collaboratives (BHCCs), consortia of behavioral health and social service providers that seek to integrate their services in the interest of increased quality and efficiency.

We are proud to announce SFC's membership in the Comprehensive Care Network of the Hudson Valley (CCN-HV), a BHCC and Independent Practice Association (IPA) comprised of fellow supportive housing and behavioral healthcare providers serving the Lower Hudson Valley Region of New York State. Prominent members of this Collaborative include The Guidance Center of Westchester, Family Services of Westchester, the Lexington Center for Recovery, Arms Acres and Bikur Cholim. Each of these organizations boasts a diverse array of services, and Bikur Cholim is one of only 13 Certified Community Behavioral Health Clinics (CCBHCs) in the state.

We believe this partnership will strengthen the foundation of behavioral healthcare and social support services in the region and promote our collective success amid a rapidly changing landscape.

We share our partners' commitment to the welfare of our region's most vulnerable residents and look forward to advancing our collective mission!

"I am very grateful to be in this program. I am treated well and continue to grow in my recovery."

Empire State Supportive Housing Initiative (Redux)

In 2016, New York State launched a bold initiative to develop 6,000 new units of supportive and affordable housing within five years. The Empire State Supportive Housing Initiative (ESSHI) applies an innovative approach to housing development through a collaboration among several state agencies serving vulnerable populations, including the Office of Mental Health (OMH), Office for Alcoholism and Substance Abuse Services (OASAS), Department of Health (DOH), Office for the Prevention of Domestic Violence (OPDV) and Office of Temporary and Disability Assistance (OTDA). During the first round of ESSHI award allocations SFC received a grant to develop 50 units of supportive and affordable housing in Putnam County in collaboration with several health and social service agencies with which we enjoy longstanding affiliations. We continue to work with our partners, a housing development firm and local authorities toward the acquisition of a site for this project.

In 2017, SFC received an additional grant through the ESSHI program to develop 100 units of affordable and supportive housing in Westchester County. We submitted this proposal in partnership with WellLife Network, a fellow service organization with a substantial presence in the five boroughs of New York City and Long Island. WellLife Network delivers a comprehensive array of behavioral health services that include supportive housing, outpatient clinic, Personalized Recovery Oriented Services (PROS), Assertive Community Treatment (ACT), Care Coordination and Vocational Rehabilitation, among others. It serves many vulnerable individuals throughout the region and holds licenses with the OMH, OASAS and Office for People with Developmental Disabilities (OPWDD). Its mission - to empower individuals and families with diverse needs to realize their full potential - is closely aligned with ours, and we look forward to cultivating this partnership in service to our community.

An emerging body of evidence suggests “Social Determinants of Health” (SDOH), the conditions in which people are born, grow, live and work, have a profound impact on individuals’ health and health-related outcomes. Safe and affordable housing is foremost among SDOH and can make an extraordinary difference in the lives of its recipients. It is also exceedingly scarce at this time. Amid rising housing costs and a marked shortage of publicly funded rental subsidies many individuals languish in homeless shelters and other substandard living arrangements.

SFC and its partners remain committed to the preservation and development of supportive and affordable housing – a vital resource for our region’s most vulnerable individuals.

“I think all of the staff that I have encountered are really effective. When a client has a problem they are right there to talk openly. I would recommend SFC to any of my friends.”

Care Management On the Move

In 2015, SFC added Care Management to its portfolio of services, and our Mobile Outreach Team (MOT) and Transitional Outreach Program (TOP) continue to have a profound impact on many of our behavioral health system's most vulnerable recipients.

These programs are unique inasmuch as they deliver highly intensive and flexible support services by multidisciplinary teams of professional and paraprofessional personnel. Their services are targeted specifically to individuals who require them in order to achieve successful discharges from state-operated psychiatric facilities and to attain enduring stability and community tenure. Their missions and objectives are fully aligned with guiding principles of healthcare reform that aim to maximize recipients' participation in the fabric of community life and to reduce their reliance on costly emergency and institutional care.

The MOT and TOP employ care management, nursing and peer support services in the provision of person-centered and recovery-oriented interventions designed to aid recipients in choosing, getting and keeping that which is most important to them. They also maintain more robust staff-to-recipient service ratios than are customarily applied within other care management programs. This enables them to calibrate the scope of services provided in accordance with recipients' needs and to substantially enhance their services during recipients' transition between institutional and community-based settings. This approach comports with a Critical Time Intervention (CTI) model, one proven to promote the successful community reintegration of vulnerable populations.

The TOP became fully operational in early 2017, and by the end of the year it had assisted ten (10) individuals in completing successful transitions from Rockland Psychiatric Center (RPC) to community-based settings. More significantly, 100% of these individuals achieved housing stability within a six-month period following discharge!

The MOT served 62 individuals in 2017, all of whom had histories of hospitalization at RPC or were deemed at risk of it in the absence of the intensive care management and psychosocial rehabilitation services this team provides. It assisted 55 individuals in completing successful transitions to community-based housing accommodations. 50 of the 62 individuals (81%) achieved housing stability within a six-month period following their discharge from an inpatient setting.

These programs are integral to their recipients' community reintegration and improved stability. They will also play an increasingly prominent role in our behavioral health service system as it seeks community-based alternatives to institutionalization for its most vulnerable recipients.

"This program is the best thing that ever happened in my life."

Supported Housing: Continued Growth and Diversification

SFC's Supported Housing program continues to flourish amid seismic changes in the behavioral healthcare and social services landscape. This program, established in the early 1990s to provide permanent, supportive housing accommodations for former residents of the agency's supervised community residential and semi-supervised apartment programs, has undergone substantial growth and service diversification since its inception.

In accordance with a statewide movement to support individuals in the most integrated and least restrictive settings practicable, SFC has extended its Supported Housing program to a broader cohort of recipients. By employing a Housing First¹ approach to engagement and service delivery this program aids individuals with serious mental illness and substance use disorders, comorbid physical health conditions and other significant life challenges in securing safe and affordable housing arrangements coupled with a broad array of support services.

In 2017, the agency's Supported Housing program added 18 units to its roster through substantial grants from the Westchester County Department of Community Mental Health (DCMH). This program now serves 185 individuals, a 10% increase above its 2016 capacity. Two (2) of these units were allocated specifically for individuals with behavioral health conditions emerging from state-operated correctional facilities, increasing the agency's census of specially designated "forensic" Supported Housing units. It is not uncommon for individuals with serious behavioral health concerns to enter the criminal justice system, often following non-violent offenses resulting from poorly managed mental health or substance use conditions.² Supported Housing is indispensable to the successful community reintegration of these individuals and it has been repeatedly proven to reduce recidivism and to promote other desirable outcomes.³

SFC continues to administer its Supported Housing program in a highly flexible manner in accordance with recipients' expressed needs and preferences. Its housing accommodations and associated interventions are delivered along a continuum that includes both "service-enriched" and autonomous settings. (The former includes shared living arrangements in which clients receive more intensive housing support services than are customarily available within Supported Housing programs, whereas the latter includes "traditional" accommodations within private apartments coupled with periodic visits from housing support specialists.)

The continuing success of this program is most evident in the findings of a recent (2017) client satisfaction survey that revealed an average satisfaction rating of 91% among its participants.

¹ Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements (Department of Housing and Urban Development, 2018).

² Approximately 20% of jail inmates and 15% of prison inmates have a serious mental illness (Treatment Advocacy Center, 2014).

³ Corporation for Supportive Housing, 2011.

Licensed Residential Services

SFC operates a vast network of supervised and semi-supervised supportive housing programs throughout Westchester and Putnam Counties for individuals who require intensive rehabilitation services in order to achieve lasting stability and community tenure. This includes both Congregate Treatment Programs (CTPs) that offer intensive rehabilitation services and Apartment Treatment Programs (ATPs) that provide services of moderate intensity. The ATP is most suitable for individuals who do not require continuous (i.e., 24-hour) assistance but would benefit from close and continuing support from rehabilitation specialists pending their acquisition of independent living arrangements. These programs are licensed by the New York State Office of Mental Health (OMH) to provide a broad array of support services including medication and symptom management, life skills training, vocational rehabilitation, substance use interventions and general health and wellness services, among many others. They also offer transitional accommodations for individuals who aspire to reside independently but must develop skills and resources essential to their success in less restrictive settings. These programs are poised for transformation in coming years as our behavioral healthcare system seeks increasingly integrated accommodations for individuals with disabilities and special needs. Nevertheless, they play a vital role in the recovery of many – particularly those reentering our community following periods of institutionalization in state-operated psychiatric facilities and other long-term care settings who are not fully prepared to embrace the challenges of independence.

We are pleased to report 43 occupants of our licensed residential programs were graduated to more independent living arrangements in 2017. We are also pleased to report the services provided within these programs yielded an approximate savings of \$181,828.00 during a 24-month survey period among a sample of residents selected for analysis. These savings were achieved primarily through recipients' reduced use of emergency department and inpatient hospital services following their placement in the agency's licensed residential programs.

A variety of initiatives are presently underway that promise to transform our publicly funded healthcare system. These include the New York State Delivery System Reform Incentive Payment (DSRIP) program, Olmstead Implementation Plan, "Triple Aim" of healthcare reform and a movement to replace Fee-for-Service delivery and reimbursement systems with Value-Based alternatives, among many others. The goals and outcomes of the agency's licensed residential programs in particular, and its broader portfolio of rehabilitation services more generally, are closely aligned with these initiatives inasmuch as all of them seek to substitute costly institutional care modalities with integrated, community-based alternatives. Most importantly, these initiatives honor recipients' natural desire to reside in the least restrictive settings practicable and to participate fully in the fabric of community life.

SFC and its partners are proud to support this transformation and those who will benefit from it.

Respite Services

“Respite” services encompass a variety of interventions designed to offer intensive, time-limited assistance to individuals experiencing crises or other significant life challenges that may lead to emergency department encounters, inpatient hospitalizations or similarly costly and potentially disruptive outcomes. In recent years, Respite programs have gained increasing support from service recipients, policymakers and other key stakeholders who seek increasingly integrated and consumer-centric alternatives to institutional care. SFC established its Respite program in 1999 through a grant from the Westchester County Department of Community Mental Health (DCMH), and this program continues to offer temporary residential accommodations and intensive psychosocial rehabilitation services through a dedicated housing unit on the campus the agency’s licensed residential program in the Town of Greenburgh. SFC subsequently established a similar program in Putnam County in partnership with the Putnam County Department of Social Services, Mental Health and Youth Bureau, and this program offers Respite services through temporarily vacant units within its licensed residential program in the Town of Carmel.

In 2015, SFC implemented its “Planned” Respite program in Westchester County in partnership with the DCMH. This program utilizes temporarily vacant housing units within several of its licensed residential programs to provide intensive support and rehabilitation services to individuals experiencing various life challenges. This program is not limited to individuals in crisis but is available to those who would benefit from a temporary relocation from their permanent living arrangements in order to ameliorate stressors associated with them. As such, the Planned Respite program has enhanced the depth and breadth of the agency’s service portfolio and enriched its continuum of residential care.

In addition, SFC is now authorized to deliver Short-Term Crisis Respite services, a new benefit available to select Medicaid beneficiaries with extensive behavioral health service needs. These services will be funded through private Managed Care Organizations (MCOs), and SFC recently established contractual arrangements with several MCOs through which the agency will provide Short-Term Crisis Respite and other services in coming years.

In 2017, SFC delivered 169 days of Respite services within its designated unit in Westchester County and 60 days of “Planned” Respite services using temporarily vacant housing units in its Congregate and Apartment Treatment Programs. The agency delivered an additional 101 days of Respite services in Putnam County using temporarily vacant housing units in its Congregate Treatment Program in the Town of Carmel.

SFC will continue to broaden the scope of its Respite programs in accordance with the needs of its service recipients and the overarching goals of healthcare reform.

Vocational Rehabilitation

“Love and work are the cornerstones of our humanness.” Sigmund Freud’s proclamation contains an enduring truth that informs our practice to this day. Meaningful activity holds the potential to advance the recovery process unlike anything else, and it is the lodestar that guides our Vocational Rehabilitation program in the fulfillment of its mission.

In 2017, this program continued to deliver a variety of services designed to promote recipients’ acquisition of paid employment. It also enhanced and diversified its offerings in accordance with an ever-changing landscape and the needs of new constituencies. A movement to expand the array of vocational rehabilitation services provided to Transition Aged Youth (i.e., individuals aged 16-24) has enabled SFC to initiate a pilot program for this cohort in partnership with the office of Adult Career and Continuing Education Services – Vocational Rehabilitation (ACCES-VR). Throughout the summer and fall of 2017, SFC aided several young adults with special needs in completing a transition to post-secondary education. We were proud to deploy our proven rehabilitative technologies in service of this exceptionally vulnerable population, and we expect to pursue similar opportunities in the coming year.

Our Vocational Rehabilitation program also delivered its first Home and Community Based Services (HCBS) to eligible recipients in 2017. These services, authorized in 2015 to provide an array of community-based rehabilitative services to Medicaid recipients with significant behavioral health concerns, face statewide challenges in implementation that have not yet been resolved. Nevertheless, SFC has continued to collaborate with its Health Homes (HHs), Managed Care Organizations (MCOs) and other key stakeholders in cultivating these service offerings, and they are poised for expansion in the coming year.

We are proud to report other achievements in 2017:

- 97 service recipients were employed, 42 of whom secured new positions during year
- 79% of employees retained their positions for a minimum of three months
- A survey of vocational service recipients revealed an average satisfaction rating of 91%
- Recipients performed a total of 88,585 hours of work and earned a total of \$998,134.30 in wages
- Recipients paid a total of \$228,572.80 in taxes

In addition, a majority of our Vocational Rehabilitation program personnel completed a comprehensive training in benefits advisement and were credentialed accordingly. They now possess a sophisticated understanding of the relationship between publicly funded financial entitlements and employment and are equipped to guide their clients in navigating this terrain.

SFC will continue to support its recipients’ pursuit of work and meaningful activity in all its forms. For many it remains integral to the recovery process and a cornerstone of the American Dream.

Our Most Valued Resource

SFC depends on its compassionate and dedicated workforce to advance its mission amid daunting challenges. Transformative initiatives presently underway, including the continuing deinstitutionalization of individuals with serious mental illness (SMI), replacement of Fee-for-Service reimbursement systems with Value-Based alternatives, and a movement toward increasingly integrated care for individuals with comorbid behavioral and physical health conditions present exciting opportunities, but they also strain the limited resources of community-based behavioral healthcare organizations. Our counselors, supervisors and administrative support professionals operate according to financial models and regulatory standards established several decades ago that cannot accommodate many of the challenges they currently face.

A confluence of mounting challenges amid dwindling resources has produced a workforce crisis that poses a grave threat to many organizations. Most have encountered unprecedented difficulty in recruiting and retaining personnel qualified to deliver essential services to our most vulnerable citizens. An analysis by the Association for Community Living (ACL), a trade association that represents SFC and its fellow supportive housing providers throughout New York State, revealed statewide turnover rates of 40%-75% among direct service personnel employed in residential settings.¹

Although SFC is not immune from this trend, we enjoy greater success than many of our peers in the recruitment and retention of qualified personnel. We also strive for continuous improvement in this regard and offer a variety of benefits designed to cultivate our employees' professional development and overall satisfaction. SFC offers a comprehensive fringe benefit package available to most employees that includes health and life insurance, tuition reimbursement, internship and retirement benefits, among others. In 2017, we offered a health insurance plan free of any payroll contributions for eligible employees, a rare benefit among current employer-sponsored health plans.

We also administered a survey of employees' interest in additional "perks" and incentives that would enrich their professional experience, provide added financial support and enhance their satisfaction. These include Flexible Spending Accounts (FSAs), additional Paid Time Off (PTO), increased tuition reimbursement and new opportunities to receive recognition for efforts "beyond the call of duty." We look forward to instituting these incentives in early 218.

We are also pleased to report employees' overall satisfaction rating (as obtained via an annual engagement survey) was 4.01 out of 5.

The Management Team and Board of Directors recognize and appreciate our employees' commitment to our agency, its clientele and our enduring mission.

¹Association for Community Living, 2017.

Special Events



DRUG CRISIS
IN OUR BACKYARD

RUN FOR RECOVERY

On September 23rd, SFC hosted a 5K Walk/Run in partnership with Drug Crisis In Our Backyard and Run4Recovery, fellow social service organizations with which we share our mission. Drug Crisis In Our Backyard was established in response to a regional opiate drug abuse epidemic, and it delivers education, advocacy and related support services to individuals with substance use issues, their families and others in need. Run4Recovery was established to promote recovery in all of its forms, and it leverages the healing power of physical fitness in pursuit of its mission. This event was the first of its type for SFC and we were pleased to share it with our clients, their family members, agency personnel and a host of other partners and patrons. It also highlighted the strength of our partnerships and the importance of integrated delivery of mental health and substance use services. We are grateful to the many donors, sponsors, participants and patrons who contributed to the success of this event!



Community Recognition Breakfast

On October 24th, SFC held its Annual Community Recognition Breakfast at the Crowne Plaza in White Plains. This event has become a favorite of its attendees and it continues to inspire those who share our commitment to community behavioral health services and the individuals who depend on them. We were pleased to honor Mr. Michael Orth, Acting Commissioner of the Westchester County Department of Community Mental Health (DCMH), for his enduring contributions to the health and welfare of children, adolescents and adults living with behavioral health conditions. Mr. Orth has played an integral role in various transformative initiatives that have advanced the depth and breadth of services available to vulnerable populations, and we applaud his vision and leadership. We also recognized Ms. Karen Mayo, a prominent health and wellness consultant, for her service to our agency's clientele. Ms. Mayo is the author of *Mindful Eating*, a text that promotes a holistic approach to wellness. As those with serious behavioral health conditions frequently experience physical health conditions that impede their progress in recovery, a whole health orientation to service delivery of the type espoused by Ms. Mayo will surely prove indispensable to the individuals we serve. We were also pleased to honor our agency's dedicated Program Directors for their enduring commitment and exemplary service amid significant challenges. Our Directors are integral to the successful operation of the agency's service programs and we deeply appreciate their dedication to our mission. Our Community Recognition Breakfast concluded with a recognition of Mr. Jeff Zitofsky, recipient of the 2017 Arthur Lewis Outstanding Achievement Award. Arthur Lewis was a cherished member of SFC's extended "family" whose achievements in recovery are celebrated to this day. An achievement award established in his honor is bestowed upon individuals who follow his example. Mr. Zitofsky, a former client of the agency's Vocational Rehabilitation program and current Peer Support Specialist Supervisor for Human Development Services of Westchester (HDSW), has distinguished himself as an exemplary social service practitioner whose work has had a profound impact on many of our region's most vulnerable individuals. We are extraordinarily grateful to everyone who shared this celebration with us and contributed to its success!



On November 15th, our staff convened on the campus of New York Presbyterian Hospital in White Plains to enjoy a presentation by Dr. Helena Costakis and Ms. Stephanie Turco, specialists on the subject of Emotional Labor and Burnout and their implications for behavioral healthcare professionals. Dr. Costakis and Ms. Turco currently serve as senior administrators for Gateway Community Industries, an agency that provides healthcare and rehabilitation services to individuals with behavioral health, intellectual and developmental disabilities. Social service professionals encounter unique emotional and psychological challenges that often compromise their workplace satisfaction and overall wellbeing. This is especially true nowadays as we serve individuals with increasingly complex needs but without a commensurate increase in available resources. Dr. Costakis and Ms. Turco provided our staff members with essential tools and insights with which to protect themselves and to promote their overall health as they do the same for those entrusted to their care. We were also proud to recognize many members of our team for their lengths of service and enduring commitment to the agency and its mission.

1 Year of Service	3 Years of Service	10 Years of Service
Alyssa Cormier	Francesca Bastone	Jamie Martino
Judith Bam	Rebecca Bloom	Marina Gialanella
Jamie Bent	Kelly Clarke	Carmen Perez
Camille Cezar	Cheoka Coleman	
Matthew Ford	Krystal Cox	15 Years of Service
Shakeema Freeman	Chase Lewis	Irene Nestor
Connor McGloine	Thomas McGrath	Charmaine Damally-Thomas
Christina Miller	Toni Scott	Nyisha Hutton
Pedro Morejon	Matthew Sheldon	
Glen Morrice		20 Years of Service
Shauna-Kaye Nicholson	5 Years of Service	Philomena Rivalsi
Alexa Rosetti	Alrick Lothian	
Alexandra Salame	Darnell Waters	
Tenesha Senior	Richard Robinson	
Amanda Verrette	Brittany Griffin	
Kirsten Watson	Robert Wiley	
Carmen Williams	Kimberly Dumont	

Congratulations to all our recipients!

"This Program has been instrumental in my progress. I really appreciate the help I receive here. It was up and above my expectations. I am very thankful for the assistance and the help I receive."



Advocacy



Search for Change is a longstanding member of the Association for Community Living (ACL), a trade organization that represents supportive housing and behavioral healthcare providers serving individuals with serious mental illness (SMI) throughout New York State. ACL offers technical assistance and educational services to its member organizations, and it is also a prominent advocate for policy initiatives that address the needs of our most vulnerable citizens and the organizations on which they depend.

For many years, ACL and its member organizations have recognized the demand for supportive housing services far exceeds its supply, and this imbalance has increased amidst the continuing deinstitutionalization of vulnerable individuals. State-operated psychiatric centers, skilled nursing facilities, homes for adults and other institutional care settings are no longer viewed as acceptable permanent accommodations for a vast majority of our service recipients. This is due, in no small part, to the enduring efforts of the recovery movement, advances in treatment technologies and various policy initiatives that promote community reintegration of vulnerable populations and their placement in the least restrictive settings available to them.

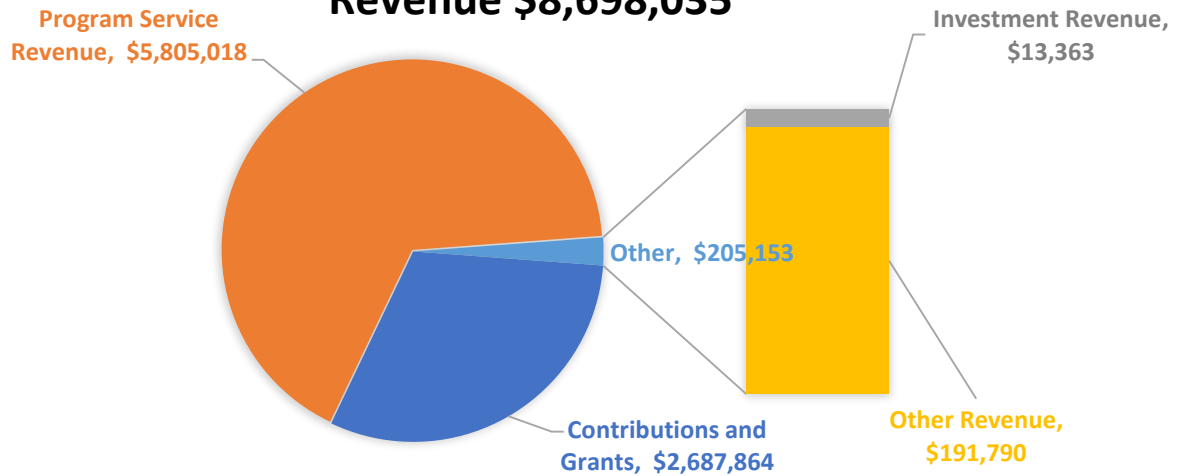
Search for Change is proud to play its part in supporting this movement and providing individuals with serious mental illness and other significant life challenges with opportunities to participate fully in the fabric of community life. Nevertheless, accommodating former occupants of institutional care settings and supporting their transitions to self-sufficiency requires an enduring commitment from the public payers on which SFC and its fellow supportive housing providers depend. Regrettably, public financial support for our programs and services has failed to keep pace with inflation during the past 25 years or to compensate for additional demands imposed by a highly vulnerable recipient population, increasing regulatory complexity and other challenges characteristic of community behavioral healthcare services in 2017.

A recent analysis by ACL revealed operators of Office of Mental Health (OMH)-licensed residential programs have lost approximately 50% of their support since 1991.

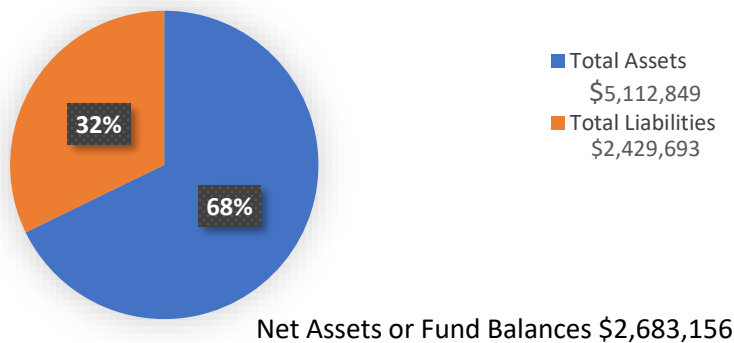


Agency Financials

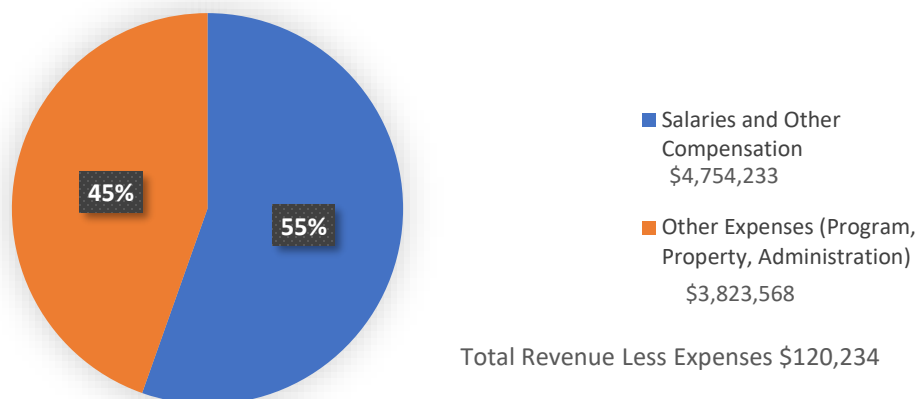
Revenue \$8,698,035



Assets/Liabilities



Expenses \$8,577,801



Additional information is available within the agency's 2017 IRS Form 990 (Return of Organization Exempt from Income Tax).

Search for change relies on revenue from publicly funded grants and contracts that seldom cover the full costs of services provided, and we are extraordinarily grateful to our donors and sponsors. Your support is integral to our success and vital to those we serve.

\$10,000+

California Community Foundation

Jewish Communal Fund

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We also gratefully recognize those whose in kind support is essential to our success

**We regret any errors or omissions. **

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