



NACS NEWS

**Celebrating Our 50th
Birthday, July 2, 2025, in
“A Tradition Of Caring”**

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Suicide Prevention Awareness Month

Submitted by George T. Ghosen, Editor

There are an average of 123 suicides each day in this country. It's the tenth leading cause of death in America — second leading for ages 25-34, and third leading for ages 15-24. In order to create awareness and strengthen the fight against suicide, the entire month of September is Suicide Prevention Month. Participate in the fight by getting involved with local organizations and listening to those who need help.

History of Suicide Prevention Month

"I think suicide is sort of like cancer was 50 years ago. People don't want to talk about it, they don't want to know about it. People are frightened of it, and they don't understand, when actually these issues are treatable." — Judy Collins.

In recent years, society has become more open and receptive to discussions and conversations on suicide. However, there is still a stigma surrounding it and, with [suicide rates](#) increasing, it still means that the right help is not reaching people on time and we have a long way to go. It's one of the fastest-growing epidemics around the world — approximately 44,000 people in the U.S. alone commit suicide each year.

All of us play a role in both perpetuating the causes of- and preventing suicide. Every year in National Suicide Prevention Month in September, mental health advocates, survivors, friends and family, and mental health organizations across the country and around the world share their experiences and work towards eradicating this most tragic act.

Suicidal thoughts can plague anyone regardless of age, gender, or social status. Commonly linked to depression, there is no foolproof indicator of suicidal tendencies. Many people suffering from depression or suicidal thoughts cover them up quite well. Such was the case with beloved comedian Robin Williams, who committed suicide at the age of 63 in August 2014.

Originally established in 1979 as a support group by family members of individuals diagnosed with mental illness, the National Alliance On Mental Illness is a United States-based organization that serves as a resource on this highly taboo topic. NAMI helps those affected by suicide, assists with sourcing effective treatment services, and raises awareness for educating others on its prevention.

If you or someone you know is in an emergency, call [The National Suicide Prevention Lifeline](#) at 800-273-TALK (8255) or call 911 immediately.

Suicide Prevention Month timeline

1958 - A Suicide Prevention Center Opens

Thanks to funding from the U.S. Public Health Service, the first suicide prevention center opens in Southern California.

1970 - A Suicide Prevention Task Force is Created

The National Institute of Mental Health assembles a task force in Phoenix to discuss the status of suicide prevention in the country.

2001 - Crisis Centers are Established Nationally

The Substance Abuse and Mental Health Services Administration (SAMHSA) creates the country's first program aimed at serving all persons at risk of suicide in the U.S. via local, certified crisis centers.

2004 - A Youth Suicide Prevention Grant Program is Passed

The Garrett Lee Smith Memorial Act creates the first grant program that specifically aids in suicide prevention.

2012 - U.S. Creates Long-Term Prevention Plan

It's called the National Strategy for Suicide Prevention and concludes that the goal of saving lives can only be achieved through a series of coordinated steps.

By The Numbers:

30% – the percentage increase in the rate of death by suicide in the U.S. between 2000 and 2016.

50% – the percentage increase in suicides among girls and women between 2000 and 2016.

10 – the ranking of suicide as the leading cause of death in the U.S.

47,511 – the number of Americans who died by suicide in 2019.

1.38 million – the number of suicide attempts in the U.S. in 2019.

13.93 – the age-adjusted suicide rate per 100,000 individuals.

3.63 – the number of times by which more men committed suicide than women in recent years.

69.38% – the percentage of white males who accounted for suicide deaths in 2019.

50.39% – the percentage of all suicides by firearms.

93% – the percentage of Americans surveyed who think suicide can be prevented.

How to Observe Suicide Prevention Month

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1. **Spread the message**

Throughout Suicide Prevention Month, it's extremely important to spread awareness, take time to reach out to those in need and help people understand the severity of this cause. How? Hand out Suicide Prevention pins, start a campaign, and share stories of hope on social media.

2. **Volunteer at a crisis center**

Provide support by volunteering at a crisis center in your area. Although this is something that can be done year-round, Suicide Prevention Month is the perfect time to get started. Check out the National Suicide Prevention Lifeline, an organization that offers free and confidential emotional support 24/7 to those in crisis or emotional distress.

3. **Record a supportive video**

This is an easy option that doesn't cost money or time, so anyone can do it. Simply record a 15-30 second video promising your friends to listen to anything they need to say. Then, use the hashtags:

#suicideispreventable

#800273TALK #LETITOUT

5 **No-nonsense Tips To Help Someone In Crisis**

1. **Ask direct questions**

Even though it's hard, ask a person directly if they're thinking about suicide.

2. **Listen to their answers**

People with suicidal thoughts often feel alone, so be sure to let them know that you care deeply about what they have to say.

3. **Do a safety check**

If you're concerned for their well-being, try removing anything they could use to harm themselves, such as alcohol,

drugs, medications, weapons, and even access to a car.

4. **Don't keep this a secret**

Let them know you'll help come up with a plan that involves telling a professional who can utilize the many services and resources available to help.

5. **Ensure they seek professional help**

Unless you work in the mental health industry, it's important to suggest they seek additional help from other people, such as a doctor, counselor, psychologist or social worker.

Why Suicide Prevention Month is Important

A. **It promotes awareness**

Suicide prevention organizations aim to decrease suicides by 20 percent over the next seven years. In order to do this, they're making a conscious effort to talk about suicide — its warning signs, how to prevent it, how to discuss it, etc.— in school, at the workplace, and in politics.

B. **It starts a dialogue**

There's a stigma connected to suicide, so too often it's not talked about — and those who suffer from it feel they can't discuss it. Suicide Prevention Month helps to destigmatize this mental illness and promote conversation.

C. **It initiates change**

Thanks to Suicide Prevention Month, approaches to suicide are beginning to change. For example, schools and workplaces are implementing new programs and even pop culture is acknowledging it. For example, the Netflix show "13 Reasons Why" por-

trays the severity of suicide, the struggles leading to this tragic decision, as well as how it affects those left behind. The Action Alliance for Suicide Prevention is using this platform to its advantage by turning the issues on the show into a national conversation.

(From [National Today](#))

National Suicide Prevention Week, September 7 - 13

American Association of Suicidology

The American Association of Suicidology believes we need to focus on suicide prevention every day of every year. And we can do this by continuously spreading awareness, advocating for research funding, developing innovative and effective treatment tools, being kind and helping to educate others on things like resources and warning signs. It's time to get involved, but not just this week and not just the month. It's time to make #AAS365 a priority. And it's time to make our efforts count.

National Suicide Prevention Lifeline: 800-273-8255

Crisis Text Line: Text HOME to 741741.

Social: @AASuicidology

For more information, contact:

Chris Maxwell - American Association of Suicidology - 202-237-2280

info@suicidology.org; ngreenough@suicidology.org

For more information, visit:

aas365.org

If you need to talk, the [988 Lifeline](#) is here.

At the **988 Suicide & Crisis Lifeline**, we understand that life's challenges can sometimes be difficult. Whether you're facing mental health struggles, emotional distress, alcohol or drug use concerns, or just need someone to talk to, our caring counselors are here for you. You are not alone.

The Unrecognized Effects of the Opioid Crisis on Native Americans

By Abigail Shumate, [UAB Institute for Human Rights Blog](#), March 27, 2024

A Brief History of the Opioid Crisis

Beginning in the late 20th century, [opioid](#) prescription rates skyrocketed in shocking numbers, and in just over ten years, opioid sales quadrupled. With the introduction of [OxyContin](#) into everyday life and medication sales, an opioid that was falsely advertised as non-addictive, as well as [pill mills](#) across the United States, millions of people fell into a deadly addiction. As people lost access to prescription opioids, they often turned to more illicit drugs, such as [heroin](#). This was worsened by the prices of heroin going down, making it much easier for people to afford large quantities of the drug. The use of heroin is often looked at as the second wave of the drug crisis, and heroin deaths [surpassed prescription drug deaths in 2015](#). The third wave of the opioid crisis is where we currently reside, and it is characterized by overdose deaths related to synthetic opioids, such as [fentanyl](#).

Connection to Native Americans and Alaskan Natives

The opioid epidemic has been heavily discussed in the past few years; however, it has been occurring for even longer. Opioid usage affects most groups; however, its large-scale detriment to minority race and ethnicity groups is frequently ignored. [Native Americans](#) and [Alaskan Natives](#) (here referred to as NA/AN) are disproportionately affected by the opioid crisis, and this discrepancy is ignored by many critical groups.

American Indians have the highest drug overdose death rates, and these rates are not stagnant. The CDC reports that overdose deaths have increased by 33% within the

last several years. This pattern of drug abuse and overdose is not isolated to adults, as NA/AN youth also struggle with the use of unauthorized prescription painkillers, with some reports showing as many as [11% of high school students using painkillers](#) without explicit orders from their doctors.

There are many factors that cause NA/AN groups to be affected more heavily than other groups, and these include historical trauma, lower educational attainment, lack of easy access to healthcare, housing problems, poverty, unemployment, violence, and mental health issues. In this post, I will choose to focus on two main reasons: lack of easy access to healthcare and mental health issues caused by lost connection to culture.

Health Disparities in NA/AN Communities

NA/AN groups have serious healthcare inconsistencies that must be addressed for these communities to gain adequate support during the opioid crisis. The [Indian Health Service \(IHS\)](#) is a group that provides care to over 2.2 million people, but it is severely underfunded by [Congress](#). As this is one of the main organizations providing healthcare access to NA/AN groups, this underfunding affects millions of lives. To put these funding issues in perspective, funding would have to [almost double](#) to match the degree of care provided to federal prisoners, and it would have to increase by even more to equate to [Medicaid](#) benefits.

Poor healthcare consistently results in the treatment of symptoms instead of causes, and, unfortunately, this means the prescription of opioids. Whether injuries occur from manual labor, physical activity, or driving accidents, NA/AN individuals are more likely to be treated with opioids as opposed to more effective means of treatment, such as physical therapy. Poor healthcare aligns directly with low-quality insurance or no insurance at all, and opioids are more likely to be prescribed in areas with uninsured people.

Mental Health and Cultural Disconnect

The traumatic history of Native American groups has a massive impact on these overdose rates, as forceful deprivation from culture leads not only to issues such as inadequate healthcare and poverty, but also mental health issues, one cause of opioid treatment, these being direct pathways to opioid addictions.

Mental health issues are incredibly prevalent within NA/AN communities, with suicide rates for them being [more than double those for the entire U.S. population](#). NA/AN individuals are also more likely to be diagnosed with [anxiety disorders](#) and [PTSD](#). These mental health conditions, when left untreated or inadequately treated, can often lead to drug abuse. The IHS does provide care for mental health and substance abuse issues; however, the already underfunded organization only uses about [10% of these funds](#) to support substance abuse treatment.

These mental health issues can be
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attributed to many things; however, a major force playing into this is the history of trauma amongst Native Americans. This topic could be one if not several, entire blog posts, but here I will attempt to briefly sum it up. It is important to note that there are around 600 federally recognized tribes, so the experiences of NA/AN individuals can vary greatly. One thing most groups share is a prevalent history of displacement and loss of culture. In the late 19th century, the majority of Native American individuals were forced to [relocate to reservations or into urban areas](#). This resulted in a decline in socioeconomic status, which resulted in poor living and working conditions, as well as heightened health issues, both mental and physical.

It is vital to remember that NA/AN groups are underrepresented in major clinical research studies. This results in the general public being unaware of the true extent of issues within these communities. This underrepresentation in research exacerbates the disparities and can easily result in the continuance of the opioid crisis for Native Americans with little to no acknowledgement from major government parties. Another impact of inadequate research is misconstrued statistics, and it is likely that the opioid crisis is worse for NA/AN groups than scholars anticipate, as overdose cases may be underestimated by as [much as 35%](#) due to race miscalculations.

Creating Change

The first thing that needs to be done in order to improve the worsening opioid crisis in NA/AN areas is to improve funding for the Indian Health Service. The United States Congress must take action and increase funding—the funding

in 2022 is [less than half of what patients need](#). With adequate health care, individuals with mental health and substance abuse issues will be able to get the help that they need, and, on the more preventative side, with better care, individuals will be less likely to be prescribed opioids as a substitute for proper treatment.

The second action that needs to be taken is better awareness. There needs to be more research devoted to NA/AN groups, so that we are able to pin down what leads to these heightened addiction statistics. Overall, it is vital for individuals to take personal responsibility and increase their own awareness of the issues. Native Americans have been ignored and mistreated for decades, and this must be remedied in the present.

(See also: [Indian Health Service Awards \\$9.5 Million to Combat the Opioid Epidemic in Indian Country](#))

What Are Opioids and Why Are They Dangerous?

From [The Mayo Clinic](#), Aug. 26, 2023

What makes opioid medicines so dangerous?

When used as directed by your doctor, opioid medicines safely help control severe pain, such as pain you may have after surgery. But there are risks when the medicines aren't used correctly.

What opioid medicines do

Opioids are a broad group of pain-relieving medicines that work with your brain cells. Opioids can be made from the poppy plant — for example, morphine (Duramorph, MS Contin, oth-

ers). Or opioids can be made in a laboratory — for example, fentanyl (Actiq and Fentora). Other opioids that may sound familiar include codeine, hydrocodone (Vicodin), oxycodone (OxyContin, Roxybond, others). But there are many more. Opioid medicines travel through the blood and attach to opioid receptors in brain cells. This blocks pain messages and can boost feelings of pleasure.

When opioid medicines are dangerous

What makes opioid medicines effective for treating pain also can make them dangerous.

At lower doses, opioids may make you feel sleepy. But higher doses can slow your breathing and heart rate, which can lead to death. And the pleasure or feeling high that results from taking an opioid can make you want to continue taking them more often and at higher doses. This can lead to addiction: Your brain and behavior are so badly affected that you no longer can control your use of opioids.

You can reduce your risk of dangerous side effects by following your doctor's instructions carefully and taking your medicine as prescribed. Make sure your doctor knows all of the other medicines and supplements you're taking. Talk with your doctor about the pros and cons of using opioids for pain relief. Ask about taking a different type of pain medicine or using another method of pain control if you feel that you're at higher risk of addiction.

Watch: [Mayo Clinic Minute: When are opioids OK to take?](#)

Also Watch: [Mayo Clinic Minute: Benefits, dangers of fentanyl](#)

'Fatalities are Not Inevitable' New Report Maps Path to Reducing Native Overdose Deaths

By Elyse Wild, [Native News Online](#), January 06, 2025

A first-of-its-kind report confirms what tribal nations have long argued: federal policy changes and funding are critical to combat the fentanyl crisis disproportionately claiming Native American lives.

Fentanyl, a highly lethal illicit opioid 100 times more potent than morphine, drove [nearly 75,000 overdose deaths](#) in 2023 — about 70% of all overdoses, according to the Centers for Disease Control and Prevention. While total [overdoses nationwide dropped that year](#), they increased among Native Americans.

Published last month by the Brookings Institution, "[The Impact of Fentanyl on American Indian and Alaska Native Communities](#)" examines the systemic causes behind the high rates of opioid overdoses in Indigenous communities: mismanaged public safety on tribal lands, limited access to healthcare, and high incarceration rates of Native people. The 32-page report highlights Native-led solutions already reducing deaths in tribal communities.

The report's executive summary leads with a statement dispelling a long-standing stereotype about Native Americans and addiction: "There is no evidence of genetic predisposition to opioid use disorder. Instead, the AI/AN populations' vulnerability to fentanyl harms can be traced to historical and contemporary policy failures and ongoing theft of AI/AN resources."

Philomena Kebec (Bad River Band of Lake Superior Chippewa Indians), an attorney and fellow at the

Johns Hopkins Bloomberg School of Public Health who authored the report, told *Native News Online* it was crucial to address the false notion that Native people are prone to addiction.

"The drunken Indian stereotype has followed us into the opioid crisis," Kebec said. Such stereotypes obscure the real drivers of the crisis.

"It's a policy question, it's a resource question, it's a historical trauma question. We, as American Indian people, have a common experience of American-style colonization," Kebec said.

The real-world impacts of these systemic issues are further masked by data-collection practices.

Widely practiced data suppression policies — excluding data when incident numbers are too low — obscure the full scope of Native American overdose deaths. That creates an incomplete national picture, Kebec said.

With billions in opioid settlement money flowing to states and federal addiction care funding rising, tribal nations need dedicated resources and improved data collection.

"Tribal communities often know what the solutions are," Kebec said. "They don't necessarily need that research. But if we're talking about national-level strategies, we absolutely need research to help guide us in creating and investing in the solu-

tions that are going to work for these communities."

Public Law 280

While drug deaths among Native Americans are twice as high as the national average, some states show even starker disparities. Minnesota and Wisconsin report the nation's worst overdose mortality rates for Native people, the report finds. Both are mandatory Public Law 280 states, where the states, not the federal government, have criminal jurisdiction over reservations.

In states that adopted Public Law 280 mandatorily or optionally, tribal land policing has been underfunded for decades. Most report high Native overdose rates, Kebec notes.

"This phenomenon is happening within Wisconsin and Minnesota and other places affected by Public Law 280," she said. "That is noteworthy. I think that is something we need to continue to dig into."

Not all the disparities in fentanyl related deaths can be attributed to Public Law 280, Kebec acknowledges, but the contrast between neighboring Great Lakes states is instructive. Michigan and Wisconsin share similar Native population numbers and political climates, yet Michigan's Native American overdose was 16 per 100,000 in 2022, compared to Wisconsin's 65 per 100,000.

Minnesota's Native American overdose rate of 145 per 100,000 ranks third nationally, behind only Arizona and Oklahoma.

National Recovery Month 2025

National Recovery Month, observed every September since 1989, is a nationwide initiative led by the **Substance Abuse and Mental Health Services Administration (SAMHSA)**. Its purpose is to:

- ♦ **Promote and support** new evidence-based treatment and recovery practices.
- ♦ **Celebrate the recovery community**, including individuals in recovery, their families, and the professionals who support them.
- ♦ **Raise public awareness** about mental health and substance use disorders.
- ♦ **Reduce stigma** associated with addiction and mental health challenges.
- ♦ **Encourage community involvement** through events, education, and advocacy.

Throughout the month, SAMHSA and its partners announce initiatives, provide resources, and host events that highlight the importance of accessible treatment and long-term recovery support¹.

(¹ [SAMHSA.gov](https://www.samhsa.gov))

Nearly [49 million Americans](#) have experienced a substance use disorder in the last year, over [20 million](#) of whom battled a co-occurring mental health issue. National Recovery Month is a crucial time to spotlight the need for comprehensive treatment and support. So, we had to ask: What is the most important information you need to know about this year's National Recovery Month?

The Most Important Information About National Recovery Month at a Glance

♥**The big picture:** [National Recovery Month](#) is dedicated to support-

ing those in recovery from mental health and substance use disorders. Throughout September, organizations spread awareness, educate the public, and celebrate the achievements of people in recovery while reinforcing the message that treatment is effective and recovery is possible.

♥**Why it is important:** In 2023 alone, more than [54 million people](#) in the US needed treatment for substance abuse disorders. However, only [23% of those](#) received the treatment they needed due to cost, feelings of shame, or a lack of access to appropriate help. Even more worryingly, the relapse rate for substance use disorders is [40-60%](#). National Recovery Month promotes understanding and support for individuals and families affected by mental health or substance use disorders and raises awareness of treatment options.

♥**How you can get involved:** You can get involved in National Recovery Month by participating in events, supporting recovery organizations, and spreading the word on social media:

1. **Attending Events:** Participate in local recovery events, virtual webinars, or walkathons that raise awareness and celebrate recovery. You can even consider setting up your own awareness event in your local community.
2. **Supporting Recovery Programs:** Donate or volunteer with organizations that provide services to individuals in recovery, such as treatment centers and mental health advocacy groups.
3. **Sharing Stories:** Use social media platforms to share personal recovery stories or highlight success stories, us-

ing the hashtags:
#RecoveryMonth and
#RecoveryIsPossible.

A Brief History of National Recovery Month

♥**When was this event established:** National Recovery Month was founded in 1989 as [Treatment Works! Month](#) by the [Substance Abuse and Mental Health Services Administration](#). Its initial focus was honoring the work of addiction professionals, but in 1998, the name was changed to [National Alcohol and Drug Addiction Recovery Month](#) to reflect the emphasis on recovery, not just treatment. In 2011, the name was changed again to National Recovery Month to better reflect the diversity of recovery experiences and include co-occurring mental health issues.

♥**How has it developed since then:** Over the years, National Recovery Month has grown into a [nation-wide movement](#). Furthermore, the scope of recovery now encompasses not just substance use disorder recovery but also recovery from mental health conditions. Thousands of events are held across the US each September, bringing together communities to offer support, education, and celebration of recovery successes.

3 Interesting Facts About National Recovery Month

1. **Presidential Endorsement:** National Recovery Month has received official [proclamations from US Presidents](#), underscoring its national significance and the need for mental health and substance use disorder support.
2. **Recovery is Real:** In the US, [7](#)

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- [out of 10 adults](#) who have struggled with a substance use disorder are currently receiving treatment or consider themselves to be in recovery. Furthermore, [2 out of 3 American adults](#) who have experienced a mental health issue consider themselves to be recovering or in recovery.
3. **Theme Variations:** Each year, National Recovery Month adopts a unique theme to focus on different aspects of recovery, from community support to promoting mental health awareness. For example, past themes have included [“Recovery is for Everyone”](#) and [“The Art of Recovery”](#).

(By [Alycia O'Dell](#), [Impactful Ninja](#))

Why is recovery so important?

Recovery is important because it represents **hope, healing, and transformation** for individuals, families, and communities affected by substance use and mental health disorders. Here are some key reasons why recovery matters:

1. Restores Health and Well-being

Recovery helps individuals regain physical, emotional, and mental health. It allows people to rebuild their lives, improve relationships, and pursue personal goals.

2. Reduces Stigma

By highlighting recovery stories and successes, it challenges negative stereotypes and promotes understanding and compassion toward those facing addiction or mental health challenges.

3. Strengthens Families and Communities

Recovery not only benefits the individual but also positively impacts families, workplaces,

and communities by reducing crime, improving productivity, and fostering safer environments.

4. Promotes Long-Term Support

Recovery is often a lifelong journey. Emphasizing its importance encourages the development of support systems, such as peer networks, counseling, and community programs.

5. Empowers Individuals

Recovery empowers people to take control of their lives, make healthier choices, and contribute meaningfully to society.

Here are **local recovery support resources in Buffalo, NY** offering a wide range of services for individuals and families affected by addiction and mental health challenges:

Mental Health Advocates of WNY

- **Address:** 1021 Broadway, 5th Floor, Buffalo, NY 14212
- **Phone:** (716) 886-1242
- **Website:** [mhawny.org](#)
- **Services:**
 - ◊ Peer support groups for depression, anxiety, OCD, bipolar disorder, and more
 - ◊ Teen and 20-something support groups
 - ◊ Survivors of sexual assault support group
 - ◊ Activities like writing, art, and outings
 - ◊ Erie County Self-Help Group Directory¹

Erie County Mental Health Services

- **Website:** [erie.gov/mentalhealth](#)
- **Resources Include:**
 - ◊ **988 Suicide & Crisis Lifeline**

- ◊ **Erie County Warmline:** Peer support daily from 4–11 PM at (716) 248-2941
- ◊ **ECMC Help Center:** Walk-in and virtual mental health support
- ◊ **Kirsten Vincent Respite & Recovery Center:** Crisis stabilization and recovery support
- ◊ **211 WNY:** Call 211 or text your ZIP code to 898211 for referrals to local services²



Creative Restorations, INC

- **Address:** 371 Delaware Avenue, Suite 1, Buffalo, NY 14202
- **Phone:** (716) 262-0126 | Emergency: (716) 364-9997
- **Website:** [creativerestorationsinc.org](#)
- **Services:**
 - ◊ Peer support and recovery coaching
 - ◊ Harm reduction (Narcan, fentanyl test strips)
 - ◊ Food, clothing, hygiene supplies via “Path to Freedom Pantry”
 - ◊ Reentry support for formerly incarcerated individuals
 - ◊ Family reunification and coaching
 - ◊ Community events and outreach³

(¹ [National Alliance on Mental Illness](#), ² [Erie.gov](#), ³ [Creative Restorations Inc.](#))

Here are **local recovery support resources in Tonawanda, NY:**

Tonawanda Recovery Center – Horizon Health Services

- **Address:** 100 Niagara Street, Tonawanda, NY 14150
- **Phone:** (716) 831-1850 | **New Patient Intake:** (716) 831-1800
- **Services Offered:**
 - ◊ Combined mental health and substance use treat-

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- ment
- ◊ Medication Assisted Treatment (MAT)
- ◊ Family therapy
- ◊ Peer support services
- ◊ Harm reduction strategies
- **Website:** horizon-health.org/location/tonawanda-recovery-center¹

North Tonawanda Recovery and Treatment Center

- **Address:** 57 Manhattan Street, North Tonawanda, NY 14120
- **Phone:** (716) 694-1225 | **Central Intake:** (716) 816-2218

- **Hours:** Monday–Friday, 8:00 AM – 4:30 PM
- **Services Offered:**
 - ◊ Individual psychotherapy
 - ◊ Medication management
 - ◊ Vocational skill development
 - ◊ Psychiatric evaluations
 - ◊ Clozaril clinic and therapy groups
- **Website:** omh.ny.gov/north_tonawanda²

Horizon Health Services – General Network

- **Multiple Locations:** Including Buffalo and surrounding

- areas
- **Phone:** (716) 831-1800
- **Services Offered:**
 - ◊ Outpatient and residential addiction treatment
 - ◊ Mental health counseling for all ages
 - ◊ Certified Community Behavioral Health Clinic (CCBHC)
 - ◊ Prevention and education programs
- **Website:** horizon-health.org³

(¹ [Tonawanda Recovery Center](https://horizon-health.org/location/tonawanda-recovery-center), ² [North Tonawanda Recovery and Treatment Center](https://omh.ny.gov/north_tonawanda), ³ [Horizon Health Services](https://horizon-health.org))

Sepsis Awareness Month

Sepsis Awareness Month is observed every **September** and was established by the **Sepsis Alliance** in **2011**. Its purpose is to raise awareness about **sepsis**, a life-threatening condition that arises when the body's response to infection causes injury to its own tissues and organs. Sepsis affects approximately **1.7 million people** and claims around **350,000 adult lives** annually in the United States¹.

Key Goals of Sepsis Awareness Month:

- **Educate the public and healthcare professionals** about the signs, risks, and prevention of sepsis.
- **Promote infection prevention**, which is the most effective way to prevent sepsis.
- **Encourage state-level proclamations** to officially recognize the month and spread awareness.
- **Support survivors and families** affected by sepsis.
- **Fundraise and advocate** for better diagnostic tools and treatment options.

Activities and Resources:

- **Sepsis Superhero Challenge:** A virtual event encouraging participants to raise awareness and honor those affected.
- **Awareness Toolkit:** Includes posters, social media graphics, and educational materials.
- **Merchandise:** Items like stickers and totes are available to help spread the message.
- **Social Media Campaigns:** Use hashtags like **#SepsisAwarenessMonth** and **#SAM2025** to join the conversation.

(¹ [Sepsis Alliance](https://sepsisalliance.org))

Here are **key tips for preventing sepsis**, based on guidance from the CDC, Sepsis Alliance, and medical experts^{1,2,3}:

Practice Good Hygiene

- **Wash hands regularly** with soap and water, especially before eating, after using the bathroom, and after contact with potentially contaminated surfaces.
- **Clean wounds promptly**, even minor cuts or scrapes. Use clean water, apply antibiotic

ointment if needed, and cover with a sterile bandage.

- **Avoid popping blisters;** if they break, treat them like open wounds.

Stay Up to Date on Vaccinations

- Get recommended vaccines, including those for **flu, pneumonia, COVID-19, tetanus, and chickenpox**.
- Vaccines help prevent infections that can lead to sepsis.

Manage Chronic Conditions

- Keep chronic illnesses like **diabetes, cancer, lung disease, and kidney disease** under control.
- These conditions can increase vulnerability to infections.

Use Antibiotics Responsibly

- Take antibiotics **only when prescribed** and **exactly as directed**.
- **Finish the full course** even if you feel better early.
- Never use someone else's antibiotics or expired medication.

Maintain a Clean Environment

(Continued on page 11)

(Continued from page 10)

- Clean kitchen surfaces after handling raw meat.
- Cook meat thoroughly to safe temperatures.
- Avoid sharing personal items like toothbrushes and razors.



Protect Vulnerable Populations

- Ensure children are vaccinated against common diseases.

- Pregnant individuals should avoid risky foods and environments.
- Immunocompromised people should follow stricter hygiene routines.



Know the Signs of Sepsis

Seek immediate medical attention if you or someone else shows signs of sepsis:

- Fever, shivering, or feeling very cold
- Confusion or disorientation
- Shortness of breath
- High heart rate or weak pulse
- Clammy or sweaty skin
- Extreme pain or discomfort

(¹ [CDC-Sepsis](#), ² [WikiHow](#), ³ [Sepsis Alliance](#))

National Cholesterol Education Month

Likely, you've heard the word "cholesterol" mentioned throughout your daily life at least once or twice, either in passing at the water cooler or on a random late-night sitcom. Although you likely hear the word from time to time, do you understand what it is and why it's important to human health? Were you aware that, according to the [Centers for Disease Control and Prevention \(CDC\)](#), almost 94 million people (aged 20 and older) in the United States have cholesterol numbers that are already bordering on "high" (as in higher than 200 mg/dL)? These cholesterol numbers could already be putting people at risk for serious health complications in the future if left unchecked.

While the National Cholesterol Education Program (NCEP) has been around since the mid-1980s, the National Cholesterol Education Month has only been around since 2021, according to the CDC. Considering there's now a whole month dedicated to getting the word out, it seems likely that you're not the only one who is a little confused about why cholesterol is a big deal.

Cholesterol is such a significant issue that the CDC even offers a ["cholesterol kit"](#) with information and easily accessible social media tools. These tools allow you to

learn and share information on social media to stress cholesterol's role in overall health. To celebrate National Cholesterol Education Month, keep reading to discover what cholesterol is and the dangers of high cholesterol.

What is cholesterol?

According to The American Heart Association, cholesterol is a "waxy" entity in your blood. The human body requires cholesterol to create cells, hormones, and vitamins. While not all cholesterol is bad, it's essential to know where "bad" cholesterol comes from.

The liver produces the cholesterol that the human body needs. The rest comes from the food we consume (primarily animal products such as dairy and meat). There are two kinds of cholesterol — HDL cholesterol (also known as "good cholesterol") and LDL cholesterol (also known as "bad cholesterol").

What causes high cholesterol?

If the body intakes too much LDL cholesterol and/or not enough HDL cholesterol, then cholesterol can begin to stick to the walls of your blood vessels. You are considered to have "high cholesterol" when your LDL cholesterol number is too high and/or your HDL cholesterol is too low, mak-

ing it more likely cholesterol will begin to build up in your blood vessels.

According to [The National Heart and Lung Institute](#), the most common cause of high cholesterol is unhealthy lifestyle choices. However, uncontrollable factors such as genetics, age, sex, race, certain medical conditions, and certain medications can also have an effect on your cholesterol levels.

Unhealthy lifestyle choices that increase your risk of high cholesterol include:

- ♥ Smoking
- ♥ A sedentary lifestyle
- ♥ Eating foods high in saturated fats
- ♥ Stress
- ♥ Drinking too much alcohol

Medical conditions that increase your risk of high cholesterol:

- ♥ Being overweight or obese
- ♥ Diabetes
- ♥ HIV infections
- ♥ Kidney diseases
- ♥ Sleep apnea
- ♥ Lupus
- ♥ Polycystic Ovary Syndrome (PCOS)

What are the dangers of high cholesterol?

If your blood contains too much LDL cholesterol and/or not enough

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HDL cholesterol, then over time, the cholesterol will build up in your blood vessels and arteries, increasing the risk of blocking proper blood flow. Considering that your organs need adequate blood flow to oxygenate and keep your body functioning, this can quickly become serious (or even deadly). According to the [CDC](#), the most significant risk of high cholesterol is heart disease, heart attack, and stroke caused by these blockages. Heart disease is currently the [leading cause of death](#) in the United States.

When considering the danger of high cholesterol, you may be interested to know that there are *almost no warning signs* that your cholesterol is high. The CDC reports that some people may not realize they even have high cholesterol until they experience angina (chest pain caused by blockages), a heart attack, or a stroke. *This is why it is so vital to take preventative measures to ensure that your cholesterol levels are within a healthy range.*

How to lower cholesterol

Because high cholesterol can cause serious health problems, the CDC emphasizes that you should get your cholesterol levels checked regularly (at least every five years). Outside of the doctor's office, you can also make heart-healthy choices to reduce your risk of high cholesterol by lowering your LDL numbers.

How to lower LDL cholesterol:

- ♥ Maintain a healthy weight.
- ♥ Get regular exercise.
- ♥ No smoking.
- ♥ Limit alcoholic beverages.
- ♥ Reduce your intake of unhealthy saturated fats and trans fats.
- ♥ Increase your intake of fiber

and healthy fats (unsaturated fats).

- ♥ Talk to your doctor about whether cholesterol medication could benefit you.

Don't let high cholesterol sneak up on you and cause serious health issues. By knowing your risk factors, regularly getting your blood tested, and following a heart-healthy diet, you can avoid the risks of high cholesterol. Seriously consider making an appointment with your primary care physician to have your cholesterol levels checked. This way, you and your doctor can go over the best plan of attack against high cholesterol for you.

(From [Haven Health](#), February 10, 2025)

National Cholesterol Education Month timeline:

1910 - Discovery of Cholesterol's Link to Plaque

German chemist, Adolf Windaus first showed that cholesterol was present in arterial plaque.

1955 - High LDL Linked to Heart Attacks

Scientist John Gorman first found the link between low-density lipoprotein (LDL) cholesterol and heart disease.

1964 - A Nobel Prize for a New Discovery

Konrad Bloch and Feodor Lynen were the first to discover a key part of cholesterol synthesis and won the Nobel Prize for it.

1987 - The First Cholesterol-Lowering Medication Is Approved

Known as a statin, Mevacor, by U.S. drug company Merck, was the first in what would be a very crowded field of cholesterol medications.

Five Facts About Cholesterol

- ♥ High cholesterol has no

symptoms making it difficult to diagnose.

- ♥ More than 35 million Americans have cholesterol high enough to put them at risk for heart disease
- ♥ The National Cholesterol Education Program suggests people over 20 years old get their cholesterol checked every five years.
- ♥ Lifestyle changes such as regular exercise, a diet low in fat and high in fiber, and not smoking can help lower cholesterol.
- ♥ Most people don't need added cholesterol from their diet, their bodies make enough on their own.

Why National Cholesterol Education Month is Important

A. It shines a light on a silent condition

High cholesterol has no symptoms itself, but it can lead to blockages of the arteries resulting in heart disease. National Cholesterol Education Month raises awareness about this potentially dangerous condition.

B. It urges people to get checked

A simple blood test can tell you if your cholesterol is high and if you're in danger of heart disease. Since there are no symptoms for high cholesterol, adults over the age of 20 are encouraged to get this test once every five years.

C. It galvanizes people to make healthier choices

High cholesterol can often be caused by one's lifestyle habits. Poor diet, lack of exercise, and other factors like smoking can cause or exacerbate the condition. Luckily, improving one's lifestyle choices can also help lower cholesterol and National Cholesterol Education Month teaches people just how to do that.

(From [National Today](#))

Sanitizing American Indian History Doesn't Change the Truth

By Levi Rickert, [Native News Online](#), August 18, 2025

Opinion: America will celebrate its 250th anniversary of declaring independence from England next Independence Day, July 4, 2026.

President Donald Trump wants the celebration to go well. He and his White House want to keep all the negative history of the past 250 years under wraps. In preparation for the anniversary, the Trump White House sent a [letter](#) to the Smithsonian Institution Secretary Lonnie G. Brunch III that demanded a full audit of content—from exhibit texts and online materials to curatorial process docs and grant records.

All this in service of a mandate to highlight “unity, progress and enduring values,” while sanitizing “divisive or partisan narratives.”

The Trump White House’s approach is Orwellian. In the novel 1984, George Orwell describes a totalitarian regime led by the Party, which seeks to control not only people’s actions and speech but also their thoughts and memories.

George Orwell wrote:

“Every record has been destroyed or falsified, every book rewritten, every picture has been repainted, every statue and street building has been renamed, every date has been altered. And the process is continuing day by day and minute by minute. History has stopped...”

In response to the White House letter, the Smithsonian wrote:

“The Smithsonian’s work is grounded in a deep commitment to scholarly excellence, rigorous research, and the accurate, factual presentation of history. We are reviewing the letter with this commitment in mind and will

continue to collaborate constructively with the White House, Congress, and our governing Board of Regents.”

The Smithsonian Institution, established over 175 years ago, has long been a bastion of knowledge and cultural preservation. Its mission to increase and diffuse knowledge has fostered a deeper understanding of America’s complex history. The Trump White House threatens to undermine that mission by imposing a singular narrative that may exclude the diverse experiences and contributions that have shaped the nation.

The National Museum of the American Indian—with locations in New York City and Washington, D.C.—is one of eight Smithsonian Institutions under audit.

Let’s be clear: the demanded audit is more than a bureaucratic review.

To satisfy the Trump White House, the outcome may result in a sanitized version of history on the treatment of the Indigenous peoples of this land since European contact.

The National Museum of the American Indian (NMAI) exists because Native voices were historically erased—because sacred stories and cultural histories were suppressed. If the government now marches in claiming to restore “truth and sanity,” we should ask: Whose truth? Whose sanity?

How can the history of what

happened to our ancestors be truthful without telling the stories of mass deaths from disease, starvation, and war? How can our story be told without telling what happened in Indian boarding schools where our ancestors were faced with physical, emotional, and sexual abuse? “Kill the Indian, save the man” was more than a slogan; it was policy.

These truths are not ancient history. Their consequences are lived daily by Native people today. America cannot heal by hiding its wounds.

Telling the full story of Native history isn’t about shame—it’s about justice. And justice begins with honesty.

History isn’t meant to comfort. It’s supposed to provoke. The NMAI doesn’t exist to paint in pastels; it exists to give Native people their rightful place in the American story. Imagine telling young Indigenous visitors that “discord” isn’t allowed in their story—or that the legacy of colonization must be softened to fit a national narrative of exceptionalism.

What is being asked here is erasure through administrative policing of language. The broader implications — grant oversight, questioned curatorship, revamped future exhibitions — threaten to dilute the very mission of the museum that “fosters a richer shared human experience through a more informed understanding of Native peoples.”

This review isn’t about unity—it’s about control. Native scholars, art-

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ists, and communities, not political mandates, should lead the way in preserving their history. White House edits have no business re-writing what generations of Native voices have fought to remember.

"People only try to control the narrative in museums, public spaces, or the press when their enemy is the truth. The government's micromanagement of such institutions is a direct assault on constitutionally protected freedom of speech and the diversity of experiences and histories that make America truly great," professor Anton Treuer said to Native News Online in reaction to the White House letter.

Some of us remember the Bicentennial in 1976 when the country was seemingly more normal.

On July 4, 1976, the U.S. marked its Bicentennial with a series of official events led by President Gerald Ford. He and his daughter Susan began the day at Valley Forge,

where he honored the end of the Bicentennial Wagon Train Pilgrimage. They continued to Philadelphia, where Ford signed the Bicentennial Day Declaration at Independence Hall, reaffirming America's commitment to liberty and justice. Later, joined by First Lady Betty Ford in New York Harbor, they celebrated Operation Sail, featuring naval ships from around the world. The day concluded in Washington, D.C., with the Fords watching fireworks from the White House balcony.

The Bicentennial stirred strong feelings of patriotism and nostalgia, and was seen as a turning point after years of national turmoil including the Civil Rights Movement, Vietnam War, and Watergate.

In his memoir, *A Time to Heal*, Ford reflected, *"Rarely in the history of the world had so many people turned out so spontaneously to*

express the love they felt for their country... We had regained our pride and rediscovered our faith."

President Ford did not sanitize the Civil Rights Movement, Vietnam War or Watergate history. He allowed the feelings of the Bicentennial to emerge from the hearts of Americans who loved their country.

Native Americans know the history of their ancestors, yet they enlist in the U.S. military more than any other racial or ethnic group in the United States.

It is not necessary to sanitize history for the 250th anniversary of the United States.

We need not become complicit with the dictates of a U.S. president who will be gone within the next three and a half years.

Thayék gde nwéndëmen - We are all related.

"The Last Dance": Gathering of Nations Powwow to Conclude After 43 Years in 2026

By Levi Rickert, [Native News Online](#), August 18, 2025

After 43 years, the Gathering of Nations Powwow, billed as the largest powwow in North America, will come to an end on April 24–25, 2026. The announcement was made in a press release on Saturday, as organizers revealed the official dates and event poster for the final powwow.

The poster prominently features the words: "THE LAST DANCE."

"There comes a time," is the only official statement released by Gathering of Nations Limited, the organization that founded the powwow more than four decades ago.

The 43rd and final Gathering of

Nations Powwow will take place at Expo New Mexico/Tingley Coliseum in Albuquerque, New Mexico.

The Expo NM grounds offer a vibrant and welcoming setting, featuring popular attractions such as the enchanting and reverent Teepee Village, the Native American Horse/Regalia and Rider Parade on Main Street, the indoor Indian Trader's Market, a Native food court, car show, and some of the best competitive and social dancing in North America. Native dancers and singers from across the United States and Canada are expected to participate.

In 2026, the powwow will also join in the Route 66 centennial celebrations, hosting various activities on the grounds as part of the historic tribute.

The Gathering of Nations annually attracts over 3,000 performers and more than 100,000 visitors. An additional 4.2 million people engage with the event through its live webcast, according to the Gathering of Nations website.

In April 2023, the event set an attendance record with over 105,000 attendees. Dancers and singers representing more than 500 tribes from across the U.S. and Canada regularly take part.

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The Gathering of Nations also hosts the annual Miss Indian World competition, one of the most prestigious cultural pageants in Native America.

The conclusion of the Gathering of Nations Powwow will be a significant loss for Albuquerque. The city typically sees hotel rooms fully booked during powwow weekend.

According to Reilly White, a finance professor at the University of New Mexico, the event generates approximately \$30 million in economic impact for the city each year.



Welcome Our Newest Members to the NACS Family

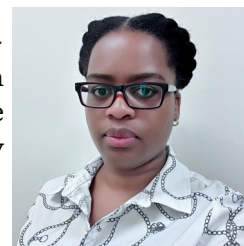
Kristin Chapman

Kristin recently joined Native American Community Services (NACS) Foster Care Program as the Foster Care Homefinder. Originally from Arizona, Kristin comes to Buffalo from Detroit, Michigan, where she worked as a Foster Care Case Manager. Her career has consistently focused on supporting children and families, including her experience as a substitute teacher and as an instructor for middle school students in special education programs. In her role at NACS, Kristin coordinates foster home certifications and works closely with foster parents to ensure continued support for the children in their care. She is excited to be part of the NACS community and looks forward to building strong relationships with the families she serves. If you are interested in becoming a foster parent, please contact Kristin at 716-874-4460.



Shuri Ann Powell

Shuri Ann is a passionate child advocate serving as a Foster Care Caseworker at Native American Community Services (NACS). She earned her BA in Social Sciences Interdisciplinary from the University at Buffalo, focusing on Health and Human Services: Social Gerontology. Outside of work, Shuri finds renewal in nature, which fuels her commitment to serving her community with heart and purpose.



Dealing With Depression in School-Age Children

Submitted by George T. Ghosen, Editor

What is depression?

1. feelings of severe despondency and dejection: "self-doubt creeps in and that swiftly turns to depression"

Opposite: cheerfulness

It is the beginning of a new school year. This means our children have moved on to the next level and will be facing new challenges and new problems to solve, in and out of the classroom. Some will be easy but some will be difficult.

Depression in children is a **mood disorder that can cause them to feel sad, irritable or hopeless**. Children often have mood swings. They may feel sad or irritable for a period of time, like after getting a bad grade or a falling out with friends. But after a while, they tend to feel better again.

Teenagers and children, like adults, can experience a range of emotions. However, extended periods of feeling sad or hopeless may indicate that a child is experiencing depression. Although depression is usually not considered life-threatening, it can lead to thoughts of and attempts at suicide¹.

(¹ [Johns Hopkins Medicine](#))

What are some of the causes of depression in school-age children?

Depression in school-age children can arise from a complex mix of **biological, psychological, and environmental factors**. Here are some of the most commonly identified causes and risk factors:

Biological Causes

- **Genetics:** A family history of depression or other mood disorders significantly increases a child's risk^{1,2}.

- **Brain chemistry:** Imbalances in neurotransmitters like serotonin can contribute to depressive symptoms².
- **Medical conditions:** Chronic illnesses (e.g., diabetes, epilepsy, asthma), low birth weight, or hormonal imbalances (e.g., thyroid disorders) can be linked to depression¹.

Psychological Factors

- **Low self-esteem and negative self-talk**
- **Cognitive or learning difficulties**
- **Excessive self-criticism** or feelings of helplessness
- **Negative body image** or poor social skills²

Environmental and Social Causes

- **Stressful life events:** Divorce, death of a loved one, moving, or family conflict^{1,2}
- **Bullying** or peer pressure
- **Academic struggles** or poor school performance
- **Social isolation** or difficulty making friends
- **Exposure to violence**, abuse (verbal, physical, or sexual), or trauma
- **Parental conflict**, poverty, or financial instability²

Other Risk Factors

- **Being female** (especially post-puberty)
- **Substance use**
- **Puberty-related hormonal changes**
- **Having a young mother at birth**
- **Cultural adjustment stress** (e.g., immigration or acculturation challenges)²

(¹ [Cleveland Clinic](#), ² [MedicineNet](#))

Here are common **signs of depression in children**, which can

vary depending on age and personality. These signs may appear gradually or suddenly:

Emotional Symptoms

- Persistent sadness or tearfulness
- Irritability or anger outbursts
- Feelings of hopelessness or worthlessness
- Excessive guilt or self-criticism
- Loss of interest in activities they once enjoyed

Behavioral Changes

- Withdrawal from friends and family
- Refusal to go to school or declining academic performance
- Changes in appetite (eating too much or too little)
- Sleep disturbances (insomnia or oversleeping)
- Fatigue or low energy
- Talking about death or expressing suicidal thoughts

Physical Complaints

- Frequent headaches or stomachaches without a clear medical cause
- Slowed speech or movements
- Restlessness or agitation

Age-Specific Signs

- **Younger children** may show more **clinginess, tantrums, or regression** (e.g., bedwetting).
- **Older children and teens** may exhibit **risk-taking behaviors, substance use, or self-harm**.

If you're noticing any of these signs in a child, it's important to seek help from a pediatrician, school counselor, or mental health professional.

How to talk to a child about depression.

Talking to a child about depression requires **sensitivity, patience, and reassurance**. Here's a step-by-step

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guide to help you approach the conversation in a supportive and age-appropriate way:

1. Choose the Right Time and Setting

- Find a **quiet, private, and comfortable** place.
- Make sure you both have time to talk without feeling rushed.

2. Use Simple, Clear Language

- Tailor your words to the child's age and understanding.
- You might say:
"I've noticed you've been feeling really sad lately. I want to understand how you're feeling and help you feel better."

3. Listen Without Judgment

- Let them talk freely. Avoid interrupting or correcting.
- Use open-ended questions like:
 - ◊ "Can you tell me what's been bothering you?"
 - ◊ "What's been making you feel this way?"

4. Validate Their Feelings

- Acknowledge their emotions, even if they seem small to you.
 - ◊ "It's okay to feel sad sometimes."
 - ◊ "That sounds really hard. I'm glad you told me."

5. Reassure and Offer Support

- Let them know they're not alone and that you're there to help.
 - ◊ "You're not in trouble. I'm here for you, and we'll figure this out together."

6. Normalize Getting Help

- Explain that just like we go to the doctor for a cold, we can talk to someone for our feelings too.
 - ◊ "Talking to a counselor can help you feel better, just like medicine helps when you're sick."

7. Avoid These Pitfalls

- Don't minimize their feelings ("You're too young to be depressed").
- Don't rush to "fix" everything

immediately.

- Don't make promises you can't keep (like keeping serious issues secret).

Diagnosing Depression in Teens and Children

Because there are no reliable laboratory tests to diagnose depression, mental health evaluations are essential. Talking to a child's pediatrician can be the first step toward getting a diagnosis of depression.

A pediatrician can recommend a mental health professional who can help. They may also be able to determine whether the child has another condition that has symptoms similar to depression, such as low thyroid hormone or anemia.

In general, a pediatrician will look for feelings of sadness and hopelessness, as well as a lack of interest in daily activities, in conjunction with other symptoms, for a period of two or more consecutive weeks.

A smaller number of children and adolescents may be diagnosed with bipolar disorder, which includes both episodes of depression and episodes of mania (elevated mood and energy).

Anxiety and Depression in Teens and Children

Often, teens and children with depression may also be diagnosed with an [anxiety disorder](#). Anxiety is a mental health condition that causes a child to feel panicky or fearful when going through everyday activities. Some anxiety or sad mood can be a normal part of growing up, but it is important to intervene if your child's mental health is interfering with their day-to-day life.

Can Teenage and Childhood Depression Lead to Suicide?

In more severe cases, depression may lead a teen or child to consider or plan for suicide. According to the Centers for Disease Control and Prevention, suicide is the second leading cause of death for children between the ages of 10 and 14, and the third leading cause of death in children ages 15–18.

Parents who are concerned for their child's mental state should watch for:

- Talking about or focusing on death or dying
- Talking of hopelessness or suicide
- Social isolation from friends or family
- Stopping activities that they previously enjoyed
- Giving away favorite possessions
- Increased risk-taking
- Engaging in self-harming behaviors

Treatment for Depression in Teens and Children

Just as depression varies from person to person, treatment also varies. It may involve:

- Psychotherapy: In mild cases, therapy is as effective as drug treatment. Psychotherapy may also be used in conjunction with medication therapy for moderate or severe cases of depression.
- Antidepressant medications: Antidepressants such as selective serotonin reuptake inhibitors (SSRIs) are considered first-line medication choices.¹

(¹ [Johns Hopkins Medicine](#))

[Need help in the US?](#)

Text HOME to 741741 to reach a trained Crisis Counselor through Crisis Text Line, a global not-for-profit organization. Free, 24/7, confidential.



REDISCOVERING OUR ONKWEHON:WE TRADITIONS

ABOUT US

ROOTS is here to increase the availability of cultural education programs and resources for the urban Haudenosaunee people. We aim to implement opportunities to learn about Haudenosaunee traditions and practices through an increased number of Haudenosaunee cultural programs

CLASSES

arts/cooking classes
cultural speaker series
elder and youth information exchange
community socials
singing and dancing classes
yearly marketplace

GOAL

The long-term community goal would be that all Native Americans have access to opportunity, knowledge, and the ability to incorporate traditional concepts and teachings within their families and communities

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FUNDED BY: THE DEPARTMENT OF HEALTH AND HUMAN SERVICES-
ADMINISTRATION FOR NATIVE AMERICANS

Share Your Story!



As Native American Community Services celebrates 50 years of serving Western New York, we know our story is best told through the voices of those who have been part of the journey. Whether you're a former client, employee, board member, volunteer, or community member; your experience matters.

Has NACS made a difference in your life? Help us honor our past and inspire our future by sharing your testimonial. Your story will help showcase the impact NACS has had across generations and highlight the strength of our community.

**Interested?
Register Here**



YOU ARE INVITED TO
**50TH
ANNIVERSARY
GALA**

In Honor Of

*Native American
Community
Services*

October

Thursday

23

At 5:30pm

2025

The Show at Shea's Seneca

2188 Seneca St.

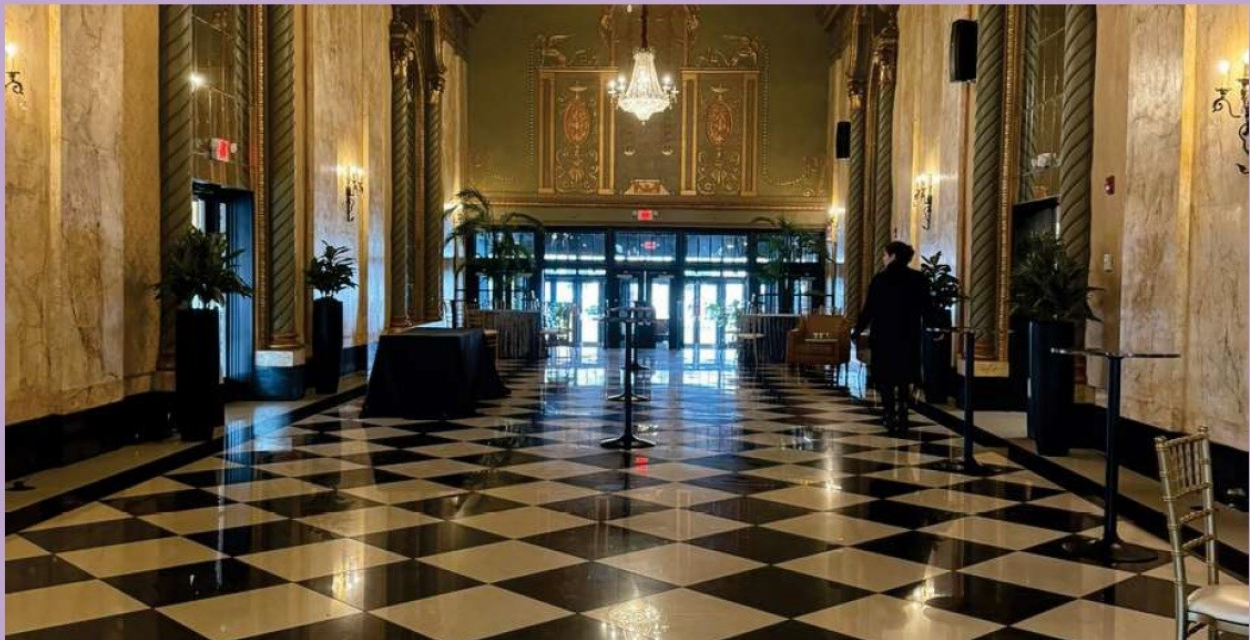
Buffalo, NY 14210





**Native American Community Services
of Erie & Niagara Counties**

50th Anniversary Gala Sponsorship Opportunities



Thursday, October 23, 2025

**The Show at Shea's Seneca
2188 Seneca St.
Buffalo, NY 14210**



50th Anniversary Gala Sponsorship Packages

Platinum Arrow Sponsor

- Recognition as the exclusive Presenting Sponsor on all event materials and promotions.
- Logo prominently displayed on:
 - Event invitations, website, and social media.
 - Gala program front cover.
- Opportunity to address the audience during the event.
- Two premium tables seating ten (10) guests each.
- Full-page ad in the gala program.

\$10,000

Gold Arrow Sponsor

- Logo displayed on:
 - Gala website, digital screens, and printed materials.
- One premium table seating ten (10) guests.
- Full-page ad in the event program.
- Acknowledgment in gala speeches.
- Option to include a branded item in guest goodie bags.

\$7500

Silver Arrow Sponsor

- Logo displayed on:
 - Gala website and printed materials.
 - Event program under "Sponsors."
- One table seating ten (10) guests.
- Full-page ad in the event program.
- Recognition in gala speeches and social media mentions.

\$5000

Valet Sponsor

- Exclusive custom signage at the valet station.
- Opportunity to provide a branded gift or promotional item placed in each vehicle
- Logo displayed on:
 - Gala website and social media.
- Reserved seating for five (5) guests.
- One half-page ad in the event program.

\$4000

Bronze Arrow Sponsor

- Logo displayed on:
 - Gala website and social media.
- Reserved seating for five (5) guests.
- Acknowledgment in gala speeches and group social media post.
- One full-page ad in the event program.

\$3000

Copper Arrow Sponsor

- Name or logo featured in:
 - Event program under "Sponsors."
 - Gala website.
- Reserved seating for two (2) guests.
- Acknowledgment in gala speeches and group social media post.
- One half-page ad in the event program.

\$2000

Goodie Bag Sponsored by:

The logo for Wegmans, featuring the word "Wegmans" in a stylized, cursive, brown font.**Sold**

Specialty Mocktail Sponsored by:



Sold

Program Full-Page Ad Sponsor

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\$500

Program Half-Page Ad Sponsor

- Half-Page Ad

\$250

Program Quarter-Page Ad Sponsor

- Quarter-Page Ad

\$125

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or

Email: scollins-nieves@nacswny.org

Mail check to: Native American Community Services
1005 Grant St.
Buffalo, NY 14207

All Sponsorships Due By: Sept. 30th



Witness to Injustice: KAIROS Blanket Exercise

Monday, September 15, 2025 - 5:30 - 8:30 pm
St. Joseph University Parish
3269 Main St.
Buffalo NY 14214

In collaboration with:



Cornell Cooperative Extension
Madison County

**NEKANijHSAKT:
FRIENDS OF
EKWEHijWij**

For More Info: phill@nacswny.org or call/text 716-574-8981

If you are not familiar with the WTI activity, here is a link to a short video that describes the activity. Please note that the WTI was developed by KAIROS Canada, so the video speaks to these issues in Canada, while the Sept. 15 session is focused on what has happened in the US. The link for the trailer is: <https://vimeo.com/129161339>

Employment Opportunity



www.nacswny.org

Native American Community Services of Erie & Niagara Counties, Inc.

MICHAEL N. MARTIN, EXECUTIVE DIRECTOR

1005 Grant St. Buffalo, NY 14207 • Phone: 716-874-4460 • Fax: 716-874-1874

1522 Main St. Niagara Falls, NY 14305 • Phone: 716-299-0914 • Fax: 716-299-0903

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100 College Ave. Suite 200, Rochester, NY 14607 • Phone: 585-514-3984 • Fax: TBD

960 James St. Syracuse, NY 13203 • Phone: 315-322-8754 • Fax: TBD

Equal Opportunity Employer

Position: Workforce Development Specialist

Type: Full-time/ hourly/ non-exempt

Salary/Range: \$19.00-\$20.00 / hour

Office: 100 College Ave. Suite 200, Rochester, NY 14607 – travel required

SUMMARY:

The Workforce Development Specialist assists in planning and implementing goals and objectives of the Workforce Development Component as well as ensuring quality of service provision to clients. Incumbent will be flexible to evening and weekend schedules as needed. All efforts will be performed with the understanding of and in accordance with Good Mind principles, while also adhering to the principles of Trauma Informed Care (TIC).

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Conducts initial intake and comprehensive testing to determine client eligibility and needs.
- Develops an Individual Employment Plan (IEP) with client.
- Develops and provides workshops to clients in such areas of academic, life skills, and technical areas.
- Keeps abreast of current trends in the local job market.
- Establishes an effective support network and provides referrals for clients.
- Attends and participates in weekly component staff and other required meetings.
- Maintains necessary documentation and ensures the timely completion of all necessary recordkeeping.
- Develops an outreach action plan to successfully recruit and retain participants and employers in the program.
- Conducts outreach to academic entities, unions, coalitions, service providers, and other individuals/agencies to promote services, develop linkages, build network opportunities and advocate for issues in the Native American community.
- Develops and nurtures relationships with employers for on-the-job training agreements and work experience opportunities for clients.

EDUCATION, QUALIFICATIONS, AND SKILLS:

- Bachelor's degree in human services or related field of study preferred, with three (3) years' experience in workforce development including supervision and program management.
- Work experience may replace some of the education requirements at the discretion of the Executive Director.
- Knowledge of local area service providers.
- Effective problem solving, organization, time management, and communication skills.
- Intermediate computer skills and understanding of office applications including MS Office Suite.
- Familiarity with and sensitivity toward local Native American communities.
- Must be flexible to evening and weekend hours as needed.
- Must pass all background checks and pre-hire requirements including a clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300k.

BENEFITS:

- | | |
|-----------------------------------|-------------------------------|
| • Paid Time Off (PTO) | • Health & Dental Insurance |
| • Life Insurance | • Employee Assistance Program |
| • Flexible Spending Account (FSA) | • 403 (b) Retirement Plan |

For consideration send resume to: humanresources@nacswny.org

Employment Opportunity



www.nacswny.org

Native American Community Services of Erie & Niagara Counties, Inc.

MICHAEL N. MARTIN, EXECUTIVE DIRECTOR

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Equal Opportunity Employer

Position: Foster Care Caseworker

Salary/range: \$21.00- \$23.00

Type: Full- time/ hourly/ non-exempt

Office: Erie & Niagara Counties – travel required

SUMMARY:

This position works in conjunction with the Local County Department of Social Services (LCDSS) and is responsible for protecting the health, safety, and well-being of the children on their caseload and provides support to foster parent(s) through case management services, crisis management, home visits, weekly contact, monitoring of service compliance, documentation, ongoing training, and advocacy. The main objective for this position is to effectively work towards reunification, achieving permanency for children while actively assessing the needs of the child, foster parents, and coordinating interventions when necessary. Incumbent will be responsible for day-to-day casework duties ensuring the Indian Child Welfare Act (ICWA) of 1978 is followed when placement of Native American children into foster care is indicated. All efforts will be performed with the understanding of and in accordance with Good Mind principles, while also adhering to the principles of Trauma Informed Care (TIC).

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Provides all aspects and elements of casework services to an assigned caseload. Conducts casework contacts with families, as needed but at least twice a month, face-to-face in their homes and community settings to focus on goals.
- Assists in the National Training & Development Curriculum (NTDC) classes.
- Responsible for case planning with children in foster care and their families to achieve a positive and safe permanency plan.
- Participates in the compliance and implementation of ICWA as well as new/current social service laws and regulations.
- Assists all foster parents in attaining training requirements specific to foster care certification.
- Must enter and maintain required child welfare information including but not limited to person and family information, periodic family assessment and service plans, plan amendments, and progress notes in CONNECTIONS.
- Makes detailed and completes case studies, recommending and defining short and long-term social needs and goals of children and families.
- Participates in DSS permanency planning, court hearings, and school related meetings for the child(ren).
- Maintains regular and consistent contact with all appropriate members of the 29-I (VFCA) license team, providing current information and responding to requests as needed.
- Responsible for facilitating visitations including providing safe and reliable transportation when needed.
- Must consistently remain vigilant and proactive in assessing safety and risk concerns at all times.
- Maintains necessary documentation and ensures the timely completion of all necessary recordkeeping.

EDUCATION, QUALIFICATIONS, AND SKILLS:

- Bachelor's degree required, in a human service field or related field of study.
- Knowledge of ICWA, Adoption Safe Family Act, Federal and State regulations, as well as mandated reporting requirements.
- Effective problem solving, organization, time management, and communication skills.
- Intermediate computer skills and understanding of office applications including MS Office Suite.
- Familiarity with and sensitivity toward local Native American communities.
- Must be flexible to evening and weekend hours as needed.
- Must pass all background checks and pre-hire requirements including a clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300k.

BENEFITS:

- Paid Time Off (PTO)
- Health & Dental Insurance
- Flexible Spending Account (FSA)
- Life Insurance
- Employee Assistance Program
- 403 (b) Retirement Plan

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Equal Opportunity Employer

Position: Erie County Clubhouse Youth Leader- 3 openings

Type: Part-time/ hourly/ non-exempt

Hours: 20 hours per week. Non-traditional (must be available for day, evening, and weekend hours)

Salary/Range: \$17.00- \$18.50 / hour

Office: 1005 Grant Street, Buffalo, NY 14207

SUMMARY:

The Clubhouse Youth Leaders assist the Clubhouse Manager in providing a safe, supportive, culturally appropriate, alcohol and drug free environment for all members. The Clubhouse welcomes self-identified Native American youth and young adults ages 12-17 years old. Clubhouse programming includes recreation & pro-social, education, evidence-based / best practices, skill building, wellness, and cultural activities. Leaders will provide transportation, supervision, and leadership. Recruitment through outreach, attending and participating in weekly staff meetings will also be required. Leaders must be available for non-traditional hours (evenings and weekends). The Clubhouse is open 25 hours per week. All efforts will be performed with the understanding of and in accordance with Good Mind principles, while also adhering to the principles of Trauma Informed Care (TIC).

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Supervise, provide leadership, and be a positive role model for youth.
- Deliver workshops and activities in a confident and organized manner.
- Ensure youth programming utilizes a percentage of evidence-based prevention models.
- Provide safe transportation and/or supervision of youth to and from clubhouse activities.
- Recruit youth through local outreach efforts.
- Adhere to data collection and performance measurement requirements determined by SAMHSA and OASAS.
- Maintain necessary documentation and ensure the timely completion of all necessary recordkeeping.
- Ensure Clubhouse maintenance, cleanliness, and safety is maintained.
- Other duties as assigned.

EDUCATION, QUALIFICATIONS, AND SKILLS:

- Bachelor's or Associates degree in human services or related field of study preferred.
- Experience working with community and group settings. Work experience may replace some of the education requirements at the discretion of the Executive Director.
- Knowledge and understanding of substance use, and experience with at-risk youth.
- Effective problem solving, organization, time management, and communication skills.
- Must be flexible to evening and weekend hours as needed.
- Must pass all background checks and pre-hire requirements.
- Familiarity with and sensitivity toward local Native American communities.
- Must have a clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300k.

BENEFITS:

- Paid Time Off (PTO)
- Employee Assistance Program
- Holiday Pay (if scheduled)

For consideration send resume to: humanresources@nacswny.org

Employment Opportunity



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Native American Community Services of Erie & Niagara Counties, Inc.

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960 James St. Syracuse, NY 13203 • Phone: 315-322-8754 • Fax: TBD

Equal Opportunity Employer

Position: Niagara County Youth Clubhouse Site Supervisor

Type: Full-time/ hourly/ non-exempt

Salary/Range: \$20.00- \$21.00 / hour

Office: 1522 Main St, Niagara Falls, NY 14305

SUMMARY:

Under the guidance of the Health & Wellness Coordinator, the Youth Clubhouse Supervisor is responsible for assisting and leading in the performance of day-to-day duties in delivering and providing a safe, supportive, culturally appropriate, alcohol and drug free environment for all Native American youth (ages 12-17 years old) clubhouse members. This position will lead in the oversight of activities, cultural programming, and supervise youth leaders. Incumbent must be available for non-traditional hours (evenings and weekends). The Clubhouses are open 25 hours per week. All efforts will be performed with the understanding of and in accordance with Good Mind principles, while also adhering to the principles of Trauma Informed Care (TIC).

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Implement, plan, and lead program activities, field trips, and workshops in accordance with contractual obligations both virtually and in-person.
- Have knowledge and understanding of substance use and ensure youth programming utilizes a percentage of research and evidence-based and best practices prevention models.
- Serve as a facilitator and member of the Youth Advisory Council.
- Coordinates scheduling of the Clubhouse Youth Leaders.
- Organize, supervise, and provide safe transportation for youth clubhouse members.
- Ensures Clubhouse maintenance, cleanliness, and safety is maintained.
- Recruit participants for the clubhouse program through outreach events and materials.
- Maintain necessary documentation and ensures the timely completion of all necessary recordkeeping, including the utilization of database systems.
- Ensures the program remains compliant with all contractual obligations and requirements.

EDUCATION, QUALIFICATIONS, AND SKILLS:

- Bachelor's degree from accredited institution with supervisory experience or relevant role.
- Experience working with at-risk youth, community and group settings. Work experience may replace some of the education requirements at the discretion of the Executive Director.
- Knowledge and understanding of substance use.
- Effective problem solving, organization, time management, and communication skills.
- Computer skills: ability to use Microsoft Office Suite.
- Familiarity with and sensitivity toward local Native American communities.
- Must be flexible to evening and weekend hours as needed.
- Must pass all background checks and pre-hire requirements including a clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300k.

BENEFITS:

- | | |
|-----------------------------------|-------------------------------|
| • Paid Time Off (PTO) | • Health & Dental Insurance |
| • Life Insurance | • Employee Assistance Program |
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960 James St. Syracuse, NY 13203 • Phone: 315-322-8754 • Fax: TBD

Equal Opportunity Employer

Position: Niagara County Clubhouse Youth Leader- 2 openings

Type: Part-time/ hourly/ non-exempt

Hours: 20 hours per week. Non-traditional (must be available for day, evening, and weekend hours)

Salary/Range: \$17.00 - \$18.50/ hour

Office: 1522 Main Street, Niagara Falls, NY 14305

SUMMARY:

The Clubhouse Youth Leaders assist the Clubhouse Manager in providing a safe, supportive, culturally appropriate, alcohol and drug free environment for all members. The Clubhouse welcomes self-identified Native American youth and young adults ages 12-17 years old. Clubhouse programming includes recreation & pro-social, education, evidence-based/ best practices, skill building, wellness, and cultural activities. Leaders will provide transportation, supervision, and leadership. Recruitment through outreach, attending and participating in weekly staff meetings will also be required. Leaders must be available for non-traditional hours (evenings and weekends). The Clubhouse is open 25 hours per week. All efforts will be performed with the understanding of and in accordance with Good Mind principles, while also adhering to the principles of Trauma Informed Care (TIC).

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Supervise, provide leadership, and be a positive role model for youth.
- Deliver workshops and activities in a confident and organized manner.
- Ensure youth programming utilizes a percentage of evidence-based prevention models.
- Provide safe transportation and/or supervision of youth to and from clubhouse activities.
- Recruit youth through local outreach efforts.
- Adhere to data collection and performance measurement requirements determined by SAMHSA and OASAS.
- Maintain necessary documentation and ensure the timely completion of all necessary recordkeeping.
- Ensure Clubhouse maintenance, cleanliness, and safety is maintained.
- Other duties as assigned.

EDUCATION, QUALIFICATIONS, AND SKILLS:

- Bachelor's or Associates degree in human services or related field of study preferred.
- Experience working with community and group settings. Work experience may replace some of the education requirements at the discretion of the Executive Director.
- Knowledge and understanding of substance use, and experience working with at-risk youth.
- Effective problem solving, organization, time management, and communication skills.
- Must be flexible to evening and weekend hours as needed.
- Must pass all background checks and pre-hire requirements.
- Familiarity with and sensitivity toward local Native American communities.
- Must have a clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300k.

BENEFITS:

- Paid Time Off (PTO)
- Employee Assistance Program
- Holiday Pay (if scheduled)

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Equal Opportunity Employer

Positions: Community Service Worker (CSW) wraparound services Level I - Clinical

Type: Casual/ hourly/ non-exempt

Salary/range: \$50-\$75/ hour

Office: Erie & Niagara Counties – travel required

SUMMARY:

The Level I CSW will provide wraparound services that are comprehensive, individualized support systems designed to address the unique needs of individuals and families, in the context of mental health, behavioral health, or developmental disabilities. This role involves providing targeted, time-limited services to families to help them meet their goals, participating in Child & Family Team (CFT) meetings, and helping link families with sustainable supports. The CSW will partner with the Care Coordinators. The CSW must have their master's degree and be licensed to provide specific wraparound services. All efforts will be performed with the understanding of and in accordance with Good Mind principles, while also adhering to the principles of Trauma Informed Care (TIC).

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Goal directed, trauma informed, culturally sensitive, and evidence-based practice of face-to-face, and possible therapeutic intervention which focuses on the mental health/behavior needs of the client and/or family members.
- Vendors must document the type of evidence-based intervention used in all progress notes.
- When clinical needs indicate ongoing community-based support following care coordination, the service provider is responsible for facilitating a smooth transition. This includes educating families about available clinical support options, assisting with engagement and referral processes to appropriate community-based providers, and offering additional support as needed to ensure continuity of care through CFT.
- Must successfully complete training requirements and other mandatory training programs as required for the role.
- Implement, plan, and lead, appropriate services in accordance with the vendor codes and descriptions.
- Maintain on-going communication with families to provide advocacy and support ensuring the needs are met and fostering strong relationships.
- Progress notes must be clear and specific, document progress toward goal completion aligned with the Plan of Care.
- Services may include pre-and-post evaluation, which must be shared with the family and Care Coordinator.
- Establish and sustain ongoing contact with Care Coordinators and Vendor Supervisors, ensuring alignment of services and resolution of client needs.
- Facilitate and implement activities aimed at promoting the development and enhancement of essential skills for clients.
- Provide safe and timely transportation for clients to and from services and activities, supporting their participation in required programs, as needed.
- Assess and consider cultural, environmental, and safety factors that impact the client and those within their immediate sphere, ensuring support and care.
- Supervise and engage the client in the necessary programs and activities as directed by the vendor description.
- Must consistently remain vigilant and proactive in always assessing safety and risk concerns.
- Maintains necessary documentation and ensures the timely completion of all necessary recordkeeping.

Employment Opportunity

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EDUCATION, QUALIFICATIONS, AND SKILLS:

- Master's degree in human services or related field.
- Experience working with at-risk youth and parents/caregivers of at-risk youth.
- Certification licenses LCSW, LCAT, LMFT, LMSW, LMHC.
- Bilingual is a plus.
- Effective problem solving, organization, time management, and communication skills.
- Intermediate computer skills and understanding of office applications including MS Office Suite.
- Familiarity with and sensitivity toward local Native American communities.
- Must be flexible to evening and weekend hours as needed.
- Must pass all background checks and pre-hire requirements including a clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300k.

BENEFITS:

- Paid Time Off (PTO)
- Employee Assistance Program

For consideration send resume to: humanresources@nacswny.org

Employment Opportunity



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 960 James St. Syracuse, NY 13203 • Phone: 315-322-8754 • Fax: TBD

Equal Opportunity Employer

Positions: Community Service Worker (Wraparound) Level II & III – Non-Clinical

Type: Casual/ hourly/ non-exempt

Salary/range: \$20-\$45/ hour

Office: Erie & Niagara Counties – travel required

SUMMARY:

The Level II & III CSW will provide wraparound services that are non-clinical. This role involves providing targeted, time-limited services to families to help them meet their goals, participating in Child & Family Team (CFT) meetings, and helping link families with sustainable supports. The CSW will partner with the Care Coordinators. Services may include but not limited to Academic Coaching, Family Peer or Youth Peer Advocate, Adult/ Home Skill Builder and Youth Skill Builder. All efforts will be performed with the understanding of and in accordance with Good Mind principles, while also adhering to the principles of Trauma Informed Care (TIC).

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Must successfully complete training requirements and other mandatory training programs as required for the role.
- Implement, plan, and lead, appropriate services in accordance with the vendor codes and descriptions.
- Maintain on-going communication with families to provide advocacy and support ensuring the needs are met and fostering strong relationships.
- Progress notes must be clear and specific, document progress toward goal completion aligned with the Plan of Care.
- Establish and sustain ongoing contact with Care Coordinators and Vendor Supervisors, ensuring alignment of services and resolution of client needs.
- Facilitate and implement activities aimed at promoting the development and enhancement of essential skills for clients.
- Provide safe and timely transportation for clients to and from services and activities, supporting their participation in required programs, as needed.
- Assess and consider cultural, environmental, and safety factors that impact the client and those within their immediate sphere, ensuring support and care.
- Supervise and engage the client in the necessary programs and activities as directed by the vendor description.
- Must consistently remain vigilant and proactive in always assessing safety and risk concerns.
- Maintains necessary documentation and ensures the timely completion of all necessary recordkeeping.

EDUCATION, QUALIFICATIONS, AND SKILLS:

- Level II: Bachelor's degree, associates degree or higher based on New York State Education Department licensure. Experience working with at-risk youth.
- Level III: High school/GED. Experience working with at-risk youth and includes being a parent of a child with social, emotional, behavioral, mental health, medical, addiction or developmental needs or self-identified as a person who has experience with the developmental challenges.
- Bilingual is a plus.
- Effective problem solving, organization, time management, and communication skills.
- Intermediate computer skills and understanding of office applications including MS Office Suite.
- Familiarity with and sensitivity toward local Native American communities.
- Must be flexible to evening and weekend hours as needed.
- Must pass all background checks and pre-hire requirements including a clean and valid NYS driver's license and carry minimum auto liability coverage of \$100k/\$300k.

BENEFITS:

- Paid Time Off (PTO)
- Employee Assistance Program

For consideration send resume to: humanresources@nacswny.org

Nya:wëh, Thanks for reading!

Please share this newsletter with family, friends, and coworkers. If you know of anyone who would like to receive the month NACS News by email, please have them send their first name, last name, and current email address to: gghosen@nacswny.org

You can also look for our newsletter on our [website](#).

FUNDED BY: Erie County Department of Social Services; New York State Office of Children & Family Services; New York State Office of Alcoholism & Substance Abuse Services; Community Foundation for Greater Buffalo; National Urban Indian Family Coalition; Niagara County Department of Social Services, Niagara County Office of the Aging; United Way of Niagara, US Department of Labor; Administration for Native Americans (ANA); Indigenous Justice Circle; Jessie Smith Noyes Foundation; Erie County Department of Mental Health; NYS Research Foundation for Mental Health; NYS Medicaid Program 29-I; Western New York Foundation; New York State Department of Health/AIDS Institute, Tribal Home Visiting Program, Administration for Children and Families, Health and Human Services as well as businesses, foundations and caring individuals.

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