With more than 185 individual programs, over 2,800 full and part time employees and a $175 million budget, the Jewish Board of Family and Children’s Services is one of New York’s largest human service organizations. It touches the lives of 65,000 people each year. Yet in many ways the Jewish Board is larger still. Its commitment to professionalism, training and the highest quality care and treatment have helped to advance standards of practice for the entire field. JBFCS is an active advocate, both as a coalition partner in the struggle to improve services and as an individual agency bringing its reputation and prestige to bear on behalf of the sector as a whole. “It is our contribution to the field” is a comment one hears frequently from people at all levels within the JBFCS. It is a testament to their pride in the Jewish Board’s place and the responsibilities that position entails.

JBFCS traces its history back more than 130 years to the founding of United Hebrew Charities (UHC) in 1874 and the Jewish Prisoners Aid Society (JPAS) in 1893. UHC was created to coordinate the work of smaller Jewish charities and by 1899 its women physicians were delivering as many as 900 babies at home each year. JPAS began serving adult prisoners and their families and expanded to serve delinquent boys, founding the Hawthorne School in Westchester in 1906. Over time, these two organizations would continue to grow and evolve, eventually becoming Jewish Family Service and the Jewish Board of Guardians. Their merger in 1978 created the Jewish Board of Family and Children’s Services. Today, that board of directors is led by Alan Siskind, Ph.D., who has led the organization since 1991. “While we offer a number of different services for certain populations with extreme needs — very disabled populations, people who have already experienced multiple psychiatric hospitalizations, young children with pervasive developmental disabilities,” says Levine. “Not only are they experiencing all kinds of issues related to family functioning and often mental health and substance abuse issues but they are also bruised and battered and their lives are at risk.”

Residential treatment for troubled youth falls into the same category. “Residential treatment is for those kids who are at the furthest end on the spectrum of need and we have some real capacity to do effective work there,” says Levine.

JBFCS has offered residential youth programs for a full century, beginning with the Hawthorne School in Westchester. Today, that same 100 plus-acre campus houses three separate residential programs. The Hawthorne Cedar Knolls Residential Treatment Center (RTC) serves 104 boys and girls aged 9 to 18. Two Office of Mental Health-licensed Residential Treatment Facilities (RTFs) are also located there: Linden Hill School, a 55-bed co-ed RTF, and the Jerome M. Goldsmith Center for Adolescent Treatment for 40 boys.

The agency’s other children’s residential programs include Geller House, the Henry Itlerson Center, Kaplan House and the Mt. Vernon Girl’s Residence.

Treating Trauma

While the Jewish Board may have a long history of providing residential care, it has not always allowed itself to be bound by tradition. Over the past decade, the agency has almost completely redesigned its approach to treating the needs of its young clients.

During the 1990s, JBFCS’ Chief Psychiatrist Dr. Robert Abramovitz began exploring the relationship between trauma and the problems confronting many of its clients. “Bob found that there were histories of trauma in a very high percentage of cases, both adults and kids,” says Levine.

A Commitment to Undoing Racism

At first glance, the Jewish Board of Family and Children’s Services (JBFCS) seems an unlikely organization to take on the fight against institutional racism. Yet, as with its focus on trauma, JBFCS has come to see Undoing Racism as a defining aspect of its culture and the services it provides.

“The goal is to make sure our clients of color are getting the best possible care and we think that doesn’t happen if an organization doesn’t look at its own issues of race,” says Alan Siskind, Ph.D., JBFCS’ Executive Vice President and CEO. JBFCS has drawn upon the Undoing Racism work of the People’s Institute for Survival and Beyond to help it understand the ways in which institutional racism impacts society in general and the social service system’s own efforts to assist clients.

“It has become clear that you can have very good intentions about sensitive and culturally competent practice but unless you look at the issues that get in the way, you may not be able to deliver on those good intentions,” says Siskind.

“You can’t claim clinical excellence and culturally competent practice without understanding race and racism,” says Mary Pender Greene, Chief of Social Work Services.

As with its earlier trauma work, JBFCS has utilized its Scholars-in-Residence program to help move the Anti-Racism agenda. The last two Cohen Chairs have been occupied by experts in race and racism,” says Mary Pender Greene, Chief of Social Work Services.

“We mandate that all our middle managers attend People’s Institute’s Undoing Racism workshops,” says Associate Executive Vice President, Paul Levine. “Eighty have to attend and close to sixty have already gone, many of us a couple of times.”

In early February, JBFCS celebrated the publication of “Racism and Racial Identity: Reflections on Urban Practice in Mental Health and Social Services”, Edited by Lizv B. Blitz, Ph.D., JBFCS’ Genesis Domestic Violence Shelter, and Pender Greene, the work includes chapters by many JBFCS staff examining the role of race and racism in social work practice.

Jewish Board of Family and Children’s Services
Advancing Standards of Practice for 130 Years

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Excellence Through Training and Education

The Jewish Board’s commitment to staff development and in-service training is renowned throughout the local human services community. Employees at all levels are offered a broad range of opportunities to advance their skills and their careers.

“Training is a signature of the agency,” says Siskind. “It obviously has an important impact on quality. It is a risk management tool. It also is important for staff recruitment and retention.”

“I think it is one of the things that makes it attractive to work here,” says Levine.

Founded in 1906, JBFCS is celebrating the centennial of its Hawthorne Cedar Knolls Residential Treatment Center in Westchester.

“Once you think about this kid having had long term, extensive exposure to trauma, childhood sexual abuse and violence, there are certain things you can expect to see,” says Abramovitz.

“If you don’t attend to those issues you are not going to succeed.” He estimates that 70% of youth in residential programs have histories of trauma.

“Bob essentially defined the clinical theme for this agency,” says Levine. “We are fortunate enough to have an endowed chair, like at a university, through which we bring in top people in mental health to work with us on specific issues. The theme for the first several years of the Saul Z. Cohen Chair in Child and Family Mental Health became trauma.”

Bessel van der Kolk, MD, a professor from Harvard, spent two years working with JBFCS on the physiological impact of trauma. “He helped us understand that people needed to be helped to gain some control over their emotions before they could go back and solve the trauma issues in their lives,” says Levine.

“In 1998, Sandy Bloom, a psychiatrist from Philadelphia, began working with JBFCS to adapt her Sanctuary® model, a program that utilizes a therapeutic community approach to deal with client trauma, for use with adolescents. The Jewish Board began piloting the new approach at Hawthorne Cedar Knolls in 1999 and has subsequently rolled it out for the entire Westchester campus.

“We have found it extremely helpful,” says Lenny Rodriguez, JBFCS’ Assistant Executive Director and Director of Children’s Residential Services. “The Sanctuary® Model has helped us to reduce our level of incidents dramatically.”

“The program empowers youth to understand their own history of trauma and loss, develop personal safety plans for coping with emotional reactions to trauma-related events and envision a future better than their past. “Most of the kids here have experienced loss that is traumatic,” says Rodriguez. “They have lost a parent, been moved around from foster home to foster home.” Kids in the Sanctuary community learn to help each other in dealing with trauma and safety issues – another vehicle for improving their own sense of mastery and control.

The Sanctuary® Model also empowers JBFCS’ direct care staff to be what they already are – full fledged members of the therapeutic team. “We are developing new roles for the staff,” says Rodriguez. “They are moving away from behavior management and spending more time talking to the kids about trauma and safety plans. The kids come to them when they feel stressed.”

The Jewish Board’s recognition of trauma as a widespread and fundamental cause of many emotional and mental health problems now guides all of its treatment programs.

Collaborations

One new initiative highlights both JBFCS’ trauma focus and its ability to bring mental health and programmatic expertise into partnerships with other service providers.

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