



Spring 2022

# The Outreach Vision

May is Mental Health Awareness Month



## PRESIDENT'S CORNER

# A Message from the CEO



**Debbie Pantin**  
President / CEO

As we enter the Season of Spring and Renewal, I can't help reflecting back on the past year, and considering what comes next? I can clearly visualize Outreach in the midst of an exciting transformation. There is no denying the challenges we have faced over the past two years, as individuals and communities, as an agency and workplace and as a global society at large. We have proven to be resilient, however, maintaining a strong workforce, is one of the most significant challenges we continue to be impacted by as we see unprecedented opportunities to create workplaces that address the needs of all. Prior to the pandemic, we had our fair share of workforce challenges in the Behavior Health field, however the pandemic has made it more pronounced. With the onset of the pandemic, Behavioral Health staff were deemed essential workers, so therefore had to continue with the delivery of substance abuse and mental health care. Staff also managed the health and safety of their own families and themselves, while simultaneously delivering care to our clients and patients with all safety precautions in place. The demands of these unprecedented times were heavy and required a lot from our staff, but they nevertheless persisted. A confluence of factors: rapid technological change, talent shortage, staff demand for flexible work, changing stakeholder priorities, and renewed focus on diversity, equity and inclusion has set the stage for reimagining the workforce.

As a clinician and later becoming an administrator, I have always asserted that my staff and my clients are the two most important things to me in my career. For those that know me—they would often hear me say, I care for my staff so that they can care for my clients. I believe I speak for most, if not all, CEOs by stating that “The focus on our staff’s wellbeing and keeping them engaged in our workforce has been a major priority”. In the last two years, Outreach staff have suffered losses of clients due to what I call the double pandemic, which is the opioid pandemic and the COVID pandemic, experienced increased caregiving responsibilities in their personal lives and a host of other challenges which have added to their burden. Yet Outreach staff has evolved to meet the needs of the most vulnerable in our communities. I believe that one of the silver linings has been an even greater willingness of Outreach and its staff to embrace change, as evidenced by the ability to continue to address Outreach’s strategic initiative of developing a stronger and more effective work environment.

May is Mental Health Month and this year’s theme is “Together For Mental Health”. Outreach is proud to join our colleagues in amplifying this message of support for improving our nation’s mental health care system. At Outreach, we are investing not only in the mental health of our staff by doing our part to address their overall needs. There are a variety of ways Outreach is investing in and supporting our workforce. Initiatives such as longevity bonuses for staff who remain employed with Outreach, increased staff communication, staff days of reflection, retention incentives and professional development training (including staff trauma informed care training). We are continuing to strive towards finding ways to show our workforce they are valued.

Finally, as we begin to head into spring and hopefully see a continued decrease in COVID cases, I hope you and your loved ones stay safe. Having been in the behavioral health field for over 30 years, I’ve never been more optimistic about what’s to come. So, while we still need to be patient and vigilant in the coming months, I hope to see brighter days ahead in 2022.

Wishing you all the best,

**Deb Pantin**

# Program Highlights for 2021

## Agency-Wide Demographics January 1, 2021-December 31, 2021

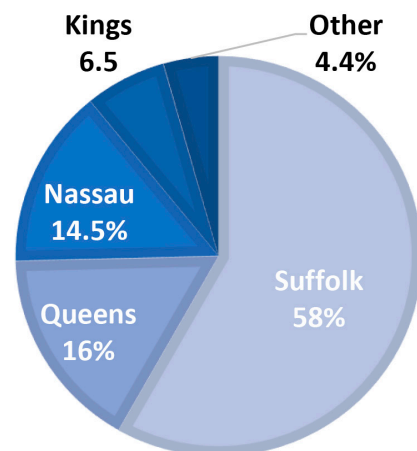
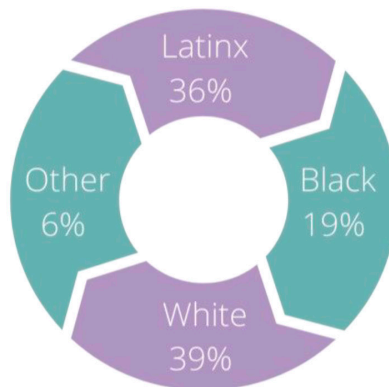
# 3,986

Unique # of Clients  
Screened/Assessed

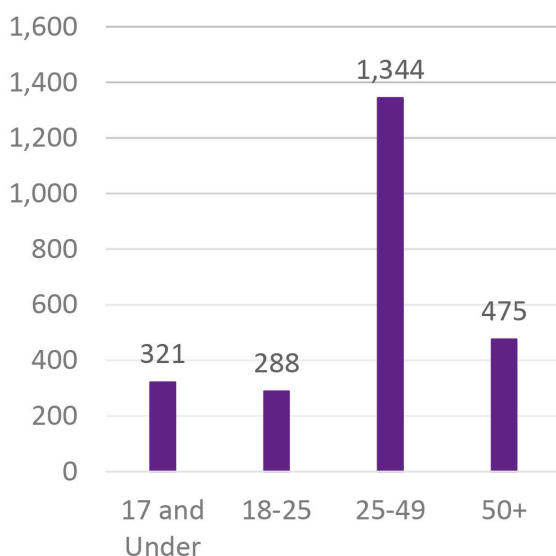


# 2,428

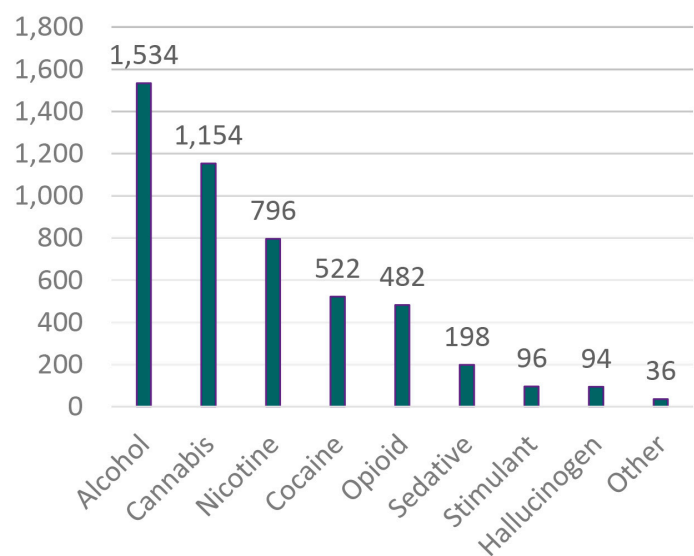
Unique # of Admitted  
Clients Treated



## AGE RANGE



## TOP DSM DIAGNOSES





# The Adolescent Therapeutic Community

## *An Integrated Model of Care*



**John Venza, LCSWR, LMHC** is the Vice President for Residential and Adolescent Services at Outreach.  
(Full version of this article found in Behavioral Health News)

It's been said that the Therapeutic Community (TC) takes an hour to explain but a lifetime to master. The traditional TC model has saved countless lives over the past several decades featuring a therapeutic milieu that uses the community as the healer (including staff and clients) and peers as role models as its cornerstone pieces (G. De Leon, 2000). Originally designed for adults, the success of the model paved the way for adaptations to fit the needs of special populations such as adolescents.

Peer relationships during adolescence become extremely important as a source of support and reassurance. Unfortunately, these powerful bonds can become destructive when substance use and other risk behaviors enter the picture. Normative social development becomes delayed and even arrested as substance use progresses and mental health worsens. The adolescent therapeutic community features peers as role models who are substance-free, in recovery and nurturing pro-social relationships. The program design strategically allows new members to

enter an environment where pro-social behavior garners acceptance and feeds the adolescent's desire to fit in and belong. The young person now has the opportunity to assimilate into a community of their peers who value their recovery and positive behavior.

The integrated model must provide age appropriate services to meet the adolescent's developmental needs in each life domain. The evolution of the TC over time allowed for the integration of highly specialized mental health services so adolescents with co-occurring mental health disorders may be treated under one roof (NIDA, Principles of Effective Treatment, 3rd Edition, 2018). Additionally, services include a full day of school on-site, individual and group therapies addressing both SUD and Mental Health, family, vocational/educational, physical health and recreational.

While I could go into detail about the clinical services, we must remember the population being served, teenagers! They are young, full of life and have a strong desire to be with their friends and have fun. While treatment involves a great deal of work, making treatment and recovery fun is a key variable in a successful program for adolescents. Making services fun is not mutually exclusive with being clinically effective. The creativity and energy of the adolescents will provide great insights and ideas as to making treatment for teenagers' life changing while being fun. Adolescents always love when they can have input into programming, formats, and events occurring in the treatment milieu as it appeals to their emerging autonomy.

While traditional "talk-therapy" still has its place in the TC, adolescents will surely shut down if the service delivery is not creatively diversified. To improve engagement and retention with teens, there must be an integration of a variety of multi-modal therapies. Drumming circles, music therapy, creative art therapy, yoga,

and meditation to name a few. These formats are both fun and healing which is exactly what we want as we put teenagers on the journey of recovery. After decades of work at Outreach, the clinical team recognizes adolescents seem to learn best by hands-on approaches than the traditional didactic deliveries. Many of these creative approaches to service delivery also promote health and wellness as they focus on a mind – body – spirit balance. Many adolescents enjoy physical activities and by the end of the treatment episode, wellness becomes habit.

My final thought is this, if you are creating an adolescent TC, ensure that the staff are of course talented clinicians, and that they are strong educators. Teens will be more receptive to adults that adjust their delivery styles just as an actor assumes different acting roles. To each individual teenager, the staff must assume a delivery that allows the adolescent to be willing to listen to what the staff has to offer. Remember, adolescents are in the process of separating and individuating from their parents. The last thing they will entertain is another adult that feels like an additional parent. They will, however, enjoy a strong therapeutic alliance with an adult that is relatable and sees them as a unique individual through a person-centered lens. Ultimately, it takes a special type of individual to work with this adolescent population as helping a young person change the trajectory of their life is truly making miracles happen.

**If someone in your life is confronting addiction/ substance use disorder, Outreach can help.**

Call us toll-free  
**1-833-OPINYORG (1-833-674-6967)**  
to be connected to our NYC and Long Island programs.

# The Strategic Plan Comes to Life with the Opening of Outreach's First Wellness Clinic

Today we can announce: Mission Accomplished! Outreach has opened its first Wellness Clinic that will serve both adolescents and adults within our Richmond Hill facility; co-located with our existing Outpatient Substance Use Disorder (SUD) Treatment Program and Federally Qualified Health Center (FQHC) Services, provided through Damien Health Services. An Integrated Health Center which will enable Outreach to offer wellness.

In response to the current pandemic restrictions and our effort to provide patient centered care and preference, hybrid of meeting options will include both telehealth and in-person care.

In 2019, Outreach's Board of Directors and Agency Leadership developed a strategic plan for the agency. With a total of 4 strategic objectives and 11 initiatives, the plan was extremely aggressive, even without the unexpected addition of a two-year pandemic by the name of COVID-19.

While COVID definitely slowed progress in a number of areas, a tremendous amount of work has been accomplished towards the initiatives defined in the plan. This includes the goal of obtaining a mental health license through the NYS Office of Mental Health (OMH) which was specifically identified under the area of "Growth through Expansion". At Outreach it is our goal and life's work to build healthy lives and we are excited at the prospect of what this new Wellness Clinic brings.

**See:** a flyer announcing the opening of Outreach's Wellness Center

## Outreach's Wellness Clinic is Open!

Serving adolescents as young as 12 to adults, Outreach's substance use disorder (SUD) program in Richmond Hill, Queens, is introducing a **co-located mental health clinic**.

- ✓ **Hybrid** telehealth and in-person care available.
- ✓ **Intake** by appointment (same day or next day appointments are available). Telehealth and in-person options are available.
- ✓

### Services include:

- Intake
- Psychiatric care
- Medication evaluation and management
- Individual and group therapy
- Referral to other providers for care
- Crisis management

**Outreach's Wellness Clinic**  
11711 Myrtle Ave  
Richmond Hill, NY 11418

*Licensed by the NYS Office of Mental Health*



**Call us at  
718-849-6300 for an  
intake appointment,  
or to ask questions!**

Learn more about what  
Outreach offers at our  
Richmond Hill site::



# TIC at Outreach



Liliane Drago

**T**rauma-Informed Care (TIC) is an approach to providing services that reflects an understanding of trauma in all aspects of an organization. This includes its policies and procedures, physical environment, approaches to client engagement, client screening and assessment, and all clinical services. It actively seeks to avoid the re-traumatization of those who have experienced trauma earlier in their lives, though it takes universal precautions and uses the same principles of care for all. Providing trauma-informed care and treatment is being increasingly seen as essential in the treatment of people with substance use and mental health disorders, as there is a well-established high correlation between psychological trauma and both types of disorders.

Outreach's Trauma-Informed Care and Treatment Committee (TICTC) is an implementation committee devoted to promoting TIC and treatment at the agency. Comprised of a cross section of staff members (Liliane Drago, David Vizzini, Krista Whitman, Courtney March, Courtney Forstel, Oswald Ramdoo, Meagan Metz, Stephanie Munoz, Maria Pietruszka) who are dedicated to the belief that addressing trauma in Substance Use Disorder treatment will make it more effective, the committee meets quarterly to promote Trauma Informed Care and Treatment.

Among the committee's accomplishments has been the initiation of trauma-related training at several levels of the agency. This begins with a required training on trauma and TIC for all new staff members with client contact, including non-clinical staff. Clinical staff receive training on Seeking Safety therapy, vicarious trauma and trauma screening. Supervisors are trained to observe and evaluate Seeking Safety fidelity.

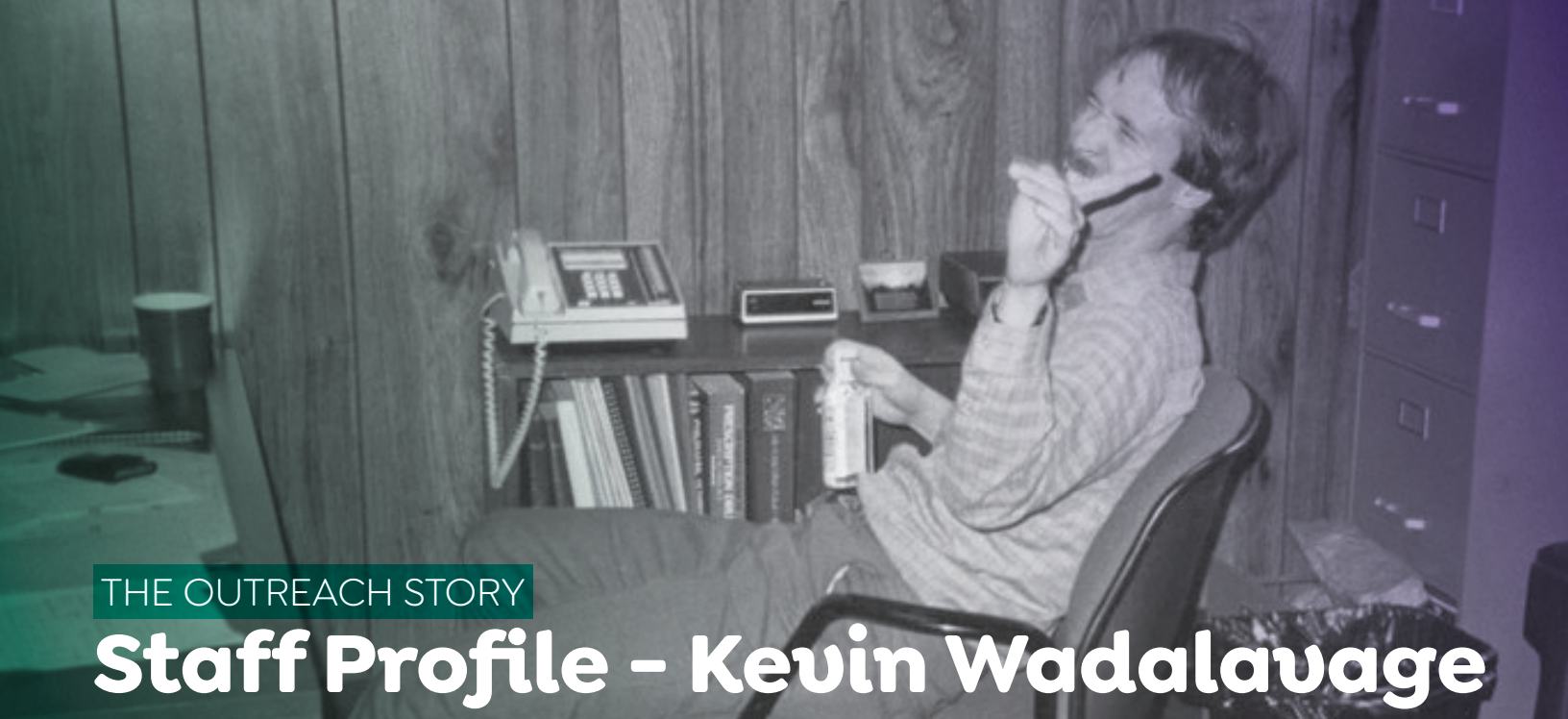
Clients are now routinely screened for trauma exposure and symptomology using trauma-specific screening instruments in the effort to avoid the common misdiagnosis of PTSD as mood, anxiety, and conduct disorders, and ADHD. Clients who have positive screens are further assessed and treatment plans address trauma, typically including the use of Seeking Safety therapy, the evidence-based treatment for people with co-occurring SUD and PTSD. Clients with positive symptom screens are regularly re-screened to assess symptom improvement. Clients who score positive for trauma exposure and negative for symptomology are re-screened to determine if symptoms self-medicated by drugs and alcohol have emerged. Sometimes clients are more forthcoming with revelations of trauma exposure once a therapeutic alliance with a counselor has been established, so the presence and impact of trauma is continuously monitored.

TICT Committee member and Clinical Supervisor at our Bellport program, Courtney March, reports on the case of client Stephanie C. Stephanie scored high on her initial adult trauma screening. While in treatment, she participated in Seeking Safety groups weekly. As evidenced in her group notes, Stephanie improved significantly over time. Her coping skills, insight into her trauma origins, and her awareness of the impact of the multi-generational trauma in her life, all steadily improved. Stephanie went from feeling entirely overwhelmed in treatment, to establishing safe boundaries in her relationships, improving trust in others, markedly increased her confidence to cope with emotional pain, and expanded her ability to feel calm and safe. Stephanie successfully completed treatment at the Women's Day Rehab and is now a Certified Peer Advocate at a local treatment agency.

The Committee regularly reviews trauma-related data in the agency Electronic Health Records to gauge progress. One finding that has surfaced is that clients who are symptomatic and receive a PTSD diagnosis stay in treatment longer than those whose symptomology screens are positive but do not receive PTSD diagnosis. This raises several interesting questions: Does the naming of PTSD have beneficial effects for people? Does the diagnosis reduce shame and self-blame? Does the resulting staff response and treatment approach improve length of stay? The committee will be looking at this more closely.

Other initiatives include periodic "TIC Tidbits," electronic blasts to all agency staff that give small amounts of information about trauma, PTSD, recovery and self-care, and updates on the work of the TICT Committee. The goal is to raise the awareness across the entire agency about a common condition that affects not only clients, but staff as well, to reduce the shame and isolation of all who have experienced trauma and to raise hope that recovery from trauma is possible.





## THE OUTREACH STORY

# Staff Profile – Kevin Wadalavage

While Outreach is primarily viewed as an organization that provides substance abuse treatment programs, that was not our beginning. Two people, Kathy Riddle and Fr. Coleman Costello, were not only concerned about the substance abuse problem in Queens, but also about the number of people “falling between the cracks” of our systems with these problems. Kathy came out of the prevention system and Fr. Costello was a parish priest in Rockaway. Their goal was to get help for the people. With a small grant from New York State, they were able to open a storefront program in Glendale where they made assessments and referred individuals to a treatment program as needed.

While walk-ins were an option, they also conducted street outreach in areas of drug activity. A long time before today’s Drug Courts, they engaged court workers who would identify drug-involved arrestees who might be better suited to treatment as an alternative to incarceration. The agency was appropriately named “Queens Outreach Project.” They went to areas of street drug activity: parks, playgrounds, parking lots, street corners, in front of bars, steps, alleyways, wherever help was needed and handed out cards, spreading the word. People were encouraged to let people know that free and confidential help was available. Suffice it to say that word got around; Eventually they were able to open up a second site, in Little Neck, NY to service Eastern Queens and Nassau County.

As an active part of the outreach back then, I can write a book about what it was like to do street outreach with actively-using people and then provide what was often crisis interven-

tion services to a pre-treatment population. A staff of five might have a schedule of 15 – 20 intakes a day, as well as possible walk-ins. We had regular calls to 911 (usually an ambulance, occasionally police) as well as a silent button at the front desk to notify them without picking up the phone. We sent people to outpatient substance abuse and/or mental health clinics, TC’s, short-term rehabs, methadone programs, detoxes, ER’s, homeless shelters, hospital clinics, domestic violence shelters, therapists, etc. Some people who came in for assessment, were reluctant to agree to a referral so we provided support, further assessment, as well as what is now called “motivational work” for a period of time. For some, it was what we now consider “harm reduction”, as we were also dealing with AIDS, so safer sex and clean needles became part of the conversation.

Working with so many people in desperate situations, taught me that we CAN make a difference. While there isn’t enough darkness in the world to snuff out the light of one little candle, we sometimes have to be that single candle in someone’s life.

The doors of Queens Outreach Project opened in early 1980 and I came soon after, in May 1981. We worked regularly with a pre-treatment population, so saw many people in desperate straits: needing detox, shelter, suicidal, facing jail time, active mental health symptoms, intoxicated, etc. While my own life experiences had given me some perspective on what addiction can do to people and communities, this early work brought home the message to me in a different way. I had six clients – at least

that I know of – who died by suicide, overdose or murder in my first four years and many who I never heard from again. Others just got lost in the criminal justice system. This helped me to realize how important this work is and how it affects users, families and communities and as providers, we must take care of ourselves as we do the work we do. Our clients need us to be a grounded, healthy presence in their lives if we are to help them.

We can pull people out of immediate crises stopping a trajectory of decline that can possibly take a life. We can also provide useful intervention in a crisis, simply buying people enough time to find their way, even if it’s not directly through us. I always suggest to those who work in our field, don’t just spend time around active users, but also those who are in recovery; To hear their stories. Usually it includes how someone made a difference in their life. That someone could be you or me.

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*\*Kevin Wadalavage has been with Outreach for 40 years.*

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# Program Highlights

## Recovery High School



After many years of discussion by leaders in the treatment and prevention field, Outreach has partnered with Western Suffolk BOCES to create the first Recovery High School in the downstate region of New York. Startup money was made available to open three schools in the state, the other two in the upstate region. After 30 years of a successful partnership with Eastern Suffolk BOCES at Outreach House, we were delighted to manifest this vision with the talented people at Western Suffolk BOCES.

The school is named the ASPIRE Academy and it is located in its own wing at the Brennan School in North Babylon. The school will service high school students from both Nassau and Suffolk County and includes the typical school year plus an extended school year component to support students in the summer months. BOCES will deliver the high-quality education, and Outreach shall provide an array of services centering on recovery support to sustain the gains made by young people and their families during their recent treatment episode.

## Adult Residential Rehabilitation Services

The residential team at Outreach is very excited to announce that we have admitted the first clients into the Part 820 Residential Rehabilitation program located at Building # 5 on the Pilgrim Grounds. Prior to this, we operated a reintegration element of care for adults with great success.

By adding the rehabilitation component, we now have an adult residential continuum of care that individuals can seamlessly move from rehabilitation to reintegration. From our person-centered lens, individuals may use the two elements of care to create a longer treatment episode if that is what is needed. By moving into the adult residential rehabilitation arena after almost 35 years is a fantastic addition to the Outreach portfolio and a wonderful option for the community at large.





## A.I. and Its Role in Quality Improvement



While in the past, Artificial Intelligence (AI) was something that was once only seen in movies, its use in daily life has grown tremendously over the last decade. From Siri to self-driving cars and so much more, AI, also known as machine learning, is here to stay and its use in healthcare has become increasingly apparent. Recently, Outreach's Director of Quality and Information, Kelsey Silver, has started to look at how AI can be used to improve treatment outcomes for those in our care. How does it work? Without getting into algorithms and coefficients that might bring back bad memories of our High School math class, machine learning takes massive amounts of data and looks for patterns that can help us understand what are the most important factors that can be addressed to improve client outcomes. In support of Outreach's ability to appropriately incorporate machine learning in our quality improvement initiatives, Kelsey is actually in the process of obtaining a Certification in Applied Data Science from MIT. Upcoming meetings with both outpatient and residential programs will be held to introduce managers to machine learning, illustrate some initial analysis while also gathering ideas, recommendations, concerns and other feedback. The sky is the limit with machine learning. With that said, it will be very important to incorporate feedback and learning into a plan that identifies the purpose and goals, closely monitoring how information is used. Stay tuned as there is a lot more to come.

## New Mobile Van Services Rolling Out at Outreach

We are pleased to announce that our Outreach Mobile Van Unit has officially launched and is ready to roll out! Based out of the Outreach Recovery Center, this van will be performing mobile outreach and treatment services throughout Nassau and Suffolk County.

The Mobile Van team will consist of a Licensed Clinician, a Peer Counselor, a Registered Nurse and a driver. Services will be performed both via telehealth and in-person. We are extremely excited about this new opportunity to offer much needed mobile services to reach individuals in the community!

To learn more about our recovery and mobile services, contact Krista Whitman-Assistant Vice President of Outpatient Services at [KristaWhitman@opiny.org](mailto:KristaWhitman@opiny.org).



# In the News

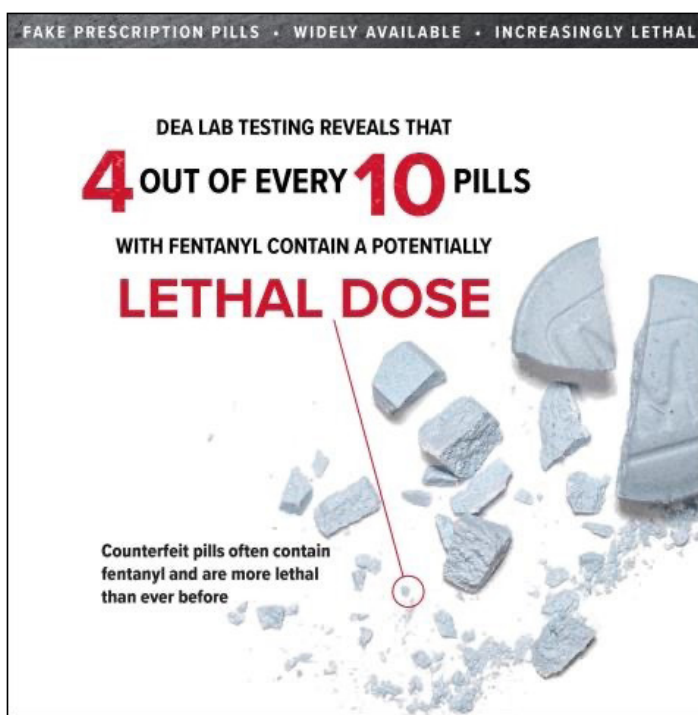
## Suicides by Drug Overdose Increased Amid Young People, Elderly People, and Black Women, Despite Overall Downward Trend

A new study of intentional drug overdose deaths, or suicides by an overdose of a medication or drug, found an overall decline in recent years in the United States, but an increase in young people aged 15-24, older people aged 75-84, and non-Hispanic Black women. The study also found that women were consistently more likely than men to die from intentional drug overdoses, with the highest rates observed in women ages 45 to 64.

**If you or someone you know is in crisis and needs immediate help, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).**

Learn more about suicide prevention and ways you can help someone who might be at risk for self-harm.

## DEA Reveals Criminal Drug Networks Are Flooding the U.S. with Deadly Fentanyl



The Drug Enforcement Administration has issued a Public Safety Alert warning Americans of the alarming increase in the lethality and availability of fake prescription pills containing fentanyl and methamphetamine. The Public Safety Alert coincides with the launch of DEA's One Pill Can Kill Public Awareness Campaign to educate the public of the dangers of counterfeit pills and urges all Americans to take only medications prescribed by a medical professional and dispensed by a licensed pharmacist.

The DEA has created a social media campaign to encourage the use of social media to help raise public awareness of a significant nationwide surge in counterfeit pills that are mass-produced by criminal drug networks in labs, deceptively marketed as legitimate prescription pills, and are killing unsuspecting Americans at an unprecedented rate.

Help increase awareness of the dangers of counterfeit pills by sharing information about this public service campaign. [Click here to download and share the DEA Drug Fact sheet.](#)





# WE ARE HIRING

Outreach Development Corporation is a 40+ year-old agency, dedicated to helping those affected by substance abuse. Outreach has sites in Queens, Brooklyn, Nassau and Suffolk counties. As the leader in substance abuse management, ODC offers both clinical and non-clinical positions.

**We are offering  
an amazing Employee  
Hiring Incentive:  
All full-time new hires  
will receive \$1000 and  
part-time new hires will  
receive \$500.**

## ODC OFFERS THE FOLLOWING BENEFITS:

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**APPLY NOW ON:**

<https://opiny.org/careers/>





THURSDAY, JUNE 23<sup>rd</sup>

# Save the Date

## Outreach's Annual Long Island Luncheon

*At the Stonebridge Country Club, Smithtown*

We are thrilled to share that **Outreach's Annual Long Island Luncheon** will return as an in person event this year celebrating our 28<sup>th</sup> gathering, appropriately themed, "*New Beginnings*". Please mark your calendars for **Thursday, June 23rd, 12 Noon at the Stonebridge Country Club, Smithtown**, when we will recognize incredible partners in the Long Island business, labor and trade communities whose enduring commitment helps support Outreach's lifesaving work in building healthy lives.

We are especially excited that this year's "John Brower, Jr. Memorial Award" recipient is **Sergio Sedita**, Outreach Board Chair!

For more information, please call Marsha Radulov at **718-847-9233 ext. 2310** or send an email at [marsharadulov@opiny.org](mailto:marsharadulov@opiny.org)

