



Children are at the heart of all we do at the Harlem Children's Zone. Our pipeline of services is designed to support our children

from cradle through college. We have programs that provide them with a world-class academic education; enrich their lives through extracurricular activities from music to chess, sports to web design; cultivate good citizenship through community service; promote their health through exercise and proper nutrition; and equip them for the job market with college preparation and internships.

But none of these programs could be successful if our children were not first safe and secure in their own homes. If children are the center of our world at HCZ, then the family is the center of our children's world. For our children to thrive, for our community to flourish, our families must be stable and sound, able to properly care for the young lives in their charge.

It is the job of our Foster Care Preventive Services staff to stabilize and strengthen our most vulnerable families so that the children can remain in the home, safe and well cared for. The work of those staff members undergirds all the other work we do at HCZ, and there is no way to overstate its complexity, difficulty, and importance.

HCZ has a long history with this work. Our organization began as the Rheedlen Center for Children and Families, the first truancy-prevention program in New York City. The excellent track record we established in working with children and families over the years led the city's child welfare agencies to turn to us first when awarding contracts to prevent children from being placed into foster care. Since that initial contract, we have developed seven foster care prevention programs at HCZ to support our children and their families.

Because of the dedication, skill, and commitment of their staff members, all of HCZ's Preventive Services programs have very low placement rates—cases in which children are removed from the home. This record has led to their receiving some of the highest ratings from the NYC Administration for Children's Services. For that reason, the city has increased our capacity from 355 to 472 direct-care families.

That is one way to understand Preventive Services' success. But perhaps a better way is to read about Preventive Services in the words of the staff members who do this remarkable work and the family members with whom they work. That's what's in this issue of A Look Inside. I hope you will find it as rewarding, and as moving, as I do.

ANNE WILLIAMS-ISOM
Chief Operating Officer



Foster Care Prevention Services

“This is a love story.” That’s how Eddie Rodriguez describes his relationship with Simone Thompson and their three-year-old son, Enrique. And like many love stories, the one he tells has more than its share of troubles.

“It was a snowy winter day in 2008,” says Rodriguez. “I walked into a coffee shop to get out of the cold, and there was Simone. I offered to buy her a cup of coffee, and she said yes, and then we sat and talked for hours. We both were going through hard times, but we knew that day that we had something good together.”

At the time, Rodriguez and Thompson were living in homeless shelters. He was unable to work after incurring a serious injury to his right arm while he was volunteering in the Hurricane Katrina cleanup effort in New Orleans. Her mental health condition made it difficult for her to hold a job.

But it wasn't until Thompson became pregnant with their son in 2009 that their real troubles began. To avoid risks to the health of Thompson's unborn child, her psychiatrist told her to stop taking her prescription medications during the pregnancy. But when she went off her medications, she had a mental health crisis and was confined to a hospital ward for the rest of the pregnancy.

“The day my son was born was the happiest day of my life,” says Rodriguez. “But a few days later, when I came to the hospital for a visit, I saw a man carrying him out. I asked this man what was going on, and he said, ‘I’m from the Administration for Children’s Services. We’re removing this child from his mother.’ I said, ‘No one is taking my son away from me.’ And that was the beginning of a long custody fight.”

ACS is the city agency charged with protecting New York's children from abuse and neglect. It became involved with the family because of the hospital's concern that Thompson was refusing to take her medication during her pregnancy. It



took nearly 18 months, and a full-blown legal battle, to prove that she had discontinued her medications on her doctor's recommendation.

"We won the case and got Enrique with us permanently," says Rodriguez. "But we were still living in a homeless shelter, still without any help for many of the issues we were dealing with. So we asked ACS if there were any services available to help us going forward. They referred us to the HCZ Family Support Center in Harlem. And that was the best thing that's ever happened to us,"

Their Family Support caseworker, Roshawn Hemingway, got an early childhood assessment done for Enrique, then

helped him to get therapy, as well as Supplemental Security Income support, when it was determined that he had mild autism and other developmental issues. She helped Simone Thompson with her SSI appeal, which Thompson won in adjudication. And through persistent and determined advocacy, she helped them out of homelessness and into a supportive-housing, two-bedroom apartment of their own.

"Mr. Rodriguez had lost some papers he needed for his housing application," says Hemingway. "I made my eyes blurry for days, sitting at the computer until I located that documentation. But when they called to tell me they'd got that apartment, I was crying, they were crying. We were so happy."

"All the good things Family Support has done for us, it's unbelievable," says Rodriguez. "No one, including friends and relatives, has ever done more to help my family."

Keeping Families Together

The Family Support Center is one of many programs that constitute the Harlem Children's Zone Foster Care Preventive Services. These programs work to keep families together, to stabilize and strengthen vulnerable, high-risk families so that the children are safe in the home and are not placed in foster care. Although all the programs have the same goal, they are funded by different agencies and work with somewhat different

approaches, using two different models, to achieve that goal.

Both models are child-centered, family-focused, and strengths-based. In the General Preventive model, program staff make a comprehensive assessment of the family's strengths and needs and conduct intensive home and in-person visits. They also provide crisis interventions when necessary; casework counseling at critical points; direct referrals to a broad array of services, including entitlement assistance, legal consultation, emergency food aid, housing advocacy; and a thorough follow-up of client services. The second model, Family Treatment and Rehabilitation, is designed to help families affected by mental health and/or substance abuse issues. It offers all the services provided in the General Preventive model and adds a robust substance abuse and mental health component, which includes comprehensive evaluations for adults and children.

"Our models follow guidelines established by the New York City Administration for Children's Services," says Debbie Gonzalez, senior manager, Preventive Services. "Our work with the city's child welfare agencies goes back to the 1970s. At that time, Central Harlem had one of the highest rates of foster care placement in city. The city's policy then was to remove children not just from the home but from the whole community. Many never came back. When the city made the decision to change that policy, and to use local community-based organizations to do foster care prevention work, we were one of the first agencies they contracted to do it. HCZ, which was then the Rheedlen Centers for Children and Families, was already doing outstanding work keeping families intact and young people engaged in wholesome activities.

"As our own capacities grew, we created other programs to respond to community needs. ACS now funds four of those programs: Family Support Center, Family Development Program, Truancy Prevention, and Project CLASS. Another program, Family Empowerment, is funded by the New York State Office of Children and Family Services through TANF, the federal Temporary Assistance for Needy Families. Our other two programs—the Promise Academy Social Work Team and the Family Empowerment Program Mobile Team—are fully funded by HCZ."

Most cases come in through referrals from ACS. These referrals originate when a call is made to New York's State Central Register of Child Abuse and Maltreatment, also known as the Hotline. Anyone in the general public can call the Hotline, but certain persons, including school officials and hospital personnel, are mandated to notify the SCR if they suspect child abuse, maltreatment, or neglect. Once the SCR determines that the case meets the requirements for an investigation, it is referred to ACS, which investigates.



“From the very beginning, and at every step along the way, we make it clear that our goal is the same as theirs—to keep the family intact, stable, and functioning well.”

Setting and Reaching Goals

“More than 95% of Family Support cases are ACS-referred,” says Rowland Boateng, director of the Family Support Center, Family Empowerment Program, and Family Empowerment Program Mobile Team. “In Family Support, we serve families in crisis, facing issues such as domestic violence, evictions, children not in school, a parent suffering from depression. In many cases, even when the referrals are voluntary, the families initially feel great resistance to working with us. Often there is an underlying, but completely unjustified, fear that somehow we want to take away their children. Nothing could be further from the truth. The mission of all HCZ Preventive programs is to support the family, to work collaboratively with them, to give them all the tools they need and connect them to all the resources they need to function well on their own, and to stay with them until they can do so. From the very beginning, and at every step along the way, we make it clear that our goal is the same as theirs—to keep the family intact, stable, and functioning well.”

In cases referred from ACS, the first meeting with the family is jointly conducted by staff from ACS and the HCZ Preventive Services program. An HCZ intake coordinator explains the program to the family and begins working collaboratively with them to establish goals and expectations. The family signs a contract agreeing to participate in the program. Then the case is assigned to a caseworker who makes a home visit to determine how the family’s goals can be accomplished.

“The specific goals of each family vary,” says Camerica Fogah, Family Support caseworker. “One goal could be to resolve a child’s behavior issues in school. Another, to find affordable housing for a family living in a homeless shelter. Or to get help with housework for a mother who is wheelchair-bound.

“When different families have the same goal, there could be many different routes to its accomplishment. For instance, a child’s behavior problems could be resolved because he or she is not getting the right services at school. If it’s a special education student, does that child have an IEP, an Individualized Education Plan? Or does the student need counseling because of some emotional problem?”

Sometimes a parent is called in to the school so often, it becomes difficult for them to hold on to a job. Obviously we have to resolve the child’s behavior issues, but we also have to make sure the parent doesn’t lose the job that’s supporting the family. Is the parent disabled and needs help getting to a school conference? We will escort them. In one case, the single mother of a child with behavior problems could not read or write. So the school was sending letters home to get her to come in for a conference, but she never knew it. The school regarded her as indifferent or uncooperative. In that case, we needed to get Mom into literacy classes. Whatever the issues are, whatever it takes to resolve them, we’re there for the family.”

To successfully deal with the variety of complex issues faced by the families in their caseloads, staff members in Preventive Services programs possess an extraordinary array of skills that they are continually improving through ongoing academic and professional training, as well as instructional supervision and peer-to-peer sharing. Marie Fiore Dorval is a typical example. Although her bachelor’s degree already makes her well qualified for her job as a caseworker, she is currently pursuing a master’s degree in social work at Hunter College.

Dorval works in the Family Empowerment Program. Like all HCZ Preventive programs, Family Empowerment offers its services free of charge. But to be eligible for Family Empowerment services, families must meet the income requirements of its TANF funding program.

Developing Trust and Understanding

Most families are referred to Family Empowerment by staff at other HCZ programs, like The Baby College, who recognize that a family they are working with needs additional support. Some families are referred for aftercare services when an immediate crisis has been resolved by other Preventive Services programs, like Family Support or Project CLASS. Families participate in Family Empowerment completely voluntarily. Though they are not in crisis, the problems they confront are often serious, deep-rooted, and complex.

“Many times, a family comes in with what seems to be one straightforward issue,” says Dorval. “They need help dealing with a landlord. They are not sure whether they are eligible for public assistance. Their child is not attending school regularly. But once you begin visiting the home and working with them, you see that the single issue is part of a large web of issues in which the family is caught, and often they don’t even see it.”

Sometimes it is cultural differences that make it difficult for families to understand and deal with the problems they are facing. Family Empowerment staff members speak several languages, including Creole, Spanish, and French. And like all Preventive Services staff, they are specially trained to be culturally sensi-





tive in all aspects of their work.

“An immigrant family of five was referred to us because of domestic violence issues,” says Dorval. “Mom was French-speaking, with little English. I’m fluent in French, so right away she found it easy to talk to me and, I think, easier to trust me. As I worked with the family, I saw that some of the children had education issues. I went to their schools and helped the youngest son to get specialized therapy for his speech impediment and another son to get counseling for some socialization issues he had. I got the twin girls into our Countee Cullen afterschool program. And I got some help for Mom around the home.

“At first, Mom felt she couldn’t do anything about the husband who was abusing her. So I got her into the Children’s Aid Society Domestic Violence Prevention and Intervention Services program, where she got counseling and access to good information. As we got to know each other, I understood that the underlying problem was her misunderstanding of our laws. In her country, suing for divorce would almost certainly mean that she would lose custody of her children. I explained to her that in America she could not only retain custody, but she could get an order of protection to prevent her husband from further harming her. I understood that before she could act on this new information, she had to first confront a lot of fear she had, because of her background. But we worked together to build her confidence. By that time we had a real bond of trust. So she soon went off and got that order of protection. When she realized that she could free herself from this awful danger, she was overjoyed. And I was very happy as well. I thought, ‘Seeing this family safe, seeing this Mom empowered, that’s why I do this job. And why I love it so much.’”

Meeting the Highest Standards

If the rewards of Preventive Services work can be great, so is the effort involved in doing it well. “Long hours are the norm,” says Marlene Merchant, director, Project CLASS and Truancy Prevention. “You have to be there for the families you work with whenever they need you. You also have to keep track of the developments in the

field and of the laws, rules, and regulations governing it. You have to stay in touch with the resources you’ve cultivated for your families—from food pantries to employers to landlords. And you have to keep reaching out to find new resources. Just as important, you have to stay in touch with yourself. This job will push all your buttons. You have to be vigilant—empathize with your families but understand they are separate from you, not let your own background cloud your thinking. This is a tough job: difficult and demanding work in difficult and demanding circumstances. And whatever the requirements and expectations of our supporting government agencies are, the requirements and expectations of the HCZ leadership are much higher.”

The standards set by HCZ are indeed high. All cases are handled holistically. If a family with six children enters a Preventive Services program because one child is continually truant, workers will look into, and help to meet, the needs of all the children as well as the parents. Issues with any family member are always treated within the context of the family as a whole. ACS guidelines call for Preventive Services cases to be resolved within twelve months. And most are. But Preventive Services will keep a case open, or refer it to an aftercare program, like Family Empowerment, if it is determined that the family still needs continuing support. ACS requires that Preventive Services workers visit with most families twice a month in the initial stages of their casework. But HCZ requires that workers visit three times a month. And in the case of Project CLASS, the requirement is three visits a week.

Project CLASS (Clean Living and Staying Sober) works with families dealing with mental health or substance abuse issues, many of whom are affected by both. Its staff includes both a full-time mental health specialist and a CASAC (Credentialed Alcohol and Substance Abuse Counselor) specialist. Project CLASS uses a team approach to working with families.

“Here, as in other Preventive Services programs, families coming in are handled jointly by an ACS worker and the intake coordinator,” says Donizetti Gonzalez, Project CLASS assistant director. “They conduct the first home visit together. ACS makes the initial recommendation for a service plan. Then the case is turned over to our mental health specialist and CASAC worker for review and further recommendations. Within fourteen days, the case goes to the clinical diagnostic team, including specialists, supervisors, and caseworkers. They draw up a short-term plan of action, which is shared with the family. From that point on, the case is managed by a caseworker, but decisions concerning the family are made in conference with all staff members involved in the case.

“The team approach gives us a large pool of resources to draw from when dealing with the difficult issues our families bring with them. We need, and we

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use, all those resources. There's nothing we won't do, short of unethical practices, to help our families. Everyone working in this program has something special that adds to our capacity to help our families. And we take full advantage of all those special skills and talents."

I feel more confident about my family's future because we have Project CLASS on our side. I feel like every single person who works here is trying to help make our lives better."

Promoting Self-Sufficiency

In the case of at least one staff member, that special talent, self-described, is street smarts. "I grew up in Harlem," says Daniel Lorick, Project CLASS family worker. "I've encountered a lot of the issues our families are dealing with first hand, when I was younger. So I relate easily to the difficulties our families are trying to get through. I started working at HCZ when I was a student in college. I had a job in the kitchen of the headquarters building. Back then, HCZ helped me to understand the importance of self-sufficiency and the way to work towards it—through discipline, hard work, knowing and following the rules, continuously striving to be and do better. HCZ also helped me to understand how much it means when someone, or some whole organization, is on your side, giving you the support, the encouragement, the tools you need to be self-sufficient. HCZ did all that for me. And that's what I try to do for the families in Project CLASS."

One of those families is headed by Evelyn Morales, age 18, who is now the caretaker not only for her own children, ages 1 and 3, but for her two teenage sisters. Morales came to the attention of ACS years ago, as a child, because of her mother, who is a multiple substance abuser. ACS got the mother into treatment and referred the case to Project CLASS for preventive services. But the mother was unable to stay sober, and when the case went to court in September 2012, the younger sisters were placed in the care of Morales.

"In this job, you see the effects of addiction not just on the lives of one person or even one family," says

James Liggons, Project CLASS CASAC specialist. "You see its effects on generations. Over the years, I've seen so many neighbors and even relatives dealing with substance abuse. And I've seen how it can spread, destroying lives and tearing apart the community. It's taken years for drugs to do so much damage, and it's going to take years to recover. But I think HCZ is doing an amazing job fighting back. And that's why I do this work with the Harlem Children's Zone. We're taking back our community from this terrible scourge of drugs, one child, one life, one family at a time. We're doing it the HCZ way—with whatever it takes."

In the case of Evelyn Morales, it has taken a lot, because the issues she and her family are facing are many, complex, and difficult. The court has not yet formally awarded her the custody of her two sisters. The New York City Housing Authority is attempting to evict the family from the apartment where they live. And the salary Morales earns as a full-time home health aide is barely sufficient to feed her family of five.

"I don't know what I would have done without the support I got in Project CLASS," says Morales. "They have helped in so many ways. Getting things like Pathmark cards and diapers for us when the budget was tight. They've gone to court with me to make sure I get custody of my sisters. Even though my mother is excluded from our home by an order of protection, legally she still has a chance to take my sisters back. But my Project CLASS workers have been in court fighting with me, and it looks like we're going to win. It's more uncertain about the eviction. My mother didn't pay the rent for a long time, and the case is now out of the hands of the local housing office. My family worker from Project CLASS comes with me to my housing appointments now. Before, when I would show up in the housing office with my pay stubs, trying to explain that I'm the head of the family, that I'm employed and responsible, and that my mother's not in the picture any more, I don't think they took me seriously because I'm so young. Now they do.

"I love all my workers in Project CLASS," Morales continues. "They've stuck with me and my family through all that's happened in the past. They are there for us now. And they even are looking out for our future. They got my sister into afterschool. My son is now in line to go to Promise Academy; and since he's in, his sister, who's two years younger, will automatically get in. I know they'll get a good education and go on to college. I plan to go to college myself, as soon as things are more stable. And I believe they will be. I feel more confident about my family's future because we have Project CLASS on our side. I feel like every single person who works here is trying to help make our lives better."





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Doing Whatever It Takes

It’s a sentiment expressed by many families in HCZ’s Preventive Services programs. That’s because the whatever-it-takes attitude toward helping families in their care extends to every member of Preventive Services staff, including administrators and office workers. Tashiem Anthony, administrative assistant for both the Project CLASS and Truancy Prevention programs, explains. “I support the staff by making sure they have all the office supplies they need, that they get their FYI emails, that the files are where they belong—that they have everything they need to do their job well. But I’m also here to help the families in any way I can. I arrange special events, like summer sports games and group trips to Dave & Buster’s in Times Square. I understand how much our families need and appreciate these outings. I was raised by a single mother and spent four years in a homeless shelter growing up. It’s a hard life, with few simple pleasures. So I’m always looking for ways to brighten up the day for our families. Sometimes it just means a warm hello when they visit the center. I make sure I know every member of every family personally, and I greet everyone by name.”

That sincere personal concern for the welfare of all family members is a hallmark of HCZ Preventive Services work. “This is not a job you take just to pay your bills,” says David Chambers. “It is often exhausting, draining, and emotionally and intellectually challenging to the utmost. You’re only going to be able to do it, you’re only going to want to do it, if you care deeply about the children and families you work with. I’ve always wanted to work with at-risk adolescents. It’s work I’m passionate about. What motivates me is the potential for families to change and make their lives better.”

Chambers is a supervisor in the Truancy Prevention program, which deals not only with children missing school, but also with families affected by issues like domestic violence and homelessness. Although some cases come in to Truancy Prevention through ACS, most families are referred from local schools and community organizations, from NYCHA offices, or from other HCZ programs. Increasingly, par-

ents themselves come in on their own to ask to participate in the program. HCZ originally grew out of a truancy prevention program, and its successful work in this area has earned a great deal of trust in the community over the years.

Some of its activities are also extremely popular with parents and children. Truancy Prevention runs several regularly scheduled support and instructional workshops. These include Parenting Journey, in which parents reflect on how they were raised, to help them understand how it models the way they raise their own children, and the Teen Group, which helps adolescents build life skills in areas from financial literacy to cooking to work habits.

The opportunities for one-on-one meetings and counseling sessions also draw youngsters and parents to Truancy Prevention. “Sometimes, you just need someone to talk to,” says Nakita Paulson, Truancy Prevention caseworker. “I know from my own life how important that can be. My mother and father were both drug addicts. I was raised by my grandparents. My home was loving, but very, very strict. So often, growing up, I just wanted to be able to tell someone how I was feeling—abandoned and lonely.

“It’s why I went into this field. I want to give the families I work with everything I needed growing up. And I’m so fortunate to be able to do that work at the Harlem Children’s Zone. Everyone here is so dedicated, so willing to help others grow—and not just the families we work with, but one another as well. Everyone from the director to the supervisors to the other caseworkers and administrative staff, they’re all so supportive. You can depend on them. You’re never alone.”

Going the Distance with Families in Need

Truancy Prevention staff members work closely with one another to provide a broad range of services to their families. Besides workshops and individual meetings with their caseworkers, families can participate in sessions with the on-site psychologist. Truancy Prevention workers accompany parents to school meetings and conferences; refer them to an array of outside services, like mental health providers and housing agents; and enter them into programs throughout the HCZ pipeline, from The Baby College to afterschool to employment training. And they stay with families as long as they are needed.

Often, as was the case with Alex Ortiz, that length of time can be considerable. Ortiz was living in Richmond, Virginia, when he learned two years ago that his half-brother, Anthony, then 11 years old, was having some serious problems. “He was not doing well in school, missing a lot of classes, and getting into trouble outside of school,” says Ortiz. “A couple of times he was caught stealing things.”





Sharing Resources

Just as families can make use of all the resources in each Preventive Services program, the individual programs make good use of one another's diverse resources. Some Preventive Services programs, for example, refer clients to Truancy Prevention for early childhood assessments or toxicology testing, both of which are available on the premises for free. Truancy Prevention, on the other hand, often refers clients to the Family Development Program for consultations with one of the three mental-health counselors there who do short-term counseling on-site.

Family Development was originally housed within the HCZ Countee Cullen Beacon center. Although their offices have since moved to a separate location, they remain a part of the Beacon program and hold sessions at the Countee Cullen site every Thursday evening.

"Many of the families we work with come to us directly from Countee Cullen," says Staci Peete, Family Development Program director. "Some come from ACS. We also do a great deal of outreach to clients in places like public schools and local shelters. Our families are dealing with the same kinds of issues faced by families in all Preventive Service programs—domestic violence, homelessness, physical abuse and neglect, including educational neglect. It is a great advantage for us to have mental health counselors available right on the premises, especially when one or more family member has severe mental health issues. But an even greater advantage is our strong connection to the community and to the HCZ pipeline."

Like other Preventive Service programs, Family Development helps clients through referrals to collaborating resources. One of these is Single Stop, a program that connects low-income families with public benefits, tax credits, financial counseling, and legal assistance. Another is Baby Buggy, a nonprofit organization that distributes new and gently used essentials to families in need, from cribs and strollers to clothing, diapers, bottles, and toys. These are part of a vast network of service providers cultivated over years of working in the field and in the neighborhood.

Maria Lozano, Family Development supervisor, describes the program's approach. "We ask our families, 'How do you want us to help?' They actively participate in this work, from the beginning, when we set family goals together, until those goals are met. We maintain good relationships with the outside agencies where we refer our families. When we send them to outside therapists for long-term counseling, they are therapists our mental health counselors know and recommend. It's the same with housing referrals, domestic violence counseling, all other services—we know that the places where we send our families are really going to be able to help them. And we stay in touch with those outside agencies and monitor their work with our families to make sure they're really helping. We make a special effort to

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Anthony, a student at HCZ's Promise Academy II, was referred to the Truancy Prevention program, and ACS was brought in on the case as well. "I moved back to New York City to help out," says Ortiz. "And when I got here, I found out things were a lot more complicated than I had expected."

Anthony was then living with his grandmother and aunt. His father was disabled and unable to care for him. His mother had left the home and been out of his life for a long time. "I learned that my grandmother was suffering from dementia, which had gone undiagnosed for over a year," says Ortiz. "My aunt was blind and epileptic. They were not able to care for Anthony. At least at first, the whole situation was overwhelming to me. But Truancy Prevention was right there with me."

The workers at Truancy Prevention helped to get health aides in the home to care for the grandmother and aunt. They helped Ortiz apply for, and receive, full custody of his half-brother. They referred Anthony to a psychologist at Harlem Hospital, and they accompany him to his visits there every week. And they worked with his school over time to get Anthony back up to grade level after he had been put back a grade in the previous year.

"Anthony is doing really well now," says Ortiz. "He's studying hard for all his classes and getting good grades. Because he's at a Harlem Children's Zone school, he's on track to go to college. As I keep telling him, he has no choice in that: he is going to college. And so am I. I left college one year before graduation, because I had a good job opportunity in Richmond. But I'm going back in September to get my bachelor's degree. Things have really turned around for me and my family. For that, we owe a big debt of gratitude to all the workers in Truancy Prevention."



connect our families with services offered through the HCZ pipeline. Not only do we know those services will be excellent, but we know once our families are in the pipeline, they will be supported for as long as they need, even after we've closed their case."

There's good evidence of that claim within the Family Development staff itself. "I'm a product of the HCZ pipeline," says Ivory Kennedy, Family Development family worker. "I started out in an elementary school afterschool program with HCZ Peacemakers, stayed with HCZ through TRUCE in high school, and am now in the HCZ College Success Office. The Harlem Children's Zone has helped me through school, through a period of homelessness, out of poverty and now into a career I love.

One thing I know for certain about HCZ: They will never give up on you. That's what I learned firsthand about HCZ, and that's the commitment I make to every family I work with."

One of the families Kennedy worked with was that of Kishawnda Sargeant, whose 10-year-old son was having difficulties in school. An assessment by one of the Family Development counselors determined that the child had mental-health issues, which were addressed through a referral to an outside psychologist for long-term counseling. But in the course of working with all four children in the family, it was learned that one of the four-year-old twins had a cancerous tumor on his kidney. While the youngster was being treated for the medical issue, Family Development arranged for the other children to receive counseling to help deal with the emotional strain his illness put on all members of the family.

"It was a terrible thing to go through," says Sargeant. "So having help from Family Development was so important. They did a lot—getting us good care, going with us to appointments. Sometimes the most important thing was just having someone to talk to during that ordeal, for the children and for me. There was always someone there for us. It was a beautiful thing."

Giving It All You've Got

Over the years, HCZ Preventive programs have learned that in many cases, like Sargeant's, school-based issues are an excellent entry-point from which to initiate services. So in addition to the five government-supported foster-care prevention programs it operates, HCZ has added two additional programs, entirely funded by HCZ.

One of them, the Family Empowerment Program Mobile Team, provides support to children and families participating in HCZ afterschool programs, particularly its

two Beacons, Countee Cullen and Booker T. Washington. "Most of the youngsters we deal with are adolescents," says Mary Hidajat, Mobile Team supervisor. "It's a difficult transitional time in life, and young people can, and do, develop serious problems in that time—cutting, eating disorders, relationship issues, suicidal ideation. We have teenagers who were kicked out of their homes when they came out to their parents. We try to deal with what they're confronting in many ways. We work closely with the staff at these centers, and we follow up when they have concerns about a student. We have drop-in hours to make it easy for young people to come to us on their own if they are seeking help. We hold workshops on-site on topics like anger management, bereavement, or substance abuse. We do one-on-one counseling. And of course we make referrals to all kinds of other service programs, including other Preventive Service programs. In short, we establish a presence at these sites, and we make everyone participating in these programs understand that we're there to help them."

The Foster Care Prevention approach is family-centered and home-based. Whether a case originates because of a child or parent, the work promotes the well-being of all family members in the home.

At Promise Academy I and II, HCZ employs a model that is school-based, with services focused on the individual student. "We practice non-traditional social work," says Victoria Rodriguez, director of the Promise Academy Social Work Team. "We work as a team with an approach that is holistic and always starts with the student. If we see that the student's family requires additional support, we refer them to other internal or external programs.

"We have six licensed, school-certified social workers on staff who provide services like assessments and counseling. Our case manager connects students and families with internal and external resources, escorts them to appointments, serves as their advocate, and conducts a thorough follow-up on all services. Working in a resource-rich organization like HCZ, we are able to provide a host of wrap-around services for our students internally. And because we have built such strong relationships in the community, we not only can frequently expedite externally provided services, we can guarantee that they're of excellent quality. We monitor all services, internal and external, very carefully.

"Probably our greatest advantage is that we can watch over our students as they pass from grade to grade at Promise Academy. It gives us a broader context in which to work. We can connect the dots, make sure that students transition successfully as they grow into maturity. We're with them over the long haul, whenever they need us.

"To do this work well," Rodriguez continues, "you have to give it 200 percent of everything you've got—time, energy, skill, dedication, passion, and compassion. Your core values and work ethic have to really align with the mission and goals of the Harlem Children's Zone. And when they do, this is the greatest job on earth."

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