Astor Services embraces small wins in children's mental health



Astor Services participates in the American Foundation for Suicide Prevention's annual Out of the Darkness Walks, which raise awareness, community support, and funds for suicide prevention programs.

Courtesy of Yvette Bairan

RHINEBECK — For children and young people experiencing mental health challenges — sometimes several at once — signs of improvement may not be obvious.

But Yvette Bairan, who leads Astor Services, an organization that provides mental and behavioral health and educational services for vulnerable families and children, says progress looks different for every child.

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“Progress could be simply a kid is going to school every day. (It) could be they are bathing regularly,” Bairan said.

The professionals supporting those children and families can struggle, too, as the field faces high staff turnover and difficulties offering competitive pay. The work can be emotionally demanding: social workers, psychologists and nurses support children through a range of challenges, including mental health crises. But they enter and stay in the field “because it speaks to something in your heart,” Bairan said.

“Sometimes we’re really hard on ourselves as providers,” she said. “And I have to step back as CEO and make sure that they realize that every day that they’re working with a child or family, there’s a possibility of some progress there.”

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Changing the definition of success is one thing. Looking back and recognizing those small and big wins matters, too. Astor Services traces its roots to 1953, when the Daughters of Charity of St. Vincent de Paul, a religious society for Catholic women, opened a residential program for boys in Rhinebeck on property donated by Vincent Astor to the Archdiocese of New York, according to its website.

The organization, then known as the Astor Home for Boys, opened in response to a state Department of Mental Hygiene initiative to develop residential treatment programs that could reduce children’s need for psychiatric hospitalization. The Daughters later ended their stewardship, and employees took over the organization. Astor Services is an independent nonprofit, with Catholic Charities of the Archdiocese of New York serving as its sole corporate member and holding certain governance powers, including authority related to board composition and CEO selection, Bairan said.

The home opened when mental healthcare in the United States was marked by overcrowded state institutions, heavy social stigma and the early development of psychiatric medications. Since then, public understanding of mental health has changed, including greater recognition that it is as important as physical health.

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Astor Services now serves approximately 8,000 children and families across 10 New York counties, including the Bronx, Westchester, Rockland, Putnam, Orange, Sullivan, Dutchess, Ulster, Columbia and Greene. With roughly 650 employees, the nonprofit’s work spans behavioral health, counseling, early childhood education, Head Start, foster care and crisis intervention, serving young people up to age 26. Astor has been the Head Start provider in Dutchess County since 1978.

One of the most significant changes in recent years was Astor’s suspension of its residential program in 2023, a 24-hour facility housing children in foster care and whose legal guardians were their local Departments of Social Services, as well as children whose families temporarily transferred guardianship to Astor Services so they could receive residential mental health care when their needs could not be supported at home. Bairan said the organization had not fully recovered from pandemic-related impacts and continued to face staffing and retention problems, as well as inadequate reimbursement rates that made consistent care difficult to sustain.

“I wanted to make sure that kids and that staff and everybody was in a position to provide the best care possible,” Bairan said.

The organization is seeing more referrals involving autism and intellectual and developmental disabilities, often alongside other diagnoses like ADHD, PTSD or oppositional defiant disorder, a condition involving a persistent pattern of irritability and defiant behavior. Bairan also pointed to social media, saying young children have easy access to information that may not be healthy.

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Children and families may face several needs at once, as well as other risk factors such as domestic violence, bullying, substance abuse or poverty, Bairan said. As a result, some families receive services through multiple Astor programs.

“These young kids — some of them have gone through a lifetime by the age of 10, 8, 11,” Bairan said.

Astor Services' programs range from counseling and teaching coping skills, such as listening to music or doing breathing exercises, to helping families and legal guardians develop safety plans before a crisis. Some programs are billed through commercial insurance or Medicaid, while others, such as home-based crisis intervention, are funded with grants and contracts.

Needs vary across the areas Astor Services serves. In the Bronx, many children come from underserved neighborhoods and many experience food insecurity and housing issues at a level that is more exacerbated than in upstate counties, Bairan said. In rural communities by comparison, a shortage of mental health professionals can make care hard to find, while limited transportation can make it hard to reach. A 2025 report by state Comptroller Thomas DiNapoli found that the 16 rural counties it examined had an average of about seven (6.9) mental health practitioners per 10,000 residents, less than half the statewide rate of 16.1. Nearly 41% of the population in those counties — about 305,000 people — lived in federally designated mental health professional shortage areas.

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Bairan said Astor’s priorities include improving employee recruitment and retention, securing better reimbursement rates to maintain care quality and reduce delays and building partnerships with organizations and state agencies. Those partnerships, she said, would improve communication between agencies so families avoid having to repeat their stories to get help.

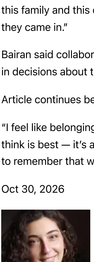
“We understand the importance of the partnerships that we have within our own organization and outside. It’s important to work with school systems, primary care physicians, our state partners, county partners ...” Bairan said. “Because it does take a village to make sure that this family and this child and this young adolescent is better when they leave us than when they came in.”

Bairan said collaboration also means listening to children and families and giving them a voice in decisions about their care.

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“I feel like belonging is making sure that people feel seen and heard. It’s not about what we think is best — it’s about the family’s voice in that process,” Bairan said. “Sometimes we have to remember that while yes, we’re the experts, they know best what they’re feeling.”

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