

ANNUAL REPORT



2018



...And whoever saves a life, it is as though [s]he had saved the lives of all...

This proverb lies at the root of our great faith traditions and informs the missions of most health and social service organizations. Although its provenance is subject to continuing debate among religious scholars, few would question its historical significance or continuing relevance. It is uniquely relevant now, as many of the individuals entrusted to our care experience unprecedented challenges to their health and recovery. A raging opiate abuse epidemic and rapidly rising suicide rates are among the more notable indicators of our national health crisis, and the people we serve are exceptionally vulnerable to these trends. Those of us who have dedicated our careers to serving people with serious mental illness recall a time when co-occurring mental health and substance use conditions were relatively rare. They are now commonplace and often lead to or exacerbate chronic and debilitating physical ailments. Diabetes and heart disease frequently compromise the recovery or curtail the lifespans of our clients. Add to this the heightened vulnerability many experience due to limited access to Social Determinants of Health, those conditions in which individuals live, learn, work, and grow that are more determinative of their health than “conventional” healthcare.

Our health and social service delivery systems are in the midst of a seismic transformation that promises to bring new technologies and resources to bear on the foregoing challenges. Many aspects of this transformation are in their infancy, however, and have yet to deliver on their promise to those in greatest need. Moreover, the mere act of transformation is discomfiting, if not altogether disruptive and disorienting, to recipients and professionals alike. Many of us are left wondering when and how the many initiatives in which we are immersed will finally yield the “return on investment” we seek.

It is not surprising that some of us find ourselves overwhelmed by the colossal tasks at hand. Thus, it is more important than ever for us to remain anchored to our mission. *Improving the human condition...one life at a time...* is not merely our agency’s statement of purpose; it remains our lodestar and informs every action, service, encounter, and opportunity presented to us.

Our capacity to pursue our mission is as strong as it has ever been. We must simply remember it will be achieved...one life at a time....

A handwritten signature in cursive script, reading "Ashley Brody". The ink is dark and the signature is fluid.

Ashley Brody, MPA, CPRP
Chief Executive Officer
November 3, 2019

Realizing the Promise of Partnerships

In 2017, we were pleased to announce our membership in the Comprehensive Care Network of the Hudson Valley (CCN-HV), a consortium of behavioral health and social service organizations that formed an Independent Practice Association (IPA) in order to integrate and to enhance the services of its member organizations. The CCN-HV subsequently received a grant through the New York State Behavioral Health Value Based Payment Readiness Program, an initiative designed to foster collaborations among community-based organizations serving vulnerable populations. As a newly designated Behavioral Health Care Collaborative (BHCC) under this initiative, the CCN-HV secured funding to support a broad array of activities that would advance its long-term objectives.

In September of 2018, the CCN-HV executed an affiliation agreement with Coordinated Behavioral Health Services (CBHS), another IPA and BHCC operating in the Hudson Valley Region. The combined entities offer a comprehensive array of health and social welfare services for children and adults experiencing serious behavioral health conditions. This affiliation also enabled the partners to combine their grant awards and to pursue economies of scale previously unattainable.

So what does this mean for the individuals we serve?

If the members of the CCN-HV and CBHS achieve clinical and financial integration as envisioned in their charters, our clients will enjoy seamless access to a depth and breadth of services unavailable at the present time.

This partnership will also enable its members to enjoy the “strength in numbers” necessary to effectively bargain with insurers and to weather other challenges associated with healthcare reform.

We celebrate our established and emerging partnerships and look forward to a shared adventure in the years to come.



CBHS Steering Committee

Housing Development and Redesign

Search for Change (SFC) has remained true to its name through its continuing mission to expand, diversify, and redesign its supportive housing programs in accordance with the ever-changing needs of its recipients. To this end, the agency recently reduced the capacity of its Putnam Apartment Treatment Program (ATP) and increased its stock of Scattered-Site Supportive Housing units. The Putnam ATP continues to provide a vital service for individuals who require semi-supervised residential accommodations pending their acquisition of permanent and independent alternatives. Nevertheless, the demand for this program has diminished in recent years, whereas the need for permanent housing coupled with flexible support services is perhaps greater than it has ever been. In 2018, the agency reduced the capacity of its ATP by 25% (ten units) and added ten units to its Scattered-Site Supportive Housing program. This realignment reflects current needs and promotes the agency's fiscal viability through the elimination of underutilized capacity. SFC has also embarked on a plan to sell four condominium units that housed former occupants of its ATP and to reinvest the proceeds in new programming and services commensurate with current needs.

In addition, the agency's quest to develop additional housing under the Empire State Supportive Housing Initiative (ESSHI) continues. This initiative was launched in 2016 in concert with the Governor's plan to develop 6,000 new units of affordable and supportive housing for the State's most vulnerable citizens. SFC has received awards to administer housing for individuals with special needs and limited income and remains in search of properties in Westchester and Putnam Counties on which development may proceed. The agency has enlisted the support of a broad coalition of stakeholders in this endeavor that includes a development firm, fellow health and social service providers, and governmental representatives, among others. The agency's grants would permit the development of approximately 150 units of housing in Westchester and Putnam, half of which would be allocated to individuals with special needs, including persons living with serious mental illness, substance use disorders, survivors of domestic violence, and others whose life challenges have compromised their independence and access to other trappings of the American Dream to which most aspire. The balance of these units would be offered to individuals of limited economic means and thereby increase the stock of affordable housing in regions notorious for their prohibitively priced rental markets.

SFC has also pioneered a new approach to serving occupants of its Westchester Scattered-Site Supportive Housing program in response to economic forces that have effectively priced many of our clients out of area markets. The pending purchase of condominium units will insulate their occupants from the volatility of rental markets and enhance the agency's ownership stake in real property. Agency reserves will be applied toward down payments on select units and mortgages will be paid using existing operating revenue with additional support from a line of credit recently acquired. This plan will advance the objectives of this program and ensure its continuing fiscal viability.

SFC remains committed to the preservation and development of housing opportunities for those entrusted to its care and to the pursuit of creative approaches in service of this mission.

Scattered-Site Supportive Housing: Growth, Opportunities, and Enduring Challenges

The agency's Scattered-Site Supportive Housing Program was established in the early 1990s to provide permanent, supportive residential accommodations for graduates of its licensed residential programs. This represents the pinnacle of the recovery process for many as it affords recipients the financial and care management services necessary to sustain long-term independence.

SFC now boasts 203 units of Scattered-Site Supportive Housing throughout Westchester and Putnam Counties. This includes 129 units in Westchester and 74 in Putnam, and the latter increased its capacity by ten (10) units in 2018 as part of a residential redesign project that aims to realign certain elements of the agency's service portfolio with current community needs. As New York State continues to seek community-based alternatives to institutional care for its most vulnerable citizens, the Scattered-Site Supportive Housing program has been tasked to support individuals with increasingly diverse and complex service and support needs (many of whom would have received care in institutional settings in previous eras). Occupants of this program frequently experience acute mental health symptoms, substance use disorders, and primary (physical) health conditions for which enhanced service coordination activities are essential. Some have histories of involvement in the criminal justice system, as it has become commonplace for individuals with serious mental health conditions and associated life challenges to encounter law enforcement officials during episodes of relapse. To this end, the agency has adopted interventions espoused by Housing Firstⁱ and Harm Reductionⁱⁱ models, both of which aim to meet individuals "where they are" in the recovery process and without the imposition of requirements or prerequisites that would pose an obstacle to engagement. These trends have presented unique opportunities and challenges for recipients and professionals alike.

This program has experienced additional challenges related to the rental markets in which it operates. The prohibitively priced markets in Westchester and Putnam Counties are inaccessible to many, especially those with limited incomes and resources. Moreover, the operating subsidies on which SFC relies to support its recipients are inadequate to meet current needs.ⁱⁱⁱ They barely cover the cost of rental assistance provided to the agency's recipients and include little to support the provision of care management and service coordination activities essential to their success and long-term stability. This is an issue with which most supportive housing providers struggle. The agency's trade association, the Association for Community Living (ACL), has identified this as a primary topic of advocacy with the Office of Mental Health (OMH) and other key governmental stakeholders.

SFC has embarked on an ambitious plan to reduce its reliance on its local rental markets through the targeted purchase of condominium units for occupants of its Scattered-Site Supportive Housing programs. A portion of the agency's reserves will be applied toward initial acquisition costs (i.e., down payments) and its operating revenue will support debt service on these units. This will increase the agency's ownership stake in real property and, most importantly, provide permanent housing accommodations for recipients that will remain insulated from the volatility of regional rental markets.

This program continues to enjoy considerable success amidst the foregoing changes and challenges. This is especially evident in the findings of a recent (2018) client satisfaction survey that revealed 90% of respondents were satisfied with the services they received.

Licensed Residential Services



SFC's OMH-licensed residential programs were the first to be developed by the agency's founders more than 40 years ago. These include 24-hour supervised Congregate Treatment Programs (CTPs), commonly known as "community residences," in which clients receive intensive support in cultivating a broad array of life skills essential to their enduring success and community tenure. They also include semi-supervised Apartment Treatment Programs (ATPs) that offer more independent and integrated accommodations coupled with enhanced support services. In recent years, as the OMH and other key stakeholders have continued to promote alternatives to institutional care for many of our state's most vulnerable residents, the CTP and ATP have proven invaluable to the health, stability, and long-term recovery of those who might have remained in institutions in previous eras. This trend, auspicious as it is for many, is not without its challenges, however. Individuals exiting state-operated psychiatric centers (PCs), homes for adults, skilled nursing facilities, and other institutions frequently experience complex constellations of health concerns for which intensive and highly specialized support services are required. Nevertheless, the staff of our licensed residential programs has risen to these challenges and given priority consideration to formerly institutionalized individuals in order to facilitate their reintegration into their communities of choice. Many of these residents have overcome longstanding impediments to their health and self-sufficiency and now enjoy newfound stability and community tenure.

These trends suggest the agency continues to fulfill its commitment to support the growth and recovery of those entrusted to its care. They also underscore critical financial benefits associated with supportive housing. The estimated annual costs of hospitalization in state-operated PCs and acute care hospitals are and \$310,000 and \$300,000 - \$400,000, respectively.^{iv} The estimated annual cost of incarceration is \$75,000.^v The annual cost of placement in an SFC licensed residential program is \$51,466.

The reintegration of individuals into the fabric of community life is not simply consistent with our agency's mission. It is highly economical and fully aligned with the "Triple Aim" of healthcare reform that endeavors to enhance the quality and to reduce the cost of healthcare while effecting overall improvements in the health of vulnerable populations. The Triple Aim forms the foundation of many initiatives presently underway that promise to replace costly and antiquated "Fee-for-Service" delivery models that incentivize providers to deliver more, but not necessarily better, services with alternatives that emphasize value.

SFC's licensed residential programs will continue to figure prominently in this transformation and, most importantly, to support many of our most vulnerable citizens in realizing their fullest potential.

Our Team

The National Organization of Human Services advances a set of ethical principles that govern this profession and the activities of those who heed its call. Human Services professionals must respect the dignity and welfare of all people; promote self-determination; honor cultural diversity; advocate for social justice; and act with integrity, honesty, genuineness and objectivity. The individuals who operate SFC's supportive housing, vocational rehabilitation, and care management program embody these values as rigorously as ever despite mounting challenges that add to the demands of their profession.

The Human Services sector is in the midst of a sea change with broad implications for its workforce, clientele, and the institutions on which it rests. Many organizations, including those providing supportive housing and associated services for individuals with behavioral health needs, continue to experience crises in the recruitment and retention of qualified personnel. This may be attributed to many factors, not least of which is the modest remuneration available for exceptionally challenging, albeit rewarding, work. Like many nonprofit social welfare organizations, SFC depends largely on its governmental patrons for financial support, and this support continually fails to keep pace with inflation or to account for innumerable changes in the service landscape that necessitate a more robust investment in community-based care. According to the New School Center for New York City Affairs, state aid for human services has decreased by 26% between 2011 and 2018.^{vi} Regrettably, this has occurred during a period of deinstitutionalization and other transformative events that have increased the clinical, programmatic, and administrative rigors of this profession. Perhaps not surprisingly, human services organizations currently experience average employee vacancy and turnover rates of 14% and 34%, respectively.^{vii} Simply put, those who have elected to do this important work, including those employed by SFC, often must do it without as many team members as they need.

These challenges notwithstanding, SFC continues to explore various means to support the dedicated professionals who advance its mission. Select modifications to the agency's paid time off (PTO) policy, enhancements to its health insurance offerings (via the inclusion of an additional plan and the retention of another available to employees free of any payroll contribution), and diversified training and professional development opportunities are merely a few among the many measures instituted during the past year.

We are pleased to report employees' overall satisfaction rating in 2018 (as measured in an annual employee engagement survey) was 3.98 out of 5.

The agency's Management Team and Board of Directors recognize and deeply appreciate our employee's enduring commitment to the welfare and recovery of its clientele. They continue to improve the human condition...one life at a time....



"I love working with the clients we serve and the Team of hardworking staff I work with." SFC Staff

Care Management: A Cornerstone of Recovery and Systems Transformation

Care Management includes various interventions designed to coordinate recipients' access to a broad array of health and social service offerings integral to their recovery. As New York State continues to seek community-based alternatives to institutional care for its most vulnerable residents, many of whom experience comorbid health and behavioral health conditions, the need for intensive and comprehensive Care Management is perhaps greater than ever.

SFC is proud to operate two Care Management programs that serve especially vulnerable individuals, specifically those with histories of institutionalization in state-operated psychiatric centers (PCs). Inasmuch as PCs are reserved for individuals with especially chronic or severe behavioral health needs, the agency's Care Management programs offer a vital service for recipients who require highly intensive and specialized care coordination services in order to achieve lasting stability and community tenure.

These services are offered through a Mobile Outreach Team (MOT) and Transitional Outreach Program (TOP), each of which has been in operation for several years and enabled many individuals to safely exit institutions and to achieve footholds in communities of their choosing. These programs employ multidisciplinary teams comprised of professional, paraprofessional and peer specialist personnel who deliver highly flexible and person-centered interventions in service of their clientele. In doing so, they advance the Triple Aim of healthcare reform and deliver surpassing value to their recipients, payers, and other key stakeholders. Their continuing success is evident in their many accomplishments throughout 2018:

- The TOP served 13 individuals and assisted five in completing successful transitions from Rockland Psychiatric Center (RPC) to community-based settings. All of these individuals maintained their community tenure for at least six months following discharge. This yielded an estimated savings of \$687,500.^{viii}
- The MOT served 45 individuals and assisted seven in achieving successful transitions to community-based settings. Five of these individuals maintained their community tenure for at least six months following discharge. This yielded an additional estimated savings of \$687,500.^{ix}

These programs do not merely fulfill their core objectives or satisfy the mandates of payers and other key stakeholders. They operate in concert with the agency's other services by advancing a "whole health" orientation to service provision that attends to various domains of health and wellness. As an emerging body of evidence suggests Social Determinants of Health (SDoH) and other dimensions of wellness are more determinative of long-term outcomes than conventional healthcare, the MOT and TOP will figure prominently in the agency's future.

"Having the help of TOP has made adjusting to the community easier for me. I have been out of the hospital for eight months and am feeling hopeful for the first time in a long time." TOP client

Vocational Rehabilitation

SFC's Vocational Rehabilitation program was launched in 1984, nearly ten years after the agency's establishment. This program was borne of the vision and generosity of many who understood true recovery requires more than safety and insulation from adversity. It requires opportunities for the fulfillment of one's highest potential. Most of us endeavor to realize our potential through educational opportunities, employment, hobbies and interests, meaningful relationships, and many other hallmarks of a life well lived. It is no different for those we serve.

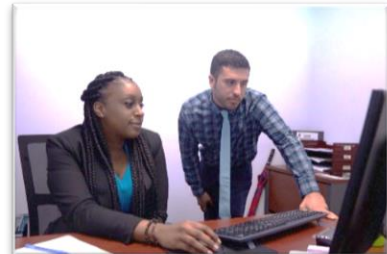
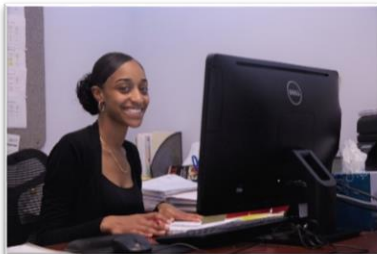
To this end, our Vocational Rehabilitation program has continued to evolve in concert with the needs of our recipients and overarching agency mission. A rising incidence of special needs and healthcare concerns among Transition Aged Youth (i.e., individuals aged 14-25) has necessitated the provision of educational and vocational support services tailored to the needs of this cohort. SFC expanded a pilot project initiated in 2017 in partnership with the Office of Adult Career and Continuing Education Services – Vocational Rehabilitation (ACCES-VR) through which students receive intensive support in completing transitions to post-secondary educational settings. The agency also pursued a renewal of its operating contract with ACCES-VR that promises to provide additional opportunities to serve this exceptionally vulnerable population.

This program has also expanded its geographic reach and now supports individuals throughout Westchester, Putnam, and Dutchess Counties in accordance with an ever-increasing demand for its essential services. It has also enhanced its capacity to deliver Home and Community Based Services (HCBS) for individuals with extensive behavioral health needs who require flexible, person-centered, and recovery-oriented services administered in various community settings in order to achieve lasting stability and self-sufficiency.

We are proud to report additional achievements in 2018 that highlight the success of our Vocational Rehabilitation program in fulfilling its overall mission:

- 94 service recipients were employed, 47 of whom secured new positions during the year
- 94% of employees retained their positions for a minimum of three months
- A survey of vocational service recipients revealed an average overall satisfaction rating of 83%
- Recipients performed a total of 96,844 hours of work and earned a total of \$1,181,975 in wages
- Recipients paid a total of \$270,672 in taxes

SFC continues to recognize employment and other forms of meaningful activity and engagement are integral to individuals' recovery. The activities of its Vocational Rehabilitation program will figure prominently in its service portfolio in coming years.



Respite Services

Transformative initiatives presently underway converge on common themes, foremost of which is the development of alternatives to emergency department and inpatient hospital services for individuals in crisis. Many of these alternatives have emerged under the rubric of “Respite” care. These afford individuals’ intensive and time-limited psychosocial support services administered in community-based settings. They have also proven to provide person-centered and cost-effective interventions conducive to the recovery process.

SFC established its Respite program in 1999 with support from the Westchester County Department of Community Mental Health (DCMH) and it continues to provide essential support to eligible individuals at a dedicated site on the campus of its OMH-licensed residential program in the Town of Greenburgh. The agency subsequently established a Respite program in Putnam County in partnership with the Putnam County Department of Social Services and Mental Health through which it utilizes temporarily vacant units in its housing program to support individuals experiencing crisis or other emergent needs.

In 2015, SFC instituted a Planned Respite Program whose services are not limited to individuals in crisis. They may be offered to those who require a temporary alternative or reprieve from their permanent living arrangements or enhanced support services in order to address certain challenges (e.g., temporary absence of a primary caregiver, etc.).

SFC has also been authorized to deliver Short-Term Crisis Respite services, a new offering available under the Home and Community Based Services (HCBS) suite and reimbursable under contracts with Medicaid Managed Care Organizations (MMCOs).

NYS is in the midst of advancing other initiatives that promise to enhance the depth and breadth of Respite services for vulnerable individuals, and SFC will surely follow suit as it seeks to tailor its service portfolio to the ever-changing needs of its clientele and the requirements of its patrons, regulators, payers, and other key stakeholders.

In 2018, SFC delivered 108 days of Respite services within its designated unit in Westchester County and 10 days of Planned Respite services in its OMH-licensed residential programs. SFC delivered an additional 21 days of Respite services in Putnam County using temporarily vacant units in its OMH-licensed residential programs.

The agency’s Respite program complements its other service offerings and provides an additional avenue through which individuals with emergent needs may receive a comprehensive array of psychosocial rehabilitation and support services designed to reduce their reliance on costly emergency department and institutional care services. As such, it is neatly aligned with other transformative initiatives presently underway and poised to meet the needs of recipients, providers, payers, and other key stakeholders for many years to come.

Special Events

SFC has continued to hold a series of events that highlight the critical work of its dedicated personnel in advancing the agency's mission. These events also afford us opportunities to recognize the efforts and contributions of our many friends who share our dedication to service. On September 22, we held our second annual *Run for Recovery* in partnership with Drug Crisis In Our Backyard and Run4Recovery. These organizations have distinguished themselves through their commitment to combat substance use and addiction and other impediments to recovery, and we cherish our deepening partnership with them. This event featured a 5K Walk/Run held at FDR Park in Yorktown, New York. Participants included agency personnel and clients, their family members and friends, representatives of other health and social service providers, and some of our representatives in the State Legislature. We are grateful to Senator Terrence Murphy and Assemblyman Kevin Byrne for their participation and extend our thanks to the many donors, sponsors, and patrons for their support. Our third annual *Run for Recovery* has been scheduled for September 21, 2019 and we look forward to continuing success!



RUN FOR RECOVERY



Community Recognition Breakfast

"It is amazing what you can accomplish if you don't care who gets the credit."

-Harry S. Truman

SFC's annual Community Recognition Breakfast was conceived by some of our wisest predecessors who recognized our success is contingent on the enduring commitment of the many friends, patrons, and partners with whom we share our mission. This event has become a favorite of the local health and social service community as it embodies the ethos and spirit of our collective values. This year we were once again pleased to recognize many deserving honorees who have repeatedly gone "above and beyond" in service of our clientele.



Ms. Lauri Cole, Executive Director of the New York State Council for Community Behavioral Healthcare, was honored for her tireless advocacy on behalf of behavioral healthcare providers and the individuals they serve. Competent and dedicated advocacy is perhaps more essential than it has ever been, as the provider community experiences mounting challenges amidst diminishing resources and increasing demands. Lauri and her colleagues at the NYS Council exhibit a singular dedication to the needs of community-based organizations which are often overlooked by payers, institutional care providers and larger actors in the industry. She spoke of the Council's many initiatives, foremost of which is continuing advocacy for greater investment in the behavioral healthcare workforce, as an industry-wide shortage of qualified personnel threatens the viability of community-based organizations and the vulnerable individuals to whom they have dedicated their mission. We are deeply grateful to Lauri and her team for their continued support.



We were also pleased to recognize Mr. Albert Fanelli and Mr. John Parubi, local residential property owners, for their extraordinary generosity in serving our clients. The housing market on which our clients depend for safe, stable, and affordable accommodations has become increasingly inaccessible amidst rapidly rising rental prices. Mr. Fanelli and Mr. Parubi have continually extended opportunities and accommodations to individuals that have enabled them to secure a permanent home and to claim their stake in the American Dream.



Our event concluded with the presentation of the 2018 Arthur Lewis Outstanding Achievement Award. Mr. Lewis was a cherished member of the extended Search for Change "family" whose achievements in recovery and service to others set an enduring standard for others. The recipient of the 2018 award, Mr. Glenn Sloat, has similarly distinguished himself through his commitment to his personal recovery and compassionate service to others as a Peer Specialist for St. Joseph's Medical Center.

In highlighting the contributions of some extraordinary individuals, this event reminded us once again of our shared mission, commitment to service, and enduring impact on the individuals and communities we serve.

Annual Agency Staff Meeting

The agency's Annual Staff Meeting offers a rare opportunity for personnel assigned to disparate service locations throughout Putnam and Westchester Counties to gather for a day of education, inspiration, and much deserved recognition. This event was held on October 17th and featured a



presentation by Mr. Creighton Drury, a prominent leader in the behavioral health field and longtime friend of SFC and many of its sister agencies. Mr. Drury is widely appreciated for his understanding of the unique challenges agencies and their personnel face in delivering essential services amidst resource constraints and a rapidly changing health and social service system. He facilitated a compelling team-building exercise for our staff

followed by a discussion of our core mission and values. This meeting also featured a presentation by the agency's pension advisor and concluded with a recognition of the many individuals whose dedication to our shared mission is evident in their length of service:



Length of Service Awards

25 Years

Sharon Amoruso

5 Years

Patricia Peltier

Courtney Braun

Jorge Dominguez

Kimberly Smith

Michelle-Reilly MacKessy

Toni Scott

Christopher Maloney

Thomas McGrath

1 Year

Daniel Trooper

Jacqueline Taormina

Danielle Maiorano

Robert Etheridge

Maureen Barry

Navana Singh

Kaelene Tomasulo

Shanice Williams

Natasha Astacio

Danielle Seivwright

Kathleen Burnett

Yashira Matos

Yacary Rivera

Tina Savarese

Dezaree Kier

15 Years

Catherine Beyer

10 Years

Darline Lemaire

Norma Hamil

Charlotte Friedlander

Carlos Bayron

Catherine Centamore

Kevin Lyons

Kerry-Ann Smith

3 Years

Kenneth Nelson

Christina LaValla

Gerry Echols

Harriet Meekins

Shuana Huggins

Triece Thomas

Andrew Bingham

Kirsten Watson

Edward Shultz

Joseph Houlihan

Tenesha Senior

Therese Lowery

Advocacy



Advocacy in all its forms...for the individuals we serve, the professionals who have dedicated their careers to service...and the agencies and organizations that constitute the framework of our social welfare system is more essential than it has ever been to our continuing success and long-term viability. Transformative initiatives presently underway provide new opportunities, but they also entail significant threats, especially to community-based organizations that often lack the administrative infrastructure and financial resources necessary to navigate seismic

changes within the behavioral health and social service landscape.

The staff and leadership of SFC have continued to support various advocacy efforts, many of which have been conducted under the auspices of the Association for Community Living (ACL), the agency's primary trade and membership association and a staunch ally in the campaign for greater public investment in community-based services. ACL and its member organizations seize every opportunity to alert their elected officials and other key stakeholders to shared concerns, foremost of which is dwindling governmental support for supportive housing services.

Chronic underfunding of the community-based health and social service sector has produced many unfortunate consequences, not least of which is an industry-wide crisis in the recruitment and retention of qualified personnel. Individuals living with serious mental illness, substance use disorders, chronic physical health concerns, and other life challenges often require intensive support in order to surmount significant obstacles to recovery. A survey recently administered by the Mental Health Association in New York State, Inc. revealed average statewide vacancy and turnover rates among direct service professionals of 14% and 34%, respectively. Such volatility among the workforce charged to care for our most vulnerable recipients has fractured the foundation on which our mission rests.

SFC has continued to collaborate with its trade organization, The Association for Community Living (ACL), and the many supportive housing and social service providers it represents in a collective effort to persuade the State Legislature to address this worsening crisis. To this end, we hosted a visit by Senator Terrence Murphy at our Carmel Community Residence in the fall of 2018 in order to apprise him of our challenges and concerns. We are grateful to Senator Murphy and other elected officials who have pledged their support for our agency and those it serves.

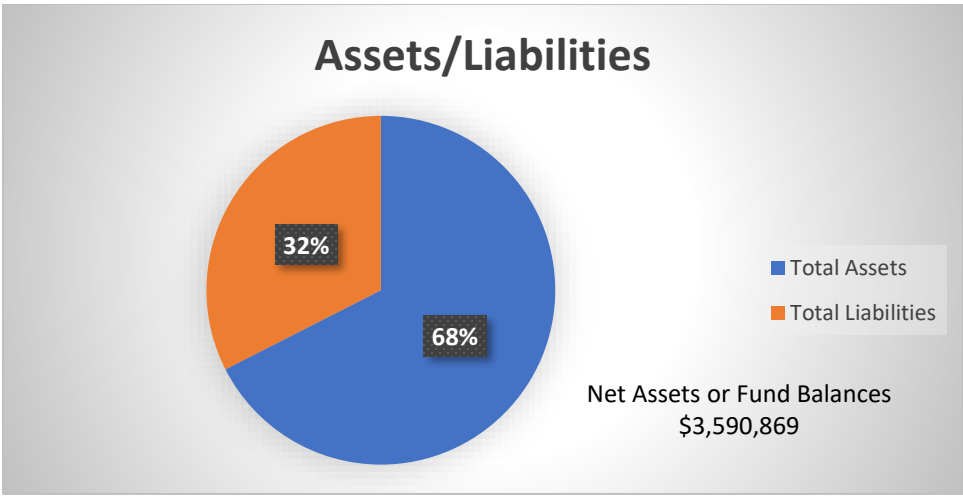
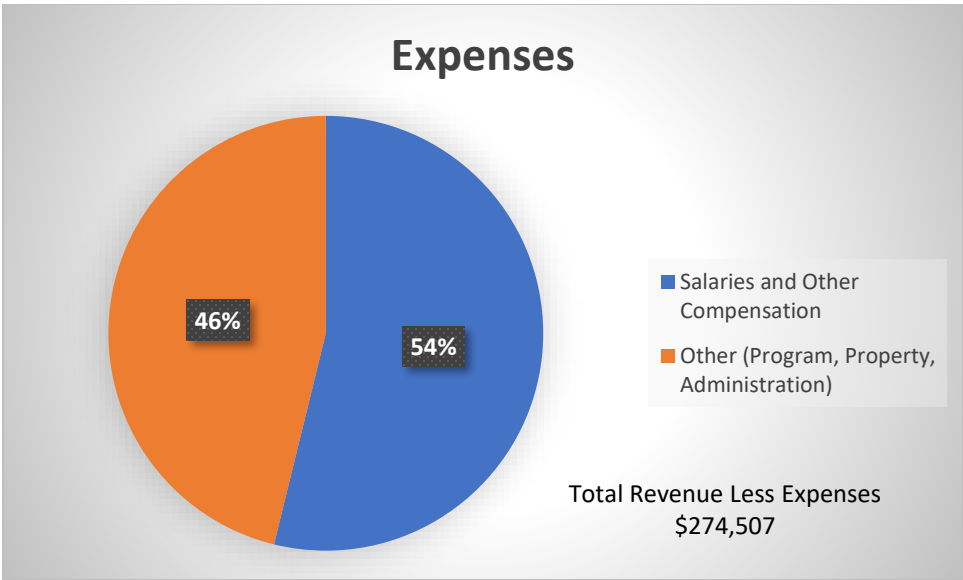
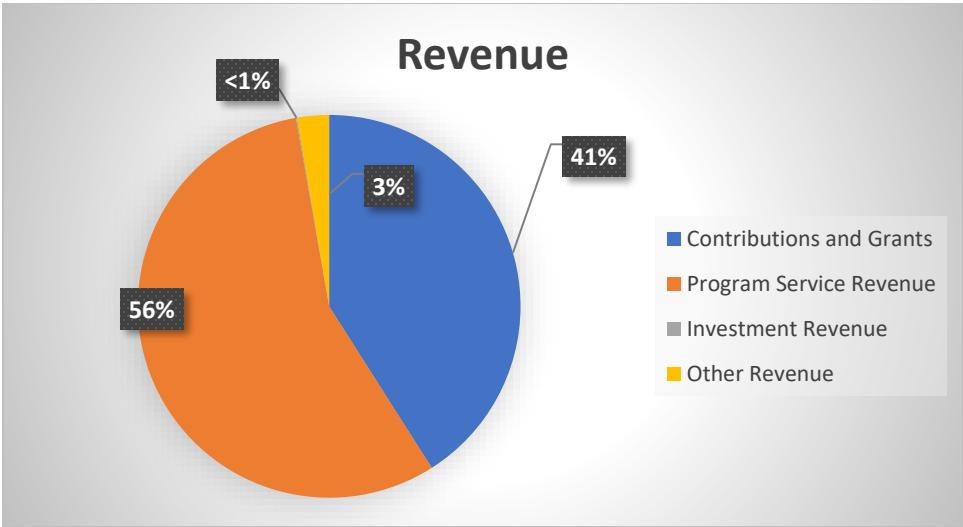


Agency Financials

Revenue	
Contributions and Grants	\$3,791,487
Program Service Revenue	\$5,199,840
Investment Revenue	\$8,424
Other Revenue	\$248,543
Total Revenue	\$9,248,294

Expenses	
Salaries and Other Compensation	\$4,960,983
Other (Program, Property, Administration)	\$4,255,068
Total Expenses	\$9,216,051
Revenue Less Expenses	\$274,507

Net Assets or Fund Balances	
Total Assets	\$6,922,239
Total Liabilities	\$3,331,370
Net Assets or Fund Balances	\$3,590,869



Additional information is available within the agency's 2018 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. We regret any errors or omissions.

\$1,000-\$4,999

Peter Sommerfield
Lamber & Carney Benefits Group, LLC.
Liberty Behavioral Management
Marianna Glennon
David Anders & Miriam Rocah Giving Fund
Nina Kravetz
Thomas Welling
United Way of Westchester & Putnam, Inc.

Human Development Services of
Westchester, Inc.
Ursula Limpert
CoveCare Center
Guy Fessenden
Lisa Stamatelos
Prevention Council of Putnam, Inc.
Sylvia & Barbara Gurchin
Ashley Brody
AON PT and Wellness, PLLC.

Zac Clark
John & Julie Renda
Barry Neeson Law, P.C.
Betsy & Mark Mitchell
Edward & Barbara Gunther
Gary & Marie Newman
H. Siegelstein
Insite Engineering, Surveying &
Landscape Architecture
Linda Hyman

\$500-\$999

Kenneth Kruger
Alan Struth
Thomas & Andrea Keri
Release Recovery LLC
Sharon Herling
Veral Corp.
Susan Gilbert
AXA Foundation
Bok Yun Kim
Donna Leftwich
Marie Manner
Nonprofit Services Insurance Agency, Inc.
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Cynthia Garibaldi
D.M.L. Mortgage Enterprise, Inc.
Dennis Costa
Florrie Kaye's Tea Room, LLC.
Guideposts
Howard Pearle
Kimberly Sheahan
Pawsitively Positive
PrecisionCare Software
Ronald and Judy Schlossberg
Rudy Borges
Salomone & Company, LLC.
Sarah Katerle
Sharon McCarthy
Susan Shevlin
The Great American Title Agency, Inc.
Thea Ross
Thomas Laperch
Tracy Cushner

Maureen Farrell
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Michelle Reilly-MacKessy
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Peggy Kahn
Russell Seacor
Tricia Hollister-Doyle
Alice Herde
Jo-Ellen Askew
Kathryn Saxton
Patricia Johansmeyer & Joseph Larsen
Thomas Simpson
Tom Saxton
Caroline Kazigo
Mahopac Family Vision Care
Vision Learning Center
Susan Salomone
Andrea Keri
Chanramouli Visweswariah
David Jaqua
Deborah Shields

\$100-\$499

Saint Joseph's Medical Center
Patricia Reilly
Michael McCall
S&P Global Foundation

\$100 - \$499 (continued)

Diane Chitwood
Donald Nathan & Katharine King
Donna Wood
Enterprise Fleet Management, Inc.
Gary Russell
Helen Degasperis
James Murphy
Janey Barry
Jeanne Vezina
Jeffrey Bauman
Jim and Rita Morrissey
Jo Lea Auto Interior Decorators, Inc.
John Behen
John Dispensa
John Joseph & Patricia O'Brien
Judith Buder Zucker
Kim Pagan
Lennard Rambusch
Maureen Barry
Michael Colandrello
Minndee Gilleo
Montrose Deli
Reid Whittemore
Robert L. Cooper
Sun Mortgage Company, Inc.
The Vinyl King, Inc.
Tricia Golden

Felicia Korenstein
NAMI Westchester Inc.
Andrew Chasen
Cathy Schweizer
Glenda Schussler
Grace Petronella
Robert Sarles
Alli Mauro
Ann Barlow
Carol McKenzie-Harvey
Catha Grace Rambusch
Cynthia Martin
Damaris Sulsona
Declan McCarroll
Dolores and Robert Orchanian
Donna & Zwi Schreiber
Eileen Guiry
Freddy Luong
Helen Lapido
James McCarroll
Jan Corning
Javier Balloffet
Jessica Burke
John & Angela Mack
John & Sheila MacKessy
John Murphy
Laura Gualtiere
Laureen Puig-Diaz
Leon Askew III
Madonna Behen
Maryanne Shea
Matthew Pagano
Melissa Montaruli
Mirjana MacDonald
Carmela Carino
Nancy Jo & Erik Rambusch
Paul Dispensa

Peggy Cremonese
Phyllis Ruppert
Rahhim Shillingford
Rudy Borges
Sarah Burke
Steve Maher
Susan Grant
Susan Junior
The Stepping Stones Foundation
Tracy Bittner
Victoria & Mark Callaghan
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Adelaine Quach
Brian Bagot & Suzanne Graziano
Caden Orchanian
Carol Gable
Catherine Demarchis
Gail Ani
Jerry Campbell
Kathleen Gonzalez
Kenneth & Leslie Belfer
Luke Moran
Susanna Bertolozzi
Terese Mark
Terree Weatherill
Maureen Murphy
Agnieszka Baginska
Al Conte
Andy Hyslop
Angel Figueroa
Ashley Uribe-Sloan
Barbara Bernstein
Barbara Gunther
Barbara Humphrey
Bill Haskel
Brandon Liebeskind
Brennan Mossa

\$1 - \$99

Westchester Independent Living Center, Inc.
Barry & Sue Maur
Tammy Bender
Jeffrey & Carolyn Simon
Jennifer Gardner
Stacey Oberhauser
Aimee Swann Burstein

1 - \$99 (continued)

Bruce Heller	Jane Murtaugh	Michael Soravilla
Carol Lachterman	Jean Cooney	Michele Hennessy
Carol Viscomi	Jeanna Hitchcock	Michelle Stamatelos
Cary Handelman	Jeanne-Marie Gagnon	Michelle Tenzyk
Cecilia Donohoe	Jennifer Tait	Miranda Schloat
Chad Collesian	Jessica Booth	Nancy Danielson
Charles Rojas	Joseph Grieco	Nancy Scovotti
Christine Pagliaroli	Julieann Power	Nicole DiPaola
Christine Schembri	Justine Golden	Nicole Greico
County of Putnam	Karen DeCarlo	Nicole Madonia
Cynthia Gerber	Kate Saxton	Patricia Parrillo
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Desh Edwards	Kristen Hosoda	Richard Fonzo
Dominic Febbo	Kristy Alvarado	Richard Pagano
Donna Cappelli	Laura Krasniqi	Robin Dale
Donna Haskel	Lauren Carway	Roger & DonnaMarie Jones
Ed Davis	Linda Verde	Ron Lustberg
Ed Lachterman	Lisa Bonaviso	Roseanne Yanni
Edward Gunther	Lisa Grieco	Sandra Iberger
Edward Shultz	Lisa Roth-Brown	Sara Servadio
Elisa Rigaglia	Lisa Torregrossa	Sharon Amoruso
Erika Garland	Liza Kertelits	Sharon Ryan
Erin Holly	Lori Hyslop	Stacy Maldonado
Esperanza Garcia	Louise Clark	Steve Rivalsi
Ewa Homolac	Marci Dillion	Steven Salomone
Frances Cicogna	Margaret Canning	Susan Rescigno
Francis Gray	Maria Minafra	Susan Schwadron
George Oberhauser	Maria Schloat	Suzanne Kerrigan
Haley Gallagher	Marie Hitchcock	Tammy King
Hetwarth Shah	Mark Giuliano	Tom Long
Irene Cassetta	Mary Morgan	Tomiko Puertas
Irwin Reibeisen	Melissa Stamatelos	Valerie Decesare
Jaime Hatfield	Michael & Carolyn Murphy-Orth	Vanessa Reis
Jane Megley-Evans	Michael Keegan	Veronica Clerkin
	Michael Lillard	Victor Viscomi

\$1 - \$99 (continued)

Victoria Vieitez

William Garcia

Amy Mayers

Andrea Moffett

Aurora Sassano

Barbara Levy

Barbara Stewart

Carolyn Simon

Christina Chiulli

Christine Keenan

Cooper Conway

Devon Klemmer

Eileen Krumerich

Janet Quigley

Jennifer Molde

Kaitlin Ferretti

Katie Smith

Kenneth Goldberg

Lisette Bahr

Maria DiIorio

Marianne DeSantis

Mariella Gallagher

Marybeth Swansen

Melanie Spada

Nora Keaney

Pepsico Foundation

Raymond & Kerry Kirby

Roseann Middleton

Rosemary Borghese

Sam Hoffmann

Stacy Conte

Terri Roman

Terry Kerr

Tina & Timothy Telesco

Wendy & Jerome Horowitz

Irwin Reibeeisen

Alex Urena

Alexa Collesian

Alysha Cloutier

Ashley Urena

Carl Gonsalves

Christine Charles

Eric Omalley

Grant Keegan

Isabella Rivalsi

Isabella Scovotti

Isabelle Schembri

Philomena Rivalsi

Jacquelyn Rice

Jesse Heller

Jessica Vieitez

Jimmy Mora

Joseph Garcia

Kathleen Dannenhoffer

Kimberly Kochman

Lorelei Schloat

Lucas Rivalsi

Maggie Amoruso

Maureen Bryant

Michelle Scavarda

Miriam Looerfido

Randolph Haynes

Ryan Collesian

Swayze Giancarlo

Tanya Haynes

Xzavier Chacha-Mora

Heather Girvalo

KTL

Helen Partlow

Krystal Cox

Mary Cain

Ryan C

Silvestro Lamaruggine

Susan Grover

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Thomas Watson, Chief Financial Officer
Maureen Barry, Human Resources Director
Vinny Sceri, Vocational Services Director
Kate Jancovic, Clinical Director

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ⁱ Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without prerequisites to entry, such as abstinence from alcohol or illicit substances (Department of Housing and Urban Development, 2018).

ⁱⁱ Harm Reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use (Harm Reduction Coalition, 2019).

ⁱⁱⁱ Association for Community Living (ACL), 2019.

^{iv} Bring It Home: Better Funding For Better Health Care, 2019.

^v Bring It Home: Better Funding For Better Health Care, 2019.

^{vi} The New School Center for New York City Affairs, 2019.

^{vii} Mental Health Association in New York State, Inc., 2019.

^{viii} This estimate was established via comparisons of costs associated with institutionalization in state-operated psychiatric facilities (PCs) and community-based care.

^{ix} Ibid.



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