

The Link

NYC Administration for Children's Services



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Salute from The Link Team

Dear Readers,

This year ACS celebrates 20 years as a free-standing City agency. The occasion calls for celebration and remembrance. Accordingly, the theme for this edition of *The Link* is “Building Strong Families.” Join us as we celebrate our efforts to build strong families and remember the contributions of Nicholas Scoppetta, the first ACS commissioner.

We begin with a heartfelt tribute by *Link* magazine team member Linda Murrell titled “*The Legacy of Commissioner Scoppetta Continues.*” In her piece, Linda speaks as a social worker with over 28 years’ experience in the field, about the opportunities to advance her career because of Commissioner Scoppetta’s policies to professionalize the work. We hear from parent advocate Maria Tavares about how ACS helped her children safe in the face of many challenges, and from Natalie Marks about how listening to a child can have profound and positive effects on reducing trauma for a child who has experienced abuse.

In observance of Mental Health Awareness in May, we join with NYC first lady Chirlane McCray to focus on the ThriveNYC campaign and efforts to improve the mental wellbeing of all New Yorkers. Read about the campaign here or go to www.thrivenyc.cityofnewyork.us to learn more and read the report ThriveNYC: A Mental Health Roadmap for All. Meet ACS’s own mental health team from the Office of Clinical Practice, Policy and Support and get Casework Tips Regarding Mental Health Evaluations.

As in every issue we feature tips on safe sleep environments for babies and in this edition, we provide a special child safety “Family Strong” tip sheet in English and Spanish. Our end pages feature Child Abuse Awareness events including the Bronx Party for Prevention and the Brooklyn Bridge Walk for Prevention, both held during April as part of Child Abuse Prevention month. Join with us in the Salute to Fathers as we mark our calendars for Fatherhood activities in September!

We hope that the information presented here will be of value to the child welfare community as we strive to promote child safety and strengthen families.

The Link Magazine Team

Catherine Arman-Santana, Martha Boomer, Zelikha Compaore, Maria Jackson, Luisa Linares, Celeste Lucas Powers, Samantha Mclean, Valerie Moore, Linda Murrell, Laura Postiglione, Babette Spain, ACS Office Services.

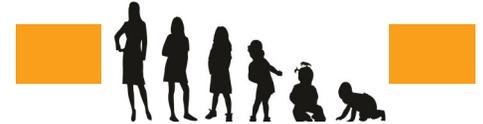
In this issue we say farewell team members Harriette Nieves and Phyllis Evans who retired from city service.

The views expressed by the authors do not necessarily reflect those of ACS; and the resources in this publication do not imply an endorsement. ACS and this publication do not assume responsibility in any way for readers’ efforts to apply or utilize information, suggestions or recommendations made by the writers or other resources.



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The Legacy of Commissioner Nicholas Scoppetta Continues.....

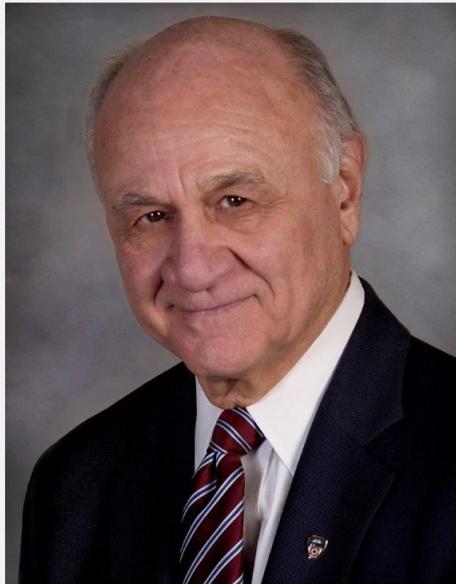
A Tribute to a Commissioner who is deserving of Emeritus Status

November 6, 1932- March 24, 2016

Linda Lee Murrell, Family Permanency

When I originally wrote this article in early March, our beloved Commissioner Scoppetta was still alive. Due to his enormous contributions, I believe Commissioner Scoppetta deserves the status of Commissioner Emeritus. That title is not bestowed upon just any worker or administrator but is a way to honor a person who has made significant contributions in their field. Commissioner Nicholas Scoppetta is one who was instrumental in social work reforms that placed ACS on the map to be a progressive social work agency; that looked at child welfare and its employees from a different perspective. I learned about the passing of Commissioner Scoppetta when I saw the wonderful tribute to him posted by Jennifer Jones Austin, Esq., (Chief Executive Officer and Executive Director of the Federation of Protestant Welfare Agencies and a former ACS Deputy Commissioner).

This is my tribute from the perspective of a social worker who has been working for ACS for 28 years. Commissioner Scoppetta was a hands on Commissioner. When I worked at one of the Borough Offices, I remember when Commissioner Scoppetta and Senior Staff visited the office and personally spoke with the workers to address their concerns. I will always have that fond memory of how Commissioner Scoppetta touched the lives of the child protective staff. He left his office at 150 to speak with us, this

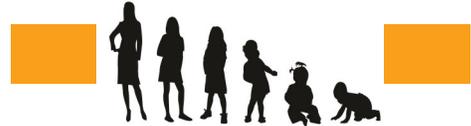


showed he cared. At the memorial service for Commissioner Scoppetta held on March 30 at the ACS Children's Center named in his honor, former Mayor Michael Bloomberg, Mayor Bill De Blasio, Police Commissioner Bill Bratton gave wonderful tributes. Commissioner Scoppetta's daughter Andrea read a letter from Presidential Candidate, Hillary Clinton. Over 250 mourners were part of this memorial service, but to hear the tributes his family presented; as they spoke about their father, their grandfather and former colleague was touching to the hearts of many of us. Commissioner Scoppetta was married for 53 years to his wife Susan. Mrs. Scoppetta stated: "I loved him fiercely, passionately. He called me sweetheart, and he had a sweet heart of his own. And now my heart is broken and he will always be my sweetheart". On September 11, 1988, I was hired as a Caseworker at the agency we now know

as the Administration for Children's Services. I was hired under the Koch Administration; as ACS was experiencing critical turmoil because of the death of Lisa Steinberg from abuse at the hands of her guardians Joel Steinberg and Hedda Nussbaum. This case demonstrated that child abuse crosses racial and economic lines. Through this tragedy, the color of child abuse changed; which forced officials to look at how the child welfare system addresses child abuse. In an attempt to find a solution for high case loads, high turnovers, and uncovered caseloads; Mayor Edward Koch instituted a massive hiring of those with Bachelor Degrees who had a desire to work in the child welfare system.

On January 11, 1996, Mayor Giuliani announced the creation of the Administration for Children's Services and appointed Nicholas Scoppetta the agency's first commissioner. This was the first time in history that an independent agency was established that was devoted entirely to services for children, with a commissioner reporting directly to the mayor. Mayor Giuliani's rationale was that there would be more accountability with the ACS Commissioner reporting directly to him.

After ACS was an official separate agency, no longer under the Human Resource Administration, ACS could focus on the unique concerns of child abuse and neglect. In the publication, *Protecting the Children of New York*, (December 19, 1996), the following principles were outlined:



continued from previous page

The Goal: “Mayor Rudolph Giuliani established the Administration for Children’s Services to stop the killing, abuse, and neglect of children in New York City and to make certain that the lives of victimized children are measurably improved”. **The Mission:** “To ensure the safety and well-being of all the children of New York”.

In order to carry out our goals and mission, steps were taken to professionalize ACS including title changes. Those of us who investigated child abuse and neglect allegations were Child Protective Specialist; those who were not specifically investi-

gators were Child Welfare Specialist. Language is important and when you define an employee as a specialist, a new awareness of your role, takes place. Those who were accepted into this new title change received an 8 percent increase. We were encouraged to attend Graduate School and obtain a Masters of Social Worker to increase our knowledge base. I along with other ACS employees were recipients of the ACS scholarship. During that time, there appeared to be more promotional opportunities for those who worked hard and made the investment in attending graduate school.

Now, after being at ACS for 28 years, when I reflect back to the beginning of the agency in 1996, I have to honestly say that as a professional, being under the leadership of Nicholas Scoppetta had a positive impact on my career as a social worker. Some of my colleagues may not agree with me, but I believe I was afforded opportunities that have positively shaped me into the Social Worker I am today. I believe Commissioner Scoppetta built the foundation for what is currently ACS. Commissioner Scoppetta’s Legacy Continues... **Farewell Commissioner Emeritus.**



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NYC Family Strong



April is National
Child Abuse
Prevention Month

ACS Preventive: A Parent Success Story



Maria Taveras

My name is Maria Taveras. I am a single mother of 4 boys with special needs ages 27, 26, 21, and 18. Three of my children are living with me given their ability to function. I had a long and intensive history of domestic violence. I grew up in a dysfunctional family which led me to also encounter many obstacles in parenting my boys as a mom and woman. These past experiences have taught me to empower myself and to be able to overcome these challenges a mother I faced alone with my sons. I had no support from my immediate family which led me to seek outside help. I felt like the worst human being. At the time, I didn't see where this was leading me to, how can people that don't even know me help me overcome my difficulties and challenges in my current family situation. For example, learning to deal with an abusive partner who verbally and physically abused me and parenting my boys with special needs. I didn't understand. "Why me?" was the question I asked myself. But then like a light from above shining on me, ACS came into my life. I know what you may be thinking right now, "What, ACS, like a light?" That must be the worst thing that could happen to any parent. But no, I'm living proof why that's not true and writing this story to enlighten other parents. Yes, ACS did in fact help and educate me to better understand my role as a mom and overcoming being a victim of

Domestic Violence.

One of the first resources was the New York Presbyterian Medical Center, which put me in connection with ACS. ACS then put me in connection with my first preventive agency which was a preventive service where I met a wonderful woman named Babette Spain who worked with me. The preventive agency was able to provide parenting groups which help me to develop parenting skills so I could be a better mother to my children. They also provided individual counseling for me to develop healthy ways of coping and address my domestic violence issues. I would say to myself, how is this possible, people who are not even my family could possibly understand my family situation, open my home to and give me help to care for my own kids. How this was even so. If I'm their mother and father I'm the expert with them, I should know how to take care of my own boys. But I need to tell you that it is possible for someone who is not your family to be able to help you to make better choices and provide opportunities to change your current situation for the best.

But don't get me wrong, they also learned from me as a parent. I had the strengthen of most parents which is true love for my boys and that made it so much better when it came to having to make changes in our lives. My motto is if you have true real love for yourself and family than you can make it happen. I've learned that love is the most important ingredient in family. I also would like to express that never did ACS separate my family as a matter of fact they always acknowledge that the best thing was to always keep us together.

At this time I work at the NYS Board of Education as a parent advocate for Special and Regular Education students to be able to educate myself and others to be more knowledgeable in understanding children with special needs. Through my involve-

ment with the Board of Education I was further inspired to volunteer at the NYC Parks and Recreation Center, J. Hood Wright Center, in my community. I did a program for teens at risk with mothers and the NYC Police Department in my local community, the 33rd precinct, helping the youth and mother's awareness in schools teens with street gangs, drug, and involvement with the law. I also took a course in NAMI on mental illness. Through my involvement with NAMI I am now working in the center for Human Development and Family Services Inc. and this is why today I work as a parent advocate which is requested by ACS.

Being a parent advocate helping parents understands the behavior and dynamics that involve keeping their children safe at all means. I believe that everyone has the opportunity to become the better person who they want to be as long as you do not let adversity take from you the opportunity which life throws at you. It is important for parents need to work on empowering each other and educating themselves. If not for the help of local programs and community agencies I would not be writing this article today. If I had given up 20 years ago, I would not be able to inspire others and to focus on the positive. "Struggles only make us victorious not victims in the world we live today." This is why I do my job with such a passion and love and do so proudly, helping other parents who find it hard to find their strengths which will lead them to be successful parents.

Today I am a productive member of society, a proud mother, father, and grandmother of two. I would like to thank God and Jesus Christ, my sons, Joshua, Ramsley, Reese, and Jensley, Babette Spain and ACS for giving me this opportunity to tell my story, and for giving me their strength and support to keep focus and never give up. Thank you.



Why consider recantation in assessment of child abuse and neglect?



Natalie Marks

There's always that case, the one that stays in your memory and psyche. It becomes a defining moment in your career, in the way you assess families and often drives our mental model of our work. It's that child, whose face and cry you will never forget. I had such an experience, a case that purely defined the successes and failures of our work in child welfare, and how we can make a profound difference when we begin to truly hear the voice of a child.

This case involved two tween girls, who, for many years, made allegations to various school personnel about horrific sexual and physical abuse by their step-father. Each report that was made appeared to escalate in the severity of abuse. Each CPS worker, many in tandem with our NYPD partners, diligently interviewed the children and all the significant contacts at the schools and in the community. Each and every time, the children would recant the allegations even before the investigation began. This was a pattern that unfortunately continued for nearly eight years and involved more than twenty reports to the State Central Registry. In 2009, we became involved with the family again, this time the girls ran away and confided in a relative. This relative became a staunch advocate for the children, matched with a diligent and caring supervisor; the investigation revealed that the abuse was in fact true, for many years, these girls suffered alone. I had the opportunity to meet the

children at a conference and I will never forget how they recounted their ordeal, profoundly exclaiming "I took it all back and it made it better, my world would go back to normal and my mother would not have to cry anymore". Their faces and voices have stayed with me throughout my career.

What could we have done? How could we assess for recantation and support our children and families through a very traumatic time?

First, let's define recantation for the child welfare professional. Recantation is when a child "takes back" an earlier allegation of physical or sexual abuse. In some cases, the child's recantation may be valid, but research shows that in most cases, the child's initial allegation is more likely to be true.

Children recant for many reasons and once we understand these reasons, we can make informed assessments to ensure no other child has to endure abuse alone. Often times they are afraid to hurt the "other" or "non offending" parent. Many children report thinking: What will my mother do without the extra income? How will she ever stop crying? My world feels like it's upside down, and if I say I lied, it will all go back to normal!

Other reasons children recant include:

- ◆ Disbelief by the non-offending parent
- ◆ Feelings of concerns for the alleged perpetrators well being
- ◆ Self blame for the abuse
- ◆ Anger from siblings or other family members
- ◆ Fears of being removed by ACS
- ◆ Fears of threats made by the perpetrator coming true
- ◆ Anxiety about the legal process

What can we do to prevent recantation and support our children and families?

There are potential interventions you can make during the investigation that provide the necessary support for the child and family, thereby reducing the possibility of recantation. It is important to keep in mind that the **team** approach is the best way to help support the family. Having the child interviewed once, at the CAC and with all of our partners (NYPD, DA, Safe Horizons and our medical partners) can ensure that we wrap our systemic arms around this family. This approach ensures that we will be able to support and educate the child and the parent, provide advocacy, services and even concrete support that may allow the family to move forward without the offending parent.

The second most important way to prevent recantation is with on-going **communication**. Keeping the family informed of the process along the way, and communicating with all the partners (DA, NYPD, Safe Horizons etc.) is key.

Finally, it is important for CPS to recognize the different **roles** of CPS, who gather information to assess safety, and law enforcement, who gather evidence to prosecute the offender- these can lead to different outcomes (i.e. There may be not enough evidence for criminality, but that does not mean the child(ren) are safe).

There is so much we can do to help children who are victims and non-offending parents move beyond a tragic event. With all of our support, anything is possible!

"Just one person. It really honestly just takes one positive person. One positive person can help you. And that can go a long, long way. - Alexis"

— Robert Uttaro, To the Survivors



safehorizon

moving victims of violence from crisis to confidence

Safe Horizon operates 5 fully co-located Child Advocacy Centers (CAC) in each of the five boroughs, in partnership with ACS, the NYPD, ADA's, expert medical providers and Corporation Counsel.

The Child Advocacy Center is a child-friendly place where a multidisciplinary team, sits side by side and works together to investigate and respond to child sexual abuse and/or severe physical abuse cases.

At each CAC, Safe Horizon is the on-site provider of mental health services and victim support & advocacy services for

child abuse victims and their impacted family members. Safe Horizon also participates in the forensic interview process of children.

Services provided include:

Counseling:

- The Child & Family Traumatic Stress Intervention -an evidence-based mental health intervention for children ages 3-18 suffering from traumatic reactions following their disclosure of abuse along with their non-offending caregivers'

- A post forensic interview counseling session, to assess children's and caregivers' immediate safety concerns following a disclosure of abuse
- Supportive counseling & crisis intervention.

Victim Support & Advocacy

- Families are provided with information about the CAC process
- Assistance obtaining benefits, being linked to ongoing supports & resources, practical assistance.

SAFE HORIZON CHILD ADVOCACY CENTER LOCATIONS

Bronx CAC

1775 Grand Concourse, 5th Floor,
Phone: 929-265-3600
Fabio Cotza, Senior Director

Manhattan CAC

1753 Park Avenue, Second Floor
Phone: 646-695-6100
John Pickett, Senior Director

Brooklyn

Jane Barker Brooklyn CAC
320 Schemerhorn Street
Phone: 718-330-5400
Gena Diacomanolis, Senior Director

Queens

112-25 Queens Blvd, 3rd floor Forest Hills
Phone: 718-575-1342
Naomi Barasch, Senior Director

Staten Island CAC

130 Stuyvesant Place, 5th Floor, Staten Island
Phone: 718-556-4095
Frankie Alvarez, Senior Director

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Other Tips



TIPS

- Use a one-piece sleeper. Don't use blankets.
- Be sure baby is not too warm.
- Breastfeed your baby.
- Try using a pacifier for sleep but don't force baby to take it.
- Get your baby immunized.
- If your baby is in a front or back baby carrier, be sure that baby's face is always visible.
- Never use a car seat, baby swing, carriage or other carrier without properly fastening all the straps. Babies have been caught in partially fastened straps and died.
- Make sure no one smokes in your home or around your baby.
- Don't use alcohol or drugs.
- Don't rely on home baby monitors.

Make sure everyone caring for your baby follows these tips!

health.ny.gov/safesleep



Office of Children and Family Services

0672

8/15

Follow the ABCS of Safe Sleep



A Alone.

Baby should sleep Alone.

B Back.

Put baby on their Back.

C Crib.

Put baby in a safe Crib.



★ Alone.

★ Back.

★ Crib.

About 90 babies die each year in New York State from sleep-related causes. Right from the start, help your baby sleep safely every time sleep begins.

ALONE

- Put baby on their back to sleep – even if baby was born early (premature).
- Your baby should not sleep with adults or other children.
- Share your room, not your bed. Room-sharing lets you keep a close watch over your baby while preventing accidents that might happen when baby is sleeping in an adult bed.
- Nothing should be in the crib except baby; no pillows, bumper pads, blankets or toys.



BACK

- Put baby to sleep on their back, not on their tummy or side.
- Do put your baby on their tummy every day when baby is awake and being watched. "Tummy time" helps baby develop strong shoulder and neck muscles.



CRIB

- Use a safety-approved* crib/bassinet/playard with a firm mattress and a fitted sheet.
 - If baby falls asleep on a bed, couch, armchair, or in a sling, swing or other carrier, put baby in a crib to finish sleeping.
- *For crib safety, go to the Consumer Product Safety Commission:*

cpsc.gov/en/Safety-Education/Safety-Education-Centers/Cribs/





Safe to Sleep® Campaign Promotional E-Toolkit Matte Article

Please use the article below to promote the Safe to Sleep® campaign to family and friends, colleagues, and constituents.

Nearly 3,400 infants die suddenly and unexpectedly each year in the United States. Most of these deaths result from Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death. SIDS is the leading cause of death among infants between 1 month to 1 year of age.

SIDS is the term used to describe the unexplained death of a baby younger than 1 year of age that doesn't have a known cause even after a complete investigation, including performance of a complete autopsy, examination of the death scene, and review of the infant's and family's clinical histories. Although there is no known way to prevent SIDS completely, there are ways to reduce the risk by modifying several factors.

The Safe to Sleep® campaign (formerly known as the Back to Sleep campaign) aims to educate parents, caregivers, and health care providers about ways to reduce the risk of SIDS and other sleep-related causes of infant death. The single most effective action that parents and caregivers can take to lower a baby's risk for SIDS is to place the baby on his or her back to sleep for naps and at night. Other key recommendations include putting the baby in a separate sleep area in the same room, next to where parents sleep, and using a firm sleep surface, in a safety-approved crib, covered by a fitted sheet with no soft objects such as pillows, toys, crib bumpers, or loose bedding.

In the past two decades, significant progress has been made in reducing SIDS rates. Since 1994, SIDS rates have dropped by more than 50 percent in all populations. But there is still progress to be made. For example, although the SIDS rate for African Americans has declined by 50 percent since 1994, today's African American infants are twice as likely as white infants to die of SIDS. Similarly, American Indian/Alaska Native infants today are three times as likely as white infants to die of SIDS, even though SIDS rates have also dropped significantly in this population during the last two decades.

Working together, we've made great progress in helping to reduce the risk of SIDS in many communities. Let's continue to work together to help all infants grow and thrive. Please help us spread the word about safe infant sleep! The following resources are available on our website <http://safetosleep.nichd.nih.gov>.

For Parents/Caregivers:

- Brochures for general outreach, African American, American Indian/Alaska Native, and Hispanic communities
- Door hangers for general outreach, African American, and Hispanic communities
- A grandparents brochure on safe infant sleep (English and Spanish)
- A safe sleep environment one-pager (English and Spanish)

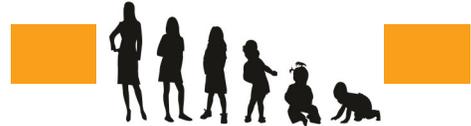
For Health Care Providers:

- A Continuing Education program on SIDS risk reduction for nurses and pharmacists
- A health care provider Q&A booklet

For General Education Training:

- A Safe Infant Sleep video
- An interactive online tool on safe infant sleep
- Healthy Native Babies Project materials for American Indian/Alaska Native communities

For more information on the Safe to Sleep® campaign, go to: <http://safetosleep.nichd.nih.gov>



Use this line to check for 4 1/2 inch space

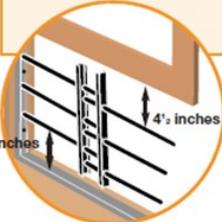
To get window guards installed, call your landlord or management company.

Call 311 or visit nyc.gov/health for more information, including:

- What to do if a landlord doesn't properly install or maintain window guards
- Help with window guards and stops for sliding, casement, and other non-double-hung windows
- A copy of New York City's laws on window guards



Window Guards
They Save Lives. They're the Law.







Window Guards

They Save Lives. They're the Law.









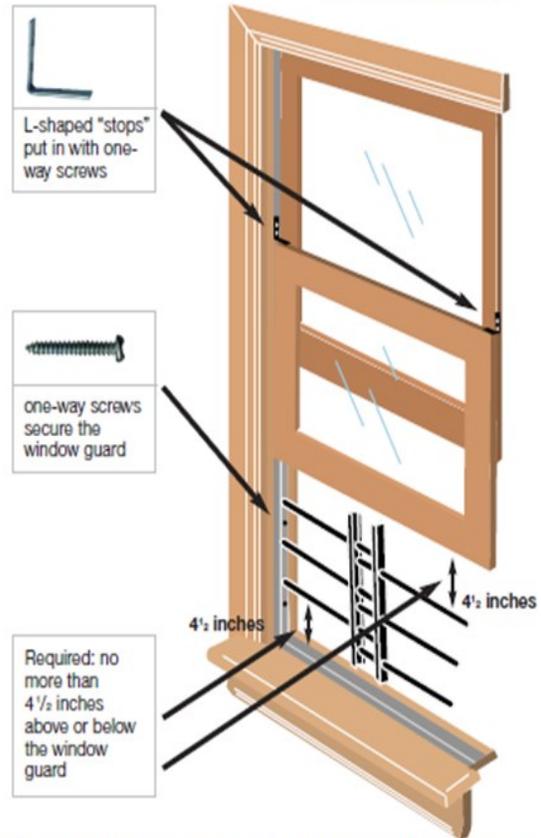

Every year, children fall from windows in New York City. Some die. Others are badly hurt. Even a fall from a first-floor window can kill a child! Window falls can happen in a second. But window guards can prevent them.

Screens keep bugs out, but they do not prevent window falls. Only window guards prevent window falls.

All window guards must be approved by the Department of Health and Mental Hygiene*. And every window guard must be put in right and screwed in tight with one-way or tamperproof screws. *It's the law!* Make sure your window guards are 1) approved, and 2) properly installed.

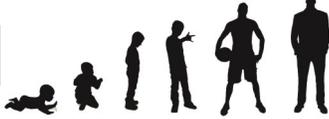
2

An approved, properly installed window guard



*All approved Window Guards carry a Department of Health and Mental Hygiene approval number (example: HDWG 03-77-15) and the manufacturer's model number (example: 1123-S). Look for these numbers on one of the bars.

3



Landlords MUST install and maintain window guards



If you live in a building that has 3 or more apartments, and a child age 10 years or younger lives with you, window guards are required (even on the first floor). Every window in the apartment must have a window guard, except windows leading to fire escapes. In buildings with fire escapes, window guards must be left off one window in each ground-floor apartment so the

window can be used as an emergency exit. All public hallway windows must have window guards, too.

Even if you do *not* have a child 10 or younger living with you, you still can have window guards if you want them. For example, you might want window guards to protect children who visit or for whom you care, including children with special needs. You don't have to give a reason. If you ask for window guards, they have to be installed. But, remember, if a child 10 years of age or younger lives with you, there is no choice — they **MUST** be installed. *It's the law!*

Landlords — NOT you — must install and repair all window guards.*

If a child age 10 or younger lives in your apartment, the law says you must:

- Tell the landlord
- Allow the landlord to install window guards
- Not take down, change, or remove any part of a window guard

4

Landlords must also provide window guard notices

Window guard notices tell landlords which apartments require window guards. All tenants who get them have to complete and return them to the landlord. *It's the law.*

When you sign a lease, your landlord must give you a form that says **WINDOW GUARDS REQUIRED: Lease Notice to Tenant**. Your landlord must give you the lease notice within the first 30 days after you start renting. It is part of your lease.

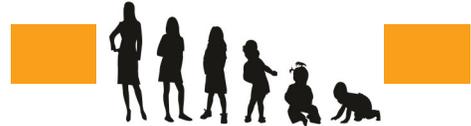
Every year after that, between January 1 and January 16 (or earlier with your January rent bill), your landlord must give you another notice to fill out and return to let the landlord know if a child 10 years of age or younger lives in your home, or if you want window guards for any other reason. This notice has **ANNUAL NOTICE TO TENANT OR OCCUPANT** on top. You **MUST** return this notice promptly. Both notices may also ask about the ages of the children living with you to determine the need for lead paint inspections.

If you own or live in a co-operative and you need or want window guards, the management — *not you* — must install and maintain them.

If you own a condominium and need or want window guards, you — *the owner* — are responsible for installing and repairing them. (Some condo managers do install window guards in apartments, although it is the owner's responsibility. Check with your manager.) Halls in the condo are always the management's responsibility.

* The New York State Division of Housing and Community Renewal has established the following scale of a pass-along fee for rent controlled and rent stabilized apartments which may be imposed a month after the installation of window guards: a one time \$10.00 per window guard maximum fee which may be pro-rated or amortized over a period of one year, two years, or three years, in equal monthly payments according to the option elected by the tenant. For more information, call the New York State Division of Housing and Community Renewal at 718-730-6400.

5



Window guards **MUST** be put in right and screwed in tight

Only window guards approved by the Department of Health and Mental Hygiene can be installed. They must be made of strong metal. And they must — by law — be *put in right* and *screwed in tight*. Otherwise they won't work.

- If a window guard feels loose when you push and pull the bars, it could fall out when a child leans or climbs on it.
- A window guard must be screwed in tight on both sides with one-way or tamperproof screws approved by the Department of Health and Mental Hygiene. If it is loose on *either* side, it has not been put in right.
- If the window guard is screwed into a rotting or loose window frame, it could come loose or fall out.
- On regular (double-hung) windows, 2 L-shaped stops should be screwed into the window tracks — one on each side — to keep the bottom window from opening too high. If the 2 L-shaped stops are not there, the window guard is not safe. **It is against the law to take out the L-shaped stops, the screws, or any part of the window guards.**
- When the L-shaped stops are properly installed, there must be no more than 4 1/8 inches of space above or below the window guard, even when the window is all the way open. There should be *no* space big enough for a baby's head to get through. If a 5-inch ball can fit through *any* window opening, the window guard has not been put in right.
- Your apartment might not have regular (double-hung) windows. **If you have a different kind of window**, special window guards or alternative stopping devices approved by the Department of Health and Mental Hygiene must be used.

6

If you live in a 1- or 2-family house . . .

Owners of 1- and 2-family houses are not required by law to install window guards — even if children 10 years of age or younger live in the house or apartment.

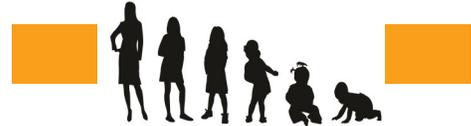
Children fall from windows in 1- and 2-family homes every year. Even falls from the ground floor can badly hurt or kill a child. If you own your house, you can have window guards installed or do it yourself.

If you rent an apartment in a 1- or 2-family house, you can ask the owner or landlord to put in window guards. You can offer to pay for the window guards. And you can ask the landlord to let you have them installed, or to let you do it yourself.

Protect children from window falls

- NEVER leave a child alone in a room where there are open windows that do not have window guards.
- If your window guards aren't installed yet, keep your bottom windows closed. Open only your top windows for fresh air.
- Keep furniture that children can climb on *away* from all windows.
- NEVER let a child play:
 - On a fire escape
 - On a roof
 - In halls with windows that do not have window guards
 - Near elevator shafts
 - Near steps or stairs

7



Protect the Ones you Love

Protect the ones you love

Burns 

 **Drownings**

Falls 

 **Poisonings**

Road Traffic Injuries 

Child injuries are preventable

www.cdc.gov/safecild



Protect the Ones You Love

Protect the Ones You Love Child Injuries Are Preventable

“Protect the Ones You Love: Child Injuries Are Preventable” is a CDC initiative to raise parents’ awareness about the leading causes of child injury in the United States and how they can be prevented. Working together, we can keep our children safe and help them live to their full potential.

Go to www.cdc.gov/safechild to find tools you can use to make a positive difference in a child’s life.

- E-cards
- Event Planning Guide
- Fact Sheets
- Media Outreach Guide
- National and State-specific Data
- Podcasts
- Poster
- And more...



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ThriveNYC: A Mental Health Roadmap for All

Thrive NYC

A Roadmap for
Mental Health
for All



The City of New York
Mayor Bill de Blasio

Chrlene I. McCray
First Lady of New York City
Board Chair, Mayor's Fund
to Advance NYC

Richard R. Busary Jr.
Deputy Mayor for Strategic
Policy Initiatives

Mary T. Bossert, MD, MPH
Commissioner
Department of Health
and Mental Hygiene





Mayor de Blasio, First Lady McCray Release ThriveNYC: A Mental Health Roadmap for All

Many New Yorkers are suffering, even though mental health problems are treatable. In addition to the human toll, failure to adequately address mental illness and substance misuse costs New York City's economy an estimated \$14 billion annually in productivity losses. ON November 23, 2015 Mayor de Blasio and First Lady Chirlane McCray released ThriveNYC, a plan of action, developed with experts, providers and communities, will guide city toward more effective mental health system.

ThriveNYC sets forth a plan to make sure that New Yorkers can get the treatment that they need – and lays out an approach that will improve the mental well-being of all New Yorkers. The plan sets forth six principles for achieving long-term change:

- **Change the culture** by making mental health everybody's business and having an open conversation about mental health.
- **Act early** to prevent, intervene more quickly and give New Yorkers more tools to weather challenges.
- **Close treatment gaps** by providing equal access to care for New Yorkers in every neighborhood.
- **Partner with communities** to embrace their wisdom and strength and to collaborate for culturally competent solutions.
- **Use data better** to address gaps and improve programs.
- **Strengthen government's ability to lead** by coordinating an unprecedented effort to support the mental health of all New Yorkers.

Taken together, these principles outline a

public health approach to mental wellness that charts a path toward a healthier and happier future for all New Yorkers. ThriveNYC focuses on promoting mental health, preventing illness, and detecting problems early, in addition to treating mental illness.

ThriveNYC highlights include:

- **Mental health First Aid Training:** The City will fund and facilitate the training of 250,000 New Yorkers, to better recognize the signs, symptoms and risk factors of mental illness and addiction and more effectively provide support.
- **Public awareness campaign:** A city-wide public awareness campaign will reshape the conversation around mental health, promoting mental wellness and early intervention and educating New Yorkers about how to get services.
- **NYC Mental Health Corps:** The city will hire 400 clinicians and recently graduated Masters and Doctoral-level clinicians to work in substance abuse programs, mental health clinics and primary care practices in high-need communities throughout the city. When fully staffed, this Corp can provide 400,000 additional hours of service.
- **Mayor's Conference for Mental Health:** In 2016, the City of New York will host the first Mayor's Conference for Mental Health. The conference will bring cities together to share new ideas and promising initiatives and send a strong message that mental wellness must play a central role in ongoing policy development.

- **Mental Health in Schools:** Building on the expansion of mental health services in Community Schools, the City will hire 100 School Mental Health Consultants who will work with every school citywide to ensure that staff and administrators have an outlet to connect students with immediate needs to care.

For an overview of or to download ThriveNYC, go to <https://thrivenyc.cityofnewyork.us/>

- **Source:** www.nyc.gov

"...failure to adequately address mental illness and substance misuse costs New York City's economy an estimated \$14 billion annually in productivity losses."

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OFFICE OF CLINICAL PRACTICE, POLICY AND SUPPORT

ACS-Division of Child Welfare Programs

The Office of Clinical Practice, Policy and Support is responsible for the planning, development and oversight of clinical policy and practice in the areas of mental health, substance use, and domestic violence issues affecting children and families. The Office is comprised of 6 units that develop structure and resources to provide consultation, training and technical assistance to ACS and provider agency staff. We collaborate closely with City and State stakeholders including the New York State Office of Mental Health (OMH), the New York State Office of Child and Family Services (OCFS), the New York State Office of Alcoholism and Substance Abuse Services (OASAS), the New York City Department of Health and Mental Hygiene (DOHMH), the New York City Department of Homeless Services (DHS), NYC's Human Resource Administration (HRA), the Mayor's Office to Combat Domestic Violence, as well as other key areas within ACS. We strive to strengthen our practice and ensure that ACS achieves its priorities for those we serve. Below is a brief overview of each of our units.

CLINICAL CONSULTATION PROGRAM (CCP)

Michael Hernandez, Director 212-341-8940

CCP was designed to enhance decision making and case outcomes through use of consultant teams with specialized knowledge and skills in mental health, domestic violence and substance use. The program places clinical consultation teams in ACS Borough Offices throughout New York City. The CCP Teams partner with ACS child protection and provider agency staff to build capacity, promote best practice, and enhance efforts to serve children and families through case consultation,

office based training, and appropriate community-based referrals.

DOMESTIC VIOLENCE PRACTICE, POLICY AND SUPPORT (DVPP)

Indira Ramsaroop, Senior Policy Analyst 212-341-8956

Denise Walden Greene, Senior Policy Analyst 212-341-8964

This unit works to inform ACS services and practice so that families and children affected by domestic violence are identified and receive the services they need. DVPP supports capacity-building and adherence to best practice, and achieves its goals through consultation, technical assistance, training, inter- and intra-agency collaboration and community outreach. The unit develops policy, formulates practice guidelines and protocols, and works collaboratively within ACS and with external partners to identify and address and develop domestic violence policies, formulate practice guidelines and protocols, and inform best practice.

MENTAL HEALTH COORDINATION UNIT (MHCU)

Gita Thadhani, Director 212-341-2671

The Mental Health Coordination Unit (MHCU) is responsible to track psychiatrically hospitalized children in foster care and provide mental health technical assistance to case planners as requested. The three criteria for MHCU eligibility are: A child is in ACS Custody, under age 18, and is admitted to an acute psychiatric inpatient unit (not an Emergency Room, Children's Comprehensive Psychiatric Emergency Program, Extended Observation Bed, or State hospital). MHCU must be notified of admissions and discharges within 24 hours. We work closely with case planning teams, acute hospitals that

have inpatient child and adolescent psychiatric units, and OMH.

MENTALHEALTH EVALUATION PROGRAM (MHEP)

Rae McMillan, Director 212-341-0968

The Mental Health Evaluation Program (MHEP) through its citywide contracted vendor performs mental health evaluations for children and/or family members involved in the child welfare system at no charge to the family. These evaluation referrals may be court-ordered or may be requested by ACS staff in the Division of Child Protection. Preventive and/or Foster Care cases that are active with DCP can also be referred.

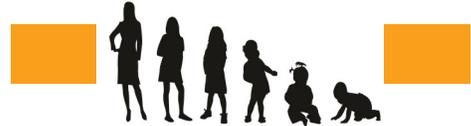
MENTAL HEALTH CLINICAL PRACTICE POLICY & SUPPORT

Nancy Chapman, Senior Mental Health Advisor 212-442-8567

This unit is responsible for promoting mental health best practice through technical assistance, training, case review, facilitation and support. The unit is also responsible for assessing mental health needs within the child welfare system and developing operational mechanisms, protocols and programs to address these needs, both within Children's Services and in collaboration with other governmental agencies. The unit also participates in the Office of Mental Health Pre-Admission Certification Committee (PACC) review meetings and provides technical assistance for this process.

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SUBSTANCE USE DISORDER SERVICES (SUDS)

*Shernet Neufville-Gray, Director
212-341-3134*

This unit is responsible for creating and maintaining the on-going cross-systems collaboration with Provider Agencies, the Office of Alcoholism and Substance Abuse Services (OASAS) and the ACS Division of Child Protection to oversee the unique implementation of Substance Use Disorders screening, assessments and referral and treatment by CASACs in each of the ACS Borough Offices.

We partner with Federal, State and City Agencies to expand the resources available to our staff and clients to assist with training, as well as engagement of clients so as to improve our outcomes with this population. The unit strives to support staff and families by bringing evidence-based practices in Substance Use Services to our client population in a way that improves client's show-rate for treatment and ultimately outcomes. We utilize data driven decision making to evaluate outcomes and plan for improvement.

ATLAS PROJECT

*Valerie Dewberry, Project Coordinator
212-341-8997*

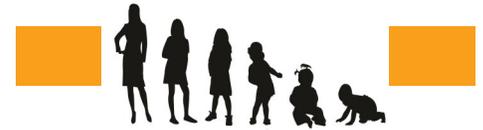
The Atlas Project, which is funded through the Administration for Children, Youth and Families, aims to make changes to New York State's child welfare system that improve the social and emotional well-being of children by applying a trauma lens across systems. The Atlas Project will bring therapeutic foster care and mental health providers together to share information and better coordinate services. The Atlas Project's key activities include trauma screening and assessment as well as treatment using the Trauma Systems Therapy (TST) model developed by Dr. Glenn Saxe.



**Standing: Gitanjali Thadhani, Michael Hernandez, Andrea Goetz, Rae McMillan, Indira Ramsaroop.
Sitting: Shernet Neufville-Gray, Valerie Dewberry, Nancy Chapman**

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Hidden in Plain Sight; Teen Suicide Crisis and the Unheeded Call to Action

Michelle Sicignano, ACS Clinical Consultant

In the last week in one city in the United States five teenager suicides occurred. Five young people, barely out of childhood, not yet old enough to vote, some not even old enough to drive, ended their lives. Though these tragic losses occurred in New York City, it could be any city or any community across the nation. Headlines abound with sad, disturbing stories of teen suicide clusters, of 7 and 8 year olds who kill themselves or try to at school and at home, of teens jumping in front of trains, of the growing emotional distress facing our nation's youth across socioeconomic, race, and gender lines.

The Center for Disease Control notes suicide is a growing cause for concern citing the need for more research to study the steady rise in suicide related deaths. Newsweek and Date Line investigate "The Suicide Epidemic" and "Teen Suicide Clusters." There is no doubt that suicide is a growing public health crisis and limited public awareness campaigns have done little to end the stigma against mental illness and have failed to reduce increasing suicide rates.

We are more exposed to news bytes and commercials or infomercials featuring adults who go through life with a gray cloud over their heads hawking alternatively antidepressants or medication free cures, older couples preparing for intimacy pushing erectile dysfunction meds, and the debate regarding children on the autism spectrum and whether or not immunizations are a contributing factor then we are regarding adolescent depression,

mental health and suicide and self-harm statistics. We are especially informed as to where to go for help and what products to use to look better, lose weight and get rich quick and often see heartbreaking commercials lobbying for funds to prevent against cruelty to animals, yet have never seen commercials frankly discussing the reality of teen mental illness and suicide.

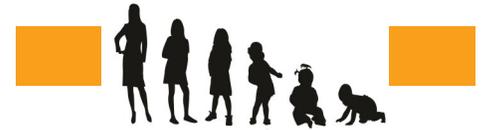
The disturbing reality in New York State is that is suicide is the 3rd leading cause of death in children age 10-14, the 2nd in young people 15- 24, and the 12th leading cause of death for children age 5-9. Roughly 4600 adolescents between the ages of 10-14 commit suicide annually in the US, and about 12 youth suicides occur daily. Over half a million adolescents attempt suicide annually and over 20% of all high school students report having seriously considered committing suicide. In New York City at least 30% of public high school students experience depression annually, 10% report a suicide attempt, and 3% experience an attempt that requires medical care." Despite this crisis, and the knowledge that as many as 90% of the people who die from suicide have a diagnosable mental health problem, less than one-third of people in need of mental health services ever engage in appropriate, effective treatment.

Self-harm is the 5th leading cause of non-fatal injury in 5-9 year olds, the 2nd in youth 10-14 and in the 15-24 age groups. Mental disorders is the 7th leading cause of hospitalization in NYC for children age 5-9 and the 2nd leading cause of hospitalization 10-15 and 15-24 age groups. Yet

these statistics only account for a small portion of youth in psychiatric distress, the 30% who get some degree of help.

We know that treatment works. 80-90% of all adolescents that receive treatment for depression are successfully treated often with a combination of therapy and medication. So why do only about a third of those experiencing mental illness seek help? How do we bridge the gap and get more of those in need of treatment into effective treatment? How do we reach youth and their caregivers in a meaningful way? How do we alleviate parent's fears regarding stigma and the use of antidepressants in children and adolescents, and how do we raise awareness that children can be depressed and suicidal and yes, adolescent angst is normal, but normal angst is not adolescent depression. Adolescent depression is a very real, fairly common, very treatable illness which, if left untreated, is potentially lethal.

We must begin by normalizing mental illnesses in the same way we normalize juvenile diabetes, strep throat, and the flu. All of these common diseases, if left untreated can worsen and cause devastation and even death. Mental illness is no different, yet we often do not insist on full, immediate and appropriate treatment. We write off emotional distress as moodiness, irritability, hormonal changes, peer struggles, school struggles, teenage drama, attention seeking, and a whole host of excuses which serve to help us avoid looking at emotional wellbeing and recognizing anxiety, depression, and other



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mental disorders which may be negatively impacting our children. We fail to see emotional distress in driven teens working hard to maintain perfect averages and the immense pressure they are under. We fail to look at school avoidant and truant kids, and instead see “behavior problems,” poor family dynamics, violent neighborhoods, and other social problems that allow us write off any underlying mental illness which is very amenable to treatment. We rule out the possibility of treatable mental illness before we have even acknowledged the scope of the problem. We may be uniformed about warning signs, afraid to address concerns over fear of triggering some suicidal impulse, or simply not able to recognize and acknowledge that children and adolescents may be in potentially serious emotional distress. Our own fears may blind us to potential risks.

Since we don’t normalize the issue, we don’t openly discuss and acknowledge this major health crisis, funding for outreach, mental health and other social programs which help build supports and resilience get cut, routine screenings which may help are seen as an invasion of personal rights, and, as in much of life, people are afraid to get involved or speak up. We don’t want to be alarmist, or have a friend get mad, or perhaps we are simply unsure of how to help.

Help we must though. We must recognize that many depressive and anxiety illness have a basis in and impact upon physical health and concerns should be raised with doctors without fear of stigmatization. We must realize that males

are about 4 times more likely to commit suicide than females; however females express higher rates of suicidal ideation, make more non-fatal attempts and suffer rates of depression at 2 to 1 compared to males. We must realize that impulsivity, a normal part of adolescence is also a risk factor for suicide. We must realize that the strongest risk factors for attempted suicide in youth are depression, substance abuse, and aggressive or disruptive behaviors, that there 25 attempted suicides to one completed suicide with the ratio even higher in youth, and that there are biological risk factors, psychological risk factors, social risk factors and stressors such as death of loved one, bullying, or loss of a home which can all increase potential risk. We must take all suicidal statements and gestures seriously and insist upon full, professional evaluations and consistent ongoing treatment the same as we would if our children had diabetes or asthma, or our partners had erectile dysfunction or rheumatoid arthritis.

“Anyone can experience the depressive, stressful or traumatic feelings that can lead to suicide, no matter what their education, economic or social standing or personal relationships.” It’s time to take children and adolescents, and how do we raise awareness that children can be depressed and suicidal and yes, adolescent angst is normal, but normal angst is not adolescent depression. Adolescent depression is a very real, fairly common, very treatable illness which, if left untreated, is potentially lethal.

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"Anyone can experience the depressive, stressful or traumatic feelings that can lead to suicide, no matter what their edu-

cation, economic or social standing or personal relationships." It's time to take off our rose colored glasses regarding children and mental illness, end the stigma related to mental illnesses which are much more common than many people may be comfortable with, and engage appropriate resources and treatments, promptly and vigorously. That is how we respond to this unacknowledged crisis and answer this silent call to action. That is how we begin to address teen suicide, and how we affect more positive outcomes across the life span for millions of people annually. Don't stigmatize mental illness. Don't look the other way if we suspect someone is in crisis. Don't cut funds for community and school based mental health clinics. Don't assume the family will or can address concerns, they may not recognize concerns or, like you, they may want to believe it is just normal teen angst and will blow over. Even one adolescent or child suicide is too much. 5 adolescent suicides in one week in one of the wealthiest, most culturally rich and diverse, educated, and well equipped cities in the world is an incomprehensible failure.

Rep. Tim Murphy Congressman for 18th District of Pennsylvania; Chairman, Energy & Commerce Subcommittee on Oversight & Investigations.

Centers for Disease Control statistics.

The Samaritans of New York, Inc. 2011; NYC Guide to Suicide Prevention, Services and Resources.

<http://www.nami.org/NAMI/media/NAMI-Media/Infographics/Children-MH-Facts-NAMI.pdf>

Source: Statewide Planning and Research Cooperative System, NYS DOH, updated March 2013. Analyzed by: Injury Surveillance and Prevention Program, Bureau of Environmental Disease Prevention, NYC DOHMH.

<http://www.nyhq.org/diw/content.asp?pageid=P00767>

[pageid=P00767](http://www.nyhq.org/diw/content.asp?pageid=P00767)

The Samaritans of New York, Inc. 2011, NYC Guide to Suicide Prevention, Services and Resources

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... "suicide is a growing cause for concern citing the need for more research to study the steady rise in suicide related deaths."

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Casework Tips Regarding Mental Health Evaluations

In our daily assessments, interventions and decision-making with our families, we may find ourselves sometimes struggling about whether to make a referral for mental health services. What is clear is that when families are struggling with problems or issues in the home it is helpful to have a mental health evaluation. This article hopes to explain:

- ◆ Purpose of a mental health evaluation and how it is helpful to children and families
- ◆ Who does mental health evaluations?
- ◆ What comprises a mental health evaluation?
- ◆ Casework planning after a psychiatric/psychological evaluation

Purpose of a mental health evaluation and how it is helpful to children and families

The purpose of a mental health evaluation is to help assess the support that a client or their family may need in order to function better as a family. The evaluation can help uncover contributing factors of problems which may be linked to mental health and/or emotional problems and cognitive disabilities or developmental disabilities. The problems for which one would have an evaluation can be based on sudden arising problems such as a panic attack or thoughts of suicide. There may be also the more long-term issues such as feelings of sadness, hopelessness or anxiousness that never seem to go away.

When conducting assessments on our families, below are some red flags or concerns that may lead to a referral for a mental health evaluation:

Depression, anxiety, bizarre behavior, self-medicating, previous hospitalization for mental health issues, sporadic behavior management issues, early age onset of drug/alcohol use, strong fears, paranoia, aggression, sexual abuse, loss, trauma related issues including emotional and physical abuse, family history of mental health, defiant, truant, excessive irritation, signs of post-traumatic stress disorder including flashbacks, compulsive behaviors, hoarding, psychosis including believing that someone is spying on them or hearing voices that other persons are not able to hear, previously prescribed medication for mental health reasons, prior therapy, homicidal ideations, eating disorders and poor money management.

A mental health evaluation may also provide a platform for the family to speak about problems/issues that impair their capacity to best help themselves **or** their children.

Who does mental health evaluations?

Mental health evaluations are done by **psychologists and psychiatrists.**

- A *psychiatrist* is a medical doctor (MD with special training in emotional and mental illness. A psychiatrist is able to do psychiatric evaluations, conduct psychotherapy and prescribe medications and other medical treatments. A psychiatrist

does not perform psychological evaluations.

- A *psychologist* has a doctorate in Psychology (PhD) or another advanced degree, most commonly in clinical psychology and has extensive post-doctoral training in research and psychotherapy. Some psychologists specialize in psychological testing and evaluation. Psychologists treat mental disorders through the use of psychotherapy.

What comprises a mental health evaluation?

Psychological Evaluations:

- A psychological evaluation focuses upon the use of psychological testing to ascertain the intellectual and emotional health of the client. Testing involves the use of tests such as questionnaires and check lists. Psychological testing is not like taking a multiple choice exam that you either pass or fail. Psychologists use the information from the various tests and assessments to reach a specific diagnosis and develop a treatment plan.

Psychological tests include:

- A clinical interview. When a psychologist speaks to a client about his or her concerns and history, they are able to observe how the client thinks, reasons and interacts with other people. Assessments may include interviewing other people who are close to the client, such as teach-

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ers, coworkers or family members.

- Intelligence tests [IQ tests] and other Cognitive tests such as the Wechsler Adult Intelligence Scale [WAIS-IV] and the Wechsler Intelligence Scale for Children [WISC-IV]
- Objective Tests of personality functioning such as the Minnesota Multiphasic Personality Inventory [MMPI]
- Neuropsychological testing which includes specifically designed tasks to measure psychological functioning known to be linked to a particular part of the brain. They are used when there are suspicions of dementia -Alzheimer's, serious cognitive deficits, severe memory deficits, significant head injury or trauma. *The neuropsychological testing is generally recommended by a psychologist.*

Specialty evaluations include fire setting risk, sex offending risk, special sensory needs (blind, deaf), and forensic evaluations that are generally used in TPRs, criminal and custody cases. These evaluations are conducted by psychologists that are specialized in the respective fields.

The psychological evaluation report also consists of the present problems, a developmental history, a report on the results of the IQ, Objective tests, and recommendations.

Note: It is not recommended that a psychologist perform another psychological evaluation if one has been done in the last six months

Psychiatric Evaluations:

A psychiatric evaluation can be done at any time and reports on the current psychiatric status of a client.

The evaluation frequently includes the following:

- Descriptions of a client's present emotional problems and symptoms
- Information about health, illness and treatment both physical and psychiatric including current medications.
- Family Health and psychiatric histories
- Information on a client's development
- Information about family and work relationships.

The psychiatrist then develops a formulation and recommendations. A formulation describes the client's problems. Biological, psychological and social aspects of the problem are combined in the formulation with the history of strengths and vulnerabilities of the client. Psychiatric evaluations are typically for medication.

Casework planning after a psychiatric/psychological evaluation

The recommendations from the psychological/psychiatric report provide caseworkers with an understanding on how to plan and coordinate services to lessen the threat of harm to a child and lower the vulnerability of the family. It is important for the worker assigned to the

case to follow-up on the recommendations from the psychiatric and psychological reports in order to best strengthen the family, reduce risk and ensure safety and well-being.

It is helpful to consult with your office's Clinical Consultation Program to help with the understanding of the client's evaluation and recommendations. Staff is encouraged to refer our families to PPRS.

Special thanks to the OCPPS/MHEP Team for this article.

Director, Rae McMillan, LCSWR
 Program Coordinator, Mirva Michel
 Psychologist Consultant, Stephen Ruffins, PhD
 Contact info: mhep@acs.nyc.gov

The purpose of a mental health evaluation is to help assess the support that a client or their family may need in order to function better as a family.

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Workplace Stress and Staff Wellness

by Nancy Chapman, Ms Ed., CRC, CASAC
Senior Mental Health Advisor, Office of Clinical Practice, Policy & Support

Many ACS employees spend more than the American average of 45 hours at work each week. Our work environments affect our health and wellbeing. Stress has a large impact on employee mental and physical health and this may manifest itself as a decrease in job satisfaction, morale and production. It is critical that we learn how to manage stress and take good care of ourselves. Balance is key. In a stressful workplace, every individual will be experiencing a unique response based on their perceptions of the problem and their personal reactions to it. Being mindful of these interactions in our workplace may help us put our feelings and behavior into perspective. Our reactions depend on a number of factors including past experiences and trauma, culture and physical and mental health.

Common workplace stressors:

- Staff members don't feel as though they're equipped to do their specific tasks. They may need information, support, training, or resources to reinforce existing skill or to learn new ones
- Employees feel little or no sense of control over what they do each day, their skills are not well utilized and/or there is little room for advancement.
- Individuals feel unsupported or even disrespected by coworkers and/or supervisors.

- Workers would like to be able to speak more honestly to their supervisor without worry about job security.
- Many employees feel the need to put their jobs ahead of their own health, families and/or personal lives.
- Staff members are exposed to excessive heat/cold and air pollution or loud noises.
- Individuals may be victims of sexual harassment or bullying from coworkers.
- Employees face dangerous or potentially violent conditions - sometimes from working with the families they serve.

Most stressful events in our lives are short lived, and the symptoms are temporary. We use our coping skills to help us get through those times. But, when we are under a prolonged time of stress, our personal coping skills may no longer be enough. We may feel blah or in pain and drag ourselves around from morning until we get home again. We may not have had a goodnight's sleep in months. We may be on an emotional rollercoaster. We might become self-destructive in the hopes that we find some relief. When long-term stress goes unaddressed, it can seriously affect the way we think, act, and feel.

Signs of burnout:

- Becoming very critical at work
- Being late/missing a lot of days

- Dragging yourself to the job
- Lacking energy to get work done
- Feeling dissatisfied with your achievements
- Feeling disillusioned by your job
- Change in sleeping, eating and alcohol consumption
- Body aches, colds/coughs and other health issues

We are in the field we are in and do the work that will help our children and families. It can be incredibly difficult to do what we do and to keep some balance in our lives, so we can stay happy and joyous. It is critical, no matter where we are in life, to take responsibility for ourselves and to be the best that we can be, - on any given day. This way we are able to do what we can for our collective families and for our colleagues. There are so many fabulous ways to honor ourselves, our bodies and our minds.

Strategies for Self-Care:

- Plan and take vacations
- Take mental health days
- Don't do working lunches
- Take five-minute breaks
- Do deep breathing exercises
- Have a break buddy
- De-stress between work and home
- Self-assess on a regular basis
- Spend time with friends and family

Resources: www.dayoneny.org and MHA of NY – *Staying in Balance*

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BE THE REASON THEY'RE STILL A FAMILY

Help NYC siblings grow up together by becoming a Foster or Adoptive Parent

Call **311**,
search **nycfoster** at nyc.gov

Or text **reason** to 877877

Standard text messaging rates may apply. Check with your local provider.



Michael R. Bloomberg
Mayor
Ronald E. Richter
Commissioner

MAY IS NATIONAL FOSTER CARE MONTH



FOSTER CARE FAMILY STRONG

Strong Families NYC – A Focus on Permanency and Well-Being

Strong Families NYC is a new ACS initiative funded through Title IV-E aimed at building strong families by ensuring that parents, children and foster parents receive the supports that will help reduce the trauma of out-of-home placement and speed up permanency for children who have been placed in ACS care.

In 2013, the federal and state governments granted ACS a five-year waiver from the requirements that determine how local governments spend their federal child welfare dollars. In 2014, ACS launched Child Success NYC (CSNYC), the first part of its waiver initiative. Through CSNYC, the agency introduced and funded key improvements to services provided by all 23 of our contracted family foster care providers. Through the use of innovative, research-based strategies, CSNYC resulted in reduced foster care caseloads and introduced the CANS-NY trauma-informed functional assessment tool, which helps case planners identify each foster child's strengths and needs in order to provide the most appropriate services and supports.

Strong Families NYC is an expansion of the initiative to include two highly regarded, evidence-based interventions:

- Attachment and Biobehavioral Catch-up provides young children and their caregivers with a 10-week intervention that boosts bonding and attentive caregiving. The program's tightly structured in-home coaching sessions offer caregivers—including parents, foster parents and kin—encouragement and support to strengthen their response to their infant's or toddler's emotional and

behavioral cues. A young child's ability to form secure attachments is a proven, powerful protective factor against stress and trauma and is associated with lifelong positive outcomes.

- Partnering for Success builds new bridges between foster care case planners and mental health clinicians to address the challenges of providing appropriate behavioral and mental health care for children and families. Through this model, foster care agencies will be better equipped to assess mental and behavioral health needs. Case planners work closely with clinicians to improve access to trauma-informed Cognitive Behavioral Therapy (CBT+), which has been proven effective in addressing anxiety, depression, behavioral issues and trauma, and to improve child and family well-being.

Partnering for Success training is being rolled out to family foster care agency staff and mental health clinicians through our new ACS Workforce Institute, in partnership with CUNY's School of Professional Studies. Implementation began in the Bronx in January and is being implemented by borough, with staff from 18 foster care providers and their mental health partners expected to complete their three-day classroom training this year.

Attachment and Biobehavioral Catch-up began in the Brownsville and East New York neighborhoods of Brooklyn in October and recently expanded borough-wide. The program will expand to all five boroughs and provide services to all 23 family foster care providers by 2018.

Strong Families NYC is being overseen by the Title IV-E Waiver Executive Govern-

ance Committee consisting of Family Permanency Services (FPS); Office of General Counsel (OGC); Policy, Planning and Measurement (PPM); and Financial Services.

Ina Mendez, Acting Assistant Commissioner of FPS's Office of Title IV-E Waiver Implementation and Monitoring, and **Kerri Smith**, Associate Commissioner of PPM's Office of Performance Measurement, Monitoring & Improvement and their staff are supporting the provider agencies and overseeing the implementation of Strong Families NYC.



Gladys Carrión, Esq., Commissioner

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The New York City Fatherhood Initiative Presents THE NYCDADS MATTER AWARDS

The Mayor's Citywide Fatherhood Initiative champions the message that dads matter.

This June the Initiative will present the Fifth Annual NYC Dads Matter Awards. The event will promote the importance of responsible fatherhood by recognizing 10 fathers from across the City who overcame challenges to become positive and consistent forces in the lives of their children. The event will also celebrate the four year anniversary of the launch of the Mayor's Fatherhood Initiative, highlight the City's progress in making our agencies "father friendly" and help create memorable moments between fathers and their children.

This will be one of many opportunities to show that, despite the crisis of father absence facing communities across the country, NYC Dads show up every day and are present and active in the lives of their child and communities.

Nominate a Dad today!



Do you know a great dad who resides in the five borough of New York City? Do you know a dad who has overcome the odds to play a positive and powerful role in the life of his child and his community? Do you know a dad who proves the point that NYC Dads Matter?

If so, please nominate him today! A selection committee comprised of community and government leaders will review the nominations and select 10 honorees to receive their awards in June.

Nomination Forms and Essays are due Wednesday, May 11, 2016.

To nominate an exceptional dad, complete the attached nomination form and type a three paragraph essay telling us how you know the potential honoree, the qualities that make him an exemplary father, and why you think he deserves a NYC Dads Matter Award. All nominees must be a father who actively participates in the life of his child, giving their health and welfare top priority.

Please note that nominations are open to the public and posthumous awards will not be given.



Email completed nomination form and three paragraph essay to:
nycdadsmatter@cityhall.nyc.gov or fax to 212-312-0789

For more information, please visit www.nyc.gov/yimi or call 311, just mention NYC DADS.

Your nominee(s) should not have any history of domestic violence, spousal abuse, child abuse or parental neglect and be current in child support payments and arrears, providing financial and emotional support his child.

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Reader's Comments 

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NYC | **YOUNG MEN'S
INITIATIVE**

DADS MATTER AWARDS

**Nominate a dad you know
who has overcome barriers
and challenges to become a
positive and consistent
force in the lives
of his child or children.**

**Visit www.NYC.gov/YMI to
make your nomination today.**

**Deadline for nominees
is May 11, 2016**

#DadsMatter





AWARENESS MONTHS

April						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

- National Autism
- Alcohol Awareness
- Sexual Assault Awareness & Prevention

May						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

- Mental Health Month
- National Asthma & Allergy
- National Physical Fitness & Sports
- National Women's Health
- Child Sex Trafficking

June						
Su	Mo	Tu	We	Th	Fr	Sa
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5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

- LGBTQ Pride Month
- Hernia
- Men's Health
- National Safety

July						
Su	Mo	Tu	We	Th	Fr	Sa
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3	4	5	6	7	8	9
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24	25	26	27	28	29	30
31						

- Juvenile Arthritis
- Cord Blood



LGBTQ

CHILDREN, YOUTH & FAMILIES

Nearly four years ago The NYC Administration for Children Services (ACS) established the ground breaking LGBTQ Office of Policy and Practice, with the vision of improving all outcomes for LGBTQ youth and families. With the help of the LGBTQ office, all youth who enter into ACS' system have a chance to feel respected, affirmed and empowered, all factors leading youth to thrive into healthy and happy adulthoods.

Since implementing the 2012 LGBTQ Policy, ACS made great strides to fulfill the need for safe, affirming and permanent foster care placements, by having a strong visible presence in all of NYC's borough wide Pride celebrations during the months of June through August. With the help of dedicated ACS staff members, The LGBTQ Office has been successful in seeking safe, affirming and loving homes by recruiting prospective foster and adoptive families.

The ACS LGBTQ Office of Policy and Practice invites you to join us for 2016 Pride celebrations.

ACS 2016 Pride Event Schedule

- LGBT Family Building Expo, **(Saturday, May 7)**
- Heart Gallery Pride Exhibit Kick-Off **(Wednesday, June 1)**
- Queens Pride **(Sunday, June 5, 10am- 6pm)**
- Brooklyn Pride **(Saturday, June, 11, 9am- 5pm)**
- Manhattan Pride **(Sunday, June 26, 9am- 6pm)**
- Bronx Pride **(TBD)**
- Staten Island Pride **(Saturday, July 16, 9am – 5pm)**
- Foster Parent Recruitment Event **(Wednesday, Sept 7, 6-8pm)**

For information on LGBTQ resources and for details on upcoming events, visit our website at www.nyc.gov/acs/LGBTQ or email us @ LGBTQ@acs.nyc.gov

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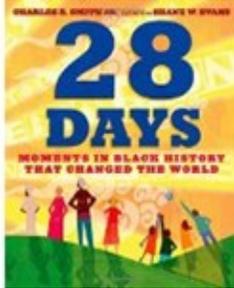
ACS Staff Recruit Foster Parents at the Manhattan Pride



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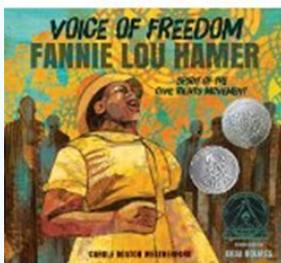


THE READING CORNER



Author: Charles R. Smith **Illustrator:** Shane W. Evans

28 Days: Moments in Black History that Changed the World - Each day features a different influential figure in African-American history, from Crispus Attucks, the first man shot in the Boston Massacre, sparking the Revolutionary War, to Madame C. J. Walker, who after years of adversity became the wealthiest black woman in the country, as well as one of the wealthiest black Americans, to Barack Obama, the country's first African-American president. With powerful illustrations by Shane Evans, this is a completely unique look at the importance and influence of African Americans on the history of this country.



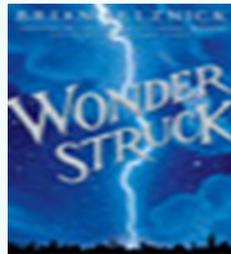
Author: Carole Boston Weatherford **Illustrator:** Ekua Holmes

"Voice of Freedom: Fannie Lou Hamer: The Spirit of the Civil Rights Movement"

"I am sick and tired of being sick and tired."

Despite fierce prejudice and abuse, even being beaten to within an inch of her life, Fannie Lou Hamer was a champion of civil rights from the 1950s until her death in 1977. Integral to the Freedom Summer of 1964, Ms. Hamer

the Democratic National Convention that, despite President Johnson's interference, aired on national TV news and spurred the nation to support the Freedom Democrats. Featuring vibrant mixed-media art full of intricate detail, *Voice of Freedom* celebrates Fannie Lou Hamer's life and legacy with a message of hope, determination, and strength.



Author: Carole Boston Weatherford **Illustrator:** Ekua Holmes

"Wonderstruck" - Ben and Rose are two children who both secretly wish their lives were different. Ben longs for the father he has never known, and Rose dreams of a mysterious actress whose life she chronicles in a scrapbook. When Ben uncovers a clue to his father's whereabouts in his mother's room and Rose reads an enticing headline in the newspaper, both set out alone on desperate quests to find what they are missing. Set fifty years apart, these two independent stories - Ben's told in words and Rose's in pictures - weave back and forth with mesmerizing symmetry. How they unfold and ultimately intertwine will surprise you, challenge you, and leave you and your children breathless with wonder. Prepare to be wonderstruck by this fantastically conceived and stunningly wrought novel.



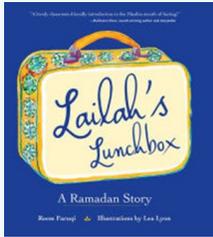
Author: Marilyn Hilton

"Full Cicada Moon" - It's 1969, and the Apollo 11 mission is getting ready to go to the moon. But for half-black, half-Japanese Mimi, moving to a predominantly white Vermont town is enough to make her feel alien. Suddenly, Mimi's appearance is all anyone notices. She struggles to fit in with her classmates, even as she fights for her right to stand out by entering science competitions and joining Shop Class instead of Home Ec. And even though teachers and neighbors balk at her mixed-race family and her refusals to conform, Mimi's dreams of becoming an astronaut never fade—no matter how many times she's told no.

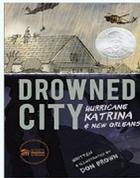
This historical middle-grade novel is told in poems from Mimi's perspective over the course of one year in her new town, and shows readers that positive change can start with just one person speaking up.



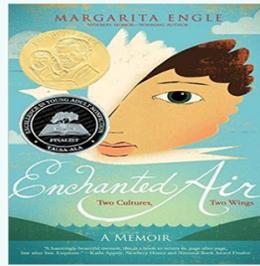
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Author: Reem Faruqi
“Lailah's Lunchbox: A Ramadan Story” - Lailah is in a new school in a new country, thousands of miles from her old home and missing her old friends. When Ramadan begins, she is excited that she is finally old enough to participate in the fasting but worried that her classmates won't understand why she doesn't join them in the lunchroom. Lailah solves her problem with help from the school librarian and her teacher and in doing so, she learns that she can make new friends who respect her beliefs.



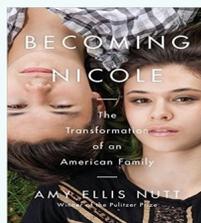
Author: Don Brown
“Drowned City: Hurricane Katrina and New Orleans” - On August 29, 2005, Hurricane Katrina's monstrous winds and surging water overwhelmed the protective levees around low-lying New Orleans, Louisiana. Eighty percent of the city flooded, in some places under twenty feet of water. Property damages across the Gulf Coast topped \$100 billion. One thousand eight hundred and thirty-three people lost their lives. The tale of this historic storm and the drowning of an American city is one of selflessness, heroism, and courage—and also of incompetence, racism, and criminality.



Author: Margarita Engle **Illustrator:** Edel Rodriguez
“Enchanted Air: Two Cultures, Two Wings: A Memoir” - In this poetic memoir, Margarita Engle, the first Latina woman to receive a Newbery Honor, tells of growing up as a child of two cultures during the Cold War.

Margarita is a girl from two worlds. Her heart lies in Cuba, her mother's tropical island country, a place so lush with vibrant life that it seems like a fairy tale kingdom. But most of the time she lives in Los Angeles, lonely in the noisy city and dreaming of the summers when she can take a plane through the enchanted air to her beloved island. Words and images are her constant companions, friendly and comforting when the children at school are not.

Then a revolution breaks out in Cuba. Margarita fears for her far-away family. When the hostility between Cuba and the United States erupts at the Bay of Pigs Invasion, Margarita's worlds collide in the worst way possible. How can the two countries she loves hate each other so much? And will she ever get to visit her beautiful island again?



Author: Ann Ellis Nutt
“Becoming Nicole: The Transformation of an American Family” - When Wayne and Kelly Maines adopted identical twin boys, they thought their lives were complete.

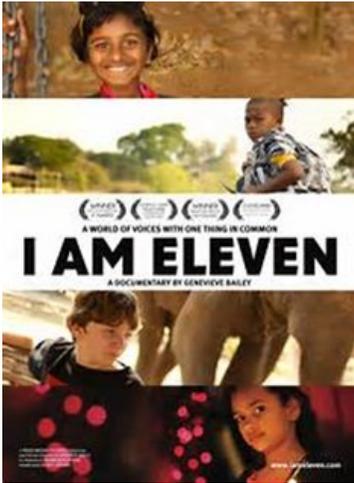
But it wasn't long before they noticed a marked difference between Jonas and his brother, Wyatt. Jonas preferred sports and trucks and many of the things little boys were “supposed” to like; but Wyatt liked princess dolls and dress-up and playing Little Mermaid. By the time the twins were toddlers, confusion over Wyatt's insistence that he was female began to tear the family apart. In the years that followed, the Maineses came to question their long-held views on gender and identity, to accept and embrace Wyatt's transition to Nicole, and to undergo an emotionally wrenching transformation of their own that would change all their lives forever.

Becoming Nicole chronicles a journey that could have destroyed a family but instead brought it closer together. It's the story of a mother whose instincts told her that her child needed love and acceptance, not ostracism and disapproval; of a Republican, Air Force veteran father who overcame his deepest fears to become a vocal advocate for trans rights; of a loving brother who bravely stuck up for his twin sister; and of a town forced to confront its prejudices, a school compelled to rewrite its rules, and a courageous community of transgender activists determined to make their voices heard. Ultimately, *Becoming Nicole* is the story of an extraordinary girl who fought for the right to be herself. Look for these and other books at BarnesandNoble.com, Amazon.com or at specialty children's bookstores such as Books of Wonder 18 W 18th Street, New York

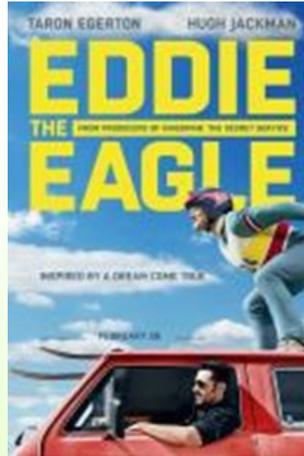
Or The Bookmark Shoppe 8415 3rd Avenue, Brooklyn, New York.



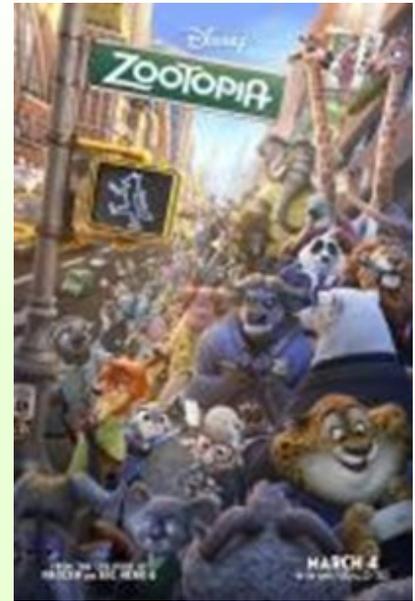
Movies for Families



For ages 10 & up
I AM ELEVEN - Parents need to know that *I Am Eleven* is a poignant documentary that follows 11-year-olds from around the world as they share their thoughts, triumphs, and challenges. The kids, who hail from Australia, Bulgaria, China, France, Germany, India, Morocco, Japan, Sweden, Thailand, the United Kingdom, and the United States, openly share everything from their experiences with bullying and discrimination and their ideas about love to the passions and pastimes that make them happy. Sometimes the kids discuss upsetting issues -- like the boy in the UK who talks about feeling suicidal after being bullied or a kid from his council estate who was shot; or the girl from Morocco who's being asked by a relative to talk about how poor her family is on camera; or the immigrant kids who talk about being different or picked on for not being native to their countries of residence.



For ages 12 & up
EDDIE THE EAGLE – The story of Eddie Edwards, the notoriously tenacious British underdog ski jumper who charmed the world at the 1988 Winter Olympics.



Ages 8 & Up
Zootopia - In the animal city of Zootopia, which is populated by mammals, birds, fish, Invertebrates, reptiles, amphibians, Primates, Marine Mammals, dinosaurs, Arthropods, Insects, Mollusks, annelids, Echinoderms and Arachnids a fast-talking fox who's trying to make it big goes on the run when he's framed for a crime he didn't commit. Zootopia's top cop, a self-righteous rabbit, is hot on his tail, but when both become targets of a conspiracy, they're forced to team up and discover even natural enemies can become best friends.



For ages 11 & Up
RACE -- Jesse Owens' quest to become the greatest track and field athlete in history thrusts him onto the world stage of the 1936 Olympics, where he faces off against Adolf Hitler's vision of Aryan supremacy.



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For ages 10 & up
SCREENAGERS - Parents need to know that *Screenagers* is a documentary that will likely strike a chord with many parents. It explores how teens interact with each other using electronic device (smartphones, computers, social media, etc.) and looks at whether parents can-- or should -- try to limit or control this behavior.

Many experts share their thoughts on the topics the movie covers, which include tech addiction, violent video games (some clips from the games are shown), digital citizenship, and more. It's sure to prompt conversations about family communication and responsible tech use if kids and parents watch together.

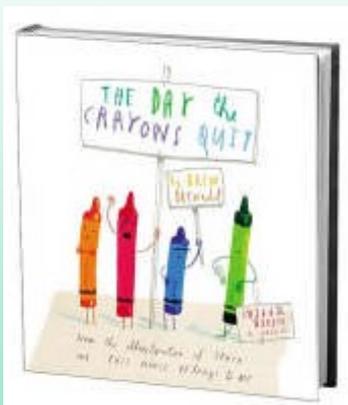
How to host a screening: <http://www.screenagersmovie.com/host-a-screening/>



Ages 14 & Up
VICTOR FRANKENSTEIN - Told from Igor's perspective, we see the troubled young assistant's dark origins, his redemptive friendship with the young medical student Viktor Von Frankenstein, and become eyewitnesses to the emergence of how Frankenstein became the man - and the legend - we know today.

FREE SUMMER PROGRAMS

<http://www.uft.org/parent-news/free-summer-programs-pre-teens-and-teens>



RECEIVE FREE BOOKS, LOG ONTO
Firstbook.org

Free Kids Books
<http://freekidsbooks.org/>
Open Library Online

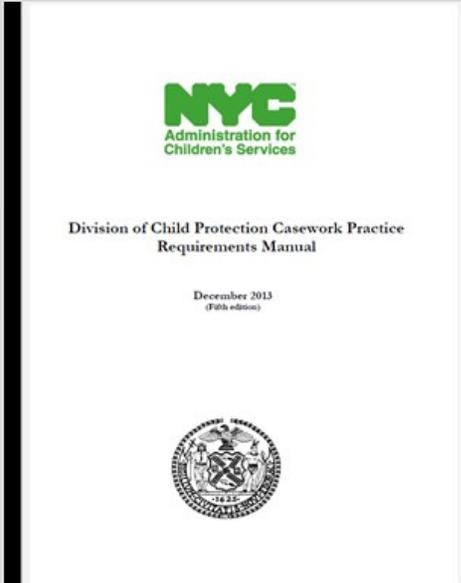
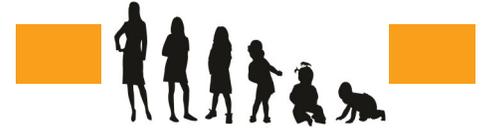


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10 Maneras de Mantener Su Familia Saludable

1. **Desarrolle una buena relación de familia.** Los niños/ niñas necesitan saber que son queridos. Tome el tiempo para conectarse con ellos, escucharle, hablarle, reírse y divertirse juntos.
2. **Ser padre / madre es difícil.** Usted no tiene que enfrentarlo solo. Hable con las personas cercanas a usted. Llame al 311 y pregunte por programas que ofrecen apoyo a los padres.
3. **La educación es poder.** Involúcrese en la vida escolar de su hijo/ hija, con mucho amor y esfuerzo es sumamente importante ser parte de su aprendizaje. Las escuelas ofrecen una variedad de programas que incluyen la continuación de la educación para los padres, oportunidades de liderazgo, y muchas ofrecen servicios de salud a los familiares.
4. **El aprendizaje comienza temprano.** Inscríbete en programas de cuidado infantil de alta calidad y educación primaria en la infancia que preparan a su hijo/hija para un futuro exitoso.
5. **Los niños/niñas de Nueva York son nuestros hijos.** Se necesita que toda la comunidad sea parte de ayudar a criar niños/ niñas sanos. Ayude como voluntario, tutor, mentor o entrenador. Tomemos esta responsabilidad ciudadana seriamente.
6. **Si ves algo, di algo.** Todos los niños/niñas merecen vivir una vida segura, feliz, y libre de abuso. Llame al 311 para hacer un informe o reportar denuncias. No guardes silencio.
7. **Proteja a su hijo/ hija.** Tenga cuidado con quien provee cuidado infantil a su hijo/hija, procure que sea alguien de su entera confianza. Aprenda cómo detectar el plomo y otros peligros en su hogar y como mantener un ambiente saludable. Visite a www.nyc.gov/acs.
8. **Desarrolla hábitos saludables.** La alimentación saludable y mantenerse activo físicamente construye cuerpos fuertes, reduce el estrés y previene enfermedades crónicas.
9. **Su bebé debe siempre dormir en espacios seguros.** Cada siesta. Cada noche. No ponga la salud de su bebe en peligro, es un gran riesgo dormir con su bebé; simplemente no vale la pena.
10. **Encuentra la ayuda que necesita para enfrentar las deudas al fin de mes.** La pérdida del empleo, problemas de salud, y otras presiones ponen un gran peso en el presupuesto familiar. Si usted está luchando para permanecer en su hogar o necesita ayuda para el pago de facturas, visite a www.nyc.gov/hra.

Obténga más consejos e información a través de www.nyc.gov/acs





10 Ways to Keep Your Family Strong

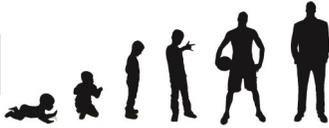
1. **Bond with your child.** Children need to know they are loved. Take time to connect, listen, talk, laugh, and have fun together.
2. **Parenting is tough.** You don't have to go through it alone. Reach out to those close to you. Call 311 and ask for parenting support.
3. **Education is power.** Get involved at your child's school and support a love for learning. Schools offer a variety of programs including continuing education for parents, leadership opportunities, and many offer health and family services.
4. **Learning starts early.** Sign up for high quality child care and early education programs that prepare your child for a successful future.
5. **NYC kids are our kids.** It takes an entire city to help raise healthy, hopeful kids. Lend a hand as a volunteer, tutor, mentor, or coach.
6. **If you see something, say something.** All children deserve to live a safe, happy life free from abuse. Call 311 to make a report.
7. **Protect your child.** Be careful who takes care of your child. Learn how to keep your home safe from lead and other household dangers by visiting www.nyc.gov/acs.
8. **Develop healthy habits.** Healthy eating and staying active builds strong bodies, reduces stress, and prevents chronic illness.
9. **Your baby should always sleep safe.** Every Nap. Every Night. Sleeping with your baby is just not worth the risk.
10. **Find the help you need to make ends meet.** Job loss, health issues, and other pressures take a toll on the family budget. If you're struggling to stay in your home or need help paying bills, visit www.nyc.gov/hra.



Get more tips and information by
visiting www.nyc.gov/acs

#NYCFamilyStrong

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ACS Staff NYC Family Strong

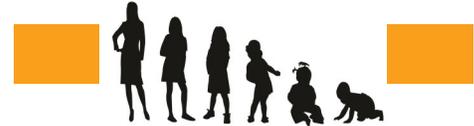




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RESOURCES

B

Bereavement



Caring Hands (on page 43)

229-CARE (2273)
Turn to page 43 for more information

C

Child Sexual Trafficking

Day One

P.O. Box 1507
Canal Street Station
New York, NY 10013
P 212.566.8120, ext 5692
Email: SocialWorker@dayoneny.org
<http://www.dayoneny.org/>

The Door

555 Broome Street
New York, NY 10013
212-941-9090
www.door.org

Ali Forney Center

224 W. 35th St. 15th Floor
New York NY 10001
(212) 222-3427 (Tel)
(212) 222 5861 (Fax)
www.aliforneycenter.org

Hetrick Martin Institute

2 Astor Place
New York, NY 10003
Phone: 212-674-2400
www.hmi.org

Girls Educational & Mentoring Services (GEMS)

212-926-8089 (Phone)
212-491-2696 (Fax)
<http://www.gems-girls.org/>

D

Domestic Violence

The Brooklyn Conservatory of Music Therapy - Domestic Violence

58 Seventh Ave., Brooklyn, NY
718-622-3300
Outside scholarship/grant if qualify.

Domestic Violence & Child Welfare Initiative (DVCWI), Children's Aid Society's Family Wellness Program and Abusive Intervention Program

212-503-6842

NYC Mayor's Office to Combat Domestic Violence

<http://www.nyc.gov/html/ocdv/html/home/home.shtml>

Safe Horizon Crisis Hotlines

Domestic Violence Hotline:
800-621-HOPE(4673)
TDD phone number for all hotlines
866-604-5350
<http://www.safehorizon.org/page/who-we-are-35.html>

National Domestic Violence Hotline

800-799-7233(SAFE)
24-hour hotline

Domestic Violence City-Wide Hotline and Online Resource

English: 800-942-6906
All languages, 24 hours, referrals to shelters, legal assistance, counseling, other benefits.
Violence Intervention Program, INC.
800-664-5880

Battered Women's Legal Hotline

718-624-7700

Dominican Women's Development Center (DWDC)

24 HOURS HOTLINE: 212-568-6616

National Organization for Women NYC

<http://nownyc.org/service-fund/get-help/domestic-violence/>

The DOVE Program (Domestic Violence Emergencies)

622 West 168th St.
New York, NY
212-305-9060

Safe Horizons

212-262-7655
(24-Hour Hotline)

Seaman Society for Children and Families/ Safe Passage Domestic Violence Intervention

50 Bay Street
Staten Island, NY
718-447-7740

American Family Community Services, Inc.

76-05 Roosevelt Ave.
Jackson Heights, NY 11372
718-639-8370



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F

For more information call 212-566-7855 or log on to [foodbanknyc.org](http://www.foodbanknyc.org)

<http://www.foodbanknyc.org/>

FOR REFERRALS TO FOOD PANTRIES ALL OVER THE CITY, CALL NYC EMERGENCY FOOD HOT-LINE AT 866-888-8777.

G

GANG INTERVENTION

Gang Resistance Education and Training (G.R.E.A.T.) Program
Phone: 800- 726-7070
Fax: 850-386-5356
Email : information@great-online.org
<https://great-online.org/Home/GREAT-Home>



National Gang Center (NGC)
Henry Kan, Research Associate
850-385-0600, Ext. 224
hkan@iir.com
<https://www.nationalgangcenter.gov/>

I

IMMUNIZATION

<http://www.nyc.gov/html/doh/html/living/immun-clinics.shtml>

L

LGBTQ

LGBTQ Guide of Services and Resources

New York City Comptroller Scott M. Stringer
Office of Public Affairs
<http://www.comptroller.nyc.gov/lgbtq>

Ali Forney Center

224 W. 35th St. 15th Floor
New York NY 10001
T 212-222-3427
F 212-222-5861
www.aliforneycenter.org

Hetrick Martin Institute

2 Astor Place
New York, NY 10003
Phone: 212-674-2400

M

MENTAL HEALTH

Albert Einstein College of Medicine Early Childhood Center

Offer developmental therapy, parent-child psychotherapy, children's therapy group and special services for children in foster care
718-430-8900

The Riverdale Mental Health Association (RMHA)

Parent-child play therapy
917-441-0119

MENTORING

Community Mediation Services Youth Development Services

89-64 163rd Street
Jamaica, NY 11432
718-523-6868

Big Brother Big Sister

212-686-2042

The Possibility Project

212-924-2300
<http://the-possibility-project.org/>.
Turn to page 16 for more Information.

R

RECREATION

Parks & Recreation Programs

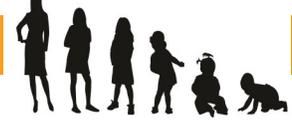
<http://www.nycgovparks.org/>

T

Transgender and Gender

Non-Conforming (TGNC) Guide from the ACS LGBTQ Office

http://www.nyc.gov/html/acs/downloads/pdf/lgbtq/FINAL_06_23_2014_WEB.pdf



YOU HAVE THE RIGHT TO FREE INTERPRETATION AT THIS OFFICE!

IF YOU HAVE A QUESTION, COMMENT OR COMPLAINT ABOUT TRANSLATION OR INTERPRETATION AT THIS LOCATION

PLEASE TALK TO A MANAGER OR CALL 311

FILING A COMPLAINT WON'T HURT YOUR CASE

عربي/Arabic

لديك الحق في تلقي خدمات ترجمة مجانية في هذا المكتب!
إذا كان لديك سؤال أو تعليق أو شكوى بصدد الترجمة التي تلقيتها في هذا المكان، يرجى التحدث مع أحد المسؤولين أو الإتصال ب 311.
إن التقدم بشكوى لن يضر قضيتك.

한국어/Korean

당신은 이 사무실에서 무료로 통역 받으실 수 있는 권리가 있습니다!
이곳에서 번역이나 통역에 관하여 질문, 의견, 또는 불만사항이 있으시면 매니저에게 말씀하시거나 311로 전화 주십시오.
불만사항 접수는 당신의 의뢰 사항에 아무런 영향을 끼치지 않습니다.

বাংলা/Bengali

এই অফিসে বিনামূল্যে অনুবাদ সেবা পাবার অধিকার আপনার আছে!
এই স্থানে ব্যাখ্যা বা অনুবাদ বিষয়ক আপনার যদি কোন প্রশ্ন, মন্তব্য বা অভিযোগ থাকে, তবে ব্যবস্থাপকের সাথে কথা বলুন বা 311 এ যোগাযোগ করুন।
অভিযোগ জমা দান আপনার আবেদন এ কোন প্রভাব ফেলবেনা।

Polski/Polish

MASZ PRAWO DO INTERPRETACJI W TYM URZĘDZIE!
JEŚLI MASZ PYTANIE, UWAGI LUB SKARGI O TŁUMACZENIU LUB INTERPRETACJI W TYM MIEJSCU, SKONSULTUJ SIĘ Z PRZEŁOŻONYM LUB ZADZWOŃ 311.
ZŁOŻENIE SKARGI NIE ZASZKODZI TWOJEJ SPRAWIE.

中文/Chinese

你有权利在这办公室获取口译职务!
在这里如果你有关于笔译或口译的问题, 意见或投诉, 请告诉经理或拨打311。
提出申诉不会影响你的案子。

Русский/Russian

ВЫ ИМЕЕТЕ ПРАВО ВОСПОЛЬЗОВАТЬСЯ УСЛУГАМИ БЕСПЛАТНОГО ПЕРЕВОДЧИКА В ДАННОМ ОФИСЕ!
ЕСЛИ У ВАС ЕСТЬ ВОПРОСЫ, ЗАМЕЧАНИЯ, ИЛИ ЖАЛОБЫ ПО ПОВОДУ УСЛУГ УСТНОГО ИЛИ ПИСЬМЕННОГО ПЕРЕВОДА В ДАННОМ ОФИСЕ, СООБЩИТЕ МЕНЕДЖЕРУ ОФИСА ИЛИ ПО ТЕЛЕФОНУ 311.
ПОДАЧА ЖАЛОБЫ НЕ ОКАЖЕТ НЕГАТИВНОГО ВЛИЯНИЕ НА ВАШЕ ДЕЛО.

Français/French

VOUS AVEZ LE DROIT A L'INTERPRETATION GRATUITE EN CE BUREAU!
SI VOUS AVEZ UNE QUESTION, UN COMMENTAIRE OU UNE PLAINTE RELATIVE A LA TRADUCTION OU L'INTERPRETATION, N'HESITEZ PAS A VOUS ADRESSER A UN RESPONSABLE OU APPELEZ 311.
LE DEPOT D'UNE PLAINTE NE NUIRA PAS VOTRE CAS.

Español/Spanish

USTED TIENE EL DERECHO DE OBTENER UNA INTERPRETACIÓN GRATIS EN ESTA OFICINA!
SI USTED TIENE UNA PREGUNTA, COMENTARIO O QUEJA SOBRE LA TRADUCCIÓN O INTERPRETACIÓN EN ESTE LOCAL, POR FAVOR DIRÍJASE A UN GERENTE O LLAME AL 311.
UNA QUEJA NO LE AFECTARA SU CASO.

Kreyòl Ayisyen/Haitian Creole

OU GEN DWA A YON ENTEPWET GRATIS NAN OFIS SA A!
SI OU GENYEN YON KESYON, KOMANTE OSWA PLENT OSIJE TRADIKSYON OSWA ENTEPWETASYON NAN LOKALITE SA A, TANPRI PALE AK YON RESPONSAB OSWA RELE 311.
FE YON PLENT PAP BLESE KA OU.

اردو/Urdu

آپ کو اس دفتر میں مفت ترجمانی کا حق حاصل ہے!
اگر آپ کے ذہن میں کوئی سوال ہے، کوئی بات کہنا چاہتے ہیں یا اس مقام پر ترجمے یا ترجمانی کے بارے میں کوئی شکایت ہے تو، کسی مینیجر سے رابطہ کریں یا 311 پر کال کریں۔
شکایت درج کرانے سے آپ کے کیس کو کوئی نقصان نہیں پہنچے گا۔



Harriette Nieves Retired

After 21 years of service, Harriette Nieves retired on April 29. She began her government career as the program director for the Teenage Services Act Program (TASA), a state-mandated program providing home-based case management to over 2,000 parents annually, youth under age 18 in receipt of Medicaid. The services were provided in all NYC community districts through 6 ACS offices and 7 contractors. The program also included two contracts for services to young fathers under the age of 26 and a city-wide collaboration called Cities in Schools wherein ACS case-workers were placed in public schools to provide case management to children and families. During her tenure as director, TASA expanded to serve young parents through age 21. The TASA Program was well-known for its annual Mother's Day Card Contest and Educational Awards Contest and Ceremony, vehicles for giving voice to the experience and talent of young parents. New Yorkers For Children provided contest prizes and financial awards. In collaboration with other divisions, TASA initiated the annual celebration known as *Fathers Matter at ACS*. At the end of 2011, the TASA Program closed due to the loss of Medicaid funding.

In 2012 Harriette continued her interest in services to young families by working with contracted preventive agencies through the ACS Office of Preventive Technical Assistance. As she likes to say, "Only children are born. Parents learn to parent at each stage of child development." Many mothers and fathers in their mid-20's and 30's continue to need the support of the NYC preventive network of services.

Harriette has expressed deep gratitude for all of her experiences, professional and personal growth during her years at ACS and for all the support of fellow staff members. She says, "Even with all the ups and downs, government service has been my good fortune. For me, it was the best of times." Harriette has no definite plans for retirement, but she will continue to pursue her interests in politics and human services and her creative drive for crafting and baking. She will also continue as an active retiree member of the ACS Reading Group. And she is issuing an invitation on behalf of the group: "Y'all come for lively discussion and homemade desserts!" ***We will miss you!!!***



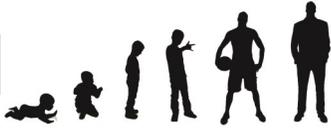


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Harriette Navies Retirement, May 6, 2016



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ACS Staff NYC Family Strong





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ACS Celebrates 20 Years

Join in the celebrations! Stay tuned!



NYC Administration for
Children's Services

#NYCFamilyStrong