175 social service programs.
1 mission.
To get help to those who need it.
EXECUTIVE MANAGEMENT TEAM

Paul Levine, LCSW
Executive Vice President and CEO

Kathleen McGlade, PhD, LCSW
Associate Executive Vice President

Leonardo I. Rodriguez, LCSW-R
Deputy Executive Vice President

Susan Wiviott, JD
Deputy Executive Vice President

Ronald Ries, CPA
Chief Financial Officer

Rabbi Carol Davidson
Associate Executive Director

Ellen Josem, JD
Associate Executive Director and General Counsel

Todd Schenk, M. Ed
Associate Executive Director

Susan M. Bear, LCSW-R
Assistant Executive Director

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Alice Tisch*

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*denotes a member of the Executive Committee

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I’ve chosen a specific and unique format for this annual report in order to get right to the heart of the matter. JBFCS has a huge responsibility to help 55,000 New Yorkers every year manage a wide range of personal and family problems affecting their lives in profound ways. Rather than a multitude of pie charts and graphs, these next pages contain stories.

The story of an abused child who found safety…
A disabled adult who learned to communicate…
A shattered family pulling itself back together…
A little boy facing his fears through music…

These next pages also introduce you to our professionals, the ones putting themselves on the line in one of our 175 programs across the five boroughs and in Westchester.

Help doesn’t happen by magic. It happens through dedication and training. It happens through long hours and big hearts. And, it happens because JBFCS works as a team – as a family of caring individuals committed to improving the lives of vulnerable New Yorkers.

For every one of the stories featured here, there are hundreds more. At JBFCS, we are proud of what we do. And we believe that you will be, too.

---

Paul Levine, Executive Vice President and CEO

A licensed clinical social worker and psychoanalyst, Paul Levine has been with JBFCS for nearly 30 years. 2010 was a very important year under his leadership. It included the relocation of our headquarters to W. 50th Street, the relocation of the Child Development Center and the Institute for Infants, Children & Families to Central Harlem, and the assumption of outpatient mental health services for 700 children and adolescents after the closing of St. Vincent’s Hospital. Paul works tirelessly with multiple coalitions of service providers and in Albany to promote equity and ensure services for our constituents.
For over 100 years.

In all five boroughs and Westchester, JBFCS serves more than 55,000 New Yorkers annually, through more than 175 programs.

Our 2,000 staff and more than 2,000 volunteers make a world of difference. You can make a difference too—volunteer at www.jbfcso.org/volunteer
Dear Friends,

There is an enormous amount to admire about JBFCS. Always, first and foremost in my mind is our staff. Think about the reality on the ground:

• Every night, 1,100 people sleep with us. That means our staff is there to make sure they are safe and sound—around the clock.
• One in four women (25%) has experienced domestic violence in her lifetime. That is why our four shelters are filled to capacity every day and every night. Our staff is there too, keeping children with their parent and helping parents break the cycle of violence.
• Every 18 minutes in the U.S., someone dies by suicide. The precursor is usually depression and/or trauma. In 16 licensed mental health clinics, our staff sees thousands of clients—moms, dads, brothers, and sisters. JBFCS employs 428 social workers, 36 psychologists, and 40 psychiatrists.

There is so much more. This is not easy work. Mental Illness. Developmental Disabilities. None of it is sexy—but all of it deserves our attention and our resources.

Of course, the underpinning of any nonprofit is its Board of Trustees. Every year, our Board steps up—to help shape what we do and help pay for what we do. They do more than I could ever dream possible, and just when I think they’ve reached their limit, they keep going.

So, this letter is really a big THANK YOU. To our staff. To our Trustees. To you, our supporters. I’m honored to be part of the work of JBFCS.

Anthony E. Mann
President, Board of Trustees

Tony Mann brings to bear 20 years’ experience, first as a member of and then as Chair of the Kaplan House Divisional Board, then as a Board member and now as President. Among Tony’s goals: to incorporate more volunteers, increase fundraising efforts, and widely use the talents of our Divisional Board members.
FROM OUR TREASURER

JBFCS’s foremost priority is providing quality service delivery to our clients to enhance their health and well-being, regardless of which way the economic and political winds are blowing. In recent years, management and the Board have navigated the agency through what has felt like a series of perfect storms. JBFCS has come through this challenging period in sound financial shape, although we continue to be cautious, especially given the pressure on our government funders. Management and the Board are committed to maintaining the agency’s existing financial strength so that we can remain focused on helping those who depend on us.

Fiscal year 2010 reflected the ongoing consequences of a struggling economy and a tenuous political environment. Our management team faced numerous challenges, including budget cuts in New York State and New York City as well as at the Federal level, with more threatened; expanded and intensified government audits; a prolonged union negotiation; and a downturn in philanthropic giving across the nonprofit world, with social service organizations especially hard hit.

Through all of this, JBFCS’s financial condition and results continued to improve. Net assets increased by $5.8 million during fiscal year 2010 to reach $105.8 million at June 30, 2010, driven mostly by improved investment results and prudent expense controls.

Fiscal years 2010 and 2009 were worlds apart with respect to the performance of the agency’s investment portfolio. Investment gains, including both realized and unrealized, improved by $25.6 million on a year-over-year basis, from a $20.2 million loss in the prior year to a $5.5 million gain in fiscal year 2010. Standard & Poor’s emphasized this improvement when it raised its ratings outlook for JBFCS to stable in March 2010.

Consolidated revenues of $190.2 million were up $7.3

As Senior Vice President of Loews Corporation, David focuses on strategic and financial matters for this diversified holding company. David holds an MBA from Stanford University and an AB from Dartmouth College. As the Treasurer of JBFCS, he helps oversee the financial aspects of a nonprofit agency with a combined budget of $187 million.
million over the prior fiscal year, with numerous factors impacting this increase. Philanthropic support was modestly higher, as was government support, some of which related to new and expanded programs. Several items associated with the agency's relocation of its headquarters and the leasing of its 77th Street property also favorably impacted revenues.

Total consolidated expenses of $187.7 million increased $6.5 million from fiscal year 2009, with program services accounting for almost 85% of the increase. Stringent expense controls made room for additional needed spending on existing and new programs but limited growth in supporting services.

While fiscal year 2010 was a good year overall for JBFCS, uncertainty and threats abound. Fortunately, management continues to navigate these choppy waters and monitor potential risks on the horizon. It is just this combination of a steady hand on the tiller and an eye on the horizon that makes JBFCS management such steadfast stewards of the agency. Our thanks to Paul Levine and his team for understanding that a financially strong JBFCS will best be able to serve those in need.

We are grateful to our donors, with special thanks to UJA-Federation, who have continued to support JBFCS, especially during these difficult times. Without our donors’ generosity, JBFCS would be greatly diminished as a force for good.

And finally, we want to extend our appreciation to the entire staff of JBFCS. This remarkable group of compassionate individuals works tirelessly to promote resilience and self-sufficiency for the individuals and families in our care.

David B. Edelson
Treasurer
## Consolidated Statement of Financial Position
**At June 30**

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and Cash Equivalents</td>
<td>$12,882,000</td>
<td>$4,341,000</td>
<td>$5,632,000</td>
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<tr>
<td>Accounts Receivable</td>
<td>27,501,000</td>
<td>27,570,000</td>
<td>23,552,000</td>
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<tr>
<td>Contributions Receivable</td>
<td>2,681,000</td>
<td>3,543,000</td>
<td>4,839,000</td>
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<tr>
<td>Other Receivable</td>
<td>2,500,000</td>
<td>15,000,000</td>
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</tr>
<tr>
<td>Investments</td>
<td>60,001,000</td>
<td>57,035,000</td>
<td>96,277,000</td>
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<tr>
<td>Other Assets</td>
<td>6,778,000</td>
<td>6,869,000</td>
<td>6,241,000</td>
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<tr>
<td>Fixed Assets</td>
<td>105,855,000</td>
<td>99,475,000</td>
<td>54,644,000</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td>$218,198,000</td>
<td>$213,833,000</td>
<td>$191,185,000</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank Lines of Credit</td>
<td>11,800,000</td>
<td>21,800,000</td>
<td>19,750,000</td>
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<tr>
<td>Accounts and Accrued Expenses Payable</td>
<td>20,724,000</td>
<td>19,226,000</td>
<td>17,557,000</td>
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<tr>
<td>Accrued Post Retirement and Other Benefits</td>
<td>21,537,000</td>
<td>18,321,000</td>
<td>14,648,000</td>
</tr>
<tr>
<td>Due to Government Agencies</td>
<td>21,976,000</td>
<td>15,583,000</td>
<td>34,441,000</td>
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<tr>
<td>Capital Leases and Bonds Payable</td>
<td>25,358,000</td>
<td>27,420,000</td>
<td>29,926,000</td>
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<tr>
<td>Mortgages Payable</td>
<td>10,980,000</td>
<td>11,418,000</td>
<td>9,056,000</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>$112,375,000</td>
<td>$113,768,000</td>
<td>$125,378,000</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>74,472,000</td>
<td>68,153,000</td>
<td>21,656,000</td>
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<tr>
<td>Temporarily Restricted</td>
<td>20,644,000</td>
<td>21,205,000</td>
<td>33,444,000</td>
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<tr>
<td>Permanently Restricted</td>
<td>10,707,000</td>
<td>10,707,000</td>
<td>10,707,000</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>$105,823,000</td>
<td>$100,065,000</td>
<td>$65,807,000</td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td>$218,198,000</td>
<td>$213,833,000</td>
<td>$191,185,000</td>
</tr>
</tbody>
</table>
## Consolidated Statement of Activities
### For Year Ended June 30

<table>
<thead>
<tr>
<th>REVENUE AND SUPPORT</th>
<th>2010</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Agencies</td>
<td>$160,612,000</td>
<td>$158,895,000</td>
<td>$150,967,000</td>
</tr>
<tr>
<td>UJA-Federation of Jewish Philanthropies of New York, Inc</td>
<td>7,301,000</td>
<td>6,632,000</td>
<td>6,462,000</td>
</tr>
<tr>
<td>Contributions and Special Events</td>
<td>7,018,000</td>
<td>6,068,000</td>
<td>9,643,000</td>
</tr>
<tr>
<td>Program Service Fees and Other Revenues</td>
<td>15,272,000</td>
<td>11,280,000</td>
<td>15,486,000</td>
</tr>
<tr>
<td><strong>Total Revenue and Support</strong></td>
<td><strong>190,203,000</strong></td>
<td><strong>182,875,000</strong></td>
<td><strong>182,558,000</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential</td>
<td>81,223,000</td>
<td>79,265,000</td>
<td>74,689,000</td>
</tr>
<tr>
<td>Outpatient</td>
<td>68,493,000</td>
<td>66,102,000</td>
<td>65,163,000</td>
</tr>
<tr>
<td>Evaluation and Education</td>
<td>13,925,000</td>
<td>12,818,000</td>
<td>13,200,000</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>163,641,000</strong></td>
<td><strong>158,185,000</strong></td>
<td><strong>153,052,000</strong></td>
</tr>
</tbody>
</table>

| Supporting Services | 24,042,000 | 23,031,000 | 25,176,000 |

| **Total Expenses** | **187,683,000** | **181,216,000** | **178,228,000** |

| Change in Net Assets Before Investment Gains (Losses) and Other Changes | 2,520,000 | 1,659,000 | 4,330,000 |
| Investment Gains (Losses) | 5,466,000 | (20,178,000) | (10,423,000) |
| **Change in Net Assets Before Other Changes** | **7,986,000** | **(18,519,000)** | **(6,093,000)** |

| Gain on Sale of Headquarters Building Other Changes | (2,228,000) | 56,012,000 | (3,235,000) | (2,002,000) |

| **Change in Net Assets** | **5,758,000** | **34,258,000** | **(8,095,000)** |
| Net Assets Beginning of Year | 100,065,000 | 65,807,000 | 73,902,000 |

| Net Assets End of Year | **$105,823,000** | **$100,065,000** | **$65,807,000** |

*These financial statements include The Shield of David, Inc. (“The Shield Institute”), a wholly owned subsidiary of JBFCS. Copies of the organizations’ Form 990 will be available upon request.*
Administrative Supervisor Bruce Reisman took small steps with his client, small steps that eventually yielded big rewards.
HOPE FOR THE FUTURE

Adults Living with Mental Illness

Trust. Relationship building. And self empowerment. Three essentials for Bruce as he worked with Maria*, helping her get through the rough times so that she could open the door to her own recovery and start focusing on wellness and her hopes and dreams. Everyone needed to be working from the same page, and for Bruce and Maria, that was tough.

After the birth of her first child, Maria, 37, suffered a psychotic episode that landed her in a psychiatric hospital. That’s one side of the story. The other side is that Maria earned a master’s degree, worked as a nurse, and was enrolled as a medical school student. When Maria came to Bronx REAL, she was on a collision course, back and forth between psychotic episodes and hospitalizations. She wasn’t able to focus on recovery. She was too busy focusing on labels that doctors and specialists were trying to pin on her.

While hospitalized, Maria never felt that she was treated as a person; she never felt she got any respect. She was told to take medications, but she didn’t think they were what she needed. No one listened to her objections; no one listened to her voice. It wasn’t that she didn’t want to get better, but accepting a label of psychosis felt wrong. Even with a few leaves of absence, Maria was a high-functioning med student, after all. And sure, being a new mother and a wife was stressful, but being called “psychotic” was just not okay.

As soon as Maria came to Bronx REAL, Bruce recognized that engagement was key. Together, they needed to come up with a diagnosis and a medication regimen that could work for Maria—and more important, Maria needed to be part of determining her own road to recovery. Eventually, a diagnosis of “depression with psychotic episodes” helped put her life in perspective and opened the door to her recovery.

Instead of taking on too much, Maria had learned to take things on gradually. Instead of locking her husband out, she brought him in and had him be part of the process, allowing him to hear where she was coming from and learn how to help. In place of focusing on her illness, Maria learned to focus on her wellness. Instead of despairing, she found hope for the future.

In the 18 months since first coming to Bronx REAL, Maria has not been hospitalized once. Bruce and the other staff members work with Maria to set life goals and manage her life in a way that rides out the storms until the waves subside. Maria lives one day at a time. Sometimes one hour at a time. And she has a future filled with hope, something she could never have imagined less than two years ago.

*All names on this page and the following pages have been changed.

1 IN 4 AMERICANS HAS SOME FORM OF MENTAL ILLNESS.
Heather Jacobs, a Milieu Counselor at Hawthorne Cedar Knolls, was one of a team who helped a young lady overcome her trauma and language barriers.
In Creole it’s called *travay ann ekip*—teamwork. And in any language, that means staff, students, groundskeepers, and maintenance crew. Esme needed everyone on her team.

When she arrived in New York shortly after the Haitian earthquake, Esme was literally shaken to her core. Shy, withdrawn, and suffering signs of severe trauma, she was 17 when she came to our Hawthorne Cedars Knolls residence. Her father brought Esme to live with us and that seemed like all he was able to do.

Creole was her native Haitian tongue, but no one on our campus spoke it. But that didn’t mean that no one could communicate with Esme—just that it would take some extraordinary creativity to make it happen.

The other kids—her roommates, housemates, classmates—living on our campus broke through first. If Esme couldn’t ask for food, her housemates showed her where it was and how to fill a plate. Her classmates taught her that the ringing bells in school meant classes were changing. And she learned hygiene when her roommates pantomimed the actions of bathing.

Then came another ray of light. One of our maintenance staff discovered that Esme understands Spanish. Armed with this information, the Assistant Principal of the high school was able to start some testing. That, combined with previous tests that had been done, highlighted Esme’s learning delays and frustrations.

For the staff, there were no medical records and no psychiatric write-ups. Her family history was hidden—her father, who suffers from dementia, was unwilling and possibly unable to share. But eventually, conversations with cousins offered a glimpse into a more privileged life in Haiti, where someone had been there to feed and clothe her, but that person no longer existed.

The more we learned about Esme, the more we were able to piece together her life back in Haiti and how much her life had changed since then. Our counselors are gently helping Esme remember. Through this work and support, her traumas will become manageable. In our care, we believe Esme will learn to laugh again. It takes teamwork—*travay ann ekip*.

**FOSTER CARE INTAKES INCREASED 28% BETWEEN 2005 AND 2009.**
Senior Social Worker Pauline Parkes found avenues for a traumatized family to find its way back together after the suicide of one of its own.
Tom was an A student. But he got suspended from school after getting involved in a fight defending his brother. The suspension didn’t sit well and whether for that reason alone or another undisclosed, he committed suicide a couple of weeks later.

His twin, Cal, came into the bathroom while he thought his brother was showering, started talking to him, but received no answer. He pushed aside the shower curtain and found him there. Cal had to call his younger brother, Evan, to help cut him down.

This was a shattered family. For the longest time, his mother, Constance, still set a place for him at the table. She even invited a friend to come live with them, trying to keep that space filled. No one had noticed Tom had been suffering. But everyone felt guilty. The questions wouldn’t stop: How could a mother not know her child was in distress? Could she have prevented the tragedy? Shouldn’t Cal have seen it coming? How could a twin not sense his brother’s pain?

Therapist Pauline Parkes worked with them—both as a family and as individuals—using bereavement therapy to help them sort through their feelings and put the pieces back together. There will always be a hole in their family and working to accept that is part of their work on grief and survival. But slowly, they’re working toward the future.

Constance has been unable to work since Tom’s death. In fact, she developed fibromyalgia just days after her son died. Pauline believes the condition is due to Constance internalizing guilt. In a sense, she’s punishing herself and won’t get relief from the pain until she comes to terms with her son’s death and accepts that she needn’t shoulder the guilt.

Constance is taking small steps forward. Last spring, just after the first anniversary of Tom’s suicide, she and her long-time boyfriend decided to have a child. The two are now parenting an eight-month-old baby girl.

Evan deals with things as they come along. He claims he is detached from the situation and says he has no feelings about the loss of his brother, yet he gets visibly upset when painting Tom’s room or removing more of his belongings gets mentioned.

Cal graduated high school in June 2010—something everyone is very proud of. Although he’s facing the future without his twin, he’s making plans to move along without him. He wants to become an EMT because he was so inspired by those who came for his brother.

Staff members at Pelham know their work with Constance, Cal, and Evan isn’t done. Pauline transferred Cal to a male therapist at the clinic to help him sort through the complicated feelings of living without his other half. The staff relies on one another—for recommendations, for referrals, for ease of mind. Together they keep families whole.
Glen Parrish, Vernondale’s Residence Manager, leads a team dedicated to helping those with developmental disabilities live their lives to the fullest.
“If goals were easy, they wouldn’t be goals!” Uttered by one of the residents living at the Vernondale facility, it’s a turn of phrase Lenny lives by.

Lenny has lived at Vernondale for 17 years—since he was 34 years old. While living at home, first with his father and then with his sister, Lenny never had to raise a finger. He just grunted. Then his family had to figure out whether the grunt meant “Change the TV channel” or “Get me something to eat.” Eventually, tending to Lenny’s every need became too difficult for the family to shoulder.

Lenny arrived at Vernondale angry and unhappy. Surrounded by nine housemates, Lenny had to adjust to noise, commotion, and life in a shared space. What’s more, he wanted no part of doing chores. He was apt to explode if someone was sitting in “his” chair. But the other residents couldn’t always understand his grunted explosions. The staff made having Lenny learn to verbalize his needs and his discomforts a priority.

With the help of the counselors, psychiatric staff, and therapists, Lenny adjusted. He learned that if he verbalized his needs, he could get what he wanted. Even better, he learned that he could get along with a roommate—even though he’s a Yankees fan and his roommate likes the Mets.

A traditional Latino, Lenny enjoys being a gentleman. He is tidy, he likes to dress well, and he likes to be the helpful one. Lenny is more able-bodied and mobile than many of the Vernondale residents. His behavior plan capitalizes on all these traits.

Nowadays, if you’re looking for Lenny, he’s probably pushing someone else’s wheelchair or retrieving the jacket someone left behind.

The staff doesn’t let Lenny fall back on grunting when he’s angry. They’ve learned to joke with him about it, and Lenny jokes back. When his sister sees Lenny now, it makes her cry—but not because she’s sad. She just wishes their parents could see the man Lenny has become.

THE NUMBER OF ADULTS WITH DEVELOPMENTAL DISABILITIES AGE 60 YEARS AND OLDER IS PROJECTED TO NEARLY DOUBLE FROM 642,000 (2000) TO 1.2 MILLION (2030).
Bernadette Jackson, a Case Planner for JBFCs, didn’t let silence stop her. Polite and persistent, she broke down the barriers of one man and got a family talking and healing.
Domestic Violence and Preventive Services

Three times (maybe it was even more), Bernadette Jackson said “good evening” to Roberto Gonzalez—and three times he ignored her. Stone faced, he barely looked in her direction. His anger was palpable, his jaw was clenched, and he couldn’t open up—not to her, not to anyone. Bernadette knew that breaking through to Roberto was the key to helping his family recover. She knew it was going to be tough.

Then there was Jeanine, 15 years old and cutting herself. And 9-year-old Jose, who was witnessing more violence than any child his age should. And although Anna, Roberto’s wife, had taken out an order of protection against her husband, she just couldn’t stick to it.

The Gonzalez family was being torn apart by anger and uncertainty. But if at all possible—and only if it’s safe—families should stay together. The question was how, and the answer would prove to be…Bernadette.

Because she had worked with Jeanine in an adolescent girl’s counseling group, Bernadette was familiar with the girl’s family dynamic. The family lived under a dark cloud created by Roberto’s bleak mood. Bernadette knew if she could get through to him, she would have a chance. The problem was that he shut her out during home visits, resenting that she did not speak Spanish. During one visit he exploded at his wife that this woman was sitting at his table, talking to him in English. It was then, Bernadette explained, that she had understood every word he had said. She may not be comfortable speaking his language but she was perfectly able to understand him. Roberto was dumbstruck—and then he wasn’t.

Roberto let loose—for two and a half hours—and it was mostly about his own feelings of inadequacy and the lack of respect he felt from Anna and the kids. Once Roberto opened up, Anna, Jeanine, and Jose could speak to him about the impact of his rage on their daily lives and about the fear his intense brooding created in them. Bernadette could finally exhale. She knew the healing had begun.

Nearly a year later, Jeanine has stopped cutting. She’s getting ready to take her SATs and is thinking about college. Roberto and Anna still quarrel, but they don’t take it out on the kids. The Gonzalez family feels like a family again—and this time they talk, they listen, and they hear. And now, once a week, Roberto knows there’s someone else waiting to hear what he has to say: Bernadette.
Music offers children with developmental and social issues the means to express themselves in ways they can’t with words. Music Therapy Supervisor Judi Rubin Bosco helps these youngsters learn to form relationships.
When three-year-old Kenny came to the Child Development Center, he was the most fearful-looking little boy Judi had ever seen. Extremely verbal and cognitively aware, he consistently exhibited high levels of anxiety that caused him to retreat to a hiding place or to tantrum for long periods of time.

It wasn’t easy for Kenny to make friends with other children. At their first meeting, Kenny scurried over to Judi, unable to make eye contact, asked her name, and then scurried away—as if he couldn’t bear to hear the answer. He then fell apart. Even that much interaction was too much for him to handle. Along with the CDC’s teachers and therapists, Judi soon became tuned into Kenny’s sensory issues and emotional imbalances. He was a child who wanted interaction but didn’t know how to achieve it.

It took Judi four weeks to help Kenny feel comfortable transitioning from his classroom to the music room. When he was finally able to cross that barrier, his playing was scattered and fragmented. He would tap on the drum, then run to another instrument, and maybe make some subtle vocalizations. Sitting with Judi at the piano felt invasive and he would withdraw, but over time it became something he could tolerate.

Eventually, Kenny came to understand that the music room was a place where his feelings were okay—he could pound the drum and let out his anger, his confusion, his pain. Music placed no demands on him. Fragmented playing grew smoother and he added lyrics to tell his story. His improvised rhythms and melodies became woven sounds that he found comforting. Kenny began to gain a new sense of confidence and found ways to express himself, even when he wasn’t in the music room.

After two years at CDC, Kenny was able to join a mainstream public school classroom and is happily making music with his new teachers and friends.

APPROXIMATELY 15% OF U.S. CHILDREN HAVE SOME FORM OF DEVELOPMENTAL DELAY THAT AFFECTS THEIR ABILITY TO COMMUNICATE, LEARN, INTERACT WITH OTHERS, OR REGULATE THEIR BEHAVIOR.
Program: UJA-Federation of New York’s Connect to Care

Susan Rosenthal, JBFC Project Director for Connect to Care, realizes that reclaiming self-esteem is a key step in getting one’s life back on track.
Daniel was a dynamic young man. He excelled in school, got his first job easily, and worked his way up in the financial services industry. Daniel loved his work: growing, trading, and making money. When New York came calling, he was ready. Single and in his 30s, Daniel had no qualms about leaving his slow-paced Midwestern life behind. He looked forward to the adventure that was sure to be his in the Big Apple.

Daniel’s reputation quickly grew in New York City as well. He climbed the corporate ladder, got married, and became a father. Daniel was sure he had it made. That is, until the spring of 2009, when working in financial services felt like riding on the Coney Island Cyclone.

Daniel got laid off. Job prospects were scarce. His reputation got him nowhere. He ran through his savings and his contacts. Daniel suddenly felt isolated and under siege—expenses were looming and his assets were dwindling. By the time Daniel turned to Connect to Care*, he was in debt, depressed, and most of all, deeply embarrassed.

What Daniel needed most at this point was support and perspective—and that’s exactly what he got from counselors at Connect to Care. Getting his situation under control meant prioritizing goals, obtaining financial and legal counseling, rewriting his resume, and job hunting with a renewed sense of options.

Daniel’s fight with despair was the toughest of his life. His self-esteem was seriously wounded, and moving forward took the discovery of inner resources he never knew he had. With perseverance, he landed a job—he even managed to remain in the financial services industry, although at a reduced salary. With continued support, Daniel is regaining his balance and on his feet again. Connecting to personalized care was exactly what he needed.

*CONNECT TO CARE, now in its second year, is an initiative of UJA-Federation of New York to assist members of New York’s Jewish community who have been affected by the economic crisis. JBFCS serves as the lead coordinating agency in Manhattan, Riverdale, and Brownstone, Brooklyn.
Christina Grosso, Director of Trauma Services and Training, works with therapists in JBFCS as well as other agencies throughout New York City and Westchester, teaching them the intricacies of trauma informed treatment. Helping those in need overcome the trauma that has shaped their lives is often the first step toward healing.
“Now that I feel safe,” one child served in residential treatment by JBFCS shyly says, “I want to help animals.”

At the heart of the JBFCS healing culture are commitments to nonviolence, safety, and compassion; social and emotional learning and development; development of trust and respect for boundaries; social responsibility; and the capacity to cope positively with change.

Helping to create this culture is the staff of our Center for Trauma Program Innovation, which provides training, information, and consultation about state-of-the-art evidence-based trauma services and treatment approaches throughout New York City and New York State. The Center is a program of the Martha K. Selig Educational Institute, the training and education center of JBFCS. Over the last three years, it has provided trauma training to more than 5,000 professionals from both JBFCS and community agencies and schools.

An example of how training is translating into clinical care can be seen from among the children’s contributions to TF-CBT (Trauma Focused Cognitive Behavioral Therapy). As the accompanying artwork shows, young children can and do use art to understand where their feelings reside and, in doing so, deepen their awareness of the relationships between thoughts, feelings, and actions. This trauma-focused model teaches children the skills they need to manage symptoms and create a narrative to process their trauma. The artwork poignantly shows how training translates to treatment practices directed toward nurturing growth and compassion and helping children deal with the traumas in their lives.

TO SAFELY AND EFFECTIVELY HELP SEVERELY TRAUMATIZED YOUTH, ALL STAFF WORKING WITH THEM MUST BE TRAINED IN UNDERSTANDING THE IMPACT OF TRAUMA ON THEIR LIVES.
THANK YOU.

We couldn’t do it without you.

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