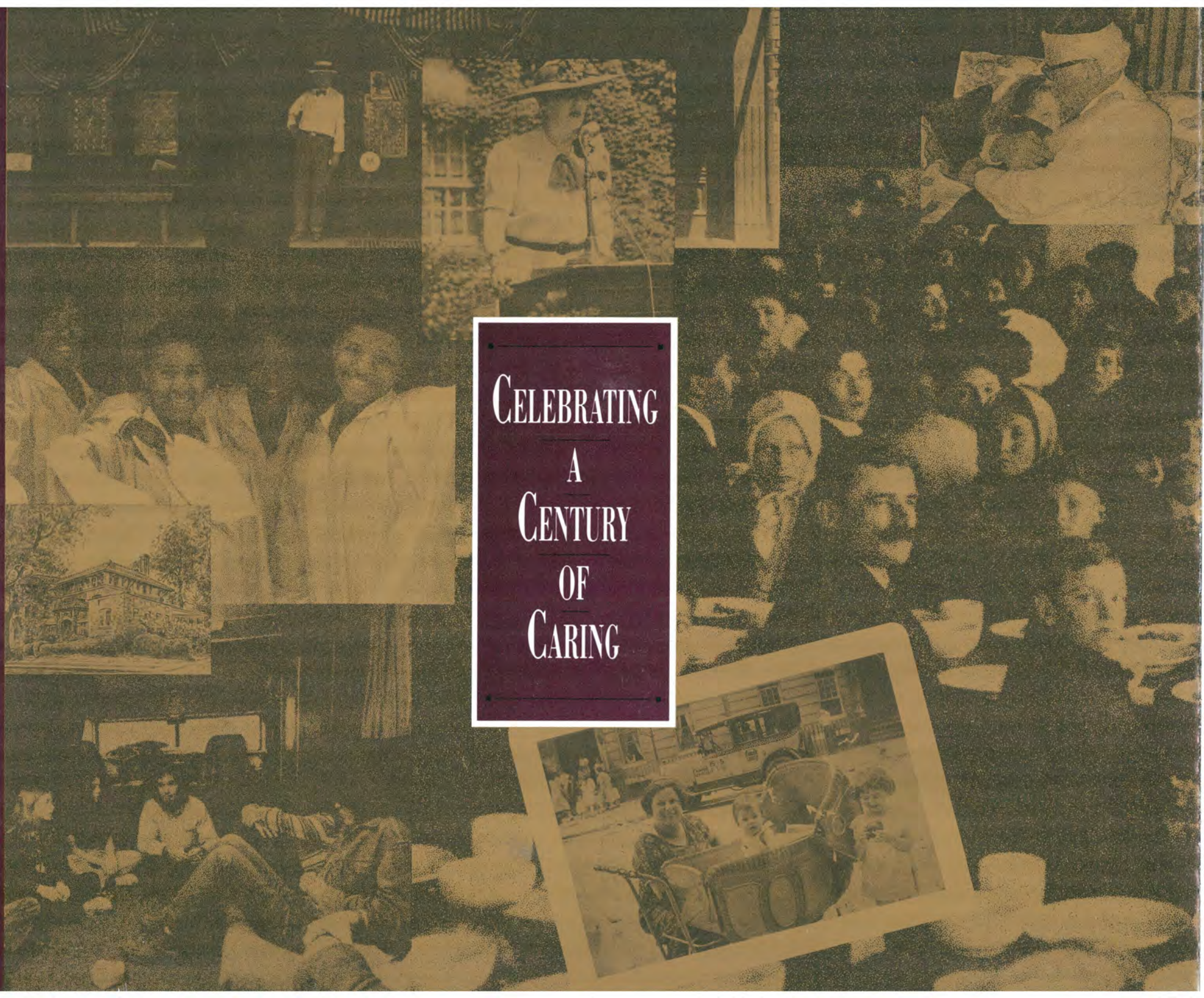


CELEBRATING
A
CENTURY
OF
CARING



Jewish Board of Family and Children's Services

*Bringing
Help and
Hope to
New York's
Families
and
Children*



1890s

Pogroms in Russia,
Poland and Rumania /
National panic /
Jewish Prisoner's Aid Society
(JPAS) founded /
UHC hires first manager /
United Hebrew Charities (UHC)
establishes Visiting Nurses /
UHC's women physicians deliver
900 babies at home /

1900s

JPAS becomes Jewish Protectory
and Aid Society /
Lakeview Home for unmarried
mothers founded by JPAS /
UHC establishes Joint Committee on
Dependent Children /
NY School of Social Work opens /
UHC obtains legislation making
family desertion a felony /
JPAS opens Hawthorne School /
Financial Depression /
JPAS establishes
Jewish Big Brothers /
First use of private family foster homes
for orphaned and neglected children /
UHC begins Visiting Housekeepers
and Self Support Loans /

1910s

UHC's Desertion Bureau studies
problem of family desertion /
JPAS establishes Jewish Big Sisters /
UHC spends 20% of capital
on TB families /
Cedar Knolls School for Girls
founded by JPAS /
Employment Bureau for boys and
men established by JPAS /
Hawthorne Trade School opens /
UHC establishes Vocational
Guidance for youngsters /
JPAS Field work with families /
World War I /
JPAS Psychiatric Clinic opens /
Central Committee on Friendly Aid
to Jewish Girls opened by JPAS /
The Federation for the
Support of Jewish Philanthropic
Societies established /

1920s

UHC becomes Jewish Social Service
Association (JSSA) /
Jewish Board of Guardians (JBG)
created from JPAS /
School-based programs introduced
by JBG /
Camp Rainbow, Visiting Housekeep-
ers, District offices opened by JSSA /
JBG Child Guidance Institute
organized /
Stock Market Crash /
Homeless Men's Department
opens at JSSA /

1930s

National Depression /
Public agencies take over
relief efforts /
Stream of refugees from
Nazism begins /
NY State Emergency Relief
Bureau established /
JSSA's family counseling added
to relief work /
JBG increases use of psychoanalytic
insight to treat delinquents /
JBG uses group therapy for first time
with youngsters /
Union Free School District #3
created at Hawthorne /
Bronx and Brooklyn Children served
by JBG /

1940s

World War II breaks out /
JSSA Consultation Center opens /
Council on Child Development Center /
JBG Brownsville Project /
Jewish Family Service (JFS) formed
by merger of JSSA and Jewish Family
Welfare Society /
JSSA staff volunteers with Selective
Service doing psychiatric screening /
JFS opens Consultation Center
in Harlem /
JBG psychiatric training /
JFS counsels growing refugee
population /

1950s

Ittleson Center and Linden Hill
School founded /
JFS consolidates district offices /
JBG opens Stuyvesant Residence Club /
NY State Mental Health Act /
Child Guidance Institute named for
Madeleine Borg /
Family Mental Health Clinic
created by JFS /
Court Clinic formed by JBG /
Case services for the aged at JFS /
Advanced Training in Child
Treatment and Community
Mental Health /

1960s

Store-front counseling center
begun by JFS /
JBG Headquarters Building purchased /
JBG Coney Island Mental Health
Service for Children and Youth /
Staten Island and East Village
outreach by JFS /
JBG's Phoenix School, Heming
House, Ittleson Residential Pavilion
and Research Center open /
Borough Park and Co-op City offices
established by JFS /
JBG opens West Side Mental Health
Service for Children and Youth /
CDC merges with JBG /
Westchester Group Homes opened
by JBG /

1970s

JFS launches Youth Emergency
Service /
Day Care Program at Carey
Gardens, Infant Care Unit and
Great Northern formed by JBG /
JFS's Mobile Van unit reaches out to
troubled youth /
Geller House established by JBG /
Beatman Clinic and Starrett City
offices opened by JFS /
JBG's Midwood Adolescent
Project opens /
Educational Institute formally
organized by JBG /
First day treatment program for girls
starts at Montague by JBG /

JFS begins Sex Therapy Clinic,
Services to the Widowed and
the Remarried Project /
JBG merges with Infants Home
of Brooklyn /
JFS sets up Educational Therapy /
Staten Island Court Services,
Thomas Askin Youth Services and
Linden Hill Annex opened by JBG /
Co-op City Consultation Center /
Brightwaters and Nassau / Suffolk
served by JBG /
JBG and JFS merge to form Jewish
Board of Family and Children's
Services (JBFCS)

Chronology continued on back cover



*Today we can see.
Yesterday we remember.
Let us believe there
is a tomorrow
Where we can touch
our dreams.*

Centennial Album
Jewish Board of Family and Children's Services
120 West 57th Street New York, NY 10019 212 • 582 • 9100



A beneficiary agency of UJA - Federation



A United Way Agency

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CELEBRATING
A
CENTURY
OF
CARING

DEDICATION



Lucy G. Moses

It is with deep appreciation that the Jewish Board of Family and Children's Services acknowledges the generosity of the Henry and Lucy Moses Fund in underwriting the cost of this centennial album, in honor of Lucy G. Moses.

Lucy G. Moses, a founder of the Moses Fund, lived a life devoted to helping others, and strongly believed in the ability of people to change and grow given the support they needed, a philosophy that we are dedicated to advancing. We are indeed proud that this album, which chronicles a history rich in the tradition of services to people in need, has a donor who so exemplifies the spirit and history of our agency.

Lucy Moses was an early donor to the rebuilding of the Hawthorne Cedar Knolls School and made a major bequest in her will to the Jewish Board which has enabled us to establish a fund in her honor.

We hope that this album will inspire and educate future generations who will continue the historic mission of the Jewish Board of Family and Children's Services.



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In appreciation

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look at a century of caring
for families and children

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Jewish Board of Family and
Children's Services

93

Centennial Donors
JBFCs Board of Trustees
Executive Staff
Program Directors

*The pages that follow in this
album acknowledge the
support of the Benefactors,
Patrons and Sponsors of the
agency's Centennial Gala, as
well as the many individuals
and firms who also celebrate
with us by supporting the
Centennial Album.*

CULVER PICTURES

TRUE TO ITS ORIGINAL MISSION...



From its earliest days as United Hebrew Charities and Jewish Prisoners Aid Society, the Jewish Board of Family and Children's Services has listened to the problems coming from all corners of our community. They listened and they responded.

What began a century ago as a service providing material

relief to poor Jewish families and support to Jewish prisoners and their families has grown into an organization ready to address the more complicated problems of a modern, diverse society. Today, the agency is at the forefront of providing mental health and social services to children, families and individuals struggling with the burdens of life.

The basic elements upon which the first services were built stand today as the foundation of the Jewish Board. An appreciation of helping each individual develop "his fullest capacity for life" remains the hallmark of JBFCS services. JBFCS represents the merger of two great institutions — Jewish Board of Guardians and Jewish Family Service — which brought together the excellence of the two premier social service agencies in New York City.

The Jewish Board of Guardians (successor to JPAS) began with the rehabilitation of delinquents, both children and adults, moving from economic assistance to the treatment of children and adolescents in an effort to prevent or cure maladjustment. Further advancements led to more sophisticated treatment approaches in the care of disturbed children. Work with families became more crucial as a child's disturbance came to be better understood in terms of his social and home environment. Through constant examination of problems and needs, JBG forged advancements in treatment,

training and research which have had a seminal influence on the field.

Throughout its history, Jewish Family Service (successor to UHC) remained steadfastly committed to the promotion of the social health of the family. From its original role providing concrete relief to needy Jewish families, the agency turned to the repair of emotional and personal problems plaguing family members. JFS was committed to meeting the needs of people in distress in whatever way that need presented itself, as physical want, family breakdown or educational deficiencies. In later years, psychological, interpersonal, socio-economic and cultural issues all came to play a more crucial role in helping strengthen and rebuild families culminating in the advent of family therapy.

As community needs escalated and the need to treat problems through a more comprehensive approach became critical, a merger of the two agencies seemed almost inevitable. The 1978 merger of JBG and JFS represented the joining of two rich traditions of service which pioneered many areas of treatment — child guidance, residential treatment, development of diagnostic categories and services to reflect these categories, creation of a fee system to treat serious problems which knew no socioeconomic barrier, family therapy, and work with schizophrenic young children. The list goes on.

The common thread running throughout this history is a responsiveness to changing community needs, made possible through a vital

"The common thread running throughout the JBFCS history is a responsiveness to changing community needs, made possible through a vital partnership between professionals, Board and volunteers."



INTRODUCTION



...helping New Yorkers through difficult times

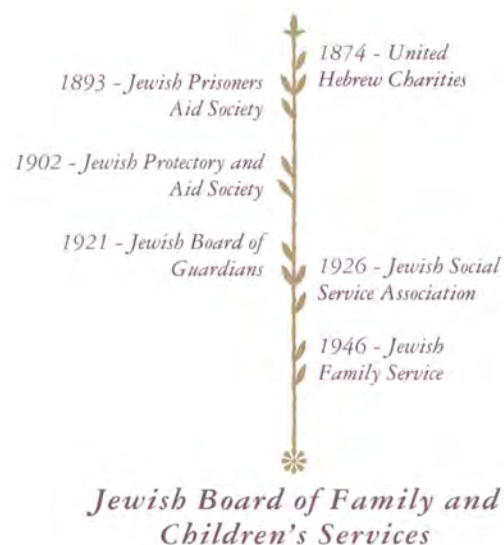
partnership between professionals, Board and volunteers. Collaboration with government and outside agencies has been critical to the agency's ability to bring treatment services and support to the communities needing them most. The agency has been a key advocate providing leadership at all levels of government in support of mental health and social service needs.

As we face our second century of service, JBFCS is proud of its achievements in the field of mental health and social services, achievements that have been replicated around the world by practitioners who were once young JBFCS trainees. Today they are leaders in the field. Every year, 50,000 New Yorkers are helped by a staff committed to helping each one move on to a better life.

The Jewish Board is a place upon which so many have come to depend. This decade-by-decade journey shows us why this help has meant so much — whether a bed for the night to a homeless man, someone to talk to for an elderly woman living alone with no family or friends, a place of refuge for a handicapped child, support to a family whose son is diagnosed with AIDS, or help navigating a new country to an overwhelmed immigrant. Each found comfort and solace, a place to turn for help and hope.



The history of JBFCS is a rich and illustrious one. No single document could possibly recount its manifold accomplishments, pay sufficient tribute to the great clinicians and supporters who have kept the agency at the forefront of mental health, or describe all that has evolved over a century. The Centennial History is a journey not meant to count people served, programs built or funds granted. It is being taken to reaffirm the commitment to a great purpose that was the first building block of the Jewish Board of Family and Children's Services. Join us on this journey. You will no doubt share our pride in the past and our hopes for the future



1890 TO 1900

*Centennial
Benefactor:
Bear
Stearns &
Companies,
Inc.*

New immigrants follow
a dream to America.
As the dreams fall short,
charities provide material
help as well as
compassion and support.



Hester Street, 1899

NEW YORK PUBLIC LIBRARY

The journey starts on the Lower East Side of New York City, where many thousands of immigrants settled when they came to America to find freedom and a better future.

In the pogroms that threatened the Jews of Russia, Poland and Rumania in 1881, thousands of people were slaughtered, tens of thousands were made homeless. The survivors began moving westward, to America. They arrived with little to sustain them except their hopes and dreams for a new and better life. With this enormous wave of immigration, Jewish life in this country underwent a profound change.

In 1890, the population of a thriving New York City was 1,500,000. The Brooklyn Bridge was seven years old. That year, the immigration office moved from Castle Garden to Ellis Island. In 1890, there were 250,000 Jews in the city and in a colony over the bridge in Brooklyn.

Twenty-thousand Eastern European Jews came into the city each year between 1880 and 1890. During the next decade the number rose to 40,000 a year. When immigration was temporarily halted in 1914 during World War I, close to 2,000,000 Jews had come to the United States all told.

The needs of the new arrivals were many, beginning with food, shelter, medical care and jobs. Once new immigrants were settled, problems arose from the dire conditions they endured: overcrowding and lack of food and jobs led to squalor, disease, crime and the rise of ethnic gangs.

These problems raised new concerns for people in social work — desertion, sickness, child welfare, standards of sanitation, and hours and wages in industrial employment.

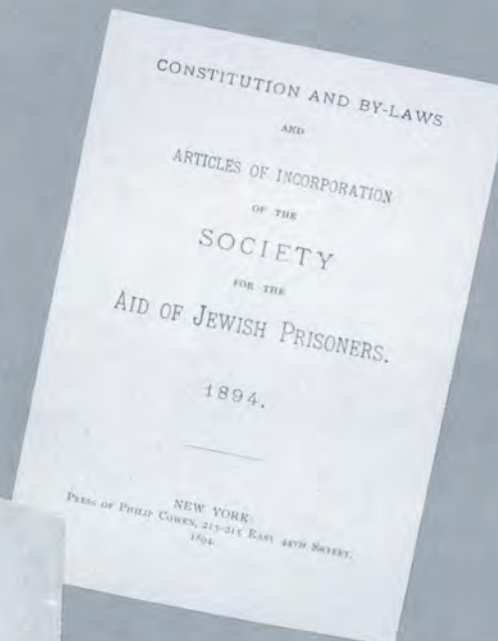
The Jewish philanthropic community, which had been organized to help with the resettlement of the earlier wave of immigration, was overwhelmed by the enormity of the problems, but their commitment to tzedakah, the religious duty to establish justice through compassion, did not falter.

United Hebrew Charities Helps Families in Need

The United Hebrew Charities was organized to bring together the work of many small charitable organizations around the city.

A Community Responds To Those In Need...

*Jewish Prisoner's Aid Society,
a pioneer benevolent
organization devoted to
ministering to the physical
and spiritual needs of
Jewish prisoners and
their families.*



*United Hebrew
Charities, formed to
improve the condition
of the poor by assisting
them in various ways
to raise themselves from
their present conditions.*

Centennial
Benefactor:
Proskauer
Rose
Goetz &
Mendelsobn

1890 ✎ 1900

Poverty was an almost insurmountable obstacle to great segments of the immigrant community. Health problems, such as tuberculosis, ravaged the community. There were few ways for immigrants to make a living, and available work was largely in sweatshops, under horrendous conditions. UHC helped families to pay rent, supported neglected children, relieved temporary want, distributed clothing, and furniture, coal for fuel and money to celebrate Passover.

The slums were a dangerous place to be born. UHC sent specially trained women physicians and visiting nurses to deliver babies. In 1894, this service helped more than 900 women and babies. The birth of another child was a financial strain to those who lived on the edge of poverty. Clothing and groceries were also supplied.

A new spirit of Jewish charity emerged in 1893. Social work was progressing toward a profession, reflected in UHC's

Right and below: Immigrant children at play on the Lower East Side. A new spirit of Jewish charity emerged in 1893. UHC helped families to pay rent, supported neglected children and relieved temporary want.




CULVER PICTURES



JACOB RIES MUSEUM OF THE CITY OF NEW YORK

Right: Dining Hall, Ellis Island, late 1800s. Forty-thousand Eastern European Jews came into the city each year from 1890 to 1914.



1890  1900

10
YEARS

UHC

- 1893 - Established five distinct bureaus
- 1894 - UHC's Women physicians deliver 900 babies at home
- 1899 - Hebrew Charities Building

JPAS

- 1893 - Jewish Prisoner's Aid Society founded



Crime flourished in the overcrowded conditions of the city. JPAS was a prisoner benevolent organization which ministered to Jewish prisoners and their families.

*Centennial Benefactor:
Saul H. Magram
Philanthropic Fund*

establishing five distinct bureaus to deal with registration, relief, medical issues, employment and immigration. A new and more reliable system of recording cases was established.

In 1899, through the generosity of Solomon Loeb, the Hebrew Charities Building was built at 21st Street and Second Avenue to house Jewish charitable societies.

Jewish Prisoner's Aid Society

The conditions under which immigrants lived in the 1890s led to severe social problems. Crime flourished. The Jewish Prisoner's Aid Society (originally the Society for the Aid of Jewish Prisoners) was founded in 1893 as "a pioneer benevolent organization devoted to ministering to the physical and spiritual needs of Jewish prisoners and their families." JPAS Minutes, 1893.

"Volunteers aiding Jewish prisoners were referred to as the organized expression of neighborly feeling."

JPAS was an all-volunteer organization providing counseling, guidance and concrete services to Jewish prisoners incarcerated in many of the city and state penal institutions, including Blackwell's Island, City Prison, Sing Sing, Hart's Island, Riker's Island, and the New York City Reformatory of Misdemeanants. JPAS volunteers provided chaplains to visit prisoners in state penal institutions.

This system of volunteers, then referred to as "the organized expression of neighborly feeling", offered friendly visits and material help to prisoners and their families. Volunteers also offered concrete assistance such as legal counsel, clothing, matzos and other means for religious observances, help in finding employment and board for discharged prisoners. As increased overcrowding and growing poverty overwhelmed the immigrant community, delinquency and crime burgeoned, particularly among the young. This necessitated the expansion of JPAS services and led to new ideas in the treatment and prevention of delinquency.



THE BETTMANN ARCHIVE

1900 TO 1910

The turn of the century brought fresh ideas for treating the serious social problems of the new Americans: rehabilitation rather than punishment; foster homes rather than institutions; financial support to encourage business rather than hand-outs to the unemployed.

*Centennial
Benefactor:
Chase
Manhattan
Bank*



COLLECTIONS OF THE MUNICIPAL ARCHIVES OF THE CITY OF NY



The birth of another child was a financial strain to those who lived on the edge of poverty. UHC sent women physicians and visiting nurses to deliver babies. As concerns about health and sanitation grew, women volunteers visited the poor to teach laws of ventilation and preparation of nutritious meals.

Social work began to develop more as a formal, trained profession. In 1903, the New York School of Social Work (later Columbia University School of Social Work) offered its first winter course. In 1905, Rabbi David Blaustein, superintendent of the Educational Alliance, founded the Society of Jewish Social Workers of Greater New York. Philanthropy became increasingly organized as the problems grew in number and complexity.

Juvenile crime became a significant problem. As children learned the ways of their new country more quickly than their parents, family tension developed and parental authority waned. Husbands deserted their families, causing greater personal and economic difficulties.

A significant shift took place in the treatment of delinquent youth, formerly incarcerated and punished for their misdeeds. In the early years of the century, there was a dramatic move toward rehabilitation rather than punishment.

For younger members of the new society, often orphaned or abandoned, the attitude toward their care changed dramatically. Specialists in the treatment of children recommended that, rather than being placed in orphanages, they be placed in private family foster homes to provide them with a "normal, wholesome family atmosphere". In 1903, UHC formed the Joint Committee on Dependent Children and enlisted the help of NYC Department of Public Charities to find private Jewish homes for the children. In 1909, as a

"The Society wishes to give the family a strong confidence in itself and a sustained belief that it can overcome its own difficulties. It wants to build up in it a resourcefulness that it will demolish future obstacles. This resourcefulness may be information, or it may be a new attitude toward life, a new persistence, a freer willingness to adapt itself to the demands of situations that arise."

— *The History of the United Hebrew Charities*

Centennial Underwriter: Provident Investment Counsel, Inc.

10

YEARS

JPAS

- 1902 - JPAS becomes Jewish Protectory and Aid Society
- 1905 - Lakeview Home for unmarried mothers founded
- 1906 - The Hawthorne School founded
- 1907 - Jewish Big Brothers Association established

UHC

- 1907 - Helped establish legislation making family desertion a felony
- 1907 - Jacob H. Schiff donates funds to provide self-support loans
- 1908 - Poor are taught about health and sanitation, beginning of visiting housekeepers.

Centennial
Patron:
Robert V.
Tishman



The Hawthorne School pioneered the then startling notion of rehabilitating delinquent boys rather than merely punishing them.

result of the Committee's work, President Theodore Roosevelt approved use of family homes for children whenever possible.

And the city benefited from important technical advances. In 1904, New Yorkers took their first subway ride. Three more bridges were constructed over the East River, the Williamsburg Bridge, the Manhattan Bridge, and the Queensborough Bridge. The Pennsylvania Terminal was completed. Harlem developed into a thriving community.

Name Change for Prisoner's Aid Society Reflects New Mission

In 1902, the Jewish Prisoner's Aid Society changed its name to Jewish Protectory and Aid Society. This change reflected a desire to reach offenders at an early age and to address the growing alienation of many young people. The idea reached full realization in 1906.

In 1906, JPAS established the Hawthorne School north of New York City on 288 acres of land donated by the Schiff family. Serving 400 delinquent boys, the school pioneered the then startling notion of rehabilitating young delinquents rather than merely punishing them. It was one of the first correctional schools in the country built on a cottage plan which placed boys in small classified groups of fifteen. The boys lived in a home-like setting under the care of cottage parents. This contrasted with the practice of the time of incarcerating youngsters without regard to age or problems.

Most boys were referred to Hawthorne through the courts and efforts were centered on separating these youths from the home environment that, given the chaotic conditions in immigrant neighborhoods, helped spawn the problems. Rehabilitation was sought by hard work, character training and the general benefits of outdoor living.

The program's emphasis on rehabilitation rather than punishment for the older, antisocial and acting-out delinquent adolescent was unprecedented. Hawthorne was cited early on as a model facility and it kept its lead in the field. It was eventually to become one of the few co-educational institutions in the country to serve youngsters in this difficult age group in an open setting.



The attitude toward the care of younger members of the new society changed dramatically with the establishment of Hawthorne. Teaching a trade was an important part of the rehabilitation program.

"Many boys come to us sullen, discouraged, defiant, not knowing what will befall them in a strange place...They are agreeably surprised to find themselves among kindly people. They are assigned to pleasant cottages and are given good food. And if the first bath is a shock, the table napkin a joke, school work a nuisance, the day soon comes when all of these things are accepted with equanimity. Almost without exception if a boy escapes, he is a new boy, who has not yet begun to feel at home in the School."

— Hawthorne Superintendent, JPAS Annual Report, 1914



THE GRANGER COLLECTION



Top: Jacob H. Schiff donated generously to help UHC provide self-support loans.

Bottom: Lakeview, a home for unmarried mothers, sought to return the young mother to the community "better equipped mentally, physically and economically."

Big Brothers Established

In 1907, Jewish Big Brothers Association was established. Volunteers offered guidance and support to delinquent youth brought to the attention of the Children's Court and later, on the complaint of parents, relatives, friends, neighbors and social agencies. Big Brothers also played an important part in helping the boys paroled from Hawthorne, aiding them in the difficult adjustment to living in the community. Later they offered a preventive service in the community itself by providing good role models to troubled youth as well as companionship during hard times.

In 1905, a home for unmarried mothers was established at Lakeview in Staten Island, the first such organization to undertake the work with Jewish unmarried girls. The organization was distinguished from others because it sought to return the young mother to the community "better equipped mentally, physically and economically."

UHC Tries to Give the Family Strong Confidence in Itself

The United Hebrew Charities now committed its organization to helping families become stronger and ultimately self-supporting. A number of services were developed to assist families in achieving this goal.

UHC loaned money to heads of families, enabling them to start small businesses as news dealers or pushcart peddlers. Begun with a \$5,000 donation by Jacob H. Schiff, self-support loans were initially intended for people with physical handicaps. Schiff increased his generosity, giving \$20,000 to expand services in response to the financial depression in 1907.

Concerns about health and sanitation grew with the growing population. Women volunteers visited the poor to teach laws of ventilation and the preparation of nutritious meals. This program was later expanded into a service of visiting housekeepers and dieticians. To fulfill its responsibility to protect the health of the community, the agency was a leader in the fight to establish government standards and inspections of medical, sanitary and housing facilities.

In recognizing that family desertion played a large part in the misery the agency was trying to alleviate, in 1903, UHC sought and obtained legislation making desertion a felony. This legislative step made it easier to find and return deserting husbands to their families.

UHC social workers became more and more aware of the impact these desperate conditions were having on the family. They recognized the need to do more than "dole" out relief and, during this period, began to understand the intricacy of family difficulties and the need to help heal them for the long run.

To help staff grapple with the challenge of helping families in this new way, UHC developed special educational and training programs and introduced a magazine, "Jewish Charity", an ambitious publication which provided a forum for the exchange of ideas among social workers.



THE BETTMANN ARCHIVE

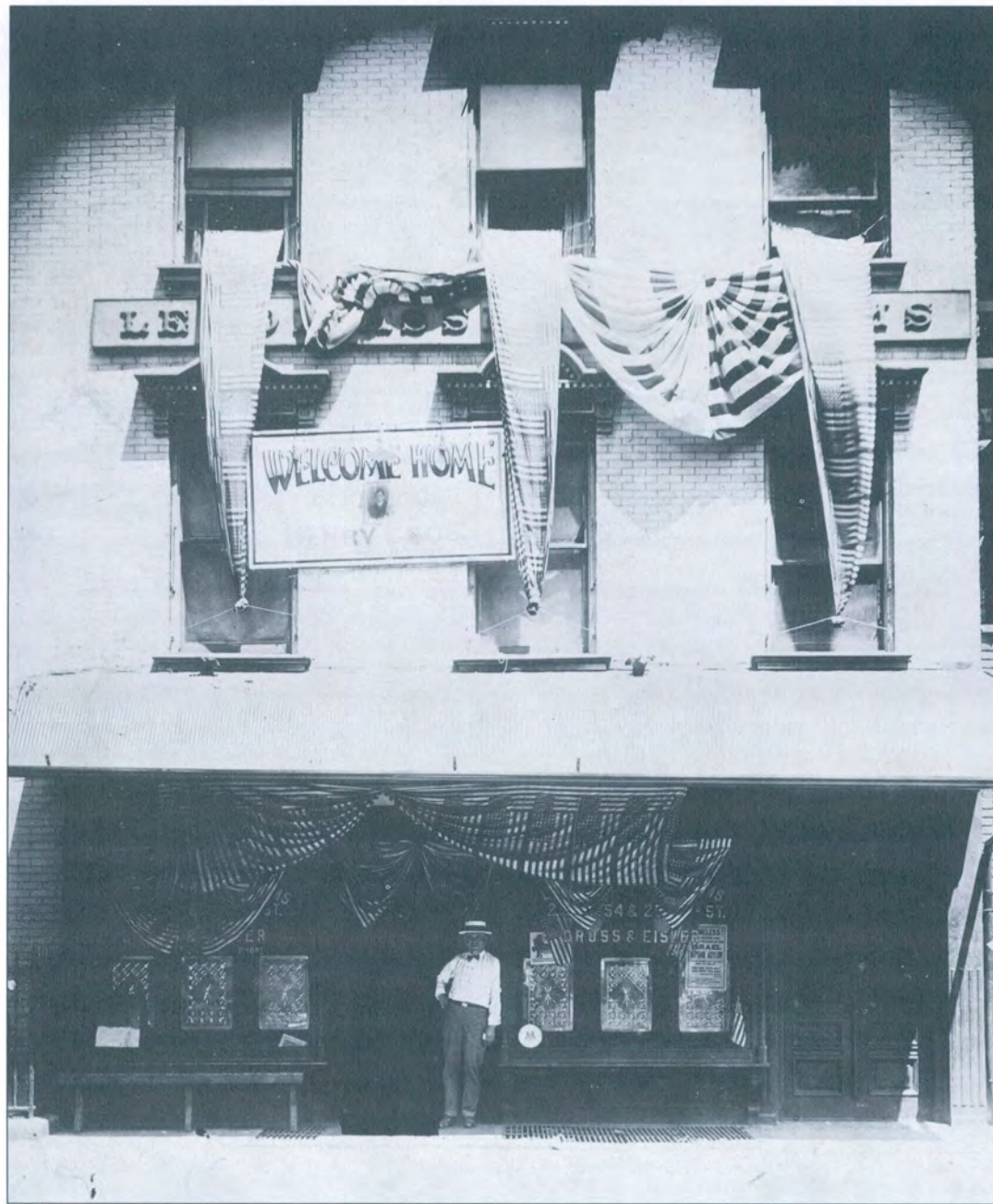
UHC social workers helped families deal with the harsh conditions they found themselves living in.

Centennial
Sponsor:
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Clothers

1910 TO 1920

While the Great War
raged overseas,
a phalanx of social service
agencies fought the war
against poverty and
social decay at home.

*Centennial
Underwriter:
Adele and
Leonard Block*



Working conditions, appalling at the turn of the century, were improving. But in 1911, the Triangle Shirt Waist Company fire killed 147 women and young girls, due largely to blocked exits and a lack of fire escapes. Protest by workers, and eventually public opinion, forced establishment of better fire safety rules and improved working conditions.

The increased burden on social agencies was eased significantly in 1917 with the formation of the Federation for the Support of Jewish Philanthropic Societies to coordinate planning and funding of social services. The formation of the Federation allowed agencies greater freedom and an increased ability to serve.

Volunteers gave help to troubled girls, those brought before the courts as well as those who could be helped before problems set in. Delinquent boys saw the benefits of their stay at Hawthorne. Work with their families further insured that the changes made at Hawthorne would be lasting.

Self-support principles were key to UHC's efforts. Vocational guidance was instituted to help youngsters plan for education and occupations.

Demographics were also changing at this time, with great movement from the Lower East Side to the Bronx and Brooklyn, establishing new centers of Jewish activity and need for service. Sixty-thousand Jews resided in Brownsville, where housing was superior. No tenement was more than four stories high; most homes had three stories and a front porch, and were built as two-family residences. The neighborhood was safer and crime among Jewish juveniles fell.

United Hebrew Charities Pioneers Self-Support Efforts

UHC continued to provide basic relief services, at the same time developing other support services for families facing problems beyond resettlement concerns.

Tuberculosis claimed the attention of the whole country. In 1911, UHC spent 20% of their total cash to assist TB families. Their Medical Committee studied its social aspects and made suggestions which led to constructive treatment of the disease among Jews.

"Were it possible to sum up in a word the keynote of modern effort in the province of public endeavor, that one word would be 'Prevention'... and were philanthropic efforts to be concentrated in this direction, results would be far-reaching and do much to mitigate the extent of human misery."

— Mortimer Schiff, JPAS President,
Annual Report 1914



UHC took over the functions of the Hebrew Burial Society.



A family, deserted by the father, sits down to eat. Family desertion played a large part in the misery UHC was trying to alleviate. The Agency helped obtain legislation making desertion a felony.

In 1912, UHC helped establish the National Desertion Bureau to study the problem of desertion among Jewish families. This socio-legal agency dealt with non-support, family desertion and domestic relations. UHC sought to locate deserters, reunite and reconcile, to help support families when necessary and to prosecute husbands who refused to contribute to their families' welfare. This led to the agency's later provision of location and legal services.

In 1915, UHC created a Vocational Guidance Department to help young boys and girls continue their education as well as to provide guidance and training to help them find the most well-suited occupations. This was the first community-wide vocational guidance activity, and UHC was the first family welfare organization in the country to study the subject. The program also trained adults, gave money for tools to those with a trade, and provided maintenance help when a husband was learning a trade or finding work.

Sisterhoods of volunteers gave generously to new immigrants, making friendly visits, establishing workrooms for girls, conducting day nurseries and generally relieving the

Milestone for Social Welfare

Federation for the Support of Jewish Philanthropic Societies of New York City

By 1917, the Jewish population was 1.5 million, 25 times the population in 1877. There were more than 3,000 separate Jewish philanthropic institutions in New York City. While this preserved a longstanding pledge that the community would care for its own, the proliferation of organizations caused serious problems for funding and service planning.

After many years of discussion and debate, the Federation for the Support of Jewish Philanthropic Societies of New York City was established in 1917 with 24 charter societies including JPAS and UHC. It recognized the importance of coordinating Jewish philanthropic activities.

Federation assumed responsibility for organizing and mobilizing the community for the purpose of responding to the health and

welfare needs of its member agencies. They believed it was essential to end competition for funds and to eliminate duplication and waste. Felix Warburg was its first president.

The name of Mrs. Sidney Borg, Chair of the Big Sisters organization and an early JBG supporter, appears on Federation's articles of incorporation. An interim Federation president in 1938, Mrs. Borg had enormous influence on the work of this new organization.

Federation's initial fundraising goal of \$2 million was actually surpassed. In 1920 its United Building

"From its beginnings, Federation's concern was with people and not with statistics."



Felix Warburg, first president of Federation

Fund raised \$5 million and established Federation as the force in the Jewish community for raising funds and determining how to use them. Basic needs were the priority, so 90 percent of the proceeds went to hospitals and child care institutions.

From its earliest beginning, Federation was an important influence on the work of social welfare agencies, providing vital funding and creating the communal planning mechanism which allowed for the best utilization of services for the Jewish community.

distress of families in want.

The gradual professionalization of social work led to the replacement of these sisterhoods, but they continued to provide help through other means to the Jewish community.

JPAS Forges New Era in the Treatment of Children

As their knowledge and experience evolved, the Hawthorne School flourished. The belief that delinquent youth could be rehabilitated through care and compassion in a more structured and healthy environment, rather than through punishment, was proven correct. Aftercare to youngsters who left Hawthorne helped ensure their successful return to the community.

From its experience at Hawthorne, JPAS began to see the need to provide preventive services to young boys and girls in the community. Volunteers serving children appearing in the Courts were beginning to recognize the need for professional social workers.

Delinquency among young girls became the next area of JPAS concern. In 1910, Jewish Big Sisters was established to help girls brought to juvenile court, in much the same way that Big Brothers was set up to help boys. Big Sisters first served as volunteer probation officers for girls brought into juvenile court, but later also acted as good role models for young girls within the community. Another function of Big Sisters was to provide parole services to Jewish female prisoners on leaving their institutions.

In 1913, the Big Sisters organization founded the Council Home for Jewish Girls (later the Cedar Knolls School for Girls when it relocated in 1917 to the Hawthorne campus). Like Hawthorne, the Council Home strove to help the young people in its care through individualized attention and a full program of schooling and training in such areas as machine and hand sewing, typing, religious instruction and exercise. The overall goal was to "instill in our charges ideas of wholesome living and healthful thinking and to assist them in developing into useful and efficient members of the community."

JPAS continued work with adult offenders, now providing

1910 *~* 1920

aftercare services to ease the adjustment back into the community. This service demonstrated to the state the financial and social value of aftercare services to discharged prisoners.

JPAS began to keep track of statistics and information on questions of Jewish delinquency and crime. "Your society can now justly claim that there is not a single Jewish prisoner or ex-convict who can complain that there is no one in the city of New York to extend to him a helping hand. It has been the policy of this office to do everything within reason to help the man so long as he shows an inclination to redeem himself."

JPAS set up an Employment Bureau in 1914 to place boys and men handicapped by previous criminal records.

In 1914, the Hawthorne Trade School was completed, where vocational guidance and teaching trades were crucial to the successful return of the boys to the community. Religious training was also very important. In 1914, 35 boys became bar-mitzvah.

By 1914, there were 188 active Big Brothers who had in their charge 214 boys, an increase of 40 Big Brothers over the year before. When parole officers were hired by the courts in 1912, Big Brothers went on to play a more preventive role as companion and good role model to youngsters referred by



JACOB RUIS MUSEUM OF THE CITY OF NEW YORK

10

YEARS

UHC

- 1912 - National Desertion Bureau established
- 1914 - Vocational Guidance Department created

JPAS

- 1910 - Jewish Big Sisters
- 1913 - Cedar Knolls School for Girls founded
- 1914 - Employment Bureau
- 1914 - Hawthorne Trade School opened
- 1917 - Field work with families begins
- 1918 - JPAS Psychiatric Clinic opened
- 1919 - Central Committee on Friendly Aid to Jewish Girls



BIG SISTER MANUAL

Delinquent youth were rehabilitated through care and compassion in a healthy environment.



THE BETTMANN ARCHIVE

Programs were geared to instill in young women "ideas of wholesome living." Cedar Knolls School for Girls provided a full program of schooling and training.

schools and parents.

In this decade, Hawthorne began to do more family and preventive work beyond the Hawthorne campus. Staff came to see that without working with the families of boys committed to its care, the boys would return to the same troubled environment. This new "field work" with families of Hawthorne residents recognized the need to deal with the people who most directly influence a child's environment. It was also the first stage in building preventive services for families.

The Committee on Outside Activities coordinated prevention, institutional care and aftercare services, enabling the agency more fully to meet the demands of the problem of juvenile delinquency. The Department of Prevention and Aftercare was staffed by workers and volunteers who took on cases referred by parents, schools and the Children's Courts. JPAS established 10 districts in Manhattan and the Bronx with a paid worker in each district to organize better the provision of services. A JPAS psychiatric clinic was opened in 1918 with caseworkers working under the supervision of psychiatrists. This marked the beginning of a new era in the treatment of children.

In 1919, the Central Committee on Friendly Aid to Jewish Girls was formed to coordinate activities for that population.

*Centennial
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Barbara K.
Feldman*

1920 TO 1930

If the problems of the prior decade forced expansion of relief services and treatment for immigrants and their children, the turbulent 1920s proved fertile ground for development of new ways of treating the social ills of families and individuals of all ages.

*Centennial
Patron:
Kathryn
and
Gilbert
Miller
Fund, Inc.*



Norfolk Street, 1924

THE COLLECTIONS OF THE MUNICIPAL ARCHIVES OF THE CITY OF NY

As the decade began, history was made with the passage of the Nineteenth Amendment giving women the right to vote. A wave of strikes hit the country as labor unions sought adjustments for postwar conditions.

In 1926, 6,000,000 people lived in the five boroughs of New York City. Jimmy Walker was Mayor and Calvin Coolidge was President. The passage of the Prohibition amendment led to the age of the Speakeasy. Bootleg whiskey, flappers and the lost generation flourished. The big bull market was building. Skyscrapers proliferated. The first talkie was seen in 1927. A joint venture by an act of Congress created the Port of New York Authority.

By the mid-twenties, 1,750,000 Jews lived in New York City. Restrictive U.S. immigration laws slowed the influx from Europe and the neighborhood of the Lower East Side became more stable. The garment industry — the city's major Jewish employer — finally came out of its postwar depression. The ILGWU began its rise as an influential factor in the life of the Jewish community.

As the second generation came into its own, the nature of family problems changed. They were no longer focused on lack of language and inability to find jobs and places to live, but became more complicated problems within the family itself. New ideas in treatment brought together social service expertise and developing scientific knowledge. This partnership gave agencies a new weapon: family casework, a combination of treatment and prevention designed to help families cope with their problems in a more lasting way.

As life changed for families, the children being placed in institutional care showed signs of different problems. While earlier efforts toward rehabilitation were aimed at children of immigrants having difficulties getting settled in a new land and living under the poor conditions of their community, the problems of the youngsters now requiring care were not as well understood. Social workers began to see that the delinquent boy or girl was a child in emotional trouble whose behavior needed to be understood in order to be treated.

Following World War I, psychiatry grew as a force in the treatment of delinquent children. Social workers began to work under the supervision of psychiatrists. Continuous training and study for staff and volunteers was important.



After a long struggle, the passage of the Nineteenth Amendment gave women the right to vote.

“During the 1920s both JSSA and JBG came to a greater understanding of the scientific aspects of social work as well as the importance of continuous training and study for staff and volunteers.”

This decade marked radical changes in the treatment of disturbed children as well as the treatment of family breakdown.

Important JBG advances in the 1920s led to greater understanding and treatment of delinquency. The agency was pioneering a new field, new avenues of approach, new techniques, new principles of casework and new methods of volunteer services.



Self-support principles were key to UHC's efforts. Small loans encouraged individual businesses.

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Ernst &
Young

Sponsor:
Norman
and Patricia
Friedman,
in honor of
Judith and
Philip
Hirsch

Candidates for care were parents and children in homes where lack of proper adjustment brought about "disobedience and waywardness"; boys and girls brought before the Children's Courts or referred by parents or social agencies; those paroled from correctional institutions; and unmarried mothers and their infants.

Jewish Protectory and Aid Society Pioneers Child Guidance

The decade began momentarily for the Jewish Protectory and Aid Society which in 1921 became, by act of the New York State Legislature, the Jewish Board of Guardians. The formation of JBG merged all previously founded services of JPAS and acknowledged the agency's awareness of the need to unify its treatment of all phases of delinquency.

The 1920s proved to be a critical time for advances in JBG's treatment approaches. To gain a greater understanding of delinquency among youngsters, JBG casework now used psychiatrically-based approaches to treat the more disturbed youngsters, and pioneered treatment of behavior maladjustment among juveniles and adults. These advances showed a better understanding of behavior and a recognition of emotional instability at the root of delinquency.

The new agency's programs included the Hawthorne School, the Cedar Knolls School, the Lakeview Home, the Shelter and field services. They focused on various forms of delinquency, including juvenile and adult, male and female.

In 1922, the Committee on Outside Activities changed its name to Committee on Field Activities. It was committed to the treatment of behavior maladjustment among juveniles and adults as one large problem, through JBG's Preventive, Aftercare, Court, Parole, and Unmarried Mothers Department as well as through Big Brother and Big Sister groups. Other preventive programs included an unemployment bureau, mothers' clubs, and recreational activities.

JBG's Child Guidance Department, formally organized in 1926, established the agency as a leader in the national child guidance movement. Child guidance work furthered the idea that many of the problems of maladjusted children might be

1920 ~ 1930

"This marked the beginning of the continuous study of the meaning of behavior, of the nature and use of environmental help with direct psychotherapy as part of a total treatment plan."

— Herschel Alt and Joseph Stein,
"After 50 Years: An Agency
Looks Ahead"



Acting as a good role model was an important aspect of the job of the Big Sister.



At the Hawthorne School, a special cottage was opened to study more disturbed boys by applying a regimen of treatment. Staff visited families to get acquainted with home conditions.

solved through a psychotherapeutic approach, bringing psychiatric theory into the practice of social work and shedding more light on family interrelationships and interactions. In addition to therapeutic services, their work included some of the earliest on-site school consultation, on-site child guidance service in local high schools and development of group therapy for children. Recognizing the need to look at both behavior and social ills was a crucial breakthrough in the treatment of children.

Importance of Volunteers Continues

Big Brothers and Big Sisters, the backbone of the agency's work with children, now worked side by side with district workers, giving guidance and encouragement to young people seriously alienated from their parents. They received specialized training to help them apply new treatment findings. Big Sisters were involved in study groups to

enhance skills. One such group, the Big Sister League, not only rendered service but also contributed scholarships totaling \$2,400 a year to academically gifted children who had to be placed outside the home because of behavioral problems.

Hawthorne Treatment Programs Expanded

In 1923, Hawthorne opened its first medical clinic. Psychiatry was beginning to be used to enhance understanding of the children being placed there. This shift pointed to the importance of understanding the mental health of children and that "manipulating the environment" was insufficient.

"This marked the beginning of the continuous study of the meaning of behavior, of the nature and use of environmental help (educational, recreational and vocational planning) with direct psychotherapy as part of a total treatment plan." Herschel Alt and Joseph Stein, "After 50 Years: An Agency Looks Ahead".

In 1926, a special cottage was opened at Hawthorne to study more "disturbed" boys by applying a regimen of diet, mental and physical education and sometimes medical treatment. Periodic visits were made to the boys' homes while they were at Hawthorne so that staff could become acquainted with the families and the home conditions.

School-Based Programs Begin

The agency recognized early the importance of school in the life of the child and in the prevention of behavioral problems. Preventive work was aimed at growing truancy in seriously overcrowded schools. At first, public schools regarded the agency's on-site services as "interfering"; a few years later schools were enthusiastically using these services.

JBG's first program was started in 1925 at the Seward Park Guidance Bureau at a high school where social workers and psychiatrists worked with children. The Hunt's Point Guidance Bureau at P.S. 75 in the Bronx placed a psychiatric social worker in charge of a kindergarten class with the expectation of following the careers of the children in this class throughout their school lives, "to study thoroughly all these children, to help direct their lives in such a way that their inherent assets may be fully developed, and problems prevented." These programs were soon incorporated into the Board of Education and were the forerunner of JBG's eventual

10
YEARS

JPAS/JBG

- 1921 - Jewish Board of Guardians created by legislature
- Committee on Field Activities established
- 1923 - Medical clinic opens at Hawthorne
- 1925 - School-Based Programs introduced
- 1926 - Child Guidance Department organized
- Hawthorne special cottage studies more disturbed children

UHC/JSSA

- 1923 - Camp Rainbow
- Visiting housekeepers
- District offices open
- 1924 - Stuyvesant Training District established
- 1926 - UHC changes name to Jewish Social Service Association
- 1929 - Homeless Men's Department opens

central role in school-based mental health programs.

Dramatic Changes at United Hebrew Charities

UHC recognized that it was not enough simply to repair immediate trouble, but began to move from physical relief to a better understanding of what was causing the family's underlying problems. With this approach, the agency sought to raise the general level of the family's condition.

This development came about in response to the changing population requiring help in the 1920s. In 1890, 54% of families served by the agency had been in the country less than one year. In 1926 that figure was down to 1 1/2% while 58% had lived here for more than ten years. Less than half the people coming for help at this time were applying for material relief.

UHC and Jewish Family Welfare Society of Brooklyn, its

Focusing more on difficulties between family members UHC was now committed to the total maintenance and health of the family.



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& Katz



Getting young boys out into the country and away from their crowded neighborhoods remained important.

sister agency across the East River with which it would later merge, began to reevaluate their purpose. The agencies were committed to the total maintenance and health of the family — physical, emotional and social. The majority of people applying for help had already had their basic needs met. They lived in proper housing, had good food and good jobs. However, they were plagued by other problems that undermined their families.

With this expanded role came the need for a larger and better-trained staff. Volunteers like the sisterhoods who had been doing so much of the family welfare work began to take on other responsibilities. Once again, UHC was responding to the needs of the community.

“Many families did not need immediate financial help or relief, but their problems were as deep and real as the need for bread.”

Services reflected both the agency’s original mission and the newer family support work. While continuing to provide help finding housing, restoring health, preventing illness, improving education, keeping children in school and locating work, the agency now focused on smoothing out difficulties in the relationships between family members and on treating mental disturbances identified and observed within families.

Training District Established

Reflecting the importance of training, UHC established the Stuyvesant District as a training district in 1924. The diverse population with its varied problems was ideal for the training of new staff. The district was kept small to enable supervision



UHC founded the Homeless Men’s Department in 1929 to help handle the growing number of men struck down by the economic crisis.



THE COLLECTION OF THE MUNICIPAL ARCHIVES OF THE CITY OF N.Y.

The delinquent boy or girl was now seen as a child in emotional trouble whose behavior needed to be understood in order to be treated.

and smaller case loads for the new trainees. The Hofheimer Foundation and the New York Foundation supported this important experiment.

To underscore its commitment to the expansion of services to families, UHC set up four functional departments: Self-Support, Vocational, Mental Hygiene, and Home Economics and Dietetics.

Camp Opens

In 1923, Camp Rainbow was established to teach undernourished children about healthful and nourishing eating. The children were identified through the new Home Economics department. A permanent site for the camp was purchased in 1926.

Housekeepers were sent into the homes of sick mothers to care for the children and keep them at home, rather than send them to institutions. This became an important program as it functioned more in conjunction with family casework.

The movement of Jewish populations to the boroughs necessitated the expansion of services beyond the Lower East Side. Population growth and an increase in demand for services in the Bronx justified a second UHC office in that borough.

UHC developed services to help families restore their strength and ability to function beyond the basics of food,

clothing and shelter. But while many families were receptive to this assistance, they were reluctant to approach a charitable organization for it. These families did not need immediate financial help or relief, but their problems were as deep and real as the need for bread. In 1926, a charter was granted to the Jewish Social Service Association. The newly-named organization reflected the commitment to help families in need which the United Hebrew Charities had refined over many years.

Homeless Men's Department

By the end of the decade, economic hard times began to decimate the city. In 1929 JSSA opened the Homeless Men's Department and began to return to its original relief work, though never losing sight of the newfound commitment to strengthen the family unit.

"By the end of the decade, economic hard times began to decimate the city."

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Foundation



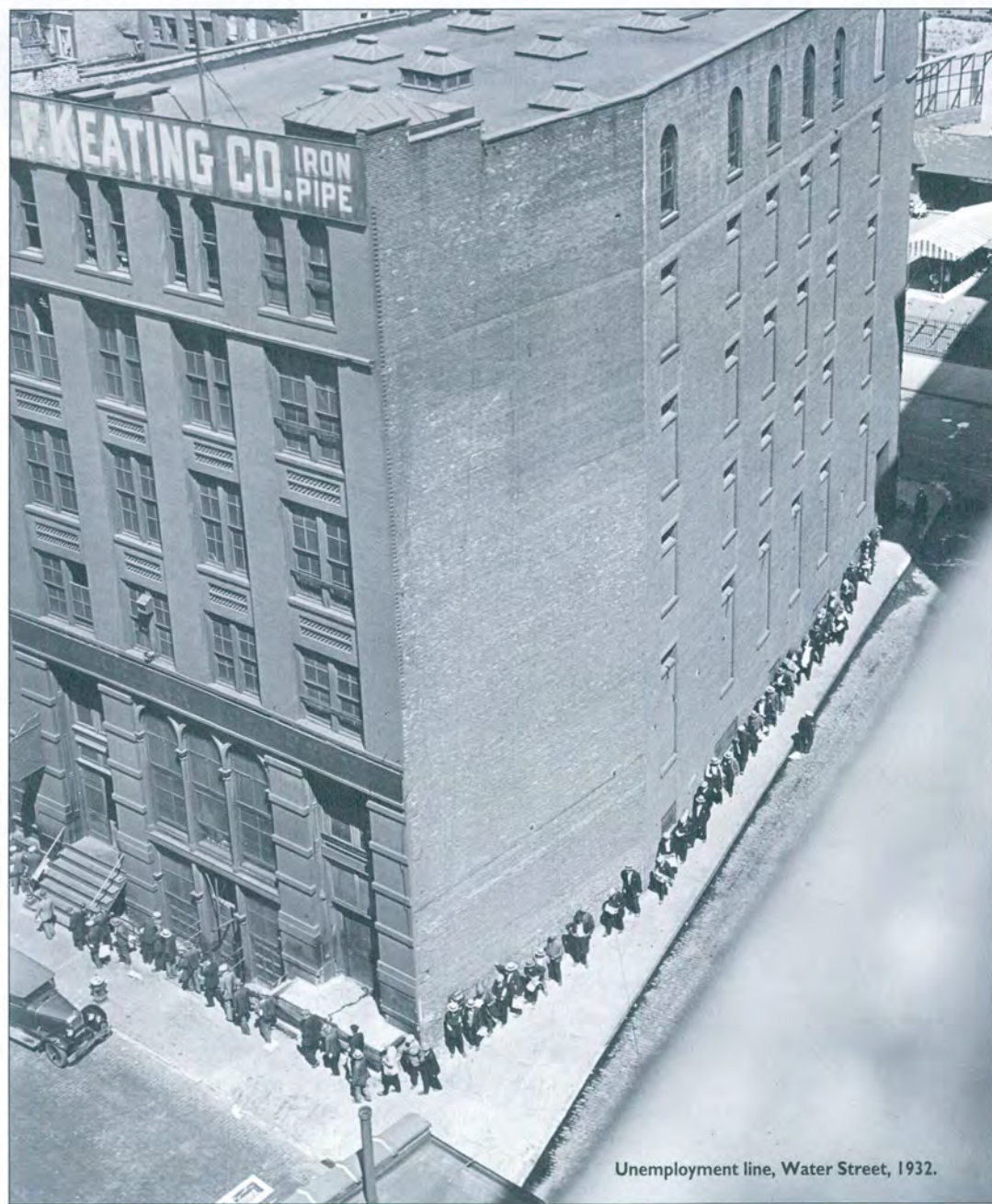
THE BETTMANN ARCHIVE

Pushcarts were another form of business which self-support loans helped to set up. These loans became increasingly important with the onset of the Depression.

1930 TO 1940

In the grip of the Great Depression, New Yorkers were even more in need of help from social service agencies. Initial needs were for concrete relief: food, clothing, housing, the basics with which the agencies had begun their work so many years before.

*Centennial
Underwriter:
Mary and
Solomon Litt*



Unemployment line, Water Street, 1932.

CULVER PICTURES

The task of meeting the economic needs of Jewish families soon exceeded the financial resources and organizational capacity of the Jewish community. Such relief efforts were taken over by public agencies, leaving the private agencies to continue offering casework to families emotionally ravaged by the economic crisis. The Depression also created a wave of gang warfare, bribery, gambling, extortion and murder.

As the economy deteriorated the social fabric also frayed. Long breadlines and unemployment lines became a common sight, and shantytowns sprang up around the city as more and more people were unable to support themselves and their families. Franklin D. Roosevelt was elected President in 1932: the last chance, some people believed, to save the system. His New Deal created a radically new social welfare system, establishing the first Federal assistance for Depression victims and "social insurance" for the middle class.

Fiorello LaGuardia was New York City's popular mayor from 1934 to 1945. He created the Municipal Housing Authority in 1934 to take advantage of the National Industrial Recovery Act, which gave funds to low-rent housing and slum clearance projects. But the poverty caused by the Depression kept these slums filled to capacity.

During the Depression, more families were unable to maintain the home unit. As a result, a large number of dependent children were brought to the Children's Court for commitment or for supervision. Chaotic conditions caused increased behavior problems, delinquency and crime. But social work was evolving in fundamental areas, further refining methods of child treatment through enhanced training and group therapy and developing a greater understanding of the family's role in treatment. Most Jewish agencies emerged from the Depression as professionalized centers of both psychotherapeutic and social casework.

Jewish Social Service Association Helps Clients Through Crisis

In 1933, there was a 44% increase in families under the care of Jewish Social Service Association.

Early in the decade, before public agencies became in-

"In a single day in 1929 the face of the city – and the world – was changed. With the collapse of the business and financial structure, each day brought new tales of sadness and despair."

volved in the relief effort, JSSA helped families in need. But as economic conditions worsened, providing this relief jeopardized JSSA's capacity to deal intensively with problems of family disorganization not related to emergency need. As the only large organization offering this casework, their role in alleviating personal distress and family breakdown was critical. When public agencies joined the fight, JSSA returned to its counseling responsibilities.

JSSA became more aware of the "intangibles" caused by stress that threatened the family's ability to function normally. The agency began to fuse casework and psychiatric skills. While the treatment was done with individuals, there was a definite shift toward understanding the effect of the family on the individual.

During the Depression, shanty towns sprang up around the city. JSSA helped people in need until public agencies joined the fight and the agency returned to its newer mission of repairing family breakdown.



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CLAUER PICTURES

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Diana G.
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This recognition of the psychological aspects of family work was significant. "The cumulative evidence of our experience and even more the discoveries and explorations into human personality made by the psychiatric field, have opened new vistas. Such intangible constituents as feelings, habits, personal relations, hatreds, loves, friendships, prejudices, fears — all these and more are revealed as fundamental factors in the failure of so many of our clients to cope with life." Frances Taussig, JSSA Director.

The Depression also highlighted the work of the new Homeless Men's Department begun in 1929. The JSSA program was unique in that it recognized that homelessness was a symptom which could be treated and not a condition in itself. The majority of men were between 20 and 30 and with proper treatment could be restored to constructive citizenship.

The Self-Support Department become important once again. While it had been used early in the century to help the more physically and mentally handicapped, Self-Support services now aided men forced out of industry who lacked the capacity to find a new form of work.

In 1935, JSSA appointed a psychiatrist to work in their outpatient department to provide psychiatric treatment and guide social workers on psychiatric problems of clients.

A 1937 study indicated that JSSA services were geared to families in financial need not eligible for public assistance, families unable to cope with difficulties even with public assistance, and families economically self-maintained but not able to handle personal problems. The agency offered a variety of services, including personal counseling, introduction to other community resources, financial assistance, child guidance services, vocational re-training, housekeeper services and vocational guidance. JSSA was dedicated to teaching families to function more effectively, and to improving their situations through new resources and through the remedying of basic difficulties.

Jewish Board of Guardians Integrates Psychiatry and Casework

The difficulties facing the nation were reflected at JBG. The economic situation resulted in family disruption, increased



JBG's Child Guidance Department advanced treatment of personality disorders in children through integrating psychiatry and casework principles.

crime and homelessness for many young people. JBG's preventive work extended beyond the sixteen-year-old age level on a selective basis to deal with the behavior maladjustment problems of this older group.

In spite of the difficulty, JBG made significant inroads in the treatment of the disturbed child, through expanded training and the introduction of group therapy.

Treatment Innovations

JBG's Child Guidance Department was providing services to hundreds of children, services aimed at prevention as well as treatment of personality disorders, based on the new understanding that emotional disturbances could lead to antisocial acts. This work indicated the need to examine factors which predisposed a young person to antisocial behavior. Through this newly developing psychiatric casework approach, the psychiatrist, psychologist and

"As a private instrument dedicated to the treatment and prevention of delinquency we must be in the vanguard in the field of behavior maladjustment. We must make contributions to the evolution of refined instruments in treatment and prevention."

— Hon. George Z. Medalie, President,
JBG, Annual Report, 1932–33

psychiatric social worker jointly contributed to diagnosing the problem and planning the course of treatment.

The role of the caseworker evolved in three phases: in the 1920s, the psychiatrist had done the planning and the caseworker had followed instructions; in 1933, the psychiatrist began to play a secondary role, with the worker taking control of the case on the basis of relationship; the third phase began in 1936 with the clinical approach, when the caseworker integrated psychiatric knowledge and learned diagnostic skills.

Training Takes on Greater Importance

During these years, centralized training was offered to reflect the shift in casework approach, which in turn created a more unified agency. Through systematic training in personality development of children, in psychodynamics and in psychotherapy, caseworkers came to understand better the interaction of the individual personality with social situations.

Supervision and casework seminars became important in improving casework techniques. Psychiatric treatment conferences in each of the three borough offices were conducted once a week. The psychiatrists and supervisors met jointly every month. Eight students from the three schools of social work, New York School of Social Work, Smith College School for Social Work and the Graduate School for Jewish Social Work, were placed at JBG for practical experience.

To analyze new treatment methods, in 1937, JBG began a follow-up study of child guidance cases in order to describe and compare treatment methods over a three-year period and to determine their effectiveness in terms of final adjustment.

Group Therapy Introduced

In 1934, another significant clinical step was taken. S.R. Slavson, well-known for his work with children, introduced group therapy for youngsters into the agency. Slavson pioneered a creative program for small groups of maladjusted girls which were run by Big Sisters trained by Slavson. The girls used self-expression and creativity to help them change their behavior, and in the process grew more outgoing, friendly and open. The volunteers proved to be effective group leaders. Mary Froelich, a later JBG president, was the first group leader. Eventually the program was expanded to pre-school children, adolescents and adults.

Leading the Way in New Treatment Approaches



Frances Taussig, left, with Frances Beatman, her successor, in 1978.

Frances Taussig

Frances Taussig led Jewish Social Service Association through its transition from a relief agency to providing support for the less tangible problems families faced. She

"The discoveries and explorations into human personality made by psychiatry have opened new vistas." — Frances Taussig

helped move JSSA from its days of relief and clothing hand-outs to extend its services to all people in need of counseling to help them live a better life. Under her leadership, JSSA was recognized as an agency which initiated many far-reaching new concepts, including charging fees for service and understanding the impact of the family on the individual. Her writings were influential.

John Slavson

As executive director of JBG from 1933 until 1947, Dr. John Slavson's influence on the agency and the treatment of disturbed children was profound. Under his innovative leadership, psychiatry was fully integrated into treatment of the maladjusted child. The agency had begun with the social deviant who was placed in a setting to influence his behavior. Through

Slavson's understanding of the impact of family stress and the need to utilize psychiatry and psychoanalysis in treating the child's problem, Slavson revolutionized the field of child treatment.



Dr. John Slavson, Jewish Board of Guardians Executive Director

By 1941, the requirement of a diagnosis acknowledged that the JBG child guidance service rested on a clinical basis although social factors remained of critical importance.

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Brooklyn Services Expand

The need for increased services in Brooklyn became evident as studies in 1938 showed that more than half of Jewish children in New York lived in Brooklyn, where there was a dearth of adequate child guidance, mental hygiene and other social services. While court arraignments were down overall for Jewish children, 61% were arraigned in Brooklyn. Of the unmarried mothers and youngsters served by JBG, 40% were from Brooklyn. A Brooklyn child guidance office was established in the latter part of the decade.

The JBG Bronx office was by this time an integral part of the Bronx community. Expansion efforts included strengthening the Big Brother group there, making space available for group therapy work, and helping Hawthorne graduates to find jobs.

A Statistical Department was set up in 1930 to collect and tabulate facts and reports to give a picture of the organization as a whole, as well as each individual phase of work. This put the agency in a much better position to determine the best policies for the future.

New Treatment Approaches Reflected At Hawthorne

In 1930, Hawthorne's celebration of 25 years of service offered a time of reflection and reassessment. Its Annual Report of 1930 described a campus which had physically blossomed since its first trees were planted in 1905. Since the first ten buildings had been erected 25 years before, fourteen more had been put up.

But much more than acreage and architecture had changed. With the success of JBG's preventive efforts, the youngsters committed to institutions were those who had resisted all efforts made on their behalf and remained a serious social problem. The Hawthorne population was by this time very different in character and this difference demanded new methods of treatment, including intensive individual attention and a greater understanding of the effect of the child's environment on his behavior.

In 1935, the Hawthorne treatment program was reorganized to reflect this new understanding. The opening that year of Hawthorne's first formal psychiatric clinic, through the generosity of George Naumberg, addressed this new emphasis

1930 1940

10
YEARS

JSSA

- 1930s - Public agencies take over relief efforts
- 1934 - Family counseling added to relief work
- 1937 - JSSA study of populations served

JBG

- 1930 - Statistical Department opens
- 1933 - John Slawson Executive Director
- 1934 - Group therapy introduced
- 1939 - Hawthorne Union Free School District established
- Bronx and Brooklyn Child Guidance Services begun



The Depression brought many families to the brink of hunger and collapse.

"Through seminars, conferences and other contacts, the staffs of all the departments were being welded together into one functioning unit. Gradually, the client—child or adult—is becoming the primary unit of concern."

—John Slawson, JBG Executive Director

1930  1940



MORRIS ENGEL, MUSEUM OF THE CITY OF NEW YORK

on the individual child in order to reach the core of his difficulties and make treatment a viable possibility. This work signaled a process of change which transformed Hawthorne into a residential treatment center.

Dr. John Slawson, JBG Executive Director, was instrumental in developing the idea of the “conditioned environment” to understand better a child’s individual needs within a group setting. The expansion of recreational activities, a strengthened athletic program, group theatre and creative activities program all enhanced this concept.

A crucial development, and one which had been sought for many years, was the establishment in 1939 of the Union Free School District #3 on Hawthorne’s grounds by the New York State Legislature. This special education school quickly became a therapeutic partner in Hawthorne’s “total treatment” approach. Educational programs could now be designed to address more adequately the behavioral and personality problems of the residents.

“Without the capacity for affection, no permanent or deep happiness or contentment is possible. Children who come to JBG have had over and over again in their own lives the painful experience of being disappointed and frustrated in their close attachments ... and they fear to repeat this experience ... it becomes the task of the caseworker to give him the experience of exchanging trust and affection with another person. The child is truly helped when he can permit himself to feel and to display affection once more and to find out that although hurt may be in the offing, there is also potential happiness...”

—The Story of the Jewish Board of Guardians

Patron:
Mark D.
Teich,
M & T
Industrial
Plumbing
and Heating

1940 TO 1950

The need for care reached deeper into the community, as families shaken by war become the focus of service.

*Centennial
Underwriter:
Louise and
Henry Loeb*



Brooklyn neighborhood, 1945

THE BETTMANN ARCHIVE



For families reuniting after the war, the adjustment period was difficult. Family members had to get to know each other again while veterans returned with problems of their own.

Much of the country's resources, material as well as human, went to support the United States at war, both at home and abroad. The agencies committed workers and services to the war effort. Staff worked as volunteers with Selective Service Boards doing psychiatric screening, counseling with families, facilitating referrals and consultation services to war committees and councils.

As war ravaged the Jewish population in Europe and Russia, the Jewish community in New York rallied to fight Nazism and eventually to support a homeland for the Jewish people. The struggle to understand the devastation, and the fight to ensure that it will not happen again, continue.

The nature of personal problems changed in wartime as family dislocation began to take its toll. Children of absent fathers were beset with responsibilities. Delinquency grew because of reductions in public social services.

While the war's end brought great relief and joy to Americans, it also presented them with conflicts. For families reuniting after the war, the adjustment period was difficult: women who had become the family's breadwinner had to make way for returning soldiers; fathers and young children

met each other for the first time; fathers and older children had to get to know each other all over again; many veterans returned with their own problems.

With their return and the arrival of new refugees from the war, New York's Jewish population swelled to a peak of close to 2 million. Jewish populations in the boroughs rose some 110%. The 1944 merger of Brooklyn Federation with the larger Federation alleviated some of the pressure on agencies when postwar needs rose.

In 1947, Mayor O'Dwyer set up the New York City Youth Bureau to study the needs of children and plan for their welfare. Programs were later organized with JBG and JSSA.

In the years right after the war promise abounded. People looked forward to the end of rationing, price controls and high taxes. Economic growth meant a rise in living conditions. But new conflicts soon grew out of these "better" times and brought about changes which went to the core of society and culture. These changes caused great shifts in focus in the decades to come for Jewish social welfare agencies.

Pioneering the Treatment of Young Children

The national crises of the period took their toll on the nation's children. Applications for JBG Child Guidance Services almost doubled between 1943 and 1953. The duration of treatment also doubled and the ages and characteristics of children coming for treatment changed dramatically. In that same period, the proportion of very young children in treatment — under seven years old — rose from 15% to 28%.

The integration of psychiatry and casework came to full realization under the leadership of Dr. John Slawson. By 1941 an initial diagnostic and treatment planning conference became a required step for every child guidance case. This requirement was an acknowledgement that the JBG child guidance service rested on a clinical basis although social factors remained of critical importance in case evaluation. Open professional meetings were held regularly to discuss the findings being made by JBG clinicians.

Responsibility for direct treatment was placed with the



Big Brothers played a vital role in the lives of troubled young people.

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Dr. Johan H.W. van Ophusijzen,
JBG Chief Psychiatrist.

caseworker, a decision nurtured by Dr. Johan H.W. van Ophusijsen, Chief Psychiatrist. This required a specialized program of training and led to a new type of professional worker in the field of child guidance, the psychiatric social worker. While the psychiatrist continued to play an important role in establishing the limits of the therapeutic program in terms of diagnosis, treatment and evaluation, direct treatment was done by caseworkers.

In-Service Training

By 1944, JBG offered a centralized three-year in-service training program for professional staff. In 1949, JBG became the first social agency to offer a training program in child psychiatry, an effort supported by federal funding for Veteran's Administration residents in psychiatry.

As JBG clientele presented them with more severe problems, professional training at all levels took on greater significance. JBG's training programs and levels of supervision helped distinguish the agency as a place where professionals wanted to work.

"An initial diagnosis became required in every child guidance case, acknowledging that the JBG child guidance service rested on a clinical basis."

Helping the Young Child

Greater understanding of psychological issues and a significant rise in the numbers of younger children requiring treatment led to the formation of a pioneering effort. In conjunction with the National Council of Jewish Women and the Lester N. Hofheimer Estate, the agency established The Council on Child Development Center in 1946, a project to study development of personality in preschool children and test methods of treatment. This project was an expansion of JBG's caring for the needs of disturbed children of all ages and marked the beginning of their understanding the importance of early intervention.

The Center offered individual psychiatric treatment and a special nursery program for the very young child. The therapeutic potential of the program was soon recognized. In order to make the greatest impact on the thinking and the practice of workers in the preschool field, emphasis was placed on consultation, professional education and publication.

The Center developed an outpatient service which by the end of the decade was providing diagnosis and counseling to over two hundred children each year. Consultation with outside agencies, doctors and schools was a vital service.

Another important component of the program was the training of professional personnel in child psychiatry, child therapy, and psychiatric social work. Research also became an integral part of the service program.

Brooklyn Services Expand

Expansion in Brooklyn reflected the rise in the Jewish population there which, by 1940, was one million, half the total Jewish population in New York. In 1942, JBG opened a Brownsville office serving a lower-to middle-working class population. It reflected JBG's interest in organizing child welfare, mental health services and community education on a neighborhood basis. The Brownsville Project, funded through a special grant of \$5,000 from the Greater New York Fund, allowed for research opportunities.

With JBG borough offices in Manhattan, Bronx and Brooklyn, agency intake procedures were altered and more formalized to reflect a city-wide view of services and populations. As part of this more unified approach, in 1946, JBG made

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JFS offered counseling services to war refugees. Complete relief services were provided by a separate agency founded to deal with the influx of refugees.



Half the total Jewish population in N.Y.C. resided in Brooklyn when JBG opened its Brownsville Office in 1942.

a significant organizational change by establishing three new formal divisions — the Child Guidance Institute, the Division of Community Services and the Division of Institutional Services.

Volunteers, already playing a vital role as Big Brothers and Big Sisters, also worked as tutors doing remedial education and organizing recreational groups in the summer. Volunteers were carefully selected, trained and supervised by professional staff, and teamwork between the two groups was further solidified.

Hawthorne Integrates Services

At Hawthorne, treatment, education and group living were drawn closer together, using the whole of the institution as a therapeutic experience. This concept rose out of the understanding that therapy did not only take place in the office with a caseworker, but involved the total living experience. Treatment also went on during the other 23 hours, in relationships with child care staff and with each other. The group came to be seen more as a treatment and educational force, pulling together school, cottage life and the institutional programs.

10 YEARS

JBG

- 1942 - Brownsville Project begins
- 1946 - Council on Child Development Center created
- 1946 - Three formal JBG divisions established
- 1947 - Herschel Alt appointed Executive Director
- 1949 - First psychiatric training at social agency

JSSA

- 1942 - Consultation Center opens and charges fees for service
- 1946 - JFS formed by JSSA merger with Jewish Family Welfare Society
 - Visiting Housekeeper Service renamed Community Homemakers Service
 - Second West Manhattan office opened in Harlem
- 1948 - Research department established

The cottage set-up continued to play an important part in the treatment plan. In 1941 a cottage for younger boys was opened to create a controlled environment, separate from the older population. In recognition of the increased level of illness in youngsters coming to Hawthorne, cottage parents began to take a more professional interest in their work, and were required in 1947 to report observations about certain children in writing, and were taken into case discussions more often.

The Hawthorne educational program reflected the emphasis on the therapeutic environment. An in-service training program for new teachers included a seminar on mental hygiene with the casework staff.

"My cottage, my work, my school...all of these now seem to have been important, but beyond these was the atmosphere of the place — the feeling I had and have now, that Hawthorne is a haven — the everyday goodness that was in every corner of the school. Hawthorne is opportunity — a chance to stand on your feet — a chance to live in peace and happiness."

— Hawthorne graduate, 1946

Jewish Social Service Association Expands Reach through Fees for Service

In 1942, JSSA opened the Consultation Center in Manhattan and for the first time charged a fee for service. This fee was based on a sliding scale according to client's income, and was usually far below the actual cost of service.

It had become clear to the agency that there were segments of the community in need of services, unwilling to go to a charitable organization for them, but unable to pay the full cost for them. Programs at the Consultation Center were designed especially for these new clients in order to distinguish the Center from the other JSSA district offices. In 1942, 365 cases were handled by the Center; that figure rose to 812 in 1943. Professional people and organizations who

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A significant rise in the numbers of younger children requiring treatment led to the formation of the Council on Child Development Center.

had never before used the agency began to refer their clients to the Center for help.

Merger of JSSA and JFWS

In 1946, Jewish Family Service was created through the merger of JSSA and Jewish Family Welfare Society, which was providing services to families in Brooklyn similar to JSSA in Manhattan and the Bronx. "Together we could quicken the march forward to the perfection of those professional skills which the modern case work agency has developed in recent decades." —Minutes, JSSA Board Meeting, September 12, 1946.

By 1946, counseling for the adjustment of disturbed family relationships had become the major function of JSSA. JSSA and JFWS shared the same basic casework, philosophy, and approach. They understood the preventive value of

Herschel Alt: A Man of Great Vision

Herschel Alt was a true innovator in the field of child mental health. As executive director of the Jewish Board of Guardians for almost 20 years, his insights led to the redesign of treatment for troubled children. Through his understanding of delinquency, he recognized that child guidance methods of the 1930s and 1940s were inadequate. What set apart Alt's thinking was his ability to see the totality of the child's life — not just the

inner life — advocating the need to also examine the family *and* the environment. This idea that treatment had to modify the externals and treat the child's intrapsychic life led to the creation of milieu therapy which used the whole environment as the therapeutic tool, a concept Alt began to consider as director of Hawthorne in the early 1940s.

Alt was considered a visionary who sought to stretch the limits of treatability for children given up as hopeless. Under his leadership, JBG established critically renowned facilities in the 1950s for the treatment of the fragile, schizophrenic child.



"In the 1940s, the child began to be seen much more clearly as a product of life experience and his treatment as needing to embrace as many facets of the situation as possible. Treatment meant the twin goals of bringing about favorable changes in the environment wherever possible and strengthening the inner resources of the child himself to cope with the inevitable stresses and strains that growing up entails."

— Herschel Alt,

"Forging Tools for Mental Health"



Right to left: Herschel Alt, Yenata Feldman, Rena Schulman and Dr. E. James Anthony.

service to help stabilize marriage and safeguard the family for the protection of children. Both wanted to extend services to all groups and could do so more effectively as a merged agency serving all of New York City.

Community Homemakers

In 1946, Visiting Housekeeper Service, an important program for many years, was renamed Community Homemakers Service. It sought an immediate solution to family problems such as those caused by a mother unable to take care of her children and home. The use of these services increased among a growing aged population, enabling many old people to remain in the community.

JFS understood the preventive value of service to safeguard the family for the protection of children.



COURTESY PICTURES

Research

In 1948 a research department was formally established at JFS. Bringing scientific research methods into the field of casework treatment enabled practitioners to gain additional insights into the causes and treatment of family conflict and the importance of community education and prevention. Research also pointed out new training needs, an area which had always been important but took on greater significance with advances in treatment.

Sliding scale fees were uniformly applied throughout the agency after the success of the Manhattan Consultation Center. In addition to opening up service to a new population, fees for service became an important source of income for the agency, which otherwise relied almost exclusively on philanthropic support.

Group Therapy

Jewish Family Service began the use of group therapy in the late 1940s, and it quickly became an effective form of treatment throughout the agency. Most participants were also involved in individual therapy through JFS. Through the sharing of personal insights, and under the leadership of a specially trained caseworker, group therapy provided a powerful dynamic for these clients.

The fast-growing number of war refugees from Europe put an additional burden on JFS. This burden could be met only at the expense of families and communities which had come to rely on the agency. Rather than offer complete relief services to refugees, JFS agreed instead to provide counseling services as needed, creating the standard followed in subsequent decades with future waves of immigration.

The 1940s were a pivotal decade for the agency. These years consolidated the belief, so central to JFS' later philosophy, that treatment had to encompass the whole family in order to help the individual family member. It became clear that a family was an interactive unit and the job of the clinician was to understand this interaction.

The role of psychiatry thus took on greater significance in JFS therapy, setting the stage for the formation of a separate, distinct psychiatric clinic for treatment and study in family therapy in the next decade.

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"A family casework agency is as effective as the extent to which its program and services are related to the needs of the community which it serves. In a rapidly changing world such as ours, an agency needs constantly to observe the changes taking place, to take stock of its role in relation to these changes, and to modify its program and skills to meet these."

— Frances Levinson Beatman, JFS
Executive Director

1950 TO 1960

The innovative social welfare work of the decade brought on the collaboration of the clinical professions, thrusting family and child therapy into a new era.

*Centennial
Underwriter:
Pauline and
Myron S.
Falk, Jr.*



By 1955, New York City was firmly established as the financial capital of the world and a major center for art and literature. Multitudes of New Yorkers moved to the suburbs, and in the city itself thousands of clean, modern housing units, put up under public and private programs, replaced slum areas. However, slums remained one of the city's most insidious problems.

The post-war economic boom, while it brought comfort and security to many, led to grave new social problems. Old problems were now complicated by a proliferation of technology, forming a society influenced by television, automatic machines and guided missiles. Families became more isolated as they moved from the old neighborhoods that had been home for generations.

State mental health legislation made city funds available to expand outpatient mental health services. This was an important development in the field of casework and an indication that mental health was no longer the exclusive function of hospitals or psychiatrists.

Treatment of families and children was deepened by new insights and understanding, and widened by scientific discoveries and new skills. Disturbed children were helped in a new and more compassionate way. The use of family therapy revolutionized treatment approaches.

Jewish Family Service Pioneers Family Therapy

As the decade progressed, JFS came to recognize that the majority of problems — marital stress, emotional conflicts, parent and child relationships, the tensions of growing up — were problems which cut across every social and economic level in our society and could affect every family on every street in every part of the community. All of these problems were being brought to the door of JFS.

The JFS Family Mental Health Clinic was established in 1956 under the leadership of Robert Gomberg, JFS Executive Director, and Nathan Ackerman, Chief Psychiatrist. This innovative family therapy treatment and research program reflected new thinking about the need to get access to the

family in order to treat individual problems. Staffed by psychiatrists, caseworkers and psychologists, the clinic was truly the meeting ground for different clinical professions.

An elaborate training component further established the clinic's pioneering role in helping families in distress. The clinic was set up for a continuous process of in-service training to study techniques of working with families. Among the most innovative aspects of the FMHC was its use of film, and later video, to utilize fully the treatment process as a learning opportunity. An elaborate viewing room was set up where other JFS clinicians watched sessions through a one-way mirror. Viewing the process of treatment held powerful implications for training.

"We must have the freedom to experiment and the freedom to discard. We cannot learn in an ivory tower, nor can we learn if we travel well-worn paths. We must ever be on our guard against professional pride, obstinacy and complacency."

— Walter Mendelsohn, JBG President 1951 – 56

The clinic developed into a very important teaching opportunity for JFS district supervisors. The approach was disseminated throughout JFS clinics. As consultants and teachers to institutions in New York and around the country, the influence of FMHC's work was far-reaching. Eventually, people from all over the country and the world came to observe and learn from the clinic's experiences.

Brooklyn Services Expand

The merger with JFWS in 1946 clearly expanded the reach of what was now the largest family service agency. With a burgeoning Jewish population in Brooklyn, demand for service was great. The whole gamut of family problems was evident as was a greater need for resources such as community centers, medical and psychiatric facilities and specialized recreational centers. Within the borough, problems were as diverse as the communities served — Williamsburg, Brownsville, Crown Heights, and Coney Island. With a lack of



Above: The period saw the advent of special facilities for the care of more deeply disturbed children. The Ittleson Center opened in a mansion in Riverdale to serve the very young children through special therapeutic services such as play therapy (opposite page).

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Monas



As JFS expanded services to Brooklyn's burgeoning Jewish population, the need for outreach programs at community centers and specialized recreational centers became evident.

other local resources, Brooklyn residents looked to JFS for help.

In 1951, small district offices were consolidated into larger offices in North Brooklyn and the Bronx. Long waiting lists were a concern and the agency began to explore ways of dealing with them. Reception centers were established in these new offices to improve the ability to deal with emergencies and make better selections from waiting lists. This reception and emergency service operated under an "open-door" policy designed to respond immediately to crises. Psychiatric service on a short-term basis was offered. Group counseling took on greater significance at this time.

1950  1960

"Through family diagnosis and collaborative therapy, treatment is addressed to the people who live and grow and suffer together, and therefore can find fulfillment together."

Prevention is Key

Family Check-up, later renamed Family Life Education, was developed in the 1950s as an educational program aimed at improving awareness about issues facing the family. At community centers and Y's, JFS caseworkers led groups about parent-child relations; groups for young adults and older adolescents; and marital groups. Although these were not therapeutic groups, they emphasized understanding of feelings and attitudes and exploring the family role in order to derive more enjoyment and fuller gratification from it.

New Laws Open Up Services

Services at JFS were expanded through important new state laws. They also helped defeat the Greenberg bill which called for exclusive rights to the medical community to treat people with emotional problems. The State Mental Health Services Act in 1955 reimbursed psychiatric consultation, and JFS asked for a broader approach to community mental health as a preventive effort combining casework, group work, psychiatry and education.

In 1955, the State licensed four psychiatric clinics in JFS central offices. The Community Mental Health Board granted funding for psychiatric diagnostic services, extended the psychiatric clinic treatment program, and created JFS consultation service to other agencies and centers, one of the first contracts offered to a family agency.

From its beginnings in the Manhattan Consultation Center, fees on a sliding scale were now charged throughout agency district offices. Besides being an opportunity to open up services to a wider clientele and as a treatment dynamic, fee-charging came to be seen as an important potential source of income. Its popularity also demonstrated the community's growing awareness and acceptance of family counseling.

JFS' community work increased in 1956 when the New York City Youth Board asked the agency to do outreach work at a junior high school with a high delinquency rate. The staff used what they had learned from group counseling to develop a rapport with this hard-to-reach population, who benefited from less structured treatment.

Demand for service was now coming from a wider cross section of the community. In 1950, 16% were proprietors and

"There are so many who count on our help. Our service touches the lives of over 600 families each day. A child's problem, a grandmother's problem, the worries of a young adult, the hopes and frustrations of a young marriage — the lives of you and me, of our friends and neighbors—are being served by JFS. It is our privilege to serve an organization of which we can be so proud."

— Mrs. Myron S. Falk, Jr.,
JFS President 1958 – 62

managerial people compared to 7% in 1947; 17% were professionals in 1950 compared to 10% in 1947. Psychiatry was further integrated into casework, reflected in JFS' publication of "Family Diagnosis and Counseling."

In 1955, JFS took over JBG's Adult Services, renaming it Social Rehabilitation Service. This service was for inmates of New York penal institutions and their families and was designed to meet special problems.

Special Needs Emerge

The need to help more seriously troubled people and socially disorganized families emerged at the end of this decade. Families of the mentally ill were in desperate need of support services to help guide them through the maze of a complex system. Help in accepting the fact of mental illness and planning services for discharged patients were the key elements of this new program, established initially with Hillside Hospital.

JFS recognized early on the importance of addressing the needs of older citizens through family casework, homemaker services and psychiatric consultation. In 1957, JFS established

Linden Hill was established in 1954 to serve the special needs of severely disturbed adolescents. At the school's dedication ceremony was, right to left, Mrs. Lester Hofheimer, New York Governor Thomas Dewey, JBG President David Benetar and Chairman of the Board, Walter Mendelsohn.



a casework service for the aged through a Federation grant and soon took over the information and referral service work of the Central Bureau for Jewish Aged.

A Communal Planning Study by Federation was undertaken in 1959, reflecting changing population and demands on the agencies, decaying social conditions and strained family situations. The study began a lengthy period of consideration of the reorganization of the structure of family and child care agencies. While no major action was taken for many years, the findings eventually affected both JFS and JBG in fundamental ways.

Jewish Board of Guardians Stretching the Limits of Treatment

The 1950s were active and eventful years — service to children extended, new techniques of treatment adopted and old ones improved. Evaluation and research took on greater importance. Growing demand for service in the face of sharply rising costs forced JBG to take a closer look at its priorities and options in order to balance service, experimentation and research.

In this decade, JBG became an exclusively child-centered organization working with an emotionally disturbed population, transferring some of its traditional services — to adult offenders and to unmarried mothers — to other agencies.

Treating the "Untreatable"

Children showed signs of deeper disturbance which led not to delinquency but to great unhappiness. Herschel Alt, JBG Executive Director, led the way in gaining support for facilities geared to children considered untreatable. The need for these services was identified in studies of institutional needs of Jewish children conducted between 1946 and 1948, by a Federation Building Fund Committee. One study, "To Serve the Children Best", examined the changing needs of children in an effort to develop appropriate services.

During the 1950s, three specialized treatment facilities were created to help severely disturbed children too ill to fit into the Hawthorne Cedar Knolls program. The new facilities were designed with smaller units to assure more individual-

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ized attention, a specially designed living pattern geared to fragile children, greater controls for acting-out and aggressive children, specialized educational and recreational programs, and professionalization of total treatment. JBG's diverse experience opened up new vistas of knowledge about these children and their potential for improvement.



Hawthorne and Cedar Knolls Schools were now one institution. A special analysis was made at this time of the special problems of delinquent girls.

The Ittleson Center for Child Research

At the Henry Ittleson Center for Child Research, children with serious disturbances found a home and a place where they could find meaningful care. Through the generosity of the Henry Ittleson Foundation, and the state, JBG opened the center in 1953 in a mansion in Riverdale where young children were treated for schizophrenia, an illness which would formerly have sent them to mental institutions. A truly pioneering effort, Ittleson attempted the treatment of

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Office Needs

1950 1960

10

YEARS

JFS

- 1950 - Frances Taussig retires
- Robert Gomberg appointed Executive Director
- 1951 - Consolidated District Offices
- 1955 - State Mental Health Act
- Took over JBG Adult Offenders Work
- 1956 - Family Mental Health Clinic
- Family Check-Up
- 1957 - Case service for the aged
- 1958 - Frances Beatman appointed Executive Director
- 14,500 active cases

JBG

- 1951 - Stuyvesant Residence Club
- 1953 - Ittleson founded
- 1954 - Linden Hill founded
- Camp Ramapo Anchorage
- 1955 - Child Guidance Institute named for Madeleine Borg
- 1956 - Court Clinic
- 1958 - Central Application Service
- 1959 - Advanced Training in Child Treatment and Community Mental Health

children so disturbed that their illness defied all traditional methods of care. Within a few years, the fruits of the program's efforts were visible. Children who appeared untreatable responded to the staff's painstaking efforts.

Under the leadership of Dr. William Goldfarb, the Ittleson program was specifically designed for research into the causes and nature of mental illness in young children. Children were carefully selected to meet the research obligations. One significant finding was that childhood schizophrenia fell into two groups: those in whom the organic component is prominent and those in whom the causative factors are the result of life experience.

Known as a model for the study and treatment of the young schizophrenic child, Ittleson, in partnership with the Interdepartmental Health Resources Board of New York State, set up an experimental day treatment program in 1957 on the grounds of the Ittleson Center. As part of the research effort, children were chosen at random for assignment in residential or day treatment.

The Linden Hill School

The Linden Hill School, founded in 1954 on a campus adjacent to the Hawthorne Cedar Knolls School, provided care to severely disturbed pre-adolescents and adolescents. The School was designed for treatment, training and research. The Linden Hill child was one for whom there were otherwise no resources except state hospitals. The full population at Linden Hill was achieved within one year, with over 225 applications for admission received within the first twelve months. Many of the first group of children progressed to the point where they were ready to move to less protected settings or back to their own homes.

Stuyvesant Residence Club

Developed as a "half-way house" to help disturbed adolescents make the transition from the more structured life at Hawthorne to life in the open community, Stuyvesant Residence Club was situated in Manhattan's East Village. It provided a full residential treatment program for older adolescents for whom little other help was available. The first boy was admitted in October, 1951. The Club quickly demonstrated its value and was firmly accepted by the community. Demand for service was so great that by the third



As a tribute to more than half a century of selfless service to children, JBG gave the name of Madeleine Borg to its Child Guidance Institute in 1955.

"This is the most recent chapter in the half century of progress, but the story will go on as the frontiers of knowledge expand, spurred by man's quest for greater fulfillment and happiness through understanding of man himself."

—Madeleine Borg, JBG President, 1942–51

year of operation, the program was caring for 25 boys.

Hawthorne Continues Its Mission

At this time, Hawthorne Cedar Knolls advanced various forms of group treatment for children at the school, for graduates living in the community and, most importantly, for parents of Hawthorne children. An October, 1952 conference, "Residential Treatment of a Schizophrenic Child," examined Hawthorne's transformation from a training school for delinquents to a treatment institution. HCKS now fully achieved its unit plan, unifying the efforts of all staff in the care, education and treatment of children.

Much attention began to be paid to the special problem of delinquent girls considered more difficult to treat than boys. To cope with this problem better, the girls' program at Hawthorne concentrated on a more intensive analysis of girls' problems, personality and program difficulties. Staff learned that the very character of the conflicts required more intensive individual psychotherapy.

Increase in the demand for services for disturbed youngsters in residential placement exacerbated the existing problem of recruiting and training child care staff. At the new facilities, efforts were made to develop professional child care counselors and train candidates from various professional fields to do this kind of work. Difficulties revolved around questions of salary, quarters and the taxing nature of caring for many of the children. A major study was undertaken to assess these questions.

To respond to the increased demand for service its new facilities would receive, JBG established a Central Application Service in 1958 for all its residential centers except Ittleton. This made for closer relationships with referral sources and greater understanding of the best use that could be made of JBG facilities.

Madeleine Borg Honored

The Child Guidance Institute was named in honor of Madeleine Borg in 1955. Borg was a lifelong advocate for children, a founding member of the JBG community, and its president from 1942 to 1951. The Madeleine Borg Child Guidance Institute continued its long-established role as the laboratory in which the agency's treatment methods evolved, including

psychotherapy for the "acting-out" child and group therapy.

Court Clinic

In 1956, in response to concern about an increase in delinquency, JBG established a special treatment clinic through the Children's Court to help those for whom no other appropriate services existed and to prepare others to accept treatment where it was available. These services reduced the need for institutional care as well as increased the capacity of residential treatment centers.

"Jewish Board of Guardians has always stood ready to examine the character of its contribution and to determine what in its experience is worth conserving for the welfare of children. In responding to proposals for change it has been and will be guided by what is best for the children in the community."

—David L. Benetar, JBG President, 1956–60

Training and Advocacy Expand

JBG training efforts continued to make an important contribution to the improvement of mental health treatment techniques. By this period, hundreds of mental health workers — psychiatrists, psychiatric caseworkers and psychologists — were graduates of JBG training programs. In-service training for all categories of personnel was available as was a new formal advanced curriculum for psychiatric caseworkers and an internship in psychology.

Leaders in government, legislative commissions and other planning bodies turned to JBG for advice on child welfare and legislative programs. This advice would become increasingly important as government became more involved in providing services to children. JBG's participation in public affairs constituted an important dimension of its work and gave true meaning to its role as a social agency. JBG helped obtain liberalization of New York State's grants to local community mental health boards and continued to assist the New York City Commission for the Foster Care of Children.

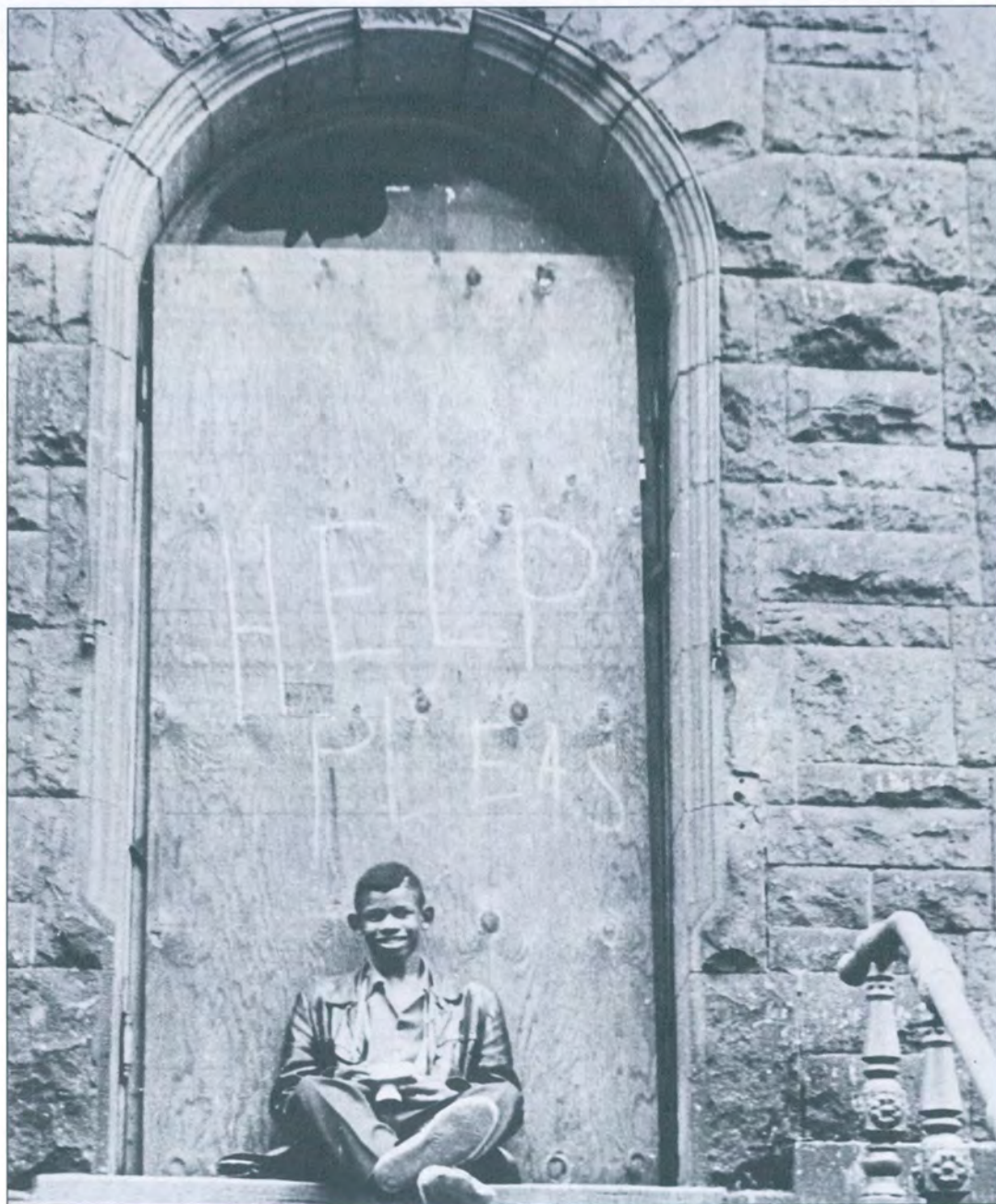
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1960 TO 1970

If the 1950s saw the consolidation of what had become the American Dream, the 1960s saw that dream shattered. Problems confronting social services agencies were escalating and confounding existing systems of care.

*Centennial
Underwriter:
Mrs. Louis
B. Froelich*



Martin Luther King, Jr., who had led the non-violent revolution against racial discrimination, was assassinated in 1968. Violence in the inner city in the aftermath led to greater urban strife.

Deteriorating social conditions in dilapidated housing and overcrowded schools led to an unprecedented urban crisis in New York. This situation greatly affected the work of the city's leading mental health agencies and forced them to shift their focus.

Federal funding for public assistance was expanded beyond the programs developed under Franklin Roosevelt. The Social Security Administration's public assistance program's aid to dependent children, widows and the aged proved to be inadequate in the face of new problems.

Social welfare agencies, whose work had been further bolstered by public legislation, found themselves face to face with increasingly serious problems. Escalating drug abuse, violence, and poverty required new and innovative solutions. The Federal Government's Community Mental Health Act of 1963 sought to bring services to the neighborhoods which needed them most. In cooperation with state and local governments, neighborhood mental health services set a new direction which radically altered the structure of social agencies.

Jewish Family Service Moves Into New Neighborhoods

The growing poverty and decay in New York City created conditions familiar to an agency whose roots were in providing support to the poor and those living marginal lives. Severe social problems made families more vulnerable to a wide variety of pressures. Everywhere JFS saw a rise in applications and a greater demand for family counseling.

JFS' caseload in 1965 showed one-third subsisting at poverty level; the agency was Federation's chief channel of service to people below the poverty line. The Jewish aged showed the highest incidence of poverty in JFS' caseload and support services to that population were more in demand than ever. Services to the aged were still scattered among a few agencies, but a Federation study recommending a single



BOB HENRIQUES, MACALIM PHOTOS

"People were living longer. Juvenile delinquency was an ugly force in city streets. Mental illness was on the rise... And there was a growing ferment in social conditions, cutting across all cultural and economic lines."

— Federation of Jewish Philanthropies, Golden Heritage

agency for the aged led to the establishment of the Jewish Association for Services to the Aged in 1967.

JFS became involved in the federal government's anti-poverty program through an experiment, Project Enable, designed to provide families with community resources to help them increase their self-management abilities and move out of poverty. Professionals led educational groups made up of parents with children in Head Start, for example, to educate them about parent responsibilities, management of family needs, health care, vocational opportunities and the use of community resources.

The Family Mental Health Clinic, established in the 1950s, continued to make inroads into the study of family therapy. The Clinic established the agency as a leader in the field of family diagnosis and treatment. Professionals inside and outside the agency benefited from the Clinic's extensive training and education efforts.

Community-Based Clinics Expand

In pursuit of its basic mission to provide family casework services geared to promoting the social health of the family,

At left: Services to the aged were more in demand than ever—a population which showed the highest incidence of poverty in JFS' caseload. Opposite: Emotional difficulties, delinquency and school failure plagued many youngsters; they found help in JBG's Phoenix School.

Benefactor:
Congressman
Bill Green

JFS' four major borough offices and neighborhood branches provided counseling and support to help people find positive ways of coping with and resolving difficulties.

In each of the major centers, specially trained staff provided "quick response" to all inquiries for service and offered crisis-intervention, time-limited services. Quick Response evolved out of the concern in the 1950s with the growing problem of waiting lists at borough offices. Reception and Referral, as it was first called, identified cases which required immediate help.

Borough programs were developed to meet the needs of changing populations. The Borough Park office opened in 1968 in an attempt to bridge the distance between the ultra-Orthodox community and Federation services. Its services were immediately in great demand.

In the 1960s, the largest housing development ever erected in New York City was built in the Bronx. It was to be far from any resources and without adequate transportation. It was designed to be a city in itself and though the residents were mixed, a major portion of its 15,000 families were Jewish. JFS set up offices there while construction was underway. Its goal was to reach families with problems earlier and to develop preventive programs such as Family Life Education for young couples and couples with young children, who were expected to be the development's residents.

Staten Island services began in 1960 with a JFS caseworker at a Jewish Community Center there. Need for a full office with expanded services was accelerated in 1967 with the building of the Verrazano Bridge which brought a young Jewish population to Staten Island.

City-Wide Services

Expanded community outreach helped families in ways similar to the original JFS programs, such as connecting with resources, activating career and personal goals for the young, homemaker services, cash relief and vocational redirection. JFS was known by this time as a leader in developing programs to prevent family problems and promote better family life through its Family Life Education, group guidance programs and community mental health consultants program.

Community Homemaker Service took on greater impor-



Above: JFS opened a Borough Park office in 1968 to bridge the distance between the ultra-Orthodox community and Federation services. Below right: JFS began serving Staten Island families in 1960. Need for services accelerated with the opening of the Verrazano Bridge in 1967.

tance as problems confronted by families became more critical. A large staff of women was employed full-time by the agency and trained as homemakers. Their services were administered by a professional staff and were intended to provide a substitute for temporarily disabled mothers or to provide homemaking and minor health services for ailing persons. The goal was to keep families intact, minimize trauma to children and avert, where possible, removal of children or adults from community and family life.

In 1962, Family Location and Legal Services was merged into JFS. Begun during the height of immigration, FLLS was designed to locate missing family members. Socio-legal services helped offset family difficulties, focusing on family law, including issues around support payments, visitation and custody.



*Benefactor:
Joel and Joan
Schlesinger,
in honor of
Alvin H.
Einbender
and Thomas
G. Labrecque*

Communities in Crisis

The end of the decade saw the start of two programs responding to the burgeoning social crises of the 1960s. The East Village Project, was developed to provide services to young people, usually runaways, who showed serious social and emotional problems. To meet their needs realistically, a group approach was used. Seen as a "front-line" experience for JFS rather than a place for food or shelter, it provided an opportunity to help youngsters and their families meet and establish a base for a continued relationship and stimulate the youngsters' interest in returning to a more constructive life.

The Mobile Crisis Unit was created to serve families in crisis in the very areas where the families in greatest turmoil lived. These were people living in chaos and disruption who



Children responded to family stress with marked underachievement and difficulties in school. A combination of clinical services and remedial education was used.

could not be expected to use agency clinics. It was "mobile" because services could be moved to the place where crisis was occurring, with workers going to the school, home, or playground — wherever they were needed.

Jewish Board of Guardians Launches Innovative Community Programs

The 1960s marked an era of great change for JBG. In response to the problems plaguing the community and the increased support of government agencies, JBG set off in a new direction of service delivery geared to these new problems. It was a period in which the Jewish Board of Guardians became more deeply involved in the life of the community. While remaining true to its original and longstanding commitment to the needs of the Jewish community, the agency became a truly non-sectarian agency, responding to problems wherever need was greatest.

In 1960, government funding was responsible for over 50% of JBG's total annual expenditure through direct payment for service to children and as grants for special non-budgetary activities such as experimentation, training and research. This created a vital partnership with government, allowing an expansion of service and greater innovation in care.

The Community Mental Health Act of 1963 sought to reach families in extreme trouble who were not the traditional users of mental health. Neighborhood-based services focused on early intervention, detection of problems, and alternative approaches such as day treatment and preventive services. Services were developed to meet the needs of the community in question. Programs created by JBG at this time opened up agency services to a much broader constituency.

In 1964, JBG's Coney Island Mental Health Service for Children and Youth was established, with a special focus on early intervention with preschool children. With a great deal of parent input, Coney Island Mental Health Services introduced a special Head Start program for three-year-olds from disadvantaged families. The educational emphasis of the standard Head Start program was supplemented by emotional concerns and emphasized work with the child's family.

1960  1970

10
YEARS

JFS

- 1962 - Family Location and Legal Services
 - Quick Response Unit
- 1967 - Staten Island Office Opens
 - East Village Project
 - Mobile Crisis Unit
- 1968 - Borough Park Office
 - Co-op City Office

JBG

- 1960 - Headquarters Building purchased
- 1961 - Street Club Project
- 1962 - CDC merges with JBG
- 1964 - Coney Island Mental Health Services
 - Westchester Group Homes
- 1965 - Linden Hill Day Treatment
 - Jerome M. Goldsmith appointed Executive Vice President
- 1967 - Phoenix School
 - Evaluative study completed
 - Heming House
 - Ittleson Residential Pavilion
 - Clinical Psychology Training
 - Research Center established
- 1968 - Joint Planning Service with JCCA
 - Montefiore Child Psychiatric Clinic
 - West Side Mental Health Services

*Patron:
The Milowitz
Office,
Architecture
& Planning,
P.C.*

Benefactor:
Mrs. Alan
Kempner,
in honor of
Louise and
Henry
Loeb

At the celebration of the
Child Development
Center's move into JBG
headquarters were, left to
right, Dr. Peter
Neubauer, Mrs. Philip
Haberman, Louise Loeb,
Mrs. Lester Hofheimer,
Mrs. Stern, Edith Marks,
unidentified man and
Herschel Alt.



In collaboration with Roosevelt Hospital, JBG opened the West Side Mental Health Services for Children and Youth in 1968. In addition to a walk-in clinic with support services and a school consultation unit, the program set up a storefront for adolescents around the corner from the local intermediate public school. Open three hours a day after school, the storefront attempted to engage youngsters and provide help on a level they could relate to. A variety of treatment levels were used, but the milieu approach to therapy was primarily employed. Services were offered in English or Spanish, reflecting the diverse population of that neighborhood.

New problems were identified through the work of these programs. For example, an increased number of children were responding to the stress of family life with school phobia and with marked underachievement. Clinical intervention combined with remedial education was found to be far more effective than either approach alone.

In addition to creating these neighborhood services, JBG's Madeleine Borg Child Guidance Institute clinics remained active in providing a flexibly applied variety of treatment services for children and parents, including evaluation, assessment and individual and group therapy. Adjunct services included educational tutoring.

The Bronx Clinic participated with Bronx House in expanding services, partly in response to the expected growth

"The basic tools of the agency are neither buildings nor funds, indispensable as these may be. What makes the Jewish Board of Guardians great are the skills of our staff and the dedication of our volunteers and Trustees. The skills have taken years to build; the dedication has lasted decade after decade. Together, they are our most valuable possessions."

— Henry Heming, JBG President,
1960 – 64

in demand for services from Co-op City. The Clinic played an important role in stabilizing a changing community by serving the needs of its children. Group work included fathers' and mothers' groups which complemented the individual treatment of children.

The Manhattan Clinic, in conjunction with CDC, had been responsible for the opening of the West Side Services, and they turned over their consultation to the Service.

The Brooklyn Court Street Clinic further expanded its consultation program to the Jewish community and to local day care centers, the most extensive such program within the agency at that time.

Alternative Treatment for Disturbed Children

Intensive treatment and study of delinquent children led to another breakthrough in 1967 when, after more than two years of experimental operation, JBG formally opened The Phoenix School. Geared to adolescent boys referred by the courts for delinquency, emotional disturbance and school failure, the program included remedial education, and individual and group therapy based on the therapeutic milieu developed in residential programs. Together with vocational counseling and work with families, these services proved highly successful in enabling the youngsters to remain in the community. The School moved to the West Side from quarters borrowed from Stuyvesant Residence Club, underlining JBG's interest in developing comprehensive services to the youth of that area and in serving a broad ethnic cross-section of the community.

New Buildings Reflect New Treatment Approaches

The "City of Life" building program of the Federation of Jewish Philanthropies of New York funded new buildings at Linden Hill, Hawthorne and Ittleson, which enabled implementation of new program ideas and expanded research. Each incorporated into its plan the most advanced thinking about residential treatment.

At Linden Hill a new residential and clinical facility was completed, and the original building, which had been destroyed by fire, was redesigned to house the education program. The additional space enabled Linden Hill to extend its program to younger children. This bridged the gap



A special Head Start program was introduced at JBG's Coney Island Mental Health Services which emphasized work with the child's family. The program opened as part of the new Community Mental Health Services Act.



Efforts were made by both agencies to provide opportunities for teens to discuss their problems, conflicts with parents and general feelings of alienation.

between discharge from Ittleson and admission to Linden Hill, and moved the agency one step closer to its goal of continuity of care for the children it serves.

In 1967, Heming House was opened at Hawthorne to center the youngsters' activities around small group living quarters. This design reflected the importance of the adolescent's informal life in the treatment approach. Greater emphasis was placed on the child care worker, who would hold group meetings with the children and focus on making the daily life of the child an integral part of the healing process. Dr. Bruno Bettelheim was the principle speaker at the dedication of the Kate and Henry Heming House.

The important partnership between the agency and the public sector was further strengthened by the city's recognition of HCKS as a residential treatment center, thus entitling Hawthorne to the maximum rate of reimbursement for public

charges. The city also increased the reimbursement rates for other residential facilities.

In 1964 and 1965, group homes were opened for boys and girls from HCKS and Linden Hill. They were designed to provide a transitional living experience for youngsters who had gone through residential treatment and were considered ready to live more independently.

Child Development Center Becomes a JBG Division

In 1962, CDC became a division of JBG. This merger began a period of increased community mental health service programs and liaison projects representative of the Center's effort to make its knowledge available to a wider community group. Under the leadership of Dr. Peter Neubauer, CDC worked toward strengthening educational and child care services for a socio-economically disadvantaged population. In 1967, CDC began a pilot program for two- and three-year-olds. Plans were underway for experimental therapeutic nursery groups.

Of CDC's consolidation with the agency it was noted: "JBG now covers the entire range from infancy through adolescence. As our understanding of the child's development during his earliest years increases, we are better able to comprehend and deal with emotional illness at any age."

— Henry Heming, JBG President.

"What has been done is insignificant compared to still what needs to be done. Where to? What next?— are questions to be asked now, tomorrow and every day. Family counseling and casework are on trial. For us to know their value is not enough. We must share what we know with ever-wider communities."

— Marjorie Dammann, JFS President 1962 – 66

A Child Psychiatry Clinic at Montefiore Hospital was established at the instigation of the hospital. JBG carried direct responsibility for services to children and adolescents and for all training of clinical personnel in psychiatric treatment of children.

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Raymond
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Research with Far-Ranging Impact

While research was already an essential aspect of JBG's work, a Research and Development Center was formally established in 1967. With increased support by government, foundations and private donors, important research efforts were expanded or initiated, always interwoven with clinical services and training.

By 1967, the Evaluative Study, begun in 1957, was completed. Centered in the Madeleine Borg Child Guidance Institute, the study produced a scientific research instrument measuring the psychological changes of children in treatment. It was considered the agency's most important contribution to the science of treatment.

A ten-year study of the job of child care workers, supported by the National Institute of Mental Health, was also completed during this decade. JBG began to design a curriculum for training staff whose constructive involvement was vital to the total treatment plan for disturbed children in residential care.

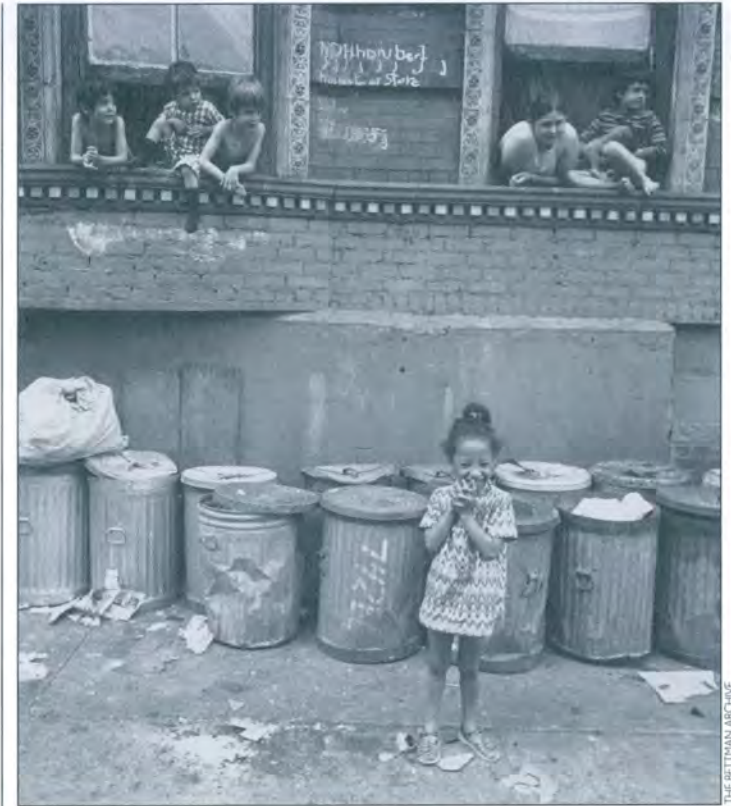
Patron:
Karal Sales



"What we see emerging are new configurations of services in response to new needs... Our responsibility as a voluntary agency is to move forward aggressively to meet them. We come well prepared, armed with the tradition of volunteerism which has served so well to brings us the skills, the knowledge, the standards of quality and the confidence to pioneer, which always have been the great strengths of the Jewish Board of Guardians."

— Solomon Litt, JBG, President,
1964 – 68

A five-year study at Hawthorne shed light on the adolescent's struggle to achieve identity and a set of values for himself.



Deteriorating social conditions led to an unprecedented urban crisis in New York City. Social welfare agencies helped families face increasingly serious problems.

The Hawthorne Center for the Study of Adolescent Behavior undertook a far-ranging exploration of the problems of both delinquent and non-delinquent youth against the background of changing norms of adolescent behavior within the community. This five-year research program at Hawthorne ended in 1964, and shed light on the struggles of the adolescent to achieve identity and a set of values for himself. Efforts were made to put this knowledge to work in the design of the cottage situation and in better definition of staff roles.

At Linden Hill, research assessed progress made by all children discharged since the program's establishment ten years earlier. Definite improvement was found in 61% of the boys and 73% of the girls. The findings justified the experi-

ment that Linden Hill represented, and fulfilled Madeleine Borg's dream.

Research continued to be central to CDC programs. Findings on criteria assessment held important implications for early childhood education and treatment.

Increased Delinquency in Youth

At this time, youth problems were escalating, and JBG's experience as the preeminent agency in the treatment of delinquents was called upon regularly. The Street Gang Project, undertaken at the request of the New York City Youth Board and the Community Mental Health Board worked with Black, Hispanic and Italian street gangs in the South Bronx. Staff worked with gang leaders in an effort to intervene in violent and aggressive behavior. The project, which ended after three years because of a rise in gangs' use of drugs and guns, produced a great deal of information about gangs and about the part that a mental health agency can play in rehabilitating the most "hard-to-reach" youth. It typified the agency's willingness to share its experience with the community and to explore new approaches, a role which would become increasingly critical as community problems worsened.

By 1967, 25 volunteers were involved in the JBG Court Liaison Program and trained by the program's professional supervisor. A N.Y. State Department of Mental Hygiene grant enlarged and intensified training to enable volunteers to intervene in crisis situations related to youngsters' court appearances.

Jerome M. Goldsmith, was appointed JBG Executive Vice President in 1965. Dr. Goldsmith, who began his professional career with JBG and later became director of Hawthorne Cedar Knolls School, was a nationally prominent figure in the field of residential treatment. Soon after being appointed, Dr. Goldsmith's strong and innovative approach to services confirmed the agency's ability to maintain its creative leadership in the face of multiple challenges.

Collaboration with other Jewish communal agencies, encouraged by Federation, was formalized through JBG and JCCA's establishment of the Joint Planning Service in 1968 which sought to find the most appropriate facility for a child and to plan new facilities required to meet the total needs of these youngsters.

New Facilities Reflect New Ideas In Treatment

The 1960s saw great expansion of building facilities of three JBG residential treatment centers. Thanks to the generosity of Federation, new buildings were erected at Hawthorne Cedar Knolls, Ittleson Center and Linden Hill. The design of each facility reflected new program ideas and innovative treatment approaches in the care of emotionally disturbed and mentally ill children.



At the dedication of the new residential pavilion at Ittleson are, left to right Henry Ittleson, Dr. William Goldfarb, Ittleson Director and Rabbi Louis Finkelstein, Chancellor, Jewish Theological Seminary.



Helen Cohn, a JBG Board member and formerly a Big Sister, visits the new Linden Hill facility.



Hawthorne Cedar Knolls celebrated the opening of Kate and Henry Heming House with, left to right, Dr. Bruno Bettelheim, Solomon Litt, JBG President and Jerome M. Goldsmith, JBG Executive Vice President.

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1970 TO 1980

During the precarious years of this decade, and despite cutbacks in funding, the agencies refused to retreat. Instead, programs became more diversified and alternative funding sources were sought.

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John Lindsay was Mayor when the decade began, having seen the city through the riots of the mid-60s. In 1974, Abraham Beame became Mayor and faced a fiscal crisis so great that by 1975 the city was brought to the brink of bankruptcy. While a last-minute Federal bailout saved the city from financial collapse, severe cutbacks were made which withdrew substantial funding from mental health programs. The leaderships of their Boards of Trustees helped steer them through these trying times.

A pivotal court case was brought in 1973, *Wilder vs. Bernstein* against the city and voluntary child care agencies, in which the New York Civil Liberties Union challenged that the method of providing child care services in the city led to Black Protestant children receiving inferior care. A partial settlement was reached with the city in 1984 but the controversy has not ended.

As the agencies faced severe cutbacks, many programs were in jeopardy. The role of the voluntary sector had to be reevaluated and reassessed. This period also saw an increase in the "working poor," who required a very different service response. With pervasive drug use, greater sexual freedom, conflicts with parents and a higher incidence of antisocial behavior, teen problems grew to epidemic proportions and demanded unconventional solutions and outreach approaches.

JBG Devises Alternative Services For Troubled Children

Innovative services were developed in response to changing community need as the base of JBG services continued to be broadened. The agency's expertise with young children enabled it to establish programs geared to the special needs of very young children from disadvantaged backgrounds. Maintaining the child and adolescent in the community became a priority at this time and JBG expanded its day treatment programs as a viable alternative to residential treatment.

The community mental health "revolution" of the 1960s was still being felt. "Psychosocial Process", the new JBG journal, devoted a special issue in 1973 to analyzing this shift in services. In "How a Child Treatment Agency Meets the

"The severe social problems that the city is experiencing affect everyone living within its boundaries. Families that were once stable are increasingly subject to a wide variety of pressures and confrontations that have a chain reaction in their interpersonal family relationships. Families that had been maintaining a precarious balance are thrown into chaos by the fragmentary social environment. Everywhere we see a rise in applications and a greater demand for family counseling."

—JFS Report to Federation 1970

Challenge of the 1970s", JBG professionals addressed the challenge of responding to the demands of families in crisis while continuing to provide meaningful and lasting treatment.

Educational Institute Formally Established

In 1973, the JBG Educational Institute was created under a provisional charter from the New York State Board of Regents. JBG's leading role in the development of in-service and advanced training programs for the mental health disciplines, child psychiatry, psychology, and psychiatric social work, was by now well-established. Other programs included consultation and training to public and private agencies and workshops and professional conferences. Institute faculty were drawn from senior clinical staff.

Educational efforts were bolstered by the establishment in 1971 of the Peter Blos Biennial Lecture on Adolescence.



Above: Alternatives to residential treatment were explored at Geller House, a short-term diagnostic treatment center for court-referred youngsters opened in 1971. Opposite page: The Child Development Center's therapeutic nursery served as a model for other child care programs created by JBG in the 1970s.

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John
Steinhardt,
in honor of
Alvin H.
Einbender



"Within these few years, we have faced the most serious challenges ever to the continuing independence and security of our agency...We have been subjected to cutbacks, freezes, and restrictions. But we have survived, a bit battered, a lot poorer, and yet with expanded programs serving more children and families than ever before. Today we are facing the future with confidence and hope."

— Philip Hirsch, JBG President, 1972 – 76

Mayor John Lindsay welcomed Mary Froelich, standing center, a JBG president and devoted volunteer, and JBG's Court Volunteers to Gracie Mansion to celebrate the program's 60th Anniversary, "honoring those women who through their dedication and advocacy in the Family Courts have helped to set the child in trouble with the law on the path to a new and rewarding life."

Peter Blos, an internationally-known psychoanalyst and specialist in the problems of adolescents, retired from JBG in 1971 after 20 years of association with the agency. The lecture series was created to perpetuate the contributions made by Peter Blos and other scholars in the field of adolescence. The inaugural lecture was presented by renowned psychoanalysts Prof. Erik H. Erikson and Dr. Fritz Redl.

Critical Day Care Services

A major concern of the 1960s was to establish and maintain high standards of day care services. With their experience in early child development, JBG established day care facilities with a crucial mental health component.

One such center was the CDC Infant Care Unit at an Upper West Side housing project. This was a demonstration program providing full or partial group day care for "at risk" infants and very young children, as well as family counseling and crisis intervention.

In 1970, the Carey Gardens Day Care Center was opened as part of JBG's Coney Island Mental Health Service for Children and Youth. The program, which included mother-toddler groups, sought to develop an intensive educational experience for the children and the parents as well. A therapeutic nursery was opened at Carey Gardens in 1971 for children suffering from a variety of neurological, psychiatric and developmental problems. Co-sponsored by the Board of Education, intensive clinical services were also provided.

Startlingly different was the third of the new day care centers, the Great Northern. From 1971, victims of fire or abandonment of buildings were dependent on the city for temporary shelter and were placed in a hotel next to JBG headquarters. The Child Development Center opened a day care unit for preschool children in order to free parents to make arrangements for their families' futures. It also started a Drop-In Service for crisis care. JBG moved its services to the Upper West Side when the hotel was relocated.

New Approaches to Helping Troubled Youngsters

Drug use among adolescents was a pervasive problem. JBG instituted a number of programs to help teens overcome the problems they faced — alienation, loneliness, and instability in personal relationships, difficulties with schooling and



Top: Dr. Peter Neubauer, Director, Child Development Center, with Dr. Peter Blos, renowned psychoanalyst associated with the agency for 20 years and for whom a JBG Biennial Lecture Series was established in 1971. Bottom: Philip Hirsch, JBG President, left, at a 1976 ceremony honoring Dr. S. R. Slavson, a preeminent clinician who introduced group therapy with children at JBG in 1934.

vocational decisions. Because these young people would not come to the agency through the traditional routes and many were falling through the net of standard intake procedures, new ways to reach them were needed.

In 1971, the Midwood Adolescent Project was established as a drug abuse program in Brooklyn. The walk-in service, rap center and crisis intervention clinic were well-received by teens. During the first year, MAP served 300 youngsters and their families. A unique aspect of the program was that it included peer counseling services by young people with backgrounds similar to those of the clients.

In 1974, JBG opened the Thomas Askin Adolescent Service as part of its Coney Island Mental Health Service to provide outreach to teens in the Brighton Beach area through work with Lincoln High School.

Geller House was opened in 1971 on the grounds of the Lakeview Home for Unmarried Mothers on Staten Island. Geller House represented a new direction in residential placement by providing short-term diagnostic treatment to determine the best course of action for a youngster remanded by the courts. Emphasis was on finding effective community support services rather than residential placement.

Day treatment programs, which had proven to be a viable alternative to residential placement, were expanded through the Montague School in Brooklyn Heights. Delinquent and emotionally disturbed adolescent girls were helped, without having to be uprooted from home, through a formal therapeutic plan including individual, group and family therapy, with an educational program tailored to each girl's capacity. Modeled on the Phoenix School, Montague School served 25 emotionally disturbed girls, thirteen to sixteen years old, referred through the court or agencies.

The Linden Hill Annex opened in 1974 for children who no longer required full-time residential services but still needed therapeutic and educational services.

Infants Home of Brooklyn was merged with JBG in 1973. IHB was a residential and day treatment center for seriously disturbed youngsters under the age of twelve. Individualized treatment was offered in an intimate, home-like setting. All educational instruction took place in small groups and was geared to the individual child's capabilities.

In 1975, a new wing was added to the Hawthorne School building. It consisted of ten classrooms, a modern science laboratory, and a library, and was equipped for closed-circuit TV broadcasting. The building was financed by the William E. Wiener Estate and JBG. It was equipped through the generosity of the Henry and Lucy Moses Fund and furnished through a grant by the David Schwartz Foundation.

Court Services

Tri-Agency Court Services was created to provide immediate and concrete help to families. Services were focused on preventing a child's delinquency from developing into criminal behavior. Participants were JBG, Protestant Big Sisters and Catholic Charities Court Services.

Court Services expanded in 1973 with the opening of the Staten Island Family Court Services. JBG court services were now available in every New York City borough.

Discussions and negotiations on combining the services of JBG and Jewish Family Service were held throughout the early 1970s. The merger of the two organizations in 1978 changed the face of social welfare to New Yorkers, integrating services to families and children in a new and far-reaching way.

"We believe we must provide the means for offering services to all the children who need them, and at the same time guard the quality of such programs...I wish to emphasize my optimism and hopes for the future, all the while I realize that some of the immediate tasks may prove difficult. The long view at this time is comforting, however. In the past this agency has always come through. And so it will again. The JBG will continue its historic tradition of helping those in need."

— Mary Froelich, JBG President, 1968 – 72, first group therapy leader, 1934

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New Clinics Enable JFS to Serve Growing Jewish Populations

Throughout the turbulence of the 1960s and early 1970s, JFS sought to use its programs and technical skill to combat new social and personal problems and adapt its delivery of services to those most in need.

Recognizing Demographic Needs

An important expansion took place in Riverdale, where the Joseph W. Beatman Family Counseling Center was opened in 1971. A grant from the Beatman family set up a self-supporting agency office to make services available to middle income people usually by-passed by government and voluntary agency programs. Many new services began at the Beatman office.

A new Canarsie office reflected JFS' effort to open small offices convenient to new clusters of Jewish populations. The office became quickly overloaded with service demands. A Starrett City office opened in that new Brooklyn development.

The new Co-Op City office, under the administration of the JFS Bronx Consultation Center, saw a variety of problems relating to family, parent-child issues, drugs, feelings of isolation and dislocation. Direct services, recreation programs, and consultation with schools and community centers were offered, all with emphasis on using services preventively. To respond to the widespread problem of youth and drug involvement throughout the city, JFS and Bronx House developed a joint project in Co-Op City to address the youth of that area, including a hot-line and volunteer program.


JFS' four Consultation Centers in Brooklyn, Manhattan, Bronx and Staten Island continued to serve the majority of clients. From these offices spread a network of agency services. Consultation at community centers in Brooklyn, a Drug Abuse Prevention Program in six junior high and elementary schools, and special service to families of children with special needs. Similar consultation services in Manhattan were offered at Y's, nursery schools and Yeshivas. At the request of Orthodox Rabbis and Yeshiva principals of the Lower East Side, JFS developed a joint project with the Educational Alliance.



From JFS' four Consultation Centers in Brooklyn, Manhattan, Bronx and Staten Island spread a network of services at schools and community centers, where people in need would be more comfortable receiving help.

A training program in six local schools in Brooklyn helped school counselors and teachers working with problem children. In the Bronx, similar consultation services were offered at community centers, at public schools and at a synagogue in Riverdale.

Poverty in the Jewish community continued to be a major

1970  1980

10
YEARS

JBG

- 1970 - Carey Gardens Day Care Center
- CDC Infant Care Unit
- CDC Great Northern project
- 1971 - Geller House diagnostic center for children
- 1973 - Educational Institute formally organized
- Midwood Adolescent Project
- JBG professional journal
- Merger with Infants Home of Brooklyn
- 60th Anniversary of court workers program
- Staten Island Court Services
- 1974 - Montague program first day treatment program for girls
- Thomas Askin Youth Service
- Linden Hill Annex
- 1978 - Brightwaters and Nassau Suffolk Services open
- Tri-Agency Court Services

JFS

- 1970 - Project YES (Youth Emergency Service)
- 1971 - Beatman Clinic
- Starrett City office
- 1973 - Mobile van for youth services
- Educational Therapy
- 1974 - Sex Therapy Clinic
- Co-op City Consultation Center
- Services to the Widowed
- 1977 - Remarried Project

concern at JFS where 10,000 poor people were identified in their 1971–72 caseload. They were found to be physically or psychiatrically disabled, often from broken families through divorce or death, and from large, Orthodox families. Among the agency's efforts to reach the Jewish poor was its work administering the Joint Passover program, which provided grants for families, recruited volunteers to process applications, and caseworker interviews of applicants to find additional ways to serve families through vocational, educational and economic means.

Social and Family Conflicts Demand Innovative Services
The challenge for JFS was to meet an ever-increasing need for help to families whose stability and cohesiveness were assaulted by the "fragmentary social environment." Conflict



The Joseph W. Beatman Counseling Center opened in 1971 to provide therapeutic services to families representing a middle-income population. Many important agency programs were developed at this office.



To reach alienated youth in the 1970s, JFS set up "The Van", a camper which served as a mobile meeting room for youth. The concept captured the youngsters' imagination. During this period problems among teens were pervasive — drug use, sexual freedom and conflicts with parents had reached epidemic proportions.

and alienation between young people and their parents were particularly serious in constituencies which lacked the knowledge or initiative to use traditional services. Youth Emergency Service was set up in the East Village, but once the teenage population in that area changed to hard-core street kids, staff was deployed to Riverdale, where numbers of middle-class teenagers involved with drugs had been identified.

Because of the high cost of a fixed location as well as the mobility of the groups of young people in need, a Winnebago camper was purchased to serve as a mobile meeting room and office. The van captured the imagination of the young people, and the program served as an effective bridge to youth not reached by their families or by traditional social services. This program was a joint undertaking with the Riverdale Y, and many families were subsequently referred for services to the Beatman Clinic.

City-Wide Services

JFS developed new and innovative programs in response to special needs which arose out of their counseling work with families.

The Remarried Project was established in 1977 with a clinical team offering specialized therapy to stepfamilies and remarried families. The program had a special research and training component and its staff authored a book, "Treating the Remarried Family."

Educational Therapy for the learning disabled was offered in conjunction with family therapy. Trained volunteers conducted educational therapy as co-workers with the therapist under close professional supervision. Volunteers were often interns in graduate education or psychology programs.

In 1974, a Sex Therapy and Counseling Clinic was introduced by Dr. Clifford Sager, Chief Psychiatrist, to provide treatment for all types of sexual dysfunctions for couples. Specialized training to graduate students was available.

Services to the Widowed was devoted to helping widows, widowers and their families cope with their loss. Staff provided individual, family and group counseling as well as information and advisory services to aid them in dealing with their emotional and practical difficulties.

*Sponsor:
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in honor of
Susan O.
Friedman*

MERGER OF JBG AND JFS UNITES TWO GREAT TRADITIONS

PROCLAMATION

Edward I. Koch, Mayor
The City of New York, May 18, 1978

"The citizens of New York City welcome the establishment of the Jewish Board of Family and Children's Services, a mental health and social service agency created through the merger of two of the city's oldest and finest service organizations — the Jewish Board of Guardians and the Jewish Family Service...

We expect that this new entity, with its unique combination of skill, faith and determination, will continue and expand upon the tradition of excellence for which its parent agencies, have earned the respect and gratitude of all New Yorkers."

Anonymous
Benefactor:
in honor of
Martha K.
Selig

Creating a New Agency to Serve Growing Community Needs

This proclamation announced the merger of two pioneering social welfare institutions, each bringing to a newly-formed agency traditions of excellence and unstinting commitment to helping troubled children and families.

Though they began at disparate points in their original missions, JBG and JFS came to recognize that their methods of treatment of children and families were inextricably bound together. Through the creation of a new agency, mental health and social services could be more effectively and efficiently delivered. The merger would bring together two great professional perspectives instrumental in advancing new ideas in treatment and service delivery.

A new comprehensive model of service delivery was

embraced through the merger. There had already been a movement away from institutional care and the model of the child as the patient, toward a preventive, family-focused approach. Family services, on the other hand, were encouraged to incorporate children into their purview, and clinical specialties into their practice. The need to rethink the structure and function of each agency

"This comprehensive model of service is the most effective way to deliver needed social welfare and mental health services to the community. By having available a broad range of programs for a client population from infancy to age 65 the agency will be able to treat clients in the total context of the various systems which impinge on their lives and within which they must function — the family, the community, the school, and work situation."

—Jerome M. Goldsmith, JBFCs Executive Vice President



Mayor Koch presents the City's official congratulations on the merger of JBG and JFS to Louis Lowenstein, first president of the merged agency.

was obvious. The challenge was to preserve and protect what each knew best and also to preserve what each saw as quality care and uniqueness of function and practice.

Both agencies brought to the merger a socio-psychiatric tradition for treating the handicapped, disabled and

dysfunctional individual and family as well as for working toward individual and family protection, and prevention of placement and of further illness.

Federation of Jewish Philanthropies had long sought a merger between New York's Jewish child care and family agencies. While the idea for such a union had been discussed for many years, the time in 1978 seemed to be right. A merger created a high level of diversity to respond more effectively to community issues.

"In a sense, the merger was inevitable. It was our response to changing populations, changing needs and changing sources of funding," explained Martha K. Selig, former Executive Director of Family and Children's Services at UJA-Federation



Decades of leadership are represented at the first interdivisional meeting of JBFCS. Left to right, Dr. Jerome M. Goldsmith, former Executive Vice President of JBG and new Executive Vice President of JBFCS; Herschel Alt, past Executive Director, JBG; Sanford Solender, Executive Director, Federation; and former executive directors: Frances Taussig, JFS; Frances Beatman, JFS; John Slawson, JBG; and Sanford N. Sherman, JFS.

and a consultant to the merger negotiations. Saul Z. Cohen, JBG president and a skilled negotiator who appreciated the vital relationship between the agencies, called in Mrs. Selig to help resolve some of the more complicated issues. "It was shuttle diplomacy at its best," Mrs. Selig recalls.

But ultimately the two sides sought the same end — to broaden the base of service

to respond more effectively to community needs. It was largely the cooperation and flexibility of lay leaders of both agencies that accomplished the merger. The bringing together of the talented and innovative staff of each agency was further incentive to see the merger become a reality.



Below: Saul Z. Cohen, JBG president, whose skill and sensitivity helped accomplish the merger, with Philip Hirsch, his predecessor as president. Below left: At a post-merger celebration, left to right, Martha K. Selig, who helped negotiate the merger, Sanford Sherman and Jerome M. Goldsmith.



"This is a merger not only of organizations but of history, of visions and of ideals nurtured and cherished over decades. But most of all, this amalgamation of knowledge and experience allows the agencies to keep the traditions of their founders: to help the needy, to aid troubled children, to practice tzedakah, to listen and to respond."

— Saul Z. Cohen, JBG President at time of merger

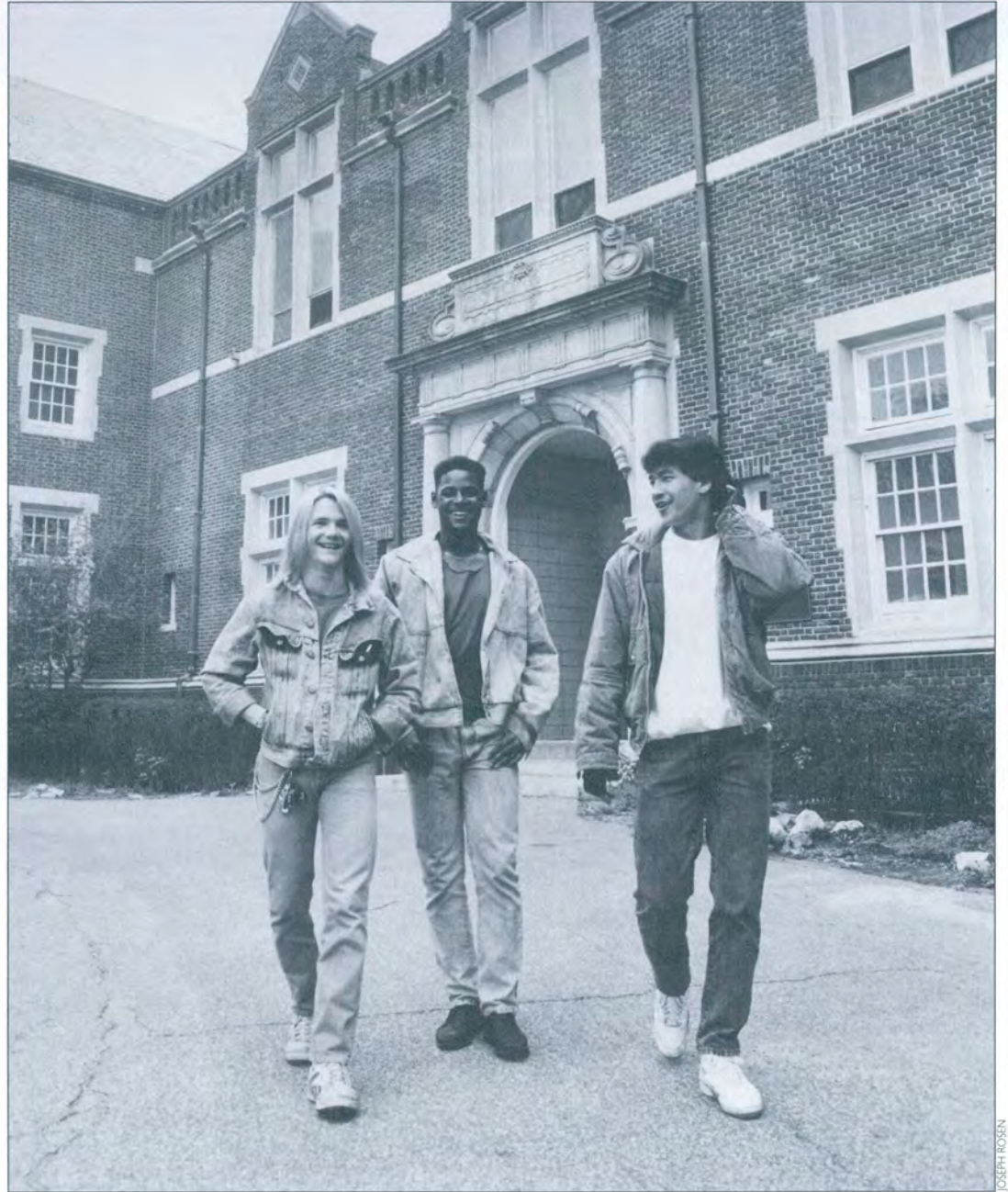
Centennial Sponsor: Emily and Eugene Grant, in memory of Saul Z. Cohen

Patron: Richard and Joan Scheuer in memory of Bud Cohen

1980 TO 1990

To meet the challenges of
emerging community crises,
JBFCS develops innovative
solutions to respond
quickly and effectively.

*Centennial
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Doris L.
Rosenberg*



JOSEPH ROSEN

The need for services had become daunting. The toughest challenge as the decade began was to serve people who required new and different responses. AIDS, family violence, substance abuse, the mentally ill, severely disturbed children coming from homes rife with violence and neglect — all these tore at the fabric of the New York community. The job of the social service agency was to respond quickly and effectively, as it had done for a century. The merger gave the agency the combined perspective needed to respond.

The 1980s were shaped by Reaganomics, and saw great prosperity for some. However, the needs of the working class and the inner-city poor grew more desperate. As federal funds

were taken away, the support of the state and city became more essential. As needs grew and resources diminished, the role of the voluntary agency in caring for children and families was more essential than ever.

Public policy had shifted the agency's responsibilities, so that prevention was emphasized over placement. This left the more disturbed children in placement, requiring different treatment approaches and programs.

The period after the merger was a time of transition, integration of staff, Boards and facilities. The agency was fortunate to have a man leading the transition whose strong sense of purpose was tempered by the flexibility essential for

"Now, three years into the merger, I believe we are truly one agency: a complex, diversified, new entity that has retained the best of our past with the flexibility and potential for a productive future."

— Saul Z. Coben, JBFCS President
1979 – 81

Patron:
Silver Barn
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Silver Crest
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Left: The poetry of homeless women who had participated in a JBFCS therapeutic workshop was displayed throughout New York along with photographic portraits of the women and their children. Opposite: Hawthorne Cedar Knolls celebrated its 75th Anniversary in 1981, as a major rebuilding program was underway. Renovated facilities were needed to serve the more severely disturbed youngsters coming for care.

"Marty taught me about the disease, and with his courage and dignity, what it meant to live with AIDS... Marty left me qualitatively and quantitatively with a lot of knowledge about AIDS, living with AIDS, about myself. ... I feel the responsibility, as he did, to carry that knowledge and experience forward in this program. Marty believed in this program."

— Sigrid Burton, Volunteer,
Volunteer Services to AIDS Clients

Benefactor:
Warren J.
Spector,
in honor of
Alvin H.
Einbender

success: Saul Z. Cohen, a devoted friend, long-standing JBG board member and president during the merger negotiations.

A Time of Transition and Moving Forward

The challenges facing the new agency were just beginning. First, the agency sought to develop programs with the new combined perspective. Through clinical and training programs, JBFCS planned a theoretical synthesis of child and family therapy.

In the face of escalating community crises, the long-standing commitment of both predecessor agencies to serve special populations was more important than ever.

By this time the nation's largest voluntary mental health and social service agency, JBFCS offered new programs to people whose needs would otherwise go unmet.

Community Services Expand to Help People in Crisis
The Madeleine Borg Child Guidance Institute represented the area of greatest commonality for JBG and JFS. The new agency consolidated JFS' Family Service offices and JBG's Child Guidance Clinics and renamed it Madeleine Borg Counseling Services. By 1989, 30,000 families, children and individuals were being helped.

MBCS represented the agency's "front door" for the community, emphasizing quick response and crisis intervention. Fifteen MBCS offices offered a wide range of therapeutic and support services, with new offices established on Manhattan's East Side and in Mid-Brooklyn.

The Mental Health Consultation Program was the ideal vehicle for creating multifunctional services, the goal of the merged agency. On-site services were offered in more than 50 public schools, nursery settings, day schools, Yeshivas and community centers. Consultation to nursery schools was the area of most rapid growth.

Expansion of community services to special populations was extensive. The specter of AIDS was clear by 1985, when JBFCS created AIDS Counseling Services, the first step in developing a network of support for this devastating disease.

Comprehensive counseling and support services for people affected by AIDS were established throughout MBCS clinics, with specially trained clinicians providing care.

In 1988, thanks to funding by the New York State AIDS Institute, the agency began an ambitious **AIDS Education and Prevention Program** to increase awareness and sensitivity about AIDS for at-risk populations. Programs were expanded to reach parents and children through schools and community organizations. Support by UJA-Federation and the Liz Claiborne Foundation enhanced these services to the Jewish community.

A longstanding concern about domestic violence resulted in the creation in 1988 of the **Center for Prevention of Family Violence**. Special counseling and referral services for victims of physical abuse, and education programs for the community, were offered throughout MBCS clinics. A hotline for battered women now helps find support and information.



In response to the growing AIDS epidemic, the agency developed a network of support services including Volunteer Services to AIDS clients which matched a volunteer with a person with AIDS to provide friendship and a helping hand.

ELLIOT SCHNEIDER



Newly developed services to the chronically mentally ill provided community support programs which helped people learn to live independently and with dignity.

Learning disabilities were a growing concern identified through JBFCS outpatient clinics. The Learning Center was established in 1986 at the MBCS/Beatman office offering comprehensive evaluation, assessment and remediation for school-age children with learning difficulties.

Since 1985, **Services to the Homeless** has been providing special outreach work through crisis intervention, counseling and case management services for a primarily Jewish homeless population.

In the 1980s, substance abuse problems once again ravaged the community. To help teens who were diagnosed with both emotional and substance abuse problems, **Break-Free** was established with a state grant to provide therapeutic, educational and recreational activities through an innovative after-school program.

Teens were also helped through the creation in 1986 of the Teen Lounge Center at the MBCS Staten Island program. This "drop-in" center allowed teens to gather and receive special attention from social workers. Similar on-site programs are now offered at local high schools.

10 YEARS

JBFC

- 1980 - Services to the Chronically Mentally Ill
 - Mid-Brooklyn office opens
 - Iranian Jewish Program
 - Russian Jewish Immigrant Program
- 1981 - RTF Legislation
 - Hawthorne 75th Anniversary
- 1982 - Mishkon taken over
 - UJA and Federation merge
- 1984 - Employee Counseling Programs
 - Linden Hill, Hawthorne and Ittleson Designated Residential Treatment Facilities
- 1985 - Services to the Homeless
 - Counseling services to people with AIDS
 - First Preventive Services
- 1986 - Corporate Health Systems
 - The Learning Center
- 1987 - AIDS Volunteer Services
 - Renovation of Kaplan House
 - Baywood Residence
 - Application Service Center merges with Aftercare
 - Steps Program
 - Loss and Bereavement for Children
 - Mishkon Respite Program
 - Break-Free
 - Center for the Study of Social Work Research
 - JCBA Merger
 - Center for Prevention of Family Violence
- 1988 - AIDS Education
- 1989 - Capital Campaign

The **Steps Program** and **Loss and Bereavement Program for Children** were two programs responding to the impact of crisis on children. Steps offers weekly therapy groups for children living in a substance abusing household. Loss and Bereavement offers a twelve-week therapeutic program to help young children cope with the death of a special loved one. Staff members work with local schools to identify children needing this help.

Younger children were helped through an expansion of the Child Development Center, thanks to the generosity of the Susan Krevlin Gleicher Fund. A program was set up for two-year-old children which provides parents with the chance to participate in the classroom.

The need to reach children earlier to prevent problems from growing worse was reflected in the creation of the **On-Site Mental Health Program**. Supported by the New York City Department of Mental Health, counseling and support services to children and their families are provided "on-site" at Brooklyn elementary schools.

Public Policy Responds to Children's Problems

The Child Welfare Reform Act of 1979 advanced the idea that families need to be reached earlier with services to avoid placement of their children. JBFCS set up a number of the demonstration projects which led to the new legislation.

Preventive Services were geared to strengthening the family through crisis intervention and support services. JBFCS created a network of preventive services designed to meet the special needs of the communities served. Starting with **Coney Island Family Center** and **Brighton Family Services** in 1984, programs combined outreach and traditional counseling services geared to the specific needs of the community to be served. Programs were also set up in Southern Brooklyn, Manhattan and Queens.

Another new public policy direction was taken in the care of deeply troubled youth. With the advent of Preventive Services, only the most troubled youth were placed in residences. But this shift in the population of the residences required much more intensified staff and programming. The Residential Treatment Facilities Bill of 1981, in which the agency was intricately involved under the leadership of Dr.

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Staff,
in honor of
Philip J.
Hirsch



The Mt. Vernon Girls Residence was established in 1980 as a transitional living experience for girls from Hawthorne Cedar Knolls School.

Jerome Goldsmith, established a new service category to afford standards of care and funding more appropriate to the treatment required.

In 1984, Linden Hill, Ittleson and a segment of the Hawthorne population made the transition from the child welfare system to the mental health system. Each center was able to offer enhanced staffing and expanded programming to help deal with the difficulties of treating a much more disturbed population.

In 1981, Hawthorne Cedar Knolls celebrated its 75th

Anniversary as a major rebuilding program was underway to improve the physical plant. In 1988, the rebuilding of Heming House was completed as part of this facilities plan, with living units and program space for Hawthorne RTF residents.

JBFCS expanded its programs to troubled youth on Long Island with the addition of the Baywood group home for adolescent boys, similar in population and program to the

"The importance of voluntarism as a major building block of American life has been particularly evident during the last decade when governmental support of social welfare agencies has been drastically reduced, while society's needs have escalated enormously."

— Doris L. Rosenberg, JBFCS President, 1985 – 89

Brightwaters facility for girls, opened nearby in 1978. The agency's Nassau-Suffolk Liaison Services served the families of the boys at the residence.

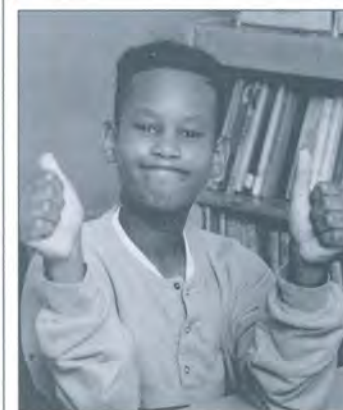
In general, JBFCS residential treatment services were enhanced through the merger because of JFS' family systems approach, which accelerated the process of treating the child and the family as a whole. This increased work with families often shortened the length of stay at facilities.

Day treatment continued to be an important alternative for disturbed children and adolescents able to live at home while receiving intensive therapeutic assistance. A separate division for these programs was created in 1986.

Serving the Mentally Ill

Following deinstitutionalization of the mentally ill in the late 1970s, the need for community support services was greater. As the core service agency responsible for South Brooklyn, JBFCS first provided psychiatric and rehabilitation services for some 300 residents of two private proprietary homes in Coney Island. It became widely recognized as a model program.

Since that time, CMI Services have grown extensively. Dr. Goldsmith led the way in developing innovative services to enable this population to remain in the community and



Top: The agency began to care for the developmentally disabled in 1982 when Mishkon became a JBFCS program. Specialized medical care and a devoted child care staff helped alleviate the strain of having a handicapped child. Bottom: The needs of young children in crisis were met by innovative new services such as the Loss and Bereavement Program and Steps Program for children living in a substance abusing household.



As the needs of new Soviet emigres escalated in the 1980s, JBFCS launched a network of services to help families better cope with the many problems of resettlement.

"As needs arise, our continuum of care grows, affirming our belief that services are most effective when helping a person all the way through difficult times."

—Jerome M. Goldsmith,
JBFCS Executive Vice President

avoid future hospitalization. JBFCS' CMI services include day treatment programs and supportive apartments programs in Brooklyn and the Bronx and a community residence in Brooklyn. All are geared to a primarily schizophrenic population and enable this population to live independently and with dignity.

Special Needs in the Jewish Community

While government funding played an increasingly important part in serving families and children, the crucial role of philanthropic funding, particularly UJA-Federation, never waned. UJA-Federation supported numerous programs for the special needs of the Jewish community which JBFCS had the expertise to meet.

When the Jewish community began to identify increased cult activity among Jewish youth, JBFCS established the **Cult Hot-Line and Clinic** in 1980, the only facility of its kind in

the East. Co-sponsored by the Jewish Community Relations Council and funded by a special Federation grant, the Clinic offers consultation, information and referral, and long and short-term treatment, as well as an active community outreach program. A research project to develop profiles of cult-susceptible individuals and their families helped target services more effectively.

The plight of new immigrants came to the forefront in this decade. The number of Jewish immigrants from the Soviet Union in the 1980s was enormous. From 1988 to 1990 alone, 20,000 new Soviet emigres a year resettled in New York. NYANA provided resettlement services for the first year. JBFCS became involved after an earlier wave of immigration in 1979, when it was found that many Russian Jews needed additional assistance to help cope with the stress of living in a new and strange culture. With funding from a federal block grant, JBFCS created a comprehensive, community-based mental health and counseling service which emphasizes community outreach and on-site services at schools and community centers.

First created in 1980, **Refugee Assistance Services**, which also served the Iranian Jewish community, expanded greatly to meet the demands of the huge influx of Soviet emigres at the end of the decade.

An important JFS preventive program expanded at the new agency was **Jewish Family Life Education**, which in 1980 reached thousands of people through workshops and discussion groups, raising matters such as parenting, substance abuse, and widowhood.

Services to the Handicapped Begin

Mishkon, a unique facility for the care of the mentally retarded, developmentally disabled and multiply-handicapped, was taken over by JBFCS in 1982. Serving a primarily Orthodox Jewish population, the program moved into a newly renovated building which had belonged to IHB. Highly specialized medical and therapeutic services combined with a devoted and caring child care staff. Mishkon also began a respite program in 1986 to allow time off for parents of disabled children by training other families to care for the children for short periods of time.

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a partner of
Lexmark
International*

Center Established to Forge a Greater Link Between Practice and Research

Research and training, cornerstones of JBFCS, reached a new milestone in 1987 with the establishment of the Center for the Study of Social Work Practice. The Jewish Board and the Columbia University School of Social Work joined forces to advance the development of social work knowledge by uniting the research expertise of a great university and the practical experience of the

nation's largest voluntary mental health and social service agency. The research center is a natural extension of the agency's valued role as a CUSSW teaching center. The Center was launched thanks to the generosity of Saul and Amy Cohen.

The Center's major activities include research, training and dissemination of information, with a primary emphasis on forging

new, stronger links between the practice and research areas. Projects have included studies of homelessness, cult involvement and bereavement services for children.



JANE GROSSER



Above: At the Center's first major conference, left to right, Dr. Robert Abramovitz, JBFCS Chief Psychiatrist, Juliet Cheetham, Keynote speaker, and Virginia Marx, Development Council and conference underwriter. Left: Research opening, left to right, Dean Ronald Feldman, CUSSW, Dr. Jerome Goldsmith, JBFCS Executive Vice President, Saul Cohen, Dr. Shirley Jenkins, Center's first director, and David Lindau, Chair, Development Council.

Bringing Mental Health Services to the Workplace

An entirely new area of service brought the agency's mental health expertise into the workplace. In 1984, Employee



DAVID GROSSMAN

Rita and Stanley Kaplan are thanked for their generosity by a resident of Kaplan House, a residential treatment center for older adolescent boys.

Counseling Programs began providing mental health services and adjunct support programs for workers under the sponsorship of the employer. ECP emphasized JBFCS areas of specialty such as brief therapy, crisis intervention and a keen understanding of the overall impact family and personal problems can have on an individual. Many major corporations, law firms and banks have chosen ECP to provide their company's mental health services.

In the course of providing these services, ECP came to recognize the need of companies to contain costs of health coverage, including mental health services. JBFCS formed **Corporate Health Systems** to assist companies in planning the most effective and cost-efficient program for providing mental health coverage.

Court Services Face New Demands

The JBFCS Court Clinic integrated JFS' work with adults and JBG's work with children. As divorce rates soared, the clinic was called upon to do an increased amount of custody evaluation and mediation. Issues of domestic violence and increased adolescent delinquency were also reflected in court services.



As more fragile children were placed at Ittleson, the role of the child care worker became more vital than ever.

Capital Campaign Launched

In response to declining public and private support, in 1989 the agency announced its first major fundraising campaign. "A Promise for the Future" sought to raise \$25 million to renovate buildings, endow new programs and support important research and training efforts. In so doing, the Jewish Board maintained its commitment to respond to the needs of New York's families and children. The Campaign reached its halfway mark in 1991 and is expected to reach its goal in 1992.

Volunteer Services Expands

The tradition of volunteerism on which the agency was

The agency launched its \$25 million Capital Campaign in 1989 under the Leadership of Leonard Bernheim, Jr., left, and John Herrmann, Jr. Mrs. John Herrmann, JBFCS Board member, at right.



"If these have been times of turmoil for social agencies, they have been times of torment for the most needy members of our society. We have used our expertise and the resources we have been able to muster to develop new programs to meet the new problems of a society in transition."

— David Lindau, JBFCS President, 1981–85

originally founded reached an unprecedented level of activity in the 1980s. As community needs escalate and funding options shrink, the need for volunteers has become greater than ever. The 1980s saw tremendous expansion of developing programs for volunteers to serve people in crisis, where a caring friend can help them through difficult times.

Volunteer Services to AIDS Clients

These services were established in 1987, thanks to special funding from the Arthur L. and Camille C. Friedman Fund of UJA-Federation. Trained volunteers are matched with people with AIDS to provide companionship and a helping hand.

Friendly Visitors to Soviet Jewish Families

Providing a vital service to help with the acculturation process, volunteers help new families get acclimated, as well as provide friendship and a familiar face.

Big Brothers and Big Sisters, the anchor of Volunteer Services, continue to play a vital role in the lives of children from single parent families. In addition to matches with children in outpatient treatment, matches are made with "special populations" at JBFCS residences for fragile children.



Problems of teens were treated through a range of new special services including Break-Free, which provided therapeutic, educational and recreational activities through an innovative after-school program.

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1990s

Preparing For The Future

The elderly, people with AIDS, battered women, the chronically mentally ill, the developmentally disabled, Russian emigres. All represent new challenges for service in the new decade. While problems escalate and funding sources shrink, the mission of the Jewish Board of Family and Children's Services nonetheless remains strong. While cuts must be made on many levels, the agency has forged services in new directions. These areas of growth begin to define JBFCS as it looks ahead to the 21st century. New leadership steers the agency in the 1990s. In 1990, Fredric W. Yerman began his first year as JBFCS president; at the end of that year, Alan Siskind took over as JBFCS Executive Vice President. Both remain steadfastly committed to the needs of families and children while facing the reality of tough economic times. While the challenges are enormous the opportunity for forging a stronger partnership with government and other voluntary agencies provides new options for creating comprehensive service networks.



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Above: Fredric W. Yerman, JBFCS President, with his predecessor, Doris L. Rosenberg. Below and left: The residents of the new JBFCS Division of Developmental Disabilities enjoying a holiday celebration.

"The need for a strong voluntary agency able to respond quickly and effectively to community crises has never been greater. JBFCS enters this last decade of the century continuing a tradition of innovation and clinical excellence that has been its hallmark for one hundred years."

— Fredric Yerman, JBFCS President

Services to the Developmentally Disabled

This represents a new division for JBFCS to serve retarded and multiply handicapped children and young adults. In addition to its renowned Mishkon program in Boro Park, additional facilities were taken over in recent years, including Kingsbrook, Washington Heights and Mt. Vernon. These are Intermediate Care Facilities providing specialized medical, educational and therapeutic care in warm, caring homelike environments. Two group homes are planned in Queens and Brooklyn.

Comprehensive Network of Care for People with AIDS

This network of care now includes JBFCS' community-based outpatient services, a scattered site apartments program and a day treatment center. The apartments program, funded by the New York City Human Resources Administration, offers apartments and support services to families and individuals and seeks to keep PWA's out of shelters and enable them to receive better, more nurturing care. Case associates visit apartments weekly. Community meetings provide further support.

An AIDS Day Treatment Center planned to open in downtown Brooklyn in 1992 will be the first day treatment program in the state sponsored by a mental health and social service agency. The program will provide comprehensive treatment and support services for people who are able to go out but are too ill to work. It will work closely with MBCS clinics in Brooklyn and exemplifies JBFCS' effort to integrate agency services more fully. The goal of JBFCS' AIDS Services is ultimately to replicate the agency's continuum-of-care model of outpatient services, day treatment programs and scattered-site apartments in each of the five boroughs.

Services to the Elderly

As the elderly population rises rapidly, the need for community support services has become more urgent. In 1991, JBFCS established Mental Health Services to the Elderly to expand agency programs which serve the elderly — such as Y-based services or Family Life Education workshops — or JBFCS programs which could be expanded to serve this population. Where appropriate, new programs will be created. Services are designed to be preventive and aimed at maintaining individuals in the community. Collaboration and

cooperation with outside organizations is critical.

Services to the Chronically Mentally Ill

Recent expansion of services to chronically mentally ill people has been in the area of intensive supportive apartments. Two 24-bed programs were taken over from the Hartman Y, expanding services in this area to 122 beds. The agency was also selected by the New York State Office of Mental Health as the lead agency in the development of additional residential services for this population. Efforts continue to be made to develop programs that will combine housing and psychosocial rehabilitation models.

Help to Battered Women

An important shelter program for battered women and their children became part of JBFCS in 1992. Transition Center is a 41-bed safe dwelling facility located in 11 scattered apartment sites in Queens. The program offers crisis intervention, shelter, counseling, medical, welfare, legal, school and housing advocacy. The Center's affiliation represents an important expansion of JBFCS' network of services to people affected by family violence.



Len Berman, center, WNBC sportscaster, is made an honorary JBFCS Big Brother by Mark Hoffman, Chair, Big Brother/Big Sister Executive Committee and a "little" who benefits from the care and concern of a Big Sister.

Refugee Assistance Services Expands

As Russian emigres settle into their new home, the need for expanded services is great. Counseling and support to new emigres at five JBFCS clinics with Russian speaking staff provides support with the many problems that arise during resettlement. The Refugee Mental Health Training Institute was established in 1990 to provide special training to Soviet emigres to provide support services to the Russian emigre community. JBFCS trains and supervises students who work at various agency sites and attend graduate school. Volunteer Services to Soviet Jewish Emigres provide the Telephone Language Companion program which matches volunteers with English proficient emigres who need to practice their conversation skills over the phone.

Ittleson Community Residence

A small community residence opened in 1992 for severely disturbed children at the Ittleson Center who have progressed to a point where they no longer require the intensity of supervision provided in the residential program but are as yet unable to live with their families at home. Children may continue to use Ittleson therapeutic and special education services.

Help to the Chemically Dependent

JBFCS is expanding its expertise in working with chemically dependent clients through a merger with JACS (Jewish Alcoholics, Chemically Dependent Persons and Significant Others).

As the Jewish Board of Family and Children's Services looks into the future, there are great opportunities ahead in spite of the difficulties the community is facing. The agency is stronger and represents more quality and more service to more people than any time in its past. The period of growth during these past fifteen years followed one of the most effective mergers ever achieved in the human services field. This is an agency that has met whatever challenge comes before it with strength, determination and resolve. The needs of New York's families and children have come to depend on seeing that familiar face, knowing that there is someone to turn to at the most difficult of times.



At the 1990 Educational Institute All-Day Professional Conference; Alan Siskind, JBFCS Executive Vice President, and Pauline Falk, right, Chair, Educational Institute, welcome Dr. Linda Freeman, program speaker.

"Our greatest challenge is to help families learn how to cope with the increasingly hostile world that surrounds them. This is a goal we can accomplish because of the sense of caring for the community embodied by JBFCS Board and staff who remain committed to continuing the high quality of services for which the agency is known."

— Alan B. Siskind,
Executive Vice President

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A CENTURY OF OUTSTANDING LEADERSHIP

"I truly believe that the strength of JBFCs, and all its predecessor agencies, lies in the spirit and dedication of the people who have devoted so much of their lives to its service, whether as Board members, volunteers or staff."



Looking Back With Pride on a Great Tradition of Service

How do you look back and summarize one hundred years of vitally needed services to the people of New York, services that have touched and enriched the lives of thousands through five generations?

Do you talk about the young man who came to Hawthorne in 1933 because he was caught stealing — and who left three years later to attend college? Or do you remember even further back to the family left shattered in 1910 when a young mother died in childbirth, leaving a husband to keep his young family together, a task he was able to accomplish because of the help of a homemaker from the United Hebrew Charities? Perhaps your grandmother had a friend who volunteered to work in the Family Court, as hundreds did beginning in 1913, to help those families shattered when they encountered the juvenile justice system and had nowhere to turn for help? Or maybe one of your cousins became a social worker and, with great pride, began her career at one of the JBFCs community clinics, an experience that has influenced her whole career?

One thing is virtually certain: if you look back, you will find the impact of this unique agency on the lives of many, many people you know — just as it has made an indelible imprint upon the delivery of mental health and social services in our city.

JBFCs has been an agency which has always been more than ready to meet the challenges of serving first, the Jewish community, and then, as our mission broadened, all the people of New York. It has functioned as the therapeutic laboratory that developed clinical approaches which changed the way children and families received services they desperately needed. It is an agency that has grown, evolving through many name changes and more times of community crisis.

But most of all, it is an agency that has depended on the unwavering commitment and compassion of its Board and staff. A commitment that has existed from the earliest days when Mortimer Schiff led the Jewish Protectory and Aid Society to establish Hawthorne Cedar Knolls on land donated by his family and Henry Rice, President of United Hebrew Charities at the turn of the century, who donated funds to teach Jewish newsboys a trade because he thought they otherwise would have no future, to today when our current Board members have rallied to raise \$20 million for the agency's first capital campaign. We are indeed fortunate to have a long history of outstanding Board members who have given both of their financial resources and of themselves.

We can all look back with pride at a history that has contributed much to our city and its people. I am confident that the next hundred years, no matter what they bring to New York, will find the Jewish Board responding to meet the needs of the community as it has so ably in the past.

A handwritten signature in dark ink, reading "Fredric W. Yerman". The signature is fluid and cursive, with a long, sweeping underline.

Fredric W. Yerman, JBFCs President

To Walter Mendelsohn, With Gratitude and Admiration



Walter Mendelsohn, center, being honored by Mayor Robert Wagner, right, and David Benetar, JBG President.



"Troubled children need an environment which is flexible and allows them a chance to make choices. They need opportunities for self-expression...Where these and other needs are met, they are likely to take on the ideals of the adults with whom they live and the community of which they are a part."

— Walter Mendelsohn

Truly the elder statesman of our agency and the inspiration and force behind many of its major programs through the years, Walter Mendelsohn represents all that is best about the spirit of lay leadership at the Jewish Board of Family and Children's Services. Since his first association with the Jewish Board of Guardians in 1924, when he became a member of the Hawthorne School Parole Committee, Walter Mendelsohn has never wavered in his commitment to provide the best possible services for those in need, especially young people.

Serving as president of JBG from 1951-1956, and then as chairman of the Board of Trustees, he led an era of tremendous growth in services to young people, helping to create therapeutic programs that could alter a child's life forever, rather than custodial and correctional efforts that had little positive impact.

It is indeed fitting that as we look back with pride on our one hundred years of service to New York's families and children, we pay special tribute to a man whose record of dedication is unparalleled. Looking back over the generations whose lives have been made so much better by his efforts, we salute with love and admiration a very unique individual, our own Walter Mendelsohn.

*Centennial
Sponsor:
Judith and
Philip J.
Hirsch*

Past Presidents

JBFCs is proud of the great leadership which was the hallmark of its earliest years. The presidents who led the predecessor agencies include:

P. W. Frank

UHC 1874 - 1875

Charles L. Hallgarten

UHC 1875 - 1876

Henry Rice

UHC 1876 - 1908

Henry Budge

JPAS 1893 - 1906

Judge Julius Mayer

JPAS 1907 - 1909

Cyrus Sulzberger

UHC 1908 - 1911

Mortimer L. Schiff

JPAS / JBG 1909 - 1930

Leopold Plant

UHC / JSSA 1911 - 1932

Hon. George Z. Medalie

JBG 1931 - 1939

Ralph Wolf

JSSA 1932 - 1934

Ira M. Younker

JSSA 1934 - 1939

Henry J. Friendly

JSSA 1939 - 1941

Henry S. Hendricks

JSSA 1941 - 1945



Mrs. Sidney C. Borg
JBG 1942 - 1951



Ralph K. Guinzberg
JFS 1946 - 1949



David Sher
JFS 1949 - 1953



Walter Mendelsobn
JBG 1951 - 1956



Arnold S. Askin
JFS 1953 - 1958



David L. Benetar
JBG 1956 - 1960

"Our agency is constantly changing but there is one basic characteristic which I hope will never change — the spirit of voluntarism which gives the agency its particular vitality and humanity. We are involved because we care about what happens to troubled children. Our reward comes from seeing them get well and grow into healthy, productive adults. As long as there are people for whom this satisfaction is ample payment, there will be a Jewish Board and it will remain a living proof of the power of the human heart."

— Henry Heming, JBG President, 1960 – 64



Mrs. Myron S. Falk, Jr.
JFS 1958 - 1962



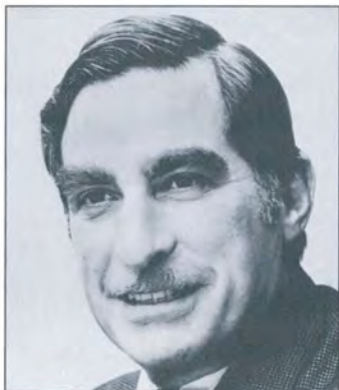
Henry L. Heming
JBG 1960 - 1964



Mrs. Richard W. Dammann
JFS 1962 - 1966



Solomon Litt
JBG 1964 - 1968



Donald C. Samuel
JFS 1966 - 1968



Mrs. Louis B. Froelich
JBG 1968 - 1972



Robert A. Levinson
JFS 1968 - 1973



Philip J. Hirsch
JBG 1972 - 1976



Louis Lowenstein
JBG 1973 - 1978, JBFCS 1978



Saul Z. Coben
JBG 1976 - 1978, JBFCS 1979 - 1981



David Lindau
JBFCS 1981 - 1985



Mrs. Doris L. Rosenberg
JBFCS 1986 - 1989

Recalling an Agency of Great Determination and Spirit



Frances Beatman joined Jewish Family Service in 1938 and was appointed its Executive Director in 1958. Mrs. Beatman has been a member of the JBFCs Board of Trustees since 1978.

I am grateful to have been part of JBFCs in many different capacities. I came to work for Jewish Family Service in 1938, a young social worker determined to help families survive the onslaught of the Depression and the pains brought on by a World War. My social work education began during the Depression. My classmates and I felt personally responsible for doing whatever could be done to ease some of the anxiety and pain which characterized most of our client contacts. And we learned a great deal about the courage of people who, in spite of their pain and hardship, can hold on if given half a chance; about the capacity of parents to both protect and encourage their children; about dignity and self-respect.

When I joined the agency, JFS had already expanded from concrete services to help individuals combat the problems that interrupt family progress and cause family conflict and marital problems. The advancements we made in the treatment of families were remarkable. But our determination was fierce.

I remember, as though it were yesterday, going before the Federation trustees to convince them of the merits of charging a sliding scale fee for service to middle-income families. It had become clear that the help we provided was not just for low-income families but were services needed by any family in the community. Charging a fee for service seemed a viable way to extend service to any family in the community. Federation, like many agencies around the country, was hesitant about instituting this policy. However, the Gods were kind and the day of our annual budget hearing at Federation, Reader's Digest ran a lengthy story all about our Consultation Center being the first office to charge fees and expand the use of services.

I became Executive Director of JFS in 1958, a period of challenge and growth during which we continued to develop ever more significant family treatment concepts and modalities. The Family Mental Health Clinic was a true pioneer in the development of family therapy. Its publications and films were used throughout the U.S. We also expanded our outreach to the community through quick response units, special youth services, mental health consultation to community institutions and a small research program. During the 1960s,

"As executive director, I learned firsthand the meaning of staff dedication, the giving and caring it takes to meet great challenges."

government support provided a rich opportunity for demonstration projects aimed at preventing more serious problems.

During the negotiations for the eventual merger of JFS and JBG, I saw the quality of leadership that a merged entity would offer. The merger not only maintained the assets of the agencies, it stimulated the creation of more services to troubled families and children, to be immediately responsive to new community problems. Bringing these two great agencies together has assured the continuance of the mission of its predecessors — to help the troubled in society find solutions, better ways of living and carrying responsibility for oneself and one's family.

I have been fortunate to serve on both sides of the agency fence. As a JBFCs board member since 1978, I have had the chance to see that dedication does not end with the staff. Ours is a responsible and caring Board. Both lay and staff at JBFCs have an incredible alertness and commitment to the betterment of family life. For JBFCs, what is past is truly only prologue for the future. Challenged by so many difficult problems — AIDS, family violence, mental illness — the commitment to help those most in need has remained strong.

It is gratifying, and a privilege to be part of this most important community resource, one which has made a crucial difference in the lives of an untold number of individuals and families. The agency stands for life and that is what is so good about being a part of it.

Frances L. Beatman

Frances L. Beatman

Pioneering New Strategies for Treating Families

The one constant in the long history of JFS was its dedication to the welfare of families. Over time, family circumstances, family living styles, physical and social needs changed; the agency kept pace with new services and with ever newer insights and interventive strategies lent by the social and psychological sciences. In the early years, JFS was concerned with indigence and strove to meet basic physical and material needs.

With the advent of public assistance programs some 60 years ago, the agency could concentrate on the less tangible, but no less crippling, frailties of Jewish families—self-defeating social behavior, emotional and psychological immaturities, marital and parent-child conflict. In keeping with its role as the “general practitioner” of the social work and mental health community, JFS initiated many services as part of its own program, and then as these services gained maturity, they were spun off as separate autonomous entities in the community, becoming well established social and mental health institutions in their own right. The Federation Employment and Guidance Service began as in-house vocational guidance services in the JFS and JBG. Similarly, the JFS services to refugees in the 1930s and 1940s became the nucleus of the National Refugee Service and its successors; agency services to the aged formed the core of the Jewish Association for the Aged. These were examples of a continuing relationship of JFS to the community, in which the agency served as a cradle for new or improved services.



Sanford Sherman was on the staff of JBG and then JFS from 1937 to 1944. He rejoined JFS in 1949 as Associate Executive Director and then Executive Director from 1974 until the merger with JBG in 1978.

The basic functional commitment to family work underwent its own development. In the 1930s and 1940s it meant assumption of agency responsibility for various particular ills that might befall a family, such as emotional or psychological malaise of an individual member, conflict in marital relations, problems of parenting, and so on.

Beginning in the 1950s, a significant change began to take shape in how we understood working with people in trouble. Wedding anthropology and the social sciences with a psychological and social work orientation brought a different and more dynamic perspective in understanding family processes. Families were now seen as a complex system of relationships, values, subtle influences — a system that had a powerful effect on its parts, each of which could not be completely understood or therapeutically influenced apart from the others.

Family therapy thus came into its own. It has been a ground for the synthesis of psychiatry, psychology, social work and the social sciences. These disciplines were brought together in the family mental health clinic founded as a major part of the agency in the 50s. Now such clinics number in the hundreds.

The culmination of more systemic theorizing and practice was in the merger of JFS and JBG in the mid-70s, for now child guidance and family treatment were seen to be merely different swipes at the organically interrelated social and mental health problem. The organizational aspects of the merger fell into line with the merger of ideas.

Sanford N. Sherman

“In keeping with its role as the ‘general practitioner’ of the social work and mental health community, JFS served as the cradle for many new services.”

An Agency Ready to Serve Changing Community Needs



Dr. Jerome M. Goldsmith served as director of Hawthorne Cedar Knolls School from 1952 until 1965, when he was appointed Executive Vice-President of the Jewish Board of Guardians. After the merger in 1978 of the JBG and Jewish Family Service, Dr. Goldsmith became Executive Vice-President of JBFCS.

To explore 100 years of service to New York's families and children is indeed an overwhelming — if not an impossible — task. Nonetheless, it is a gratifying exercise in memory and remembrance. Achieving the impossible has been the hallmark of the Jewish Board of Family and Children's Services, which traditionally has never failed to respond to the challenges of an ever-changing community.

We have been fortunate in the talented and committed individuals who have enabled us to meet the new challenges, both those who do the "hands-on" work and our colleagues among the Trustees. They are the thread that weaves through a century of service to New Yorkers. Their immense skill and devotion have placed JBFCS in the vanguard of community service and established its place as a professional leader in the development of mental health and social services.

When I became executive director of JBG, I was privileged to follow in the footsteps of a long line of dedicated professionals, including Herschel Alt and John Slawson, both of whom understood early on the need "to stretch the limits of treatability" through diverse, differentiated and innovative services. Thus, the incredible transformation from an organization whose original mission was aid to Jewish adult prisoners to a professional enterprise encompassing services to children from pre-school nursery age to teenage delinquents, and finally to meet the needs of communities in crisis.

While the treatment of the very disturbed child was the bedrock of JBG's services, we recognized our responsibility to enter the mainstream community and went on to expand and extend our services through our outpatient child guidance clinics, preventive services programs, and outreach through consultation to schools and community centers. Thus, we wedded theory and practice to provide services, neighborhood by neighborhood, based on each community's special needs.

When parents were in trouble — beset by poverty and

lack of resources and plagued by problems of substance abuse, school failure, family break-up — we expanded our programs to help. In partnership with government, we offered services to these families on the brink of collapse.

It is axiomatic that the agency's readiness to collaborate with government and other outside sources has been crucial to its ability to forge new treatment approaches and new directions for service. Above all, the vital partnership with UJA-Federation has enabled the agency to serve more troubled populations without jeopardizing the services it provides to help the "ordinary" problems of life.

But perhaps the most significant and exciting development during my tenure — and one in which I take great personal pride — was the merger in 1978 of JBG and Jewish Family Service. The merger, which followed complicated and extended discussions, increased the capacity of both agencies to broaden and diversify the services needed by the commu-



Dr. Goldsmith with Governor Cuomo. The former JBFCS Executive Vice President worked closely with the state advocating the mental health needs of families and children.

nity. We went beyond specialization and fused systems theories and individual therapy as we struggled to put together a structure that would enable us to understand the individual, the family, and the society in which they grow.

“Collaboration with government and other agencies has been crucial to JBFCS’ ability to forge new treatment approaches and directions for services.”

As the Jewish Board of Family and Children’s Services continued to expand — with new services for the chronically mentally ill, the developmentally disabled, new immigrants — it was supported and enriched by some of its “non-service” components, including the Educational Institute, the agency’s training arm, and the joint JBFCS-Columbia University Center for the Study of Social Work Practice, which was officially launched in 1987.

I am proud to have been part of an agency that has always been willing to learn, to take risks, and to work in close collaboration with other community agencies to make our community a better one. Whether it is the desperate cries of new immigrants, the pain of a young schizophrenic child, the distress of the chronically mentally ill, the world of the developmentally disabled, or the isolation of the person with AIDS, this agency has always responded wholeheartedly and compassionately with professional help of high quality.

Our community is in terrible trouble, but this will not and cannot stop the agency from fulfilling the responsibilities it took on a century ago. We were there then, we are here now, and hopefully we will be here in the future to carry out our mission. It is said that “to save one life is to save the whole world.” There are many lives that need to be saved, and I know that the JBFCS will be there to help.

Jerome M. Goldsmith
Dr. Jerome M. Goldsmith

J B F C S

Entering our second century of service, the Jewish Board of Family and Children’s Services reaffirms its commitment to providing a place to turn for help for those who need us most.

Today, the JBFCS network of service includes community-based programs, residential centers and day treatment programs serving more than

50,000 New Yorkers every year in the five boroughs of New York, and in Westchester and Long Island.

The Jewish Board is an integral part of New York’s neighborhoods, providing a familiar face in times of trouble.

1 9 9 2

CONTINUING A GREAT TRADITION



SCOTT HENSER

It is with great excitement and pride that all of us at the Jewish Board of Family and Children's Services take this opportunity to look back over a century of extraordinary service to the people of our city.

Ours is a history that mirrors the growth of mental health and social services of New York City and the nation, a history that is filled with pioneering efforts to develop new modalities of treatment. Residential treatment for adolescents, therapy for severely disturbed children, family therapy, day treatment programs for children and group therapy — all programs that forever altered the theory and practice which helped people change their lives.

For thousands of social workers, psychologists, psychiatrists, other mental health professionals and paraprofessionals and support staff who have been part of JBFCS and its predecessors agencies over the years, the agency has indeed been the site of tremendous professional growth and achievement. All of us have shared a sense of commitment to the work and to the people we serve. For many of us, it has been a place where we have spent our entire professional lives; for others, it has provided the experience and training that has influenced our later careers. One fact is indisputable: there is no agency that has had such a far-reaching impact on the treatment of families and children and the delivery of community mental health services. I am especially proud to follow in the footsteps of such distinguished clinicians and leaders as Herschel Alt, Frances Beatman, Shep Sherman and Jay Goldsmith — all giants in the field.

As we look back on this remarkable record of service, three themes become apparent, no matter which decade we examine or which programs we remember: a commitment to providing leadership in the provision of the highest quality services possible, the immediate response to the changing needs of the

community, and the unwavering dedication and talent of a partnership of staff, Board and volunteers. This is an agency of people and it is these people that have created and maintained an agency viewed worldwide as a leader and innovator in the field of mental health for children and families.

As we look ahead to the coming decade, and to our next century of service, we will rely on these strengths more than ever. Community crises are, in many ways, more severe than any we have faced. We confront these in a climate of declining government funding and increasingly strained philanthropic resources. But the problems persist — AIDS, the homelessness of thousands, family stress and violence, chemical dependency, depression, and dysfunctional families, children and adults on an unprecedented scale. A wave of new immigration unrivaled since the early decades of this century and the thousands of chronically mentally ill released to the street with no support — all combine to present challenges only imagined by those who founded our agency and developed its earliest programs.

While the demands may be greater than ever, we can look ahead with confidence. With the support of our partnership we will continue family by family, person by person, community by community, to make the difference in New York.

Dr. Alan B. Siskind, Executive Vice President

*"With the support of our partnership of staff,
Board and volunteers, we will continue family
by family, person by person, community by
community, to make the difference in New York."*

— Dr. Alan B. Siskind



Mayor Dinkins appointing
Dr. Alan B. Siskind to the N.Y.C.
Foster Care Commission.

PROGRAMS

Residential Treatment

Day Treatment

Preventive Services and
Court-Related Programs

Madeleine Borg
Community Services

Programs for Special
Populations

Division of Developmental
Disabilities

Services to the Chronically
Mentally Ill

Mental Health Services
to the Elderly

Volunteer Services

Research and Training



RESIDENTIAL TREATMENT

A full range of treatment and educational services in a specially designed therapeutic environment provide meaningful help and compassionate care to children and adolescents suffering deep emotional difficulties and family struggles.

Baywood Boys Group Home

Brightwaters Group Home

Brightwaters Supervised
Independent Living Program

• Nassau/Suffolk S.I.L.P. and
Aftercare Program

Geller House

Hawthorne Cedar Knolls
Residential Treatment Center

Jerome M. Goldsmith Center for
Adolescent Treatment

Henry Ittleson Center
for Child Research

• Henry Ittleson Community Residence

Rita and Stanley H. Kaplan House

Linden Hill

Linden Hill Annex

Mt. Vernon Girls Residence

*Centennial
Sponsor:
The Rita J.
and
Stanley
H. Kaplan
Foundation*



"This is the best place I ever lived in all my life. They're like your family here. You have someone to talk to, someone to turn to. Not like at home where there was a lot of abuse."

— Ray, a resident, Rita and Stanley H. Kaplan House

**A therapeutic
environment
that can
change a
youngster's
life...**

DAY TREATMENT PROGRAMS

Help to children who are able to live at home and benefit from a full program of special education and intensive therapeutic services.

IHB Day Treatment

Henry Ittleson Day Treatment Center

Montague School

West Side School

Westchester Day Treatment Center



ELIOT SCHNEIDER

*Centennial
Sponsor:
Susan O.
and K. Evan
Friedman*

**A meaningful
alternative
for troubled
children.**

PREVENTIVE SERVICES AND COURT PROGRAMS

For families and children in crisis, supportive and clinical services help families better cope with problems which put children "at-risk" for placement in the foster care system.

"People are capable of changing. You just have to get up and get the help that's out there. Now, I'm just going to do the best that I can for my family."

— A client of Coney Island Family Center

PREVENTIVE SERVICES

Brighton Family Services

Coney Island Family Center

Co-op City Preventive Services

Preventive Services Project

Queens Family Court Preventive Services

Southern Brooklyn Family Services

Tri-Agency Family Court Services

COURT SERVICES

Custody Evaluation and Counseling Unit

PINS Mental Health Unit

Family Court Liaison / Referral Service

• Bronx Family Court

• Brooklyn Family Court

• Manhattan Family Court



**Giving
families the
support to
stay together.**

*Centennial
Sponsor:
Melite and
David Sweet*

MADELEINE BORG COMMUNITY SERVICES

A network of mental health clinics which help over 30,000 New Yorkers each year cope with emotional and social problems through individual, family and group therapy, evaluation and assessment, and educational remediation.

J.W. Beatman/Riverdale Office

Boro Park Office

Canarsie Office

Coney Island Office

Manhattan North Office

Manhattan West Office

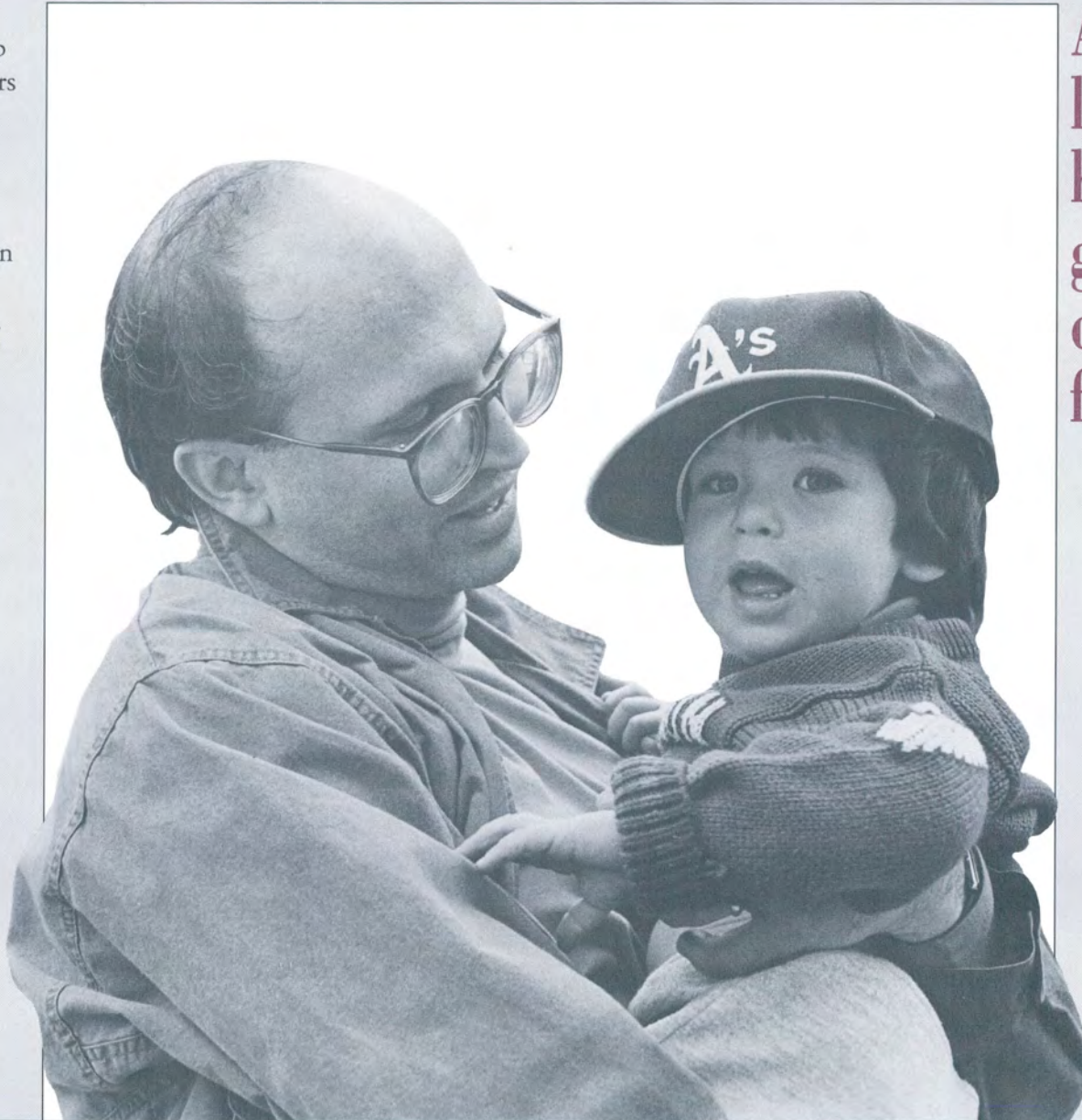
Mid-Brooklyn Office

North Brooklyn Office

Pelham Office

Starrett City Office

Staten Island Office



A community landmark, helping generations of New York families.

*Centennial
Sponsor:
Helen Mae
and Seymour
Askin, Jr.*

*Centennial
Sponsor:
Frances
Beatman*

PROGRAMS FOR SPECIAL POPULATIONS

Programs developed in response to emerging community crises help people who need urgent and immediate help to get through a difficult time with greater strength and ability to face the future.

AIDS Counseling Services

- Scattered-Site Apartments
- Day Treatment Program

Brooklyn Adolescent Services

- Break-Free
- Midwood Adolescent Project
- Russian Adolescent Project

Carey Gardens Early Childhood Program

Child Development Center

- Early Childhood Group Therapy Program
- Outpatient Clinic
- Preschool Community Programs
- Therapeutic Nursery School

Corporate Health Systems

Cult Hot-Line and Clinic

Employee Counseling Programs

The Learning Center

Loss and Bereavement Program

- Loss and Bereavement Program for Children

Mental Health Consultation

On-Site Mental Health Program

Refugee Assistance Services

Community Refugee Program

- Dispute Resolution Services for Soviet Emigres

Services to the Homeless

Center for the Prevention of Family Violence

- Transition Center

- Sexual Assault Victims Counseling

- Battered Women's Hotline

Staten Island Teen Lounge Center

STEPS Program

DIVISION OF COMMUNITY EDUCATION

AIDS Prevention and Education

Department of Religious Education

Jewish Family Life Education

Self-Help Project



**A special
commitment
to meeting
community
needs.**

DIVISION OF DEVELOPMENTAL DISABILITIES

Intensive therapeutic services in homelike environments where a devoted and highly trained team of specialists attend to the diverse needs of severely handicapped and retarded children and young adults.

Kingsbrook

Mishkon

• Mishkon Respite Program

Mt. Vernon

Vernondale

Washington Heights



"Having a severely handicapped child can be devastating. But the team here makes you feel at home and you know your child is getting all the attention and love she would get from you."

— David L., father of a child at Mishkon

*Centennial
Sponsor:
Susan and
Robert Tofel*

**Offering care
to those who
need it most.**

SERVICES TO THE CHRONICALLY MENTALLY ILL

A comprehensive system of care that provides opportunities for independence and growth for schizophrenic adults through day treatment, a community residence, supportive apartments and pre-vocational services.

Bronx REAL

Brooklyn Community Residence

Brooklyn REAL

Coney Island CSS Project

Coney Island CSS Mental Health Clinic

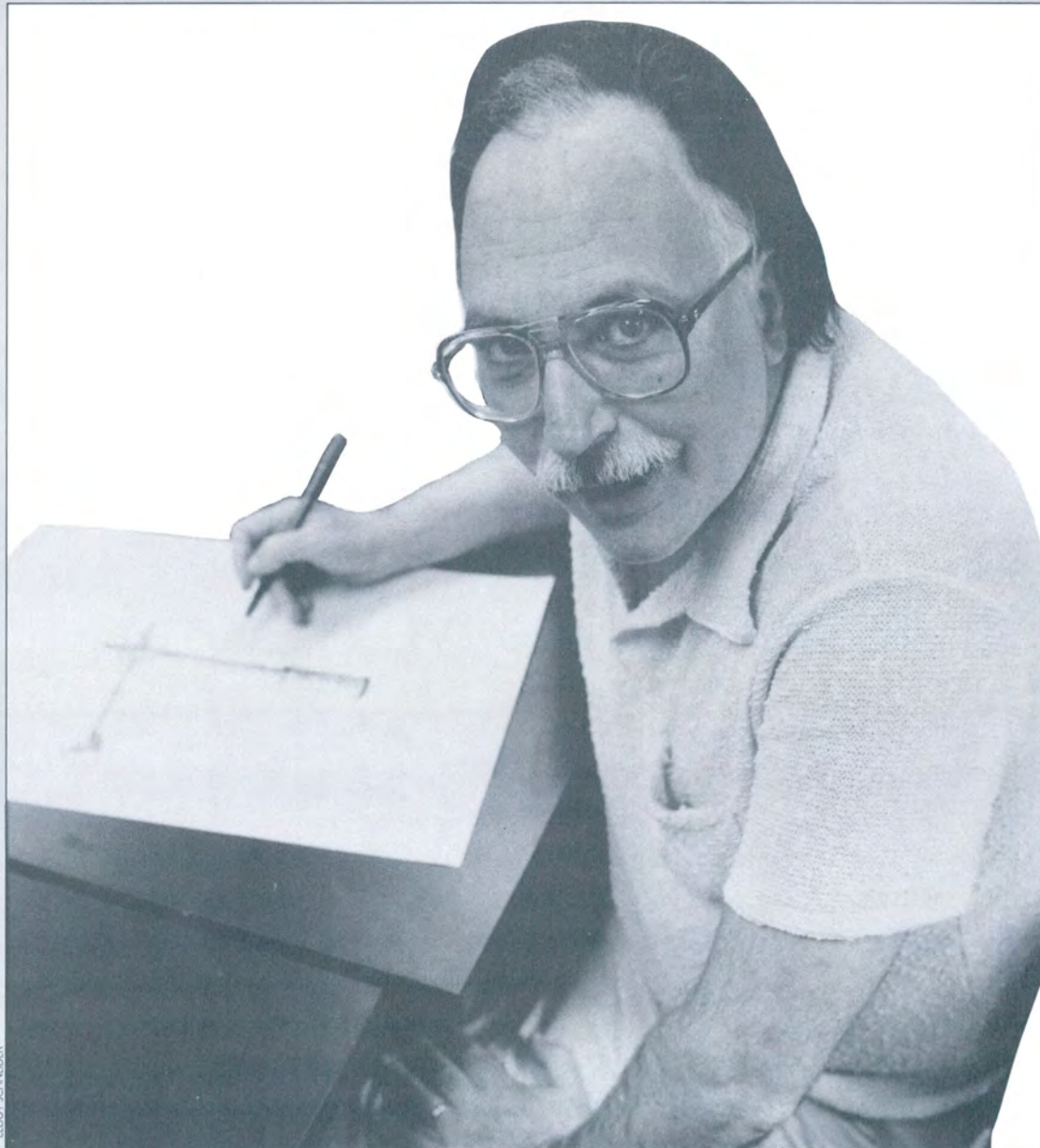
Coney Island REAL

Bronx Intensive Supportive Apartments Program

Brooklyn Intensive Supportive Apartments Program

Far Rockaway Intensive Supportive Apartments Program

REAL Value Store



ELLIOT SCHNEIDER

A chance to
live an
independent
and
productive
life.

MENTAL HEALTH SERVICES TO THE ELDERLY

Support to a growing population with a demonstrated need for more mental health and support services. Plans include expansion of JBFCFS services geared to the elderly at community centers and educational workshops and creation of services targeted to specific needs in the community.



"Without Sandy's help I'd be shut in the house all the time. What kind of life would that be? Our time together means a lot to both of us."

— Ethel, JBFCFS client

**Maintaining
connections
that sustain
dignity and
hope.**

*Centennial
Sponsor:
Merle
Gross-
Ginsburg*

THE MARY S. FROELICH DIVISION OF VOLUNTEER SERVICES

Over 1000 men and women work side by side with professional staff to provide the support and caring that is a vital adjunct to therapeutic services.

**Giving of
yourself to
help others, a
century-old
tradition of
volunteerism
continues...**

Volunteer Services to AIDS Clients

Big Brother/Big Sister Program

Big Sister Volunteer Services to AIDS Clients

Camp Program

Compeer Volunteers

Court Liaison and Referral Service

Family Location Service

Holiday Toy Program

Hotline for Battered Women

Jewish Conciliation Board

Passover Outreach

Quick Response Assistants

Westchester Volunteer Opportunities

Volunteer Opportunities with Soviet Jewish Emigres

- Friendly Visitors to Soviet Jewish Refugees
- Telephone Language Companion

Special Assignments Working with Children

Student Internship Program



*Centennial
Sponsor:
Gladys and
Jerome M.
Wiesenthal*

RESEARCH AND TRAINING

JBFCs training programs are known worldwide for their innovation and forward thinking to provide educational opportunities for both JBFCs professionals and members of the community. Research enables staff to further explore these avenues of learning and professional growth.

JBFCs EDUCATIONAL INSTITUTE

In-Service Training

Advanced Training Program in Child and Family Therapy

Workshops on the Family and Child

Peter Blos Biennial Lecture

All-Day Professional Conference

Training and Consultation to Other Agencies

Internships

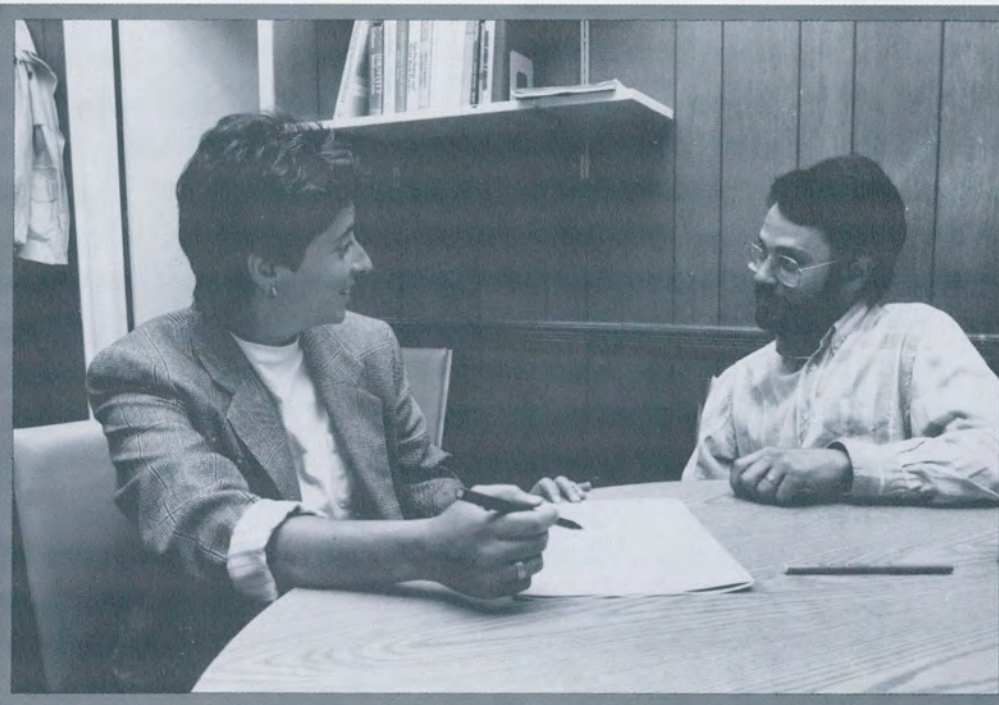
Community Outreach and Education

Center for the Study of Social Work Practice

Walter Mendelsohn Adolescent Institute

Refugee Mental Health Training Institute

"The chance to discuss clinical issues immeasurably enriches our ability to be good practitioners. People come to work at JBFCs because it's an environment that encourages learning and professional growth."



**Training
generations
of mental
health
professionals.**

*Centennial
Sponsor:
Nancy and
John Wolff*

Message from the Governor



STATE OF NEW YORK
EXECUTIVE CHAMBER
ALBANY 12224

MARIO M. CUOMO
GOVERNOR

February 28, 1992

Dear Friends:

It is my pleasure to offer greetings and warm regards to all gathered at the Centennial Celebration of the Jewish Board of Family and Children's Services.

Your agency's impact on the community is truly significant and its mission is a shining example of the highest tradition of caring. For a century, Jewish Board of Family and Children's Services has been an integral part of New York's neighborhoods, touching the lives of generations. It is a record of achievement and commitment for which you can take great pride.

Best wishes to all for a rewarding evening, and may the Jewish Board of Family and Children's Services enjoy every continued success in its important work as the largest voluntary mental health and social service agency.

Sincerely,

A handwritten signature in dark ink that reads "Mario M. Cuomo".



THE CITY OF NEW YORK
OFFICE OF THE MAYOR
NEW YORK, N.Y. 10007

April 8, 1992

To All In Attendance
Centennial Celebration
Jewish Board of Family and Children's Services
The Pierre
New York, New York

Dear Friends:

I extend my best wishes to the officers, supporters, staff and friends of the Jewish Board of Family and Children's Services as you mark a century of outstanding service of New York City.

The Jewish Board is held in the highest esteem by New Yorkers for the professional and caring service you provide to over 50,000 people a year of all backgrounds. The more than one hundred social service programs under the umbrella of the J.B.F.C.S. help children and their families, people with AIDS, the mentally disabled, battered women and many other needy segments of our city.

As Mayor, I am proud that your world-renowned mental health and social service agency, the largest in our nation, has maintained its commitment to the Big Apple. Our city could not survive without agencies such as the Jewish Board of Family and Children's Services. I have been personally involved with your programs and leadership for many years and commend you for excellence and compassion in providing human services.

I join you in recognizing all who have helped you to grow and succeed in the last one hundred years. I salute the Jewish Board as you enter a second century of service to New York City and help us to meet new and growing challenges.

Sincerely,

David N. Dinkins
MAYOR

Message
from
the
Mayor

The Jewish Board of Family and Children's Services thanks all our Centennial Underwriters, Benefactors,

JEWISH BOARD OF FAMILY AND CHILDREN'S SERVICES CENTENNIAL BENEFIT

Honorees

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1980s

JBFCs originates programs for
Chronically Mentally Ill /
Russian Immigrants /
The Homeless /
People with AIDS, AIDS volunteers
and AIDS education /
Loss and Bereavement /
Center for Prevention of
Family Violence /
On-Site Mental Health /
Mishkon Program /

JBFCs programs become
Residential Treatment Facilities /
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1990s

AIDS Scattered-Site Apartments and
Day Treatment Program open /
Mental Health Services to the
Elderly launched /
Queens Supportive Apartments for
the Mentally Ill /
Transition Center for battered
women and their children becomes
a JBFCs program /

Refugee Mental Health Training
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Chronology continued from front cover

