

# Charities USA

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## Catholic Charities of Baltimore

A TRAUMA-INFORMED CARE AGENCY

## Sharing a suicide prevention program

IN AND AROUND OKLAHOMA CITY

# Healing from the inside out

THE TRAUMA-INFORMED CARE APPROACH



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## EDITOR'S

## COLUMN

Trauma-informed care, the main subject of the current issue, has a simple premise: Most people experience traumatic events in childhood and throughout their lives that impact their behavioral health.

The way people respond to trauma is not so simple. Depending on the person and the event, the response can range from avoiding any reaction (a problem itself) to maintaining good mental health. The articles herein feature three Catholic Charities agencies that are helping clients and staff work toward the latter.

Catholic Charities of Baltimore is the subject of two articles. One centers on the agency as a whole adopting trauma-informed care as an approach to working with both clients and staff. The other describes how the agency's family reunification program makes every effort to be trauma sensitive.

Catholic Charities of the Archdiocese of Oklahoma City uses the trauma-informed care approach in its suicide prevention program.

Catholic Charities of the East Bay (Oakland, Calif.) trains parents and teachers and school staff to be trauma aware as they work with students who have experienced different forms of violence.

The Catholic Charities ministry is committed to helping each person achieve his or her full potential, which includes the person's physical, spiritual and mental well-being. In the area of behavioral health, trauma-informed care has proven to be an effective tool that moves a person toward a meaningful and dignified life. ■

**David Werning, Managing Editor**

To comment on this issue, please write to David Werning at [dwerning@CatholicCharitiesUSA.org](mailto:dwerning@CatholicCharitiesUSA.org).



CONTENTS

# 06 | Healing from the inside out

INTRODUCTION TO THE TRAUMA-INFORMED CARE APPROACH

By Father Ragan Shriver



## FEATURES

- 10** Catholic Charities of Baltimore: A trauma-informed care agency
- 12** Sharing a suicide prevention program in and around Oklahoma City
- 14** Catholic Charities of the East Bay adopts Youth Mental Health First Aid to support children
- 16** Trauma-informed care in action: The family reunification program at Catholic Charities of Baltimore

## DEPARTMENTS

- 05** President's Column
- 18** CCUSA Update
- 24** Network Notes
- 26** Agency Spotlight



“Providing professional, compassionate care that heals and uplifts the person remains our constant commitment and our heartfelt mission.” – Sister Donna Markham



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## PRESIDENT'S COLUMN

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Among the most marginalized and vulnerable people Catholic Charities serves are those who struggle with emotional issues and addictions. As clinicians have become more aware of the impact of trauma in people's lives, better ways of assisting people in their recovery process are continually being developed. While funding clearly is an obstacle in the provision of quality behavioral health care, Catholic Charities remains committed to do all we can to help as many people as possible to live happier and less anxiety-ridden lives.

The *Trauma-Informed Care* approach is one way that is becoming far more accessible to our clients as well as to anyone wanting to increase awareness of trauma's impact on oneself and others. The trauma aware approach realizes the pervasive impact of trauma, recognizes signs and symptoms, responds with known practices and procedures and seeks always to avoid re-traumatization of the client. CCUSA makes this crucial training available for our clinicians across the country.


In this issue Father Ragan Schriver, CCUSA Special Assistant to the President for Strategic Integration and Director of the Master of Science in Social Work program at the University of Tennessee, introduces readers to the subject. Articles featuring three Catholic Charities agencies offer examples of how the trauma-informed care approach is practiced in direct service.

As it is with everything Catholic Charities does, our aim is to help each person live a dignified and fulfilling life. Providing professional, compassionate care that heals and uplifts the person remains our constant commitment and our heartfelt mission.



**Sister Donna Markham OP, PhD**  
President & CEO



A young boy with short brown hair, wearing a blue t-shirt and blue shorts, is sitting on a light-colored wooden floor. He is seen from the back and side, looking out a large window. The window is bright, and the view outside is blurred. A large, brown, fuzzy teddy bear is lying on the floor next to him. The overall mood is contemplative and quiet.

“Emotional trauma can result in anxiety, depression, addiction or other behavioral/social difficulties. The trauma-informed approach seeks healing for the injury, and it avoids defining a person based on the impacts from the injury.”



# Healing

## from the inside out

### INTRODUCTION TO THE TRAUMA-INFORMED CARE APPROACH

By Father Ragan Shriver

A few years ago I had an accident on a treadmill and ended up with a broken foot. For the next eight weeks I walked around with a boot. During this time no one asked me, “What is wrong with you?” Instead I was asked, “What happened to you?” The difference between these two questions, though subtle, defines the core of Trauma-Informed Care: the human person is not equated with a problem or illness he or she is experiencing.

My issue was this: a broken foot, which was the result of a traumatic injury that impacted my behavior (how I walked), my attitude (frustrated due to the pain) and my recreational life (no jogging). In other words, my life had been altered by the injury, but my whole being was not called into question.

Unfortunately, when people seek support in a behavioral health setting, they often face questions about their ‘being’ rather than receiving treatment for the specific injury. The injury may not be a broken foot but some other type of trauma like abuse, violence or disaster. Yet, the scar of this type of emotional or psychic trauma impacts a

person’s behavior, attitude and life, just like a physical injury does. Emotional trauma can result in anxiety, depression, addiction or other behavioral/social difficulties. The trauma-informed approach seeks healing for the injury, and it avoids defining a person based on the impacts from the injury.

The trauma-informed care approach was developed from the results of a Kaiser-Permanente study on obesity treatment. In the study, many of the subjects who had reduced their weight regained it. In follow-up interviews the subjects said that they needed the weight to feel safe or that eating numbed negative feelings. When questioned further, almost 75 percent of the subjects described a history of trauma. Based on these results, Kaiser then partnered with the Centers for Disease Control and Prevention in the Adverse Childhood Experiences (ACE) study to investigate the impact of childhood trauma on the lives of 17,000 persons enrolled in Kaiser’s insurance plan. ACE showed that 64 percent of the subjects had experienced at least one adverse experience in the years prior to age 18.

In subsequent research, more work was done to identify how trauma impacts people's lives. In cases involving trauma, researchers identified a "chain reaction" that indicated the possibility of early death for victims. The chain begins with a painful event that leads to negative emotions and self-appraisal. The feelings are followed by maladaptive behaviors that temporarily curb negative feelings and numb the low self-esteem. These behaviors, such as smoking, overeating, use of substances and non-suicidal self-injury, yield poor health outcomes. Evidence showed that persons with a trauma history are four times more likely to have substance use disorders than the general population. These behaviors inevitably lead to such conditions as asthma, diabetes, obesity and overdose, which may result in early death. The conclusion was that trauma is a significant factor leading to a serious public health concern.


Further study and practice have helped service providers become better equipped to support survivors seeking recovery from adverse childhood experiences or any traumatic experience. Interventions are founded on a clear definition of trauma: an event causing great distress and disruption that overwhelms a person's internal systems, thus compromising the ability to cope. An analogy might be a city with a small water disposal system that is hit with a flood. The system cannot handle the extra rain so it causes flooding and erosion in the short term and mold or rust in the long term. The system has been overwhelmed and will need external support to recover. In the same way when an individual undergoes trauma the physiological reaction can overwhelm the typical response system. Overwhelmed, the individual experiences anxiety or depression, which leads to maladaptive patterns of behavior and long term negative health outcomes.

As you will see in this edition of *Charities USA*, many of our agencies have responded to this public health concern by making their services trauma responsive. Agency staff use the knowledge base around trauma-informed care to provide the highest quality of care for their clients. It means providing universal screening for trauma in clients' histories, creating physical environments that convey safety and comfort, engaging in therapeutic interventions that deal directly with the experience of adversity, and creating positive alternatives to destructive coping strategies.

One key component of trauma-informed service is a positive therapeutic relationship between staff and client. Trust is a key component for such a corrective relationship, and many clients who have experienced trauma have difficulty trusting others. Aware of this, staff express a desire to be trusted by the client and ask the client to participate in creating such an environment together. This type of approach gives an element of control to the client along with allowing the client to have an equal role in defining the relationship. The provider/recipient relationship is thus viewed as a partnership that empowers the client. This type of rapport building can lead to healing.

Clients are not the only ones treated in a trauma sensitive manner. The staff are, too. The possibility of staff experiencing vicarious trauma is very real. Hearing of atrocities can take a serious toll on providers leading to emotional and behavioral reactions similar to those experienced by the clients. Trauma-informed Catholic Charities agencies provide quality supervision based in trauma sensitive theory, outlets for stress relief and collegiality. The care of employees is a key element in the provision of quality care for traumatized clients.



A close-up photograph of a person's face, focusing on the right eye and the mouth. The person has dark hair and is looking slightly to the left. The lighting is soft, highlighting the texture of the skin and the details of the eye and lips.

“Interventions are founded on a clear definition of trauma: an event causing great distress and disruption that overwhelms a person’s internal systems, thus compromising the ability to cope.”

In reading this edition of *Charities USA*, you will see the concepts of trauma-informed care in action. Trauma-informed services may seem like a recent development, but in reality we can look to the important role that Jesus played in meeting people where they were, accepting people, allowing those he encountered to know of the Father’s unconditional love for them and empowering his followers. Our services are truly grounded in our Savior, the truest healer of trauma, Christ Jesus. ■

*Father Ragan Shriver is the director of the MSSW Program, College of Social Work, at the University of Tennessee. He holds a Doctor of Psychology degree from Washington University, St. Louis.*





Catholic Charities of Baltimore

# A trauma-informed care agency

By David Werning, Managing Editor

**C**atholic Charities of Baltimore is implementing a trauma-informed care approach throughout its agency to improve interactions not only with clients but also among staff.

The process began within the Family Services division of the agency, according to Jon Hackbarth, who until recently had worked as a mental health care administrator at Catholic Charities. “That’s where it started,” Hackbarth said, “but it really needs to be – and we have tried to expand it to – the whole agency, because everyone who comes to us should have a consistent, trauma-informed care encounter with all of our staff at all times. And also our staff with each other.”

Hackbarth noted that rolling out the trauma-informed care approach will take three to five years. “We’ve come up with action

steps and training plans for our agency,” he said, “but it’s a cultural shift and will take time.”

The aim is to instill in each staff person the understanding that all people have had some kind of trauma in their lives that impacts personal behavior today. The trauma may be the traditional kind, like being injured or being in a car accident. But any adverse experience can be a traumatizing event, such as the separation or divorce of parents, witnessing violence, the presence of a mental health disorder, or abuse and neglect. Being aware of the possibility of trauma changes the way one encounters another person.

For example, Hackbarth said that when a child in one of Catholic Charities’ residential treatment centers becomes aggressive or refuses to do an assignment, the staff have been trained to recognize





“The aim is to instill in each staff person the understanding that all people have had some kind of trauma in their lives that impacts personal behavior today.”



the behavior as adaptive. The approach they take is not “What’s wrong with you, child?” but “What happened to you that causes this behavior?” The latter approach allows for a space where the child – or any client – experiences care as a fellow human being and participates in maintaining his or her own wellbeing.


When it comes to staff, a trauma-informed care approach would include recognition of both personal trauma and work-related trauma. Supervisors adopt a supportive view of staff that involves regular check-ins and consideration of staff opinions concerning the work environment and policy decisions. “It’s not that we don’t hold staff accountable to do the jobs they’re doing,” Hackbarth added, “but neither do we assume immediately that the staff person is bad or they don’t have any commitment or dedication. It’s recognizing that we all have things going on in our personal lives that can affect us. And that’s part of the trauma-informed care approach.”

Catholic Charities staff also can have work-related trauma when interacting closely with clients who are experiencing trauma in their lives. Hackbarth called it “vicarious trauma.” “Our staff will feel the stresses and feel the pain that our clients feel to the point that they get burned out or worse. If the staff person comes from a home where the father was abusive and they’re working with kids who have abusive parents, then that can be re-traumatizing.” Supervisors are trained to acknowledge and help staff with incidents of vicarious trauma.

The objective for everyone, staff and clients alike, is good mental health, which is not always easy to assess. Trauma-informed care looks at indicators of mental health and the reduction of the symptomatology. “If someone feels suicidal,” Hackbarth said, “but we give them medication and through therapy they no longer have suicidal ideation, then that’s a reduction of symptoms. They are going to work or school. When you’re trying to make someone’s mental health better, it’s a reduction of symptoms that indicates that it is working.”

Hackbarth recommended that more agencies adopt a trauma-informed care approach for their staff and clients. “I would say they need a nationally recognized trainer, somebody who can lay out the principles and be inspirational. Then the agency can take that message and actualize the next steps for its organization. If you haven’t started thinking about it yet, you’re really kind of behind.” ■





# Sharing a suicide prevention program

## in and around Oklahoma City

By David Werning, Managing Editor

In 2012, in response to the tragedy of five youths dying by suicide, staff at Catholic Charities of the Archdiocese of Oklahoma City (CCAOKC) decided to establish a suicide prevention program for the community using a trauma-informed care approach.

Amy Shipman, director of counseling, and Aimee Ryan, director of social work, were part of the committee that created the Cabrini Wellness Ministry, to target youth suicide in the Catholic community.


Both Shipman and Ryan were a part of CCAOKC's response to the suicides. "That was a period when we were out in the schools five times within a six-month period doing crisis work," Shipman remembered. "We just stopped after it was all done and said, OK, we've got to do something different than what we're doing now."

With the support of the archdiocese and Catholic Charities, Shipman and Ryan were part of a team of professionals who would develop the effort as a community to prevent suicides. "Really, we wanted to provide training to lay people, those who may not have any mental health background, just so that they could recognize the signs and symptoms," Shipman said.

Once formed, the committee contacted the Oklahoma Department of Mental Health and Substance Abuse Services and learned that there were already some models for suicide prevention. With a grant from SAMHSA (Substance Abuse and Mental Health Administration), Shipman and Ryan were trained in two models: QPR and mental health first aid (MHFA).

QPR, which stands for "Question, Persuade and Refer," is a one-hour training that can be provided to anybody over 18. Like CPR, QPR is





“We tell people, any time you have a question or if there’s a crisis and you don’t know what to do, call our office. Let us provide guidance for you. We can try to walk you through it and get you the resources you need. We want people to feel supported.”

- Amy Shipman

designed to give immediate, emergency aid until professionals can be engaged. QPR trains a person to ask the difficult question about suicide if someone shows suicidal signs, to persuade the person to get help, and to refer the person to a mental health provider.

MHFA training builds upon QPR and is more substantive. The course is eight hours and includes in-depth training about specific warning signs and how to intervene when someone is in a crisis. It also has a youth-focused model. Like QPR, MHFA training is provided to people who do not have a mental health background. The objective is to help people start a conversation, intervene when needed, and know where to refer a person for professional support.

Shipman and Ryan were trained in both models, and they have been conducting their own trainings in and around Oklahoma City since 2013. So far they have trained more than 2,000 people in QPR and 322 in MHFA.

“From the beginning,” Ryan said, “we recognized that there are parts we can all play. That’s what is behind QPR and MHFA: building teams that are all trained and know where the resources are. Having different players really is what makes a stronger community and can help in suicide prevention.”

Shipman and Ryan hope that by sharing the models of suicide prevention, they can contribute to not only lessening the instances of suicide but also understanding better its causes. They noted that the Catholic Church has evolved in how it expresses its teaching on suicide. Whereas an older expression assumed damnation and did not allow a funeral, the Church now considers the role of mental issues and God’s grace.

The wider community in Oklahoma City is also evolving in its understanding of suicide and its causes, thanks to the trainings provided by Shipman and Ryan. They help participants move away from seeing people on a “suicide spectrum.” One is either blessed and never had a mental health problem or one is doomed and will be plagued for the rest of his or her life.

“We’re trying to help participants see that it’s more typical for people to cycle through stressful times,” Ryan said. “Research shows that with the right support most people in a crisis go on to live happy, productive lives and many never have a mental health crisis again.”

Shipman and Ryan are encouraged by the reception QPR and MHFA have received in their community. They credit the success to good models and an open door policy. With QPR and MHFA, they did not have to reinvent the wheel, but rather were able to implement well-researched, evidence-based practices. The aim of the open door policy is simply to be available to anyone who needs help.

“We tell people, any time you have a question or if there’s a crisis and you don’t know what to do, call our office. Let us provide guidance for you.” Shipman said. “We can try to walk you through it and get you the resources you need. We want people to feel supported.”

For more information about the Cabrini Wellness Ministry of CCAOKC, please visit the following link: <https://catholiccharitiesok.org/get-involved/parish-engagement/ministries-outreach>. ■



Catholic Charities of the East Bay adopts Youth Mental Health First Aid to

# support children

By David Werning, Managing Editor

In recent years, Catholic Charities of the East Bay (California) adopted the Youth Mental Health First Aid program, a trauma-informed care approach to helping young people who have experienced some form of violence.

The Youth Mental Health First Aid program trains adults who work with young people to recognize and respond to mental health challenges the youth may be experiencing. The training provides an action plan to intervene when a young person needs help and to refer the child to appropriate resources.

Jordan Thompson, director of Mental Health Services for Catholic Charities of the East Bay, said that the move by her agency to provide Youth Mental Health First Aid grew out of the experience of working for 10 years with the school system in Richmond, California.

In Richmond, the student population is 80 percent children of color, both African-American and Latino. Many of these young people are exposed to violence in their neighborhoods, such as shootings, as-

saults and, sadly, even violence in their homes. Catholic Charities' concern was how to best support these children.

"We realized that we were providing individual services to students who had been impacted by trauma and violence," Thompson said, "but without increasing the knowledge and awareness of the adults surrounding those young people."

An increase in the mental health awareness of the adults would help to identify behavior that was the result of a mental health issue rather than concluding too quickly that it was defiance or disruption. The result would be the young person getting the support he or she needed.

SAMHSA (Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services) provided the grant for Youth Mental Health First Aid. Over the last three years Catholic Charities of the East Bay has trained around 200 people annually.



“We realized that we were providing individual services to students who had been impacted by trauma and violence, but without increasing the knowledge and awareness of the adults surrounding those young people.”

- Jordan Thompson



Participants in the training have included teachers, school administrators, support staff and parents. Mental health clinicians who worked in the school system were trained, although they were a little harder to convince.

“At first there was some push back from the clinicians: ‘Mental health is what I do; I don’t need this training,’” Thompson said. “But then by giving them additional, basic language, they recognized that it gave them a way to talk with young people and parents that was less academic. It wasn’t that they gained more knowledge, but they gained a different way of talking to people about mental health that was less clinical.”

According to Thompson, the training has resulted in many positive conversations that have increased awareness regarding stressful situations many of the Richmond students face every day, including neighborhood violence, racism and an unwelcoming national rhetoric surrounding immigrants.

“The conversations have been specific,” Thompson said, “about such things as implicit bias against African-American students or how Latino kids feel they are a target of federal policy, all of which comes into play when considering student behavior and their mental health.”

As an example, Thompson pointed to evidence that shows when it comes to aggressive behavior kids of color are more likely than white kids to receive a punitive response from teachers. The reason for the behavior is not considered. Youth Mental Health First Aid – as a trauma-informed care approach – trains adults to deliberate about the possible causes of the behavior and to avoid bias.

Thompson said that the training has helped to make a safer and more supportive environment for the students and has contributed to strengthening the community. “Creating safe and just communities has been our primary aim,” Thompson said. “Bringing in Youth Mental Health First Aid was another tool in our toolkit.” ■



# Trauma-informed care in action

## THE FAMILY REUNIFICATION PROGRAM AT CATHOLIC CHARITIES OF BALTIMORE

By David Werning, Managing Editor

Staff at the Family Reunification Program (FRP) at Catholic Charities of Baltimore's Esperanza Center use the trauma-informed care approach every day to care for recently arrived migrant children travelling without a parent or legal guardian and their families with whom they have been reunited.

"Most of the children are coming from the northern triangle: Honduras, Guatemala, El Salvador," said Helany Sinkler, manager of FRP. "There are some cases when the children turn themselves in. They are exhausted; they're tired; they're thirsty; they're hungry. So they turn themselves in to border patrol, asking for help."

Sinkler said that unaccompanied children, once they make it into the United States, are placed in a shelter before being reunited with a sponsor, usually a family member who also resides in the U.S. The separation can be quite long, depending on circumstances, but it is very difficult for both the children and the sponsors, no matter how brief.

"We hear from sponsors that when they get a chance to talk to their children, the children are crying," said Sinkler. "They're upset and they ask over and over

again, 'I want to be with you. When is it going to happen?' For a child even a week can seem like a month, so imagine a couple of weeks. You feel like you're in the shelter forever. It's very traumatizing for the child."

The FRP staff help sponsors fill out the family reunification packet and submit required supporting documents, including identification documents and criminal background checks. FRP also conducts a home study to ensure the safety of the child among other residents as well as the physical structure of the home. The work for FRP, however, really gets started when there is a final release decision for a child.

The tough part of the post-release process, according to Sinkler, is when the child arrives at the home. "There is an initial 'honeymoon period' when the minor is happy to be with his or her family, and the family members are likewise happy to be reunited with the minor. Sometimes it has been years since they've seen each other. But once the honeymoon period is over, the effects of the trauma come out."

The kind of trauma that FRP staff see is complex. It's not only what the child has experienced but also the generational trauma. Both children and sponsors are





“The children and their families need help just working through the separation and attachment issues, and they need help getting the right language to talk about everything because some of them don’t have the words to have that conversation.”

dealing with attachment issues. The children can unconsciously harbor resentment against their family for the separation, and at the same time they are trying to adjust to a new culture. The families, for their part, often suffer guilt based on the time of separation.

“The children and their families need help just working through the separation and attachment issues,” Sinkler said, “and they need help getting the right language to talk about everything because some of them don’t have the words to have that conversation.”

The trauma-centered, trauma-focused approach practiced by FRP helps the families express their feelings and adjust to a new life in this country. FRP leads by compassion and by keeping the individuals as the focus, which moves people toward full integration within society and within themselves. “We work from a perspective of “tell me what happened to you,” Sinkler said, “as opposed to blaming and finger-pointing and shaming. This allows them to consider their experiences from a place of understanding.” ■

For more information about FRP, follow this link: <https://www.catholiccharities-md.org/services/esperanza-center/family-reunification-services/>.





Sister Donna Markham delivering her presidential address to the gathering

## 2018 CCUSA Annual Gathering highlights

The 2018 Catholic Charities USA (CCUSA) Annual Gathering, hosted by Catholic Charities of Buffalo, N.Y., September 12-14, focused on the ministry of welcoming migrants and refugees. To underscore the theme, the gathering met under the title “Share the Journey.”

“Share the Journey” is also the name of the welcoming project initiated by Caritas Internationalis on September 27, 2017, and set to run until late 2019. CCUSA is one of 165 national organizations participating in “Share the Journey.”

Sister Donna Markham, president & CEO of CCUSA, in her presidential address to the gathering spoke of the profound consequences of sharing the journey with men and women seeking a safe and stable home. “Hope is restored and spirits lifted in the accompaniment and welcoming of the stranger...” she said. “You and I are transformed in the act of the encounter.”

Sister Donna said that clients are not the only ones who benefit from the encounter. The clients, because of their need, call forth something deep within the ministers: “In the act of providing hos-

pitality to the stranger, [Catholic Charities workers] recognize the person of Jesus in a new way.” The fruit of the encounter is that each person has an experience of the risen Christ.

In addition to Sister Donna’s presidential address, the gathering heard talks by the Most Reverend Christophe Pierre, Apostolic Nuncio to the United States; Father Flor Maria Rigoni, director of the Migrant Center of Tapachula, Mexico; Walaah Ali, program assistant at Catholic Charities, Diocese of Arlington; Sister Raghad Saeed Saqat, instructor, University of Mosul, Mosul, Iraq; and Carol Costello, host of the HLN news program “Across America.”

The annual gathering provided abundant content for participants to enrich their service. Opportunities for prayer, two service projects and 32 workshops were among the options available.

Two new members of the CCUSA Board of Trustees were commissioned at the annual gathering: Constance O’Brien, director of mission advancement at Holy Family Cristo Rey Catholic High School, and Laura Roesch, chief executive officer of Catholic Social Services of the Miami Valley. Also, the service of some outstanding Catholic





Charities staff and volunteers was celebrated through the presentation of three awards: the national Volunteer of the Year, the Bishop Sullivan Award and the Management Excellence Award.

Jeff Zearfoss was named the 2018 CCUSA Volunteer of the Year. He has been a lead cook for 13 years at the Marian House Soup Kitchen of Catholic Charities of Central Colorado, where a hot meal is served 365 days a year to an average of 600 people a day. Zearfoss leads a team of 40 volunteers who plan and execute the equivalent of a four-course lunch.

Monica Palmer of Catholic Charities of the Archdiocese of Oklahoma City received the Bishop Sullivan Award, which is presented to a Catholic Charities staff person who has contributed to the welfare of children. The late Bishop Joseph Sullivan, auxiliary bishop of the Diocese of Brooklyn, was well known for his ministry to the well-being of children. The award was given to Palmer based on, among other reasons, her work providing on-site, post-incident crisis counseling services after the tragedies of three teenage suicides during a 13-day period in 2009 in Oklahoma City.

The Management Excellence Award, which recognizes a supervisor or manager for exemplary oversight of staff, was presented to Natalie Wood, senior vice president of programs for Catholic Charities of the Archdiocese of Galveston-Houston. At the workplace, Wood routinely recognizes staff for what they have done well and ways they have helped clients. As a result, staff started recognizing each other too. Wood also leads by example, taking a client-centered approach to determine what clients need to become sustainable. Her leadership has improved both team cohesion and service to clients.

To view Sister Donna's presidential address, as well as the presentations of Walaa Ali and Sister Raghad Saeed Saqat, please visit: [https://www.youtube.com/playlist?list=PLaD\\_V8asmqbgQPmzdiFrK3j6Z-T2-W13q](https://www.youtube.com/playlist?list=PLaD_V8asmqbgQPmzdiFrK3j6Z-T2-W13q)

PHOTOS: ELIAS KONTOGIANNIS/CCUSA



Most Reverend Christophe Pierre



Carol Costello



Walaa Ali, Sister Raghad Saeed Saqat, Father Flor Maria Rigoni

“Your faith reminds me there is good in the world, there is love in the world, and there is action. Action that is unknown, action that is all about love... Thanks to all of you who carry the burden of our faith every day...” – Carol Costello



CCUSA UPDATE



Carolyn Fernandez, Catholic Charities of Southeast Texas



Gregory Kepferle, Catholic Charities of Santa Clara County



Share the Journey 5k race, downtown Buffalo

PHOTOS: ELIAS KONTOGIANNIS/CCUSA



Conference registration and Information Desk



First-Timer orientation

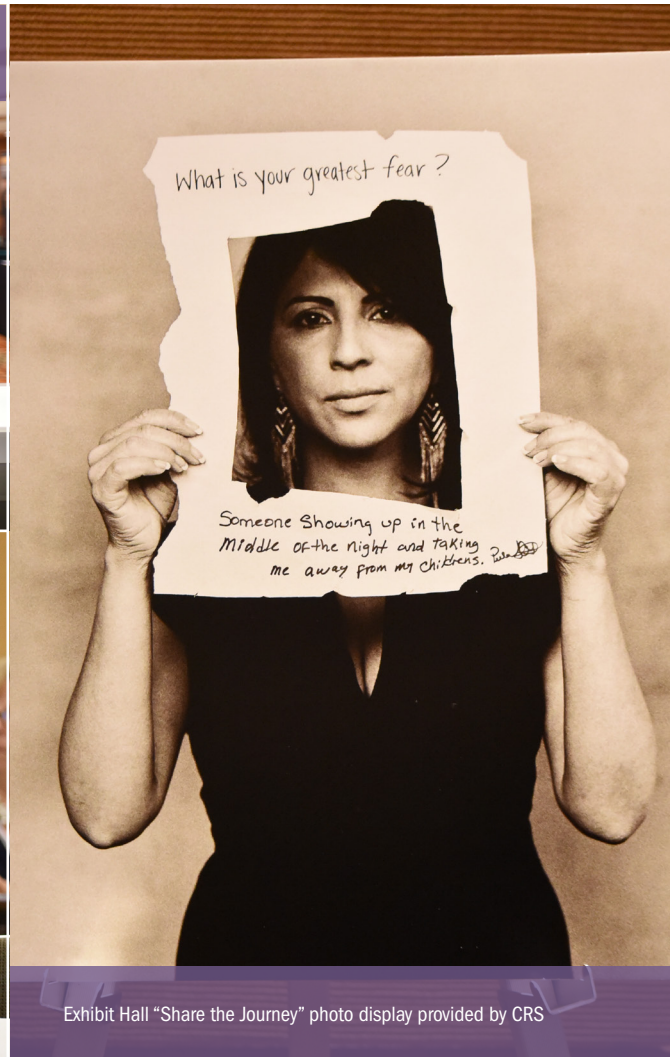


What is your greatest fear?



Someone Showing up in the middle of the night and taking me away from my children. *Patricia*

Exhibit Hall "Share the Journey" photo display provided by CRS



Workshop presenter



Service Project - Catholic Charities Buffalo





CCUSA UPDATE



Volunteer of the year winner Jeff Zearfoss



CCUSA Board of Trustees new members: Constance O'Brien and Laura Roesch



Bishop Sullivan Award winner Monica Palmer



Management Excellence Award winner Natalie Wood

PHOTOS: ELIAS KONTOGIANNIS/CCUSA



## Catholic Charities USA receives \$500,000 grant from Walmart to enhance programs for the annual disaster response training institute



The Applied Institute for Disaster Excellence (AIDE) is CCUSA's week-long disaster operations program. AIDE provides cutting edge training in preparedness planning to strengthen the effectiveness of the Catholic Charities network disaster response. Program training is available to anyone regardless of organizational affiliation.

"Our network was put to the test dealing with the aftermath of the hurricanes last year," said Sister Donna Markham OP, PhD, president and CEO of CCUSA. "And we passed the test, in large part, because of our agencies' ability to respond immediately and professionally. By supporting AIDE, Walmart's grant will help us train more staff to respond with skill, knowledge and speed when the next disaster occurs."

The Walmart grant will augment AIDE in three main ways: underwriting the cost of the institute, allowing participants to pay reduced fees; launching a mobile training program; and development of an online Tech Training Site.

AIDE will take place December 3-7, 2018, in Colorado Springs, Colorado. Please visit <http://www.cvent.com/events/2018-aide/event-summary-74e42ed6588a42458662b7f768450c18.aspx> for additional information about this year's institute.

## Catholic Charities USA partners with Miles4Migrants to support migrant family reunification

Catholic Charities USA (CCUSA) and Miles4Migrants (M4M) announced a new partnership in September 2018 that enables the Catholic Charities ministry to further assist separated immigrant and refugee families, including those separated at the U.S.-Mexico border. Through donated airline miles, M4M will work with Catholic Charities agencies to identify migrants and refugees who need assistance purchasing airfare to reunite with their families.

"At the heart of the work of Catholic Charities is caring for the most vulnerable among us," said Sister Donna Markham OP, PhD, president and CEO of CCUSA. "It is in that spirit that we support our agencies' efforts to assist immigrants and refugees who arrive in this country. We are excited for the increased opportunity this partnership provides to reunite families separated at our borders."

M4M is a 100 percent volunteer-driven, nonprofit charity dedicated to using donated frequent flyer miles and money for the relocation of refugees and those seeking asylum to start a new beginning in a new home. With the recent outpouring of support and influx of airline mile pledges, M4M has expanded its domestic operations and partnerships in order to assist families who have been separated at the U.S.-Mexico border.

"We couldn't be more excited about our new partnership with Catholic Charities," said Seth Stanton, CEO and co-founder of M4M. "Our shared mission and values around keeping families together create a strong foundation, and we look forward to working together to reunite many refugee and asylum seeking family members in the years to come." ■



“It’s a privilege and honor to step into and lead Catholic Charities of Denver and help build the future of an organization that provides vital charitable work in the community. Catholic Charities of Denver has a stellar reputation around the country for being exceptional and innovative in serving the poor and those in need.”

– Darren A. Walsh

## New CEO named for Catholic Charities of Denver

Catholic Charities of Denver announced July 25, 2018, that Darren A. Walsh, an experienced executive in diverse industries and a leader in mission-driven Catholic organizations, would be its new president and chief executive officer.

Walsh has 30 years of executive experience in building and managing financial services and technology companies, as well as a deep commitment to his Catholic faith and faith-based apostolates. He took the helm of Catholic Charities in late August.

“It’s a privilege and honor to step into and lead Catholic Charities of Denver and help build the future of an organization that provides vital charitable work in the community,” Walsh said. “Catholic Charities of Denver has a stellar reputation around the country for being exceptional and innovative in serving the poor and those in need. I look forward to applying my gifts and charisms to lead the organization and reinforce the excellent work that is already occurring.”

Archbishop Samuel J. Aquila of the Archdiocese of Denver expressed his wholehearted support for his appointment. “I am very happy to welcome Mr. Darren Walsh as the new CEO of Catholic Charities,” Archbishop Aquila said. “He has a deep faith, a love for the poor, and a wealth of experience that will assist the Archdiocese of Denver in this vital ministry.”

Walsh holds a bachelor’s degree from the College of the Holy Cross in Worcester, Mass., and an MBA from the MIT Sloan School of Management in Cambridge, Mass. After his 30 years as an executive for various businesses, Walsh became the chief operating officer of the Augustine Institute based in Greenwood Village, Colo. in September 2015.

Walsh said that his new role at Catholic Charities would be a complement to his service at the Augustine Institute, whose mission is to help Catholics understand, live and share their faith. ■



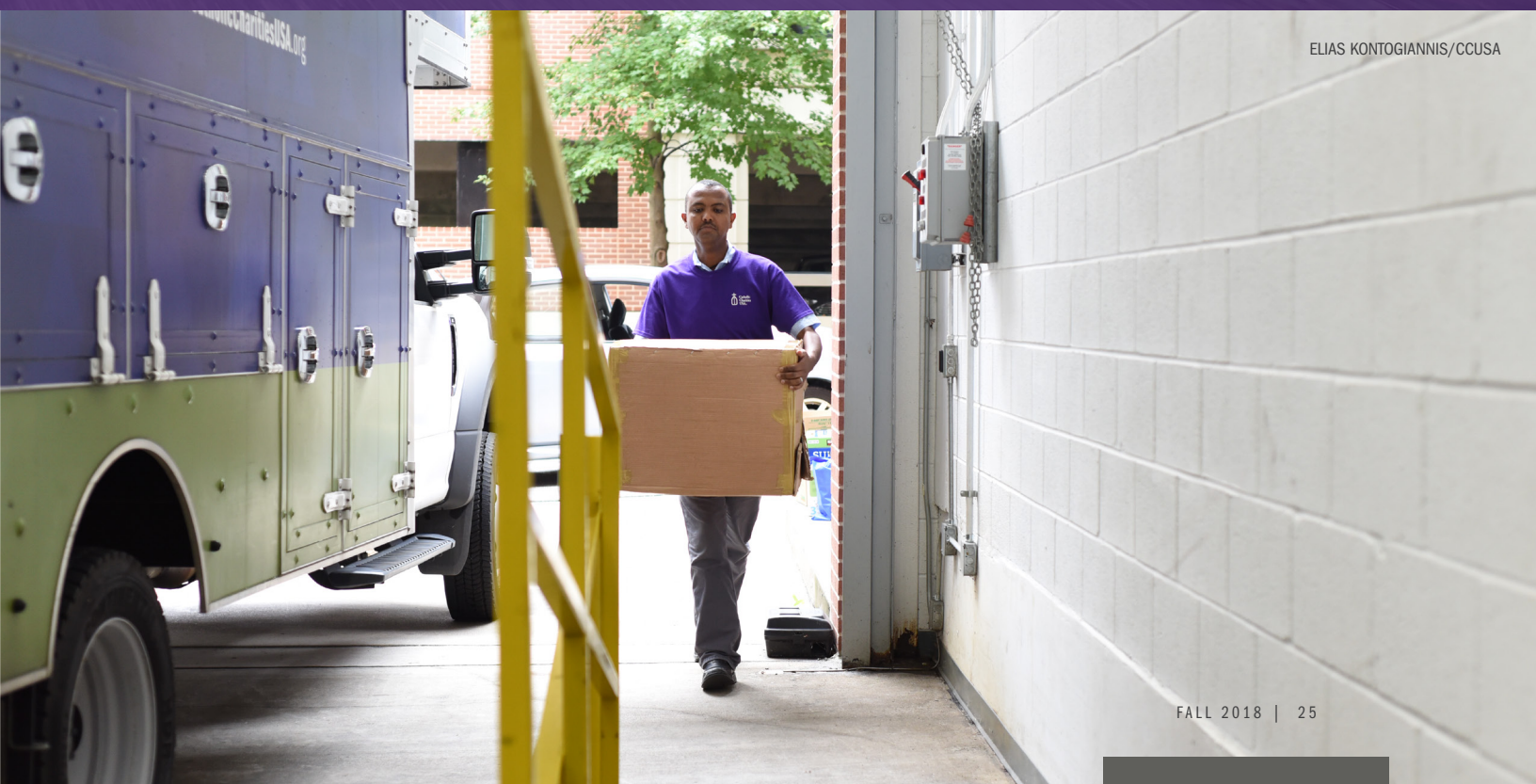
# Remember the Victims of Hurricanes Florence & Michael

“We are praying for those affected by the storm. Unfortunately, those most impacted by natural disasters are the individuals and families who are already struggling to make ends meet. But thanks to the generosity of our donors the most vulnerable have their immediate needs met and the long-term recovery support they need to rebuild their lives.”

– Sister Donna Markham OP, PhD, President and CEO of CCUSA

## DONATE TODAY

CCUSA forwards 100 percent of funds raised to Catholic Charities agencies that serve affected communities.



ELIAS KONTOGIANNIS/CCUSA

## AGENCY SPOTLIGHT

By David Werning, Managing Editor

**S**unset Point Camp, a program of Catholic Charities Greater Boston, has been providing a summer camp experience to children from low-income families for 99 years.

Campers range in age from six to 14 years old. They spend a week at the overnight camp in Hull, Massachusetts, participating in activities that otherwise they would have no access to, such as swimming, kayaking, paddle boats, arts and crafts, drama and other recreations.

Other programs offered at the camp involve life-building skills that promote teamwork, sportsmanship, and good health. Campers get supervision and coaching from a staff that include a camp director, program director, kitchen staff, lifeguards and nurses. The kitchen staff are older children between the ages of 16 and 18 who were former campers. All of the staff help the campers develop a sense of leadership, self-discipline and self-esteem.

“We’re always looking to evolve, and to do more,” says Brandon Cox, director of the camp. “This year, for example, we have a partnership with Hingham Maritime Center, so twice a week we bring the kids there, and they learn about sailing and rowing and they actually get in the boats and get going. So we’re always trying to evolve and give the kids as much as we can.”

The teens who staff the kitchen, in addition to preparing and serving three meals a day, learn basic skills that prepare them for their transition into adulthood. The teens are taught to understand the details of their paychecks, how to open a bank account, the value of saving, and how to apply to a college or university.

“The teenagers are helped through Catholic Charities USA and a Walmart grant,” says Beth Chambers, director of Catholic Charities



Greater Boston. “The grant, which comes through CCUSA, helps to pay our teenagers, who prepare and serve the meals and provide clean-up after the meals. We want the teens to experience what it’s like to be employed and to develop good work habits.”

Sunset Point Camp runs seven one-week sessions during the summer, as well as a few year-round programs like tutoring and clothing replacement. The overall annual budget is \$200,000. The camp averages 70 to 75 children for each summer session. The cost to provide a child a camp experience for one week is \$500. Sunset Point Camp charges \$25 per child, although no child is turned away because of inability to pay.

Most of the costs of the camp are covered by private donations, which are supplemented through other funding streams like the Walmart grant. Another major funder is the U.S. Department of Agriculture’s Summer Food Service Program (SFSP), which is administered in Massachusetts by the state department of education. SFSP pays for all the meals of eligible campers, 99 percent of whom qualify for the program. SFSP ensures that the campers receive a nutritious, well-balanced meal three times a day, every day of the week.

One of the teenagers, Sherayna Louissant, who has attended the camp each summer for nine years and so made the transition to the kitchen at age 15, offers a wonderful testimony to the value of Sunset Point Camp: “The kids who come here need that experience of fun and welcoming, coming to a place where you’re actually welcomed by everyone here. We make everyone feel that we are all one, that we are a community. Sunset Point Camp is like a second home to me.” To learn more about the camp, visit <https://www.ccab.org/sunset>. ■



2018-2019

UPCOMING TRAINING & EVENTS

**December 3-4, 2018**

**CCUSA Best Practices Symposium on Food Related Services and Programs**

*Philadelphia, Pa.*

Jane Stenson

[jstenson@CatholicCharitiesUSA.org](mailto:jstenson@CatholicCharitiesUSA.org)

**December 3-7, 2018**

**Applied Institute for Disaster Excellence**

*Colorado Springs, Colo.*

Dorothy Breeden/Simona Wright-James

[disasteroperations@CatholicCharitiesUSA.org](mailto:disasteroperations@CatholicCharitiesUSA.org)

**February 25 -27, 2019**

**New Diocesan Directors Institute**

*Alexandria, Va.*

Kristen Schlichte

[kschlichte@CatholicCharitiesUSA.org](mailto:kschlichte@CatholicCharitiesUSA.org)

**April 8-10, 2019**

**Council of Diocesan Directors Spring Gathering**

*Alexandria, Va.*

Kristen Schlichte

[kschlichte@CatholicCharitiesUSA.org](mailto:kschlichte@CatholicCharitiesUSA.org)

**May 13-17, 2019**

**O'Grady Leadership Institutes, Bethany Center**

*Lutz, Fla.*

Scott Hurd

[shurd@CatholicCharitiesUSA.org](mailto:shurd@CatholicCharitiesUSA.org)

**September 25 -27, 2019**

**Annual Gathering**

*Albuquerque, New Mexico*

Jean Beil

[events@CatholicCharitiesUSA.org](mailto:events@CatholicCharitiesUSA.org)



# CharitiesUSA

THE MAGAZINE OF CATHOLIC CHARITIES USA



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SECURING OUR BORDERS DOES NOT AND SHOULD NOT COME AT THE EXPENSE OF OUR

# HUMANITY.

- Sister Donna Markham OP, PhD, CCUSA President & CEO