Edwin Gould Services for Children

“To reach directly the needy children of the present generation and contribute to their health, physical and educational development until they can be returned to a proper home environment or can be self-supporting.”

- Edwin Gould 1929
## Contents

Message from the President 2  
Message from the Associate Executive Director for Programs 3  

### Programs

- Foster Boarding Home 4  
- Group Home 6  
- Enhanced Independent Living 7  
- United Families of East Harlem 8  
- Mental Health 9  
- Health Services 10  
- STEPS to End Family Violence 11  
- Incarcerated Mothers 12  

### Events

13  

### Statement of Support, Revenue and Expenses 14  

### Governing Body 15  

### Program Staff 16  

### Contributions 17-19
Message from the President

Our mission was set for us more than a half-century ago by our founder, Edwin Jay Gould: "...to provide family life and a proper home environment as essential for the healthy development of children into self-supporting adults." Incorporating in 1939 as the Edwin Gould New York Fund to support programs of others and restructuring in and before 1965 to deliver services directly to children as Edwin Gould Services for Children, we have recast our focus in 2000 as family-centered. Now, we plan to reconfigure ourselves as Edwin Gould Services for Families. Re-conceptualizing and broadening our focus will involve more than a change of name and innovative programming. It also involves a new way of thinking about and doing business. The purpose of this message is to set out in broad terms, the philosophy, principles and approach that will inform the design of programs and delivery of services and shape the evolution of the organizational culture and structure. All this is an outgrowth of the work of the strategic task force — a team of dedicated board members and staff led by Community Resource Exchange, generously underwritten by the United Way of New York City.

GOALS: To serve families in crisis who have come to public attention and have been referred to us for service. Further, our goal is to prevent dismantling or dissolution of families through family preservation services, to reweld families already fractured through reunification services and, where necessary, to form new families through adoption services.

BELIEFS: Our approach to family development is grounded in the belief that all families and parents can take charge of their lives despite difficult past or present circumstances and can change, that all families and parents have strengths, that we serve best by collaborating with them as peers and taking seriously their aspirations.

IMPLEMENTATION: Moving from a child-centered to a family-centered focus involves changing agency culture, integrating new programs within existing services, changing staff roles, training, retraining and educating staff on changing roles and expectations, striving for cultural competence, and developing community partnerships.

Of course, at the end of the day, it is the dedication and hard work of the foster parents, staff, wonderful board members and the generosity, both personal and financial, of our many supporters who are making this come true. We express our sincere thanks to them all.

Myles Wittenstein
Message from the Associate Executive Director for Programs

The future of the child welfare community is moving towards a neighborhood-based model. Families and children will receive foster care services within the community in which they reside. In response to the Administration for Children’s Services (ACS) Request for Proposal (RFP) to provide foster care and preventive services, Edwin Gould Services for Children was awarded a contract to provide foster care services in Community Districts (CD) 8 in Brooklyn; 1, 2, and 3 in the Bronx; and 2, 6, 8, and 11 in Manhattan. Preventive Services will be provided in CDs 1, 2, 3, and 8 in Brooklyn; and 6, 8, and 11 in Manhattan. Preventive Services for Incarcerated Mothers will be offered throughout the city.

The agency’s goal is to work in partnership with ACS to ensure that quality service is delivered to the families within the designated communities. We are poised to offer neighborhood-based services through collaborative working relationships with community-based service providers. We have already formed partnerships with sister agencies and ACS in various forums to identify how the needs of the families and the services offered in the CDs may best be matched. To facilitate the reunification of families, we will ensure appropriate linkages for appropriate care.

In order to effectively implement the neighborhood-based services, the following efforts have been made:

* Enhanced the training component by developing a curriculum to ensure that both staff and foster parents are properly prepared to provide effective neighborhood-based services. Particular emphasis has been made to change the current attitude and mindset of staff towards thinking more progressively.
* Improved the Management Information System (MIS) by upgrading the computer hardware and software to provide the necessary tracking systems, which will monitor outcomes to assist in determining whether the needs of families are being met.

As Edwin Gould Services for Children makes the transition to community-based services, our teams of dedicated workers will continue to serve children and families with utmost courtesy and respect.

Everson Gibson
The Foster Boarding Home (FBH) department cares for children who, due to abuse and neglect, were removed from their homes by the Administration of Children’s Services. During the fiscal year 1999-2000, there has been a downward shift in the number of children entering the foster care system. Presently, this department cares for an average of 600 children. During this year, many children received permanency through reunification with birth parents or kinship resources, independent living, or adoption. The Adoption Department has once again achieved an outstanding rating by accomplishing 67 adoptions.

Within the past few years, the agency responded to the Request for Proposal (RFP) to provide community-based foster care services in various community districts (CDs). FBH was awarded the contract for several CDs – 1, 2, and 3 in the Bronx; 8 in Brooklyn; and 3, 6, 8, and 11 in Manhattan. This change in the way business is conducted is a challenging and exciting one. The goal of providing foster care services, now and in the future, is to maintain children in their community of origin to minimize the trauma of separation from parents, while building a network where the parents can be active team players.

The FBH department has successfully provided quality services to children and families through the efforts and dedication of staff and foster parents who are committed to continuing this legacy, and will embrace the new initiatives. Linkages with various community-based organizations within the allotted CDs will facilitate the transition to provide community-based foster care services.

Children deserve a stable and nurturing home environment in which they are loved. The FBH department has been successful in achieving permanency for many children. For example, Juan Robles, an eighteen-year-old special needs young man who is wheelchair bound, was diagnosed with spina bifida and is mentally retarded. Foster parents Herminio and Silvia Mercado took Juan into their home and provided him with a stable, safe, and nurturing environment—in spite of his special needs. When it became evident that family reunification was not possible, the Mercados once again stepped up and offered themselves as an adoptive resource for Juan and his siblings.

It is stories such as this that speak to the effort and dedication of the foster parents of Edwin Gould Services for Children. The Mercados are very special people, with the wonderful characteristics of compassion, love, and a strong desire to make a difference in the lives of children. The FBH department is fortunate to have foster parents like the Mercados. They are an asset to the agency as it moves forward in fulfilling its mission.

Juan Mercado
Foster Boarding Home
Statistical Information

FOSTER CHILDREN SERVED

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
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<tr>
<td>Children 0-2</td>
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<td>33</td>
<td>74</td>
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<tr>
<td>Pre-School 3-5</td>
<td>50</td>
<td>65</td>
<td>115</td>
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<tr>
<td>Kindergarten to 3rd Grade 6-9</td>
<td>62</td>
<td>105</td>
<td>167</td>
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<tr>
<td>Pre-adolescent 10-12</td>
<td>57</td>
<td>64</td>
<td>121</td>
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<tr>
<td>Adolescent 13-17</td>
<td>32</td>
<td>66</td>
<td>98</td>
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<tr>
<td>Young Adults 18-20</td>
<td>16</td>
<td>5</td>
<td>21</td>
</tr>
<tr>
<td>Adults</td>
<td>0</td>
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<tr>
<td><strong>Total</strong></td>
<td>258</td>
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<td>596</td>
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WHERE FOSTER HOMES ARE LOCATED

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<tr>
<td>Brooklyn</td>
<td>69</td>
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<tr>
<td>Manhattan</td>
<td>52</td>
</tr>
<tr>
<td>Queens</td>
<td>38</td>
</tr>
<tr>
<td>Suffolk &amp; Nassau County</td>
<td>4</td>
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<tr>
<td>Staten Island</td>
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<tr>
<td>Others</td>
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<td><strong>Total</strong></td>
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WHERE BIRTH PARENTS LIVE

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<th>Location</th>
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<td>Bronx</td>
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<tr>
<td>Brooklyn</td>
<td>47</td>
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<tr>
<td>Manhattan</td>
<td>47</td>
</tr>
<tr>
<td>Queens</td>
<td>28</td>
</tr>
<tr>
<td>Suffolk &amp; Nassau County</td>
<td>1</td>
</tr>
<tr>
<td>Staten Island</td>
<td>6</td>
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<tr>
<td>Others</td>
<td>7</td>
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<tr>
<td><strong>Total</strong></td>
<td>212</td>
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United Families of East Harlem (UFEH) continues to provide community-based, comprehensive services to 120 families in the East Harlem community.

Children and their families participate in an extensive program, which includes self-confidence building, relationship mending/bonding, and effective parenting skills training. The program's goal is to prevent disruption of foster care placement in families, or to assist with the reunification of a child in foster care to his/her biological parents.

This fiscal year, United Families of East Harlem was awarded 120 slots to fill in Brooklyn to serve North Crown Heights, Bedford Stuyvesant, Williamsburg, and Fort Green. The Manhattan site is expected to close early next year, or when all of the existing families have been transferred to other East Harlem Preventive Programs.

### CHILDREN AND FAMILIES SERVED

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
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<tr>
<td>Families Served</td>
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<td>Families Completing Program with Goals Achieved</td>
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<tr>
<td>Children Served</td>
<td>516</td>
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<tr>
<td>Children Placed in Foster Care</td>
<td>5</td>
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<tr>
<td>Families Receiving Home Visits</td>
<td>70%</td>
</tr>
<tr>
<td>Families Receiving 2 or More Casework Contacts</td>
<td>81%</td>
</tr>
<tr>
<td>Bonding/Socialization Activities</td>
<td>25</td>
</tr>
<tr>
<td>Referrals Received from ACS</td>
<td>79</td>
</tr>
<tr>
<td>Referrals Received from the Community</td>
<td>42</td>
</tr>
</tbody>
</table>
Mental Health
Comprehensive clinical treatment using an interdisciplinary approach

For the year 1999-2000, the Mental Health department continued to provide quality service to children and their families through an interdisciplinary approach, with health and social services departments working as a team. The department’s goal has been to provide each child with a medical resource that could serve all the child’s health needs as he/she moves from foster care to permanency.

To this end, interdisciplinary teams of nurse, social worker, and clinician collaborated to assess each new child’s health and development, strengths and weaknesses, experience prior to care, and response to placement. Comprehensive treatment plans were developed for each child to assure that his/her individual needs were met. Under supervision of the mental health team, five social work interns were able to provide a wide range of services from psychological assessment and intake to therapy and outpatient referral. A team of psychiatrists and psychologists provided in-depth evaluations of the children and their parents and intervened when necessary. Throughout the evaluation process, the child’s birth and foster families were involved to enhance understanding of the child’s experience, to promote adjustment to care, and to establish a smooth transition from placement to permanency.

Through new and established relationships with community mental health providers as well as outstanding psychiatric teamwork, the department has been able to provide the children with the highest quality specialty and acute care service. EGSC social workers no longer wait for hours in emergency rooms of city hospitals. Protocols for inpatient psychiatric medication enable the department to provide children with timely, quality care.

In the fiscal year 2000-2001, the Mental Health department expects to provide and expand with more direct and specialty services on site and in the community. With a decentralized view on how these services are delivered, new relationships with community providers, and more defined ones with established networks, EGSC can assure that children in our care who need mental health services can receive them in their own neighborhoods. Because of a recent liaison with North General Hospital, the department can assure that children in Upper Manhattan have that as a medical home, community based and family friendly. With specialty on-site adoption service, pre-adoptive evaluation and psychoeducation, group counseling and post-adoption services at North General, EGSC can provide adoptive families with the continuity of care they need and deserve.
Health Services
Working to expand the quality of health services

Improving the health and wellness for children in foster care has been the challenge for the Health Services department during the 1999-2000 fiscal year. The department continues to promote the concept that quality health is essential to life. In order to better respond to the health needs of foster children and their families, the department has concentrated much of its efforts implementing communication procedures to facilitate closer collaboration among all departments, foster care staff, community providers, foster children, and their families.

Individual training and counseling about health-care maintenance for staff, medical providers, foster children, and their families is a daily activity. During the last year, the department reorganized its medical record-maintenance system and obtained state-of-the-art storage cabinets, developed a new operating work schedule for health coordinators, implemented a quality improvement program, began training and implementation of the family-to-family and medical home program.

The health-care management team of nurses, physician consultant, and administrative support staff succeeded in coordinating health-care services for over 600 children, utilizing a provider network of twelve major hospital-based clinics and approximately 50 community-based individual medical practitioners.

The health coordinators for group homes—along with the health services supervisor and director—worked intensively to provide the additional training and support to group home staff to enhance advocacy and medical care follow-up services for the 67 adolescent girls residing in group homes in Brooklyn and Manhattan as well as for the 24 children residing in Office of Mental Retardation and Development Disabilities (OMRDD) facilities in the Bronx. This fiscal year, the department has provided for approximately 104 on-site training sessions in medication administration for group home staff, and approximately 24 health education group and individual sessions for adolescent girls and mentally challenged persons residing in the group homes.

Throughout the year, the department participated in projects to evaluate medical care standards for children in foster care. Related fiscal issues and Medicaid management policies and procedures were also analyzed and assessed. As a result, this produced improved medical care standards, new policies, criteria and service-delivery models for utilization of Medicaid funds. The department looks forward to working towards selecting a service model that will allow for the provision of a combination of on-site primary care health services, community-based specialty care services, and on-site health-care management services.

The Health Services department was extremely proud and pleased to receive the award for most outstanding department at the Board of Directors’ 1999 Annual Meeting.
The past year was an exciting one, with the STEPS to End Family Violence program continuing its innovative work on behalf of battered women defendants, children who witness abuse, and teens who need both education and counseling. The program's substance abuse and domestic violence program provides individual and group counseling for women and teens who have survived abuse but who also abuse drugs and/or alcohol. Training for substance abuse programs has been offered, as well as several domestic violence and child welfare programs.

STEPS to End Family Violence has received the help of many wonderful volunteers. Most of them assist in the children's therapy program by providing child care during the time that mothers are in groups. The program has also been fortunate to have a group of volunteers from a professional women's group, the New York Chapter of Soroptimists International, who assisted the program in many ways. The group hosted two trips to a special exhibit at the Bronx Zoo: Two buses filled with excited children and mothers were afforded a wonderful Saturday adventure, thanks to the Soroptimists. They plan on continuing and expanding their volunteer work with the program during this coming year. Special thanks go out to them!

The teen abuse program expanded last year with the Adopt A School project. At the Stevenson High School in the Bronx, under this program's direction, a relationship abuse counselor provided workshops for the teens, staff and faculty training, parent education, STEPS and crisis intervention. This year the program is expanding to Wingate High School in Brooklyn.
Incarcerated Mothers
Violence Prevention and Treatment

As the new year and new century began, the Incarcerated Mothers program was informed that funding decisions by the Administration for Children’s Services (ACS) would not continue as a specialized program to prevent the placement of children in foster care. This trauma of loss, when the mother is incarcerated, is great for these families who have so few resources and programs to assist them. An advocacy campaign was developed for ACS to change its mind.

During the advocacy campaign, ACS requested the program’s assistance to develop a video to train foster care workers about the effects of incarceration on the children, and to assist in preparing the foster children to visit their parents in prison or jail. The teens and pre-teens with staff and interns took on the challenge, uncertain of the program’s future. During the spring, this team worked tirelessly on Saturdays preparing to tell their stories on the video. The children prepared messages to other children, as well as to foster care workers.

The video is now completed!

At an Achievers/Girls Shine/Boys Shine celebration, the producers of the video, presented the children with “Academy Awards” for a job well done.

The good news—The Administration for Children’s Services reversed its decision to discontinue the program—the Incarcerated Mothers program will continue to provide preventive services to many additional families who are in crisis.

**CHILDREN AND FAMILIES SERVED**

<table>
<thead>
<tr>
<th>Families Served</th>
<th>74</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Served</td>
<td>227</td>
</tr>
<tr>
<td>Average Home Visits Each Month</td>
<td>81%</td>
</tr>
<tr>
<td>Teens In Achievers Program</td>
<td>37</td>
</tr>
</tbody>
</table>
Condensed Combined Statement of Support, Revenue and Expenses for the Year Ending June 30, 2000
(Unaudited)

Total Revenues: $15,606,025
- Non-Government
  - City of New York
    - $12,663,350
    - 81%
  - State of New York
    - $2,613,205
    - 17%
  - $329,470
    - 2.11%

Total Expenses: $15,651,022
- Health Services
  - $797,196
  - 5%
- Preventive Services
  - $1,519,681
  - 9.7%
- OMRDD
  - $1,667,316
  - 10.7%
- TRAX/ILS
  - $163,027
  - 1.0%
- Kingsland
  - $36,500
  - 0.2%
- Group Homes
  - $2,462,823
  - 16%
- Administrative
  - $1,159,468
  - 7%
- Permanency Services
  - $7,845,011
  - 50.1%
Governing Body

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As of June 30, 2000

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17
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