

# CURRENTS

OF THE NEW YORK CITY CHAPTER

National Association of Social Workers



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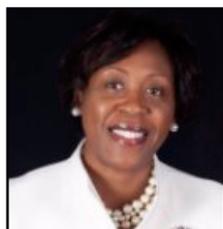


## Special Section

### 2016 Spotlight on Children, Youth and Families Forum Across Race, Diversity and Intersectionality (RDI)

Candida Brooks-Harrison, LMSW  
NASW-NYC President - Elect

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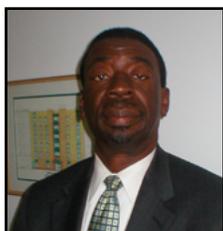
### Promoting Racial and Social Equity in Child Welfare and Social Services

Jacqueline McKnight, PhD, LMSW  
Executive Deputy Commissioner  
Administration for Children's Services (ACS)

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### Plus six feature articles on children and families through RDI Lens

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### Progress Report: Homelessness and the Search for Affordable Housing Solutions

Frederick Shack, LMSW

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### Important Update on Social Work Licensing

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### Keynote At CE Conference With 1000 Attendees

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## **Update: Social Work Licensing & Agency Exemptions**

- **Governor's Office to work with Legislature and key stakeholders**
- **Goal is to reach consensus and path to implementation in 2016**
- **NASW will continue to fight for grandparenting**

When Governor Cuomo submitted his executive budget to the State Senate and Assembly, it included an extension of exemptions for agencies from complying with the licensing law until 2021. The claim was made that ending exemptions would cost the state \$350 million to replace staff who did not have the license.

The NYC and NYS Chapters of NASW, the NYS Association of Deans of the Schools of Social Work, and the NYS Clinical Society, working together, took the position that agencies have had since 2002 when the licensing law was passed to come into compliance. Our position was that if the exemptions are continued through 2021, it will be 19 years of exemptions, and this is not acceptable.

During the budget negotiations, representatives of the profession and agencies, along with leaders in the Senate, Assembly and Governor's office, discussed at length how to end the exemptions in a way that would minimize the impact on agency employment.

Central to the discussions was the concern by agencies that the term counselor and the functions related to service planning would be restricted to licensed professionals and would cause problems for them.

Despite a great deal of time spent trying to come to agreement, the parties in the legislature and the Governor's office decided to let the budget pass with a two year extension of the exemptions for agencies (not five as proposed), but they agreed to continue to use the rest of the legislative session, though the end of June, to continue to find a solution to exemptions. If an agreement were to be reached this session, then exemptions could end sooner than two years from now.

The organizations representing the profession continue to support a re-opening of the grand parenting period for MSWs who have been working at least two years but do not have the license. This position has been at the forefront of the Latino Social Work Coalition and has been recognized by agencies that it would help alleviate some concern about the impact of exemptions ending. Nevertheless, the Governor's office has not agreed to re-opening the grand parenting period. (It is noted that if grand parenting were to be re-opened, it would only pertain to the LMSW, not the LCSW). NASW will continue to advocate for grand parenting as discussions continue.



## Progress Report: Homelessness and the Search for Affordable Housing Solutions

Frederick Shack, LMSW  
Chief Executive Officer  
Urban Pathways, Inc.

Mayor de Blasio has made tackling homelessness and addressing the affordable housing crisis a major focus of his administration's policy initiatives since he took office in 2014. While the homeless system census remains near an all-time high and New Yorkers grow impatient with what appears to be a lack of progress, those of us who have worked in these areas for decades are beginning to see signs of progress and are hopeful that the tide has changed and that the momentum has shifted toward the possibility of a crisis being abated.

Success in homelessness requires a dual approach. We must understand why so many New Yorkers find themselves living on our streets or accessing shelter and prevent it whenever possible. We must also simultaneously ensure that exit from the streets or shelter is both rapid and permanent. This administration, as evidenced by its recently released reform plan for the City homeless services system, which recognizes the need for this dual approach. The reform plan connects the Department of Homeless Services to the Human Resources Administration under one Commissioner, reducing cost by consolidating support functions while increasing the focus of the two agencies on prevention and re-housing, following an already increased City budget investment in both.

This administration's approach to addressing the homeless crisis has been driven both by their values grounded in equity and by data. Where these principles have been applied to homeless prevention, we've seen a substantial expansion of Homebase, the City's homeless prevention program: 46.1 million dollars dedicated to homeless prevention in Fiscal Year (FY) 2017. This represents an increase of 24.1 million dollars since FY 2014 and an expansion from 9 Homebase locations to 24 in FY 2015.

For decades, we've known that the majority of families seeking entry into the homeless shelter system are coming from specific communities. In response to this knowledge, the Bloomberg administration started the Homebase prevention program to identify at-risk families and engage them in services designed to stabilize their existing housing and prevent them from entering shelter. Mayor de Blasio, using data and acknowledging the success of this model, has not only continued it but expanded it, bringing this valuable service to additional communities and thousands of additional at-risk individuals and families.

This administration has also made an important investment in the provision of legal services to low-income tenants in housing court. Studies show that about one third of families that enter family shelters were evicted from private housing, and a 2014 study by the Independent Budget Office established that eviction was the number one cause of homelessness in the NYC shelter system. In response to this, the administration has increased funding for legal services 10 fold to 62 million dollars. This increased investment in eviction prevention has resulted in an 18% reduction in the number of household evictions when comparing 2015 to 2014.

Under the leadership of the Mayor and Brigadier General Ret. Commissioner Loree Sutton from the Mayor's Office of Veteran Affairs, the City joined other states and municipalities throughout the country in pledging to end veteran homelessness. The City has made notable gains by ending homelessness in NYC amongst chronically homeless vets and reducing the numbers of homeless vets in NYC from 4,677 in 2011 to a historical low of 467 as of mid-March. Here again, this administration has demonstrated that political resolve, clear focus and the proper use of resources can solve what were previously determined to be intractable social problems.

While there are almost 58,000 individuals in shelters, when the typical New Yorker thinks of homelessness, what

comes to mind are those individuals we all encounter as we move through the streets and transportation hubs of this city. Single men and women, many of them living with mental illness, substance abuse disorders or both, are the faces of homelessness. They are the most visible, needy, fragile, at risk of homeless, and the most difficult to engage. Throughout our history, we have struggled to address this population, failing to recognize that a major barrier to our success was baked into the way our services were designed. Regarding homeless policy, it's been long held that receipt of public benefit and resources should be preceded by a commitment on the part of the recipient to invest in working on the issue that led them to require assistance. There has always been a segment of the homeless population where this approach has never worked. Starting with the Bloomberg administration, NYC began to adopt a housing first approach which is a low-threshold housing and service model based on an evidence-based model that demonstrates how removing the barriers to access housing and services increases our ability to engage them and helps them move towards their recovery.

The current administration has fully embraced this approach and has begun several initiatives to remove barriers and increase access to housing and services. New initiatives include The Opening Doors program in partnership with the faith community to open 500 respite beds for street homeless. The administration also plans to open three additional Drop-in Centers designed to give the street homeless 24-hour access to meals, shelter, health services, case management, and referrals to housing.

Another new initiative is the just begun HOME-STAT (Homeless Outreach & Mobile Engagement Street Action Team). The HOME-STAT outreach effort will enhance Manhattan street outreach efforts by daily canvassing each Manhattan block from Canal St. to 145th St., increasing City homeless outreach staff, and redeploying NYPD officers to the NYPD Homeless Outreach Unit. HOME-STAT will also lead to increased reporting on the street homeless population by conducting a quarterly night count of the NYC street homeless, where historically we've only done the count once a year.

The administration has also increased the number of safe haven beds which serve as a resource for homeless outreach teams, giving street homeless immediate access to low threshold housing and shelter without having to go through the City's central homeless intake unit. In addition, the Mayor has committed to using City resources to develop an additional 15,000 supportive housing units for homeless individuals and families with disabilities or other barriers which can be addressed by the combination of affordable housing linked to services. Many of us believe that it was the Mayor's leadership here that prompted the State to add an additional 20,000 units of supportive housing units funded by the State.

With all that has been achieved, we recognize the root cause of homelessness lies at the intersection between poverty and the lack of affordable housing. Here is where the Mayor's vision has truly been an inspiration. He has committed to the most aggressive affordable housing plan since the late Mayor Koch, with a plan to develop and or preserve 200,000 affordable units. He has also shown leadership in increasing the minimum wage for City employees and nonprofit employees paid through City contracts to 15 dollars an hour. Both of these initiatives will go a long way in closing the pipeline of poverty and despair which for far too long has served as the feeder system perpetuating the homeless crisis for decades. The question we must now ask is where is the federal government in our homelessness crisis? Without a true investment of federal resources for affordable housing and the minimum wage, cities like New York, will continue to struggle in their efforts to end homelessness.

It took us several decades of failed policies and missed opportunities to grow our shelter system and street homelessness population to its current level, and in spite of the efforts of this administration, it will take several years for the impact of today's hard work to get us to a point where the homeless crisis becomes a thing of the past. If we can sustain the progress made to date and ensure these new initiatives continue, I'll remain patient and optimistic about the future of this City.



## 2016 Spotlight on Children, Youth and Families Forum Across Race, Diversity and Intersectionality

Candida Brooks-Harrison, LMSW  
NASW-NYC President - Elect

Each year the Chapter's Coalition on Race, Diversity and Intersectionality (CRDI) offers forums for members, professionals, students, policy makers and community members to learn and build together toward effecting positive outcomes for all New Yorkers. This year, 2016, we have placed a focus on exploring current issues that impact children, youth and families across RDI. The practice areas addressed include child welfare, sexual orientation and gender identity and expression, juvenile justice and criminalization, immigration, home insecurity and homelessness, and education.

### CRDI Background

The Coalition on Race, Diversity and Intersectionality (CRDI) grows out of NASW-NYC's commitment to race equity and social justice as embodied in its Social Work Equity Project. In the fall of 2013, the CRDI formed to discuss and organize around critical issues and concerns of our diverse membership and the clients we serve across practice areas and settings. NASW-NYC has placed a focused lens on race and racism as a social construct with power and great systemic impact which advantages or disadvantages one group over another. We also recognize that there are many dimensions of identity and the intersection where they meet is a crucial place for understanding ourselves, our clients and our society.

### Goals of CRDI

1. Identify areas of focus and relevance to the membership of NASW-NYC for promoting professional skills and competencies to better serve our diverse clients and enhancement of the systems in which we practice.
2. Support collective reflection and discussion of race, diversity and intersectionality and the impact on individuals, communities, social work practice and policies.
3. Develop and support opportunities for continuing education and professional growth
4. Share the work that is being done: goals, priorities and activities; finding places for collaboration and collective actions within NASW-NYC and throughout NY
5. Develop and recommend actionable steps for consideration and further development
6. Organize and advocate for issues of equity

In support of these goals, we began 2016 with this open forum hosted by Fordham University Graduate School of Social Service at the Fordham Law School. The Spotlight on Children, Youth and Families Across Race, Diversity and Intersectionality was well attended by 150 people. The keynote speakers Jacqueline McKnight, PhD, LMSW and Mimi Abramovitz, DSW, MSW set the context from a policy and research perspective. Dr. McKnight serves as the Executive Deputy Commissioner for the Administration for Children's Services and Dr. Abramovitz is the Bertha Capen Reynolds Professor of Social Policy, Silberman School of Social Work at Hunter College, CUNY. Dr. Abramovitz presented her research on the Community Loss Index which, using color maps, set the stage for looking at the ways in which community loss affects some New York City neighborhoods disproportionately. The disproportionate negative outcomes across systems clearly falls heaviest on neighborhoods of color and low socio-economic status. Ongoing community loss includes missing people (i.e., foster care removals, incarceration, premature death, long-term hospitalization) and missing assets (i.e., job loss and foreclosure). Dr. Abramovitz's presentation provided nuanced understanding of community functioning, strengths and chal-

lenges in the face of the overwhelming systemic stressors and multiple oppressions.

The articles in this special section of *Currents* are authored by some of our well-respected keynote speakers, panelists and members who provide varied perspectives based on their areas of practice and expertise. In addition to the goals of CRDI, forum panelists were posed the following questions to help shape their responses:

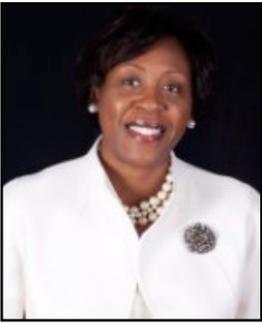
1. In your opinion, what is currently the greatest challenge faced by children, youth and families of color in NYC and what can practitioners, academics, communities and policy makers do about it?
2. How can collective trauma from systematic racial oppression be addressed in your practice, specifically related to children, youth and families?
3. What mechanisms does your organization/agency have in place to reflect on and be accountable to ameliorate issues of racism and oppression?
4. Data indicates that black children are negatively and disproportionately represented across all systems in the NYC homeless population, child welfare system, and they receive harsher punishment than their white counterparts in the NYC public school system. What do you think are the reasons for this phenomenon, and what can be done to address it?
5. New York City social workers are concerned about recent trend towards criminalizing our children and militarizing our schools, which disproportionately affects children and families of color. What action steps and/or policy changes do you recommend to address this issue?

Our 2016 conversation of how RDI impacts the lives of New Yorkers and social work practice across systems began with this Spotlight Forum and continued throughout the NASW-NYC 2nd Annual Social Work in the City Conference where our keynote speaker Glenn E. Martin, Founder and President of JustLeadershipUSA provided an RDI lens to examine the institutionalized and personal impact of mass incarceration on communities of color. On May 1st there will be a co-sponsored event with Jack & Jill, Brooklyn Borough President Eric Adams and others called the TeensMatter Forum, held at the Brooklyn Borough Hall [teensmatter.eventbrite.com](http://teensmatter.eventbrite.com). In addition, the NASW-NYC Addictions Committee has adopted an RDI lens for the 48th Annual Addictions Institute on June 8, 2016 at Fordham University Graduate School of Social Services ([click here for more information](#)).

CRDI asks that each of us as social workers consider our areas of practice, populations that we serve and who we are as individuals. Ask ourselves: Why it is important to have an analysis of structural racism and oppression? How does race, diversity and intersectionality influence outcomes within systems? Who is advantaged and disadvantaged? What can be done?

CRDI meets the first Tuesday of the month  
at the NASW-NYC Chapter Office, 50 Broadway, Suite 1001, NYC, NY 10004  
For more information about upcoming meetings, activities or how to get involved

<http://tinyurl.com/naswnyc-crdi>  
<https://www.facebook.com/naswnyc.crdi>  
Email: [naswnyc.crdi@gmail.com](mailto:naswnyc.crdi@gmail.com)



## Promoting Racial and Social Equity in Child Welfare and Social Services

Jacqueline McKnight, PhD, LMSW  
Executive Deputy Commissioner  
Administration for Children's Services (ACS)

I would like to discuss the importance of always seeing our work through the lens of intersectionality—of gender, race, sexuality, socio-economics, and all of the ways we define ourselves and are defined. It isn't enough to look at equity from just one lens. As Kimberly Crenshaw, UCLA Law Professor put it, "If we aren't intersectional, some of us, the most vulnerable are going to fall through the cracks."

My dissertation focused on African American Women and substance abuse. My interest in this area really surfaced from serving over two decades in child welfare where very often the client sitting across the table was a woman of African American descent struggling with the issue of addiction to the point of her family being engaged in the child welfare system. The disproportionate rates of African American women in treatment need to be seen as a health crisis. The study which was exploratory, allowed me the privilege of personally interviewing over 40 African American women in various modalities of treatment. The sample was very small so we have very limited capacity for generalization, yet there is a story to tell that I hope sparks the desire to explore more.

The goal of the study was to analyze factors that led to increased treatment participation which is a key factor in recovery. When we look at the social constructs of being a woman, African American, with a substance use disorder, we see the severity of the condition. I dare question for this population, is this intersectionality or has there been an actual collision? This population is impacted by lower socioeconomic status and interpersonal violence. More than half of the women had indicated that they were victims of emotional, physical and sexual abuse and such traumatic events occurred on multiple occasions; underlying mental health disorders, physiological conditions; co-morbidity is almost the standard along with criminal justice involvement, and most were either pregnant or parenting. It's not just addiction but the cumulative disadvantageous effects of very difficult lives that we have to address. Gender, race, poverty and the list goes on...This is a very different lens in how we should approach the work.

Lastly, it was attachment social support that showed a significant correlation in drug treatment participation even when relationships that had episodic strains particularly the tie to their mothers. Those who have such connections were more likely to engage in treatment thus have better outcomes.

### Working at Administration for Children's Services (ACS)

I have the privilege of directly overseeing child welfare services and work at the systemic level to better support parents like the mothers I interviewed and the many children, families, and communities who are marginalized and isolated. For those unfamiliar with the Administration for Children's Services—we are the city's child and family serving agency, one of the country's largest. We provide child welfare, juvenile justice, and early care & education services for some of our most vulnerable New Yorkers. We are at the frontlines of tackling the stresses of poverty and inequality.

In my role, I directly oversee the entire child welfare continuum under the leadership of Commissioner Gladys Carrión—from investigation to preventive services to foster care and clinical support services. Our mandate is vast—we investigate 65,000 reports of child abuse and neglect; work with contracted providers to serve 25,000 number of families in preventive services, and have just under 11,000 children that have been brought into foster care. So there are quite a few things that keep me up at night!

## Recognizing Social Inequities in our Systems of Care

I want to be quite transparent with you all today and provide a snap shot of our child welfare and juvenile justice system:

### Race

The overwhelming number of children and families involved in our child welfare system are African American and Latino.

- 90% of the children in substantiated reports—where our Child Protection Specialists determine that abuse and neglect has taken place—are African American and Latino.
- This trend continues throughout the continuum in preventive services, and children placed in foster care.
- Even more stark—our juvenile justice programs comprise almost entirely of children who are African American and Latino
  - nearly 97% of our children in juvenile justice out-of-home placement are African American and Latino

We recognize that our racial and ethnic demographic data is under-inclusive and we must do better in capturing data for more ethnic groups, including the Arab and Asian communities, and throughout our continuum of services including our child care programs. Nationally, Native American children and families are also very over-represented in the child welfare system and we are working collaboratively with organizations that serve Native Americans, the courts, and others to ensure compliance with the Indian Child Welfare Act.

### Poverty

- The vast majority of the families we serve are poor.
- Over 70% of our families receive public assistance.
- 1 in 4 families in Department of Homeless Services shelters have some sort of child welfare involvement.
- And in three of the city's community districts with the highest poverty rate—Fordham/University Heights, East New York, and Brownsville correlate with the highest percentage of children we serve. In Brownsville, for example, at least 37% of its children have had some involvement in the child welfare system between 2010 to 2014.

### Sexual Orientation & Gender Identity

- In addition, youth in foster care are also disproportionately lesbian, gay, bisexual, and transgender.
- National studies have found about 20% of youth in care identify as LGBT and we are currently working with Columbia University on a climate survey that will help better identify the number of LGBT youth in our system.

## What Explains These Inequities?

Do poor families or families of color abuse their children at greater rates? We certainly know that's not the case. First, it is important to recognize we exist in the constellation of our larger social system network. ACS is just one piece in the child welfare system. There are those who report alleged abuse or neglect, the courts, and attorneys who play a significant part in the trajectory of the life of a child and her family.

The front door to our child welfare system is Child Protection Services. ACS is required by law to investigate every single report made to the State Central Registrar. A large number of these calls are from mandated reporters like the schools, hospitals, and others that serve children and families. We are the responder.

Similarly, in juvenile justice, ACS provides placement and detention services for youth after they are arrested by the police and with the involvement of Probation and the Courts. So engaging all of these players are necessary to address the inequities.

Poverty and lack of resources makes poor families more visible in our systems. Historically, a very powerful contributor of these inequities in social services is how poor and families of color are treated and understood.

The reality is that—both structurally and on the most individual-level—they are scrutinized, further marginalized, and compounded by bias, both conscious and unconscious—we see this in the disproportionate rates of new mothers of color being tested for drug-use, and historically few permanency options in child welfare beyond adoption.

Larger societal trends impact our child welfare practice. There is a great piece published recently in AlterNet that compares the stark disparity in treatment of black mothers dealing with substance abuse with the recent rise in opiate use today in mainly white communities.

In the 80's the media demonized mothers as "junkies" and monsters and their children as "crack babies." Dorothy Roberts, a law professor at UPenn called the media attention "completely punitive, as if these women weren't even human." The impact was devastating not just in portrayal, but in the subsequent laws and policies that followed—instead of services to get people help—harsh sentencing rules were enacted resulting in mass incarceration and by 1995 13 states mandated medical personnel to report indications of parent drug use to the police.

Today, with opiate use on the rise in white communities in places like New Hampshire we see a much different attitude. Instead of personal indictment, we're seeing the media and Presidential Candidates frame the issue of drug abuse as a disease and deserving of sympathy and understanding. Calls for increased funding for services and treatment.

*What Have We Done? What Are We Doing?*

### **Making the Commitment, Infusing Awareness from the Individual Up**

To formally recognize and commit resources to address racial and social inequities in our systems, ACS under a clear direction from then Commissioner Mattingly, established a Task Force on Racial Equity and Cultural Competency Committee almost a decade ago and is now co-chaired by our Deputy Commissioner of Preventive Services, Dr. Jacqueline Martin who is here today. It started out as an internal group that implemented a number of reforms, centered on raising awareness of this issue such as:

- Holding a leadership forum,
- Addressing racial equity in our ChildStat meetings,
- Launching lunch time seminars
- Participating in Undoing Racism Training

Since then, we have done a number of things:

- Integrating external stakeholders, including community leaders and advocates in the Committee. Jackie co-chairs the group with Grace Bonilla of the Coalition of Hispanic Children & Families
- Holding trainings for staff on implicit bias with expert Dr. Shawn Marsh
- Forming subcommittees to push for more data collection, training, and policies that embrace racial equity

Integrating racial justice and cultural competency curriculum in our workforce development program for new staff including inviting parent advocate groups to train our CPS and court attorneys on their experience interacting with the system. NASW-NYC President-Elect Candida Brooks-Harrison is now a member of our faculty.

### **Programmatic Developments to Better Support Families**

Raising consciousness must be joined by concrete programs that truly support our families and address the stresses of poverty and inequity. So many of our families, like the moms in my dissertation, have experienced trauma, abuse, illness, isolation and despair, and so our work must be grounded in addressing their underlying issues and meeting their individualized needs.

We want to bring out their strengths so they have the ability—now and in the future—to cope with their challenges, gain insight, and seek resources for themselves and their children. Over the years, our child welfare system has seen a dramatic decline in the number of children in foster care—from nearly 50,000 kids in the 1990's to just under 11,000 today.

**Preventive Services**

Preventive services and wraparound supports have been critical to this decline. Historically, parents were offered limited services with little tailoring. Each year we provide community-based preventive services to over 25,000 families ranging from mental health services, substance abuse treatment, domestic violence intervention, and home care.

We are expanding evidence-based and trauma-informed interventions that visit families in their homes and are customized to their specific concerns such as intensive parent/child bonding for high-risk families with young children and intensive services for families with teens.

We have also partnered with Montefiore Hospital on a federal grant, introducing evidence-based substance abuse treatment and recently submitted a proposal to reengage the court on serving families with known substance use disorders.

We have embarked on Zero-to-Three strategy that addresses the toxic stress of poverty on our youngest kids and established over 200 new slots of intensive parent/child bonding in neighborhoods in the city we receive the greatest concentration of child abuse reports. Families can also access these services even if they do not have an open child protection case. Communities play an active role in supporting families and we partner with after-school programs as well as houses of worship.

**Primary Prevention Efforts**

As the saying goes, “One ounce of prevention is worth its pound in cure.” Addressing the needs of our families doesn’t just happen in the child welfare system. As the city commits significant resources toward Pre-K and other early childhood development initiatives, as a child welfare system we are looking at our community-based child care centers as one of the most powerful vehicles to prevent child abuse, address trauma, and support families. Through new programs, we are infusing trauma-informed services, mental health, and family engagement activities into our child care system—one of the largest in the country. We really see child care as a value-added program with many opportunities for growth.

**Family Assessment Response**

At our front door, Child Protection Services, we’ve piloted and are now expanding city-wide our differential response program, Family Assessment Response, called “FAR.” Traditionally, our child protection practice has been dominated by an “investigative” approach.

A knock from ACS is all too often met with fear. The traditional law-enforcement/prosecutorial approach presents significant barriers for us to help and be seen as a source of help. Through this alternative track, there is less of a focus on investigative fact-finding and there is no determination made of whether an allegation of maltreatment was unfounded or not. There are no traditional labels, “alleged child or maltreated child” in this approach. CPS utilize social worker practice skills to partner and identify needs and strengths, as well as solutions.

By using this approach, we have found that families often times are more comfortable opening up and feel comfortable disclosing issues like domestic violence and their experience with trauma. FAR is used in our lower-risk cases such as educational neglect, which comprise a large number of our reports.

**Other Family Engagement Efforts**

Families of color often lack the resources to effectively navigate the child welfare system, which can be very intimidating and complicated. We have implemented conferencing models that partner with families and their support figures to discuss concerns and their strengths and form joint decisions plans around the best way to ensure safety and permanency. For several years, we have included Parent Advocates—individuals with direct experience in the child welfare system—to support families at the Initial Safety Conference and help allay their concerns and raise their voices.

### **Expanding Permanency Options – Kinship Care**

Over the years, the system has recognized the strength of many of our families of color—extended relatives and kin who are critical in supporting children and parents during challenging circumstances.

Rather than limited permanency options like pursuing termination of parental rights, kinship guardianship has emerged as an important permanency option for children to maintain relationships with their parents, culture, and their identities. One of our initiatives this year is to bolster this permanency option and have more children with relative caregivers.

### **Being Inclusive – Serving All Families**

When we talk about racial and social equity, it is important that our work is not just centered on disproportionality, but also inclusion. ACS is entrusted to protect and serve ALL children and families in this city. We are committed to making sure that our services and resources account for the city’s incredible diversity in this city—including making sure we’re accessible to people who have limited English proficiency and New Americans. We want to be seen as a resource to all communities through a wide range of services.

### **Moving Forward Together**

There are so many components to promoting equity—training, services, policies, and so on. As I mentioned earlier there are many agencies, institutions, and individuals that play a part, and one thing is clear—ACS can’t do it alone.

Promoting equity is a shared responsibility. Our Administration is committed to advancing equity and has dedicated unprecedented resources to increase the capacity of ACS and our partners like the Department of Education to address the complex needs of our communities. One great initiative—Community Schools—which infuses schools with social supports, health care, mental health, family engagement, even washing machine facilities that promote community plays a vital role in promoting resilience and even avert involvement in our systems.

NASW, as an institution and as members, have an incredibly important role in helping us promote racial and cultural equity. As leaders in the profession, we encourage you to join us in supporting our workforce. With CUNY, ACS recently launched a \$14 million Workforce Institute to support learning, coaching, and professional

Keeping with the spirit of Dr. Martin Luther King, and our discussion, I would like to end with some of his words: “Whatever affects one directly, affects all indirectly. I can never be what I ought to be until you are what you ought to be, and you can never be what you ought to be until I am what I ought to be...This is the inter-related structure of reality.”

Together we must never accept that inequity is inevitable.



## When All Systems Push Down on LGBT Children, Youth & Families

Brian Romero, LMSW  
Chair, Sexual Orientation, Gender Identity & Expression (SOGIE)

Across systems including the housing, mental health, juvenile justice, education and immigration systems, transgender, bisexual, lesbian and gay youth of color suffer the most marginalization. This is because institutional racism, transphobia and heteropatriarchy are deeply embedded in these systems and operate as mechanisms which oppress trans and queer youth of color. A serious issue facing LGBT youth is homelessness. In the country, “LGBT youth represent up to 40% all young people experiencing homelessness while only making up an estimated 7% of the total youth population” (True Colors Fund). Many social workers have the privilege of going home after their nine to five while these youth sleep on couches, streets and engage in survival sex in order to see another tomorrow. Family rejection is the primary reason for transgender and queer youth being kicked out of their homes and as mediators of family conflicts it is integral to have social workers intervening and providing resources both proactively and reactively.

Trans and queer youth of color are also disproportionately criminalized in various institutions that center and protect their white, cisgender and heterosexual counterparts including the education system. LGBTQ youth of color “in particular face persistent and frequent harassment and bias-based bullying from peers and school staff as well as increased surveillance and policing, relatively greater incidents of harsh school discipline, and consistent blame for their own victimization” (GSA Network). With harassment from their peers as well as their teachers it is no wonder that LGBT youth of color may eventually drop out, which will significantly reduce their ability to obtain higher education and eventually decent paying jobs. This particularly impacts Black queer and transgender youth.

Facing discrimination both in their homes and in their academic institutions it should not come as a shock that children, youth and parents who identify as LGBT suffer from a great mental health burden as well. LGBT youth of color suffer from various stigma and discrimination based on their race, gender identity, gender expression, and sexual orientation among other intersecting points of identity. Transgender and queer youth suffer from high percentages of substance abuse, including alcohol use, drug use and self-injurious behavior. According to the National Alliance on Mental Illness, “LGBTQ youth are 4 times more likely and questioning youth are 3 times more likely to attempt suicide” than their cisgender and heterosexual counterparts. While the mental health concerns are widely researched there are efforts every day to use mental health treatment via conversion therapy to perpetuate internalized transphobia and homophobia. Simultaneously, legislation is being moved now in many state legislatures that would make it legally permissible for mental health practitioners to reject clients due to their gender identity and/or sexual orientation.

Institutional racism, transphobia, and homophobia also permeate the immigration system, where LGBTQ immigrants are also subject to oppression at exacerbated levels due to their racial, ethnic, gender and sexual identities. This presents great difficulties to LGBT families as well. It is almost common knowledge that same-sex couples can be separated due to a partner who is unauthorized being deported to their country. This also affects children who belong to same-sex couples as well. The Center for American Progress found that “LGBT families face a particularly high risk of having their children taken from them and placed in foster care after a detention or deportation” which results in an ultimately completely broken up family.

All systems in the status quo work (for a majority of the time) against – rather than for – LGBT people of color. It is not only important but integral for social workers to see their ethical role in undoing the systemic racism and oppression which threatens these families even here in our very city.



## Spotlight on Children, Youth and Families Forum Across Race, Diversity and Intersectionality – Homelessness

Antoine Lovell, LMSW, MPA

Doctoral Student

Fordham University Graduate School of Social Service

Different combinations of social identities create different patterns of vulnerability for the homeless, particularly for African American children. African American children make up the largest cohort in New York City homeless shelters (Coalition for the Homeless, 2016), making them more susceptible to domestic violence, lead poisoning, and school disruptions. Homelessness is processed differently in childhood than in adulthood due to the vulnerable state of children. Unresolved trauma in children can result in anti-social behaviors that can lead to contact with institutions that exert disproportionately oppress youth of color. There is an association between childhood homelessness and severe depression and anxiety and learning difficulties (Bassuk & Rubin, 1987) – leaving African American children at a disadvantage in a capitalistic society that views white pigment as a commodity.

Homelessness in the U.S. is a symptom of institutional racism that prevents persons-of-color from accessing resources within social systems. Social systems intersect and create blockades that marginalize African Americans, while protecting the privileged. Inderbitzin, Bates & Gainey (2012) posit that “Critical Race Theory (CRT) can be used to analyze how law and legal processes are used to maintain the status quo or protect a White, middle-class interpretation of the world in the face of poor communities and communities of color” (p.435). African Americans are systematically prevented from building social capital and accessing financial resources. This disproportionately impacts African American children in key areas such as education, healthcare, and employment and cause higher rates of poverty within the group. According to the United States Census Bureau (2013), the poverty rate for African Americans in 2014 was reported as 25.8%, compared to only 11.6% for their Non-Hispanic White counterparts. Children in poverty are more likely to suffer behavioral and cognitive delays because of environmental conditions. Many of these macro-level conditions are used to place blame on the symptoms that many homeless African American children display. Many times, their behaviors are the result of racist policies that homeless children must endure on a day-to-day basis.

Nationally, housing has to be framed as a right for African American children, and not as a need. When housing is viewed as a need, services are rendered in an inadequate fashion – allowing for the continued marginalization of African Americans. A human rights-based approach acknowledges the humanity of African Americans, along with their many contributions to society. Historically, African Americans have been used as free labor in order to build the infrastructure in the U.S and have not been compensated in any form. An argument should be made for housing reparations for African American children who are homeless due to the circumstances surrounding the impact of racist social and public policies. African American children that are homeless have the right to live in a society where they are able to access the skills that will give them a fighting chance to be successful in New York City and in the country. Affordable housing and access to financial resources are some of the many reasons that cause homelessness. African American children and families require more than just shelter. They require their power back in the form of access to wealth. Homelessness impacts the well being of African American children, most notably, because of their race.

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## Spotlight on Children, Youth and Families Forum Across Race, Diversity and Intersectionality – Immigration

Shreya Mandal JD, LMSW  
Mitigation Expert, Brooklyn Defender Services

Similar to mass incarceration in the United States, there is a growing immigration mass detention system that directly impacts immigrant children, youth, and families of color from all around the world. In the context of race, diversity, and intersectionality, we are compelled to understand this population from global perspectives. We are also challenged more than ever to expand our lens and to truly meet the needs of a diverse community.

Young people of color and their families are often directly impacted by complex trauma, grief, torture, and socio-political upheaval in their countries of origin. When migrating to the U.S. and enduring uncertainty of immigration removal, these communities suffer from enormous physical and psychological displacement, the likelihood of being separated from their families and loved ones, mental health issues, acculturation challenges, educational and language barriers. They often experience a long-term threat to their stability, sense of well-being, growth, and development. In addition, this population is completely overwhelmed by a complex legal system that they do not know how to navigate. In this regard, they are also at risk for fraudulent legal practices and exploitation.

Most recently, unaccompanied minors have also overwhelmed the immigration system. In 2015, the U.S. experienced its second largest wave of children traveling alone across the borders— primarily from El Salvador, Guatemala, Honduras, and Mexico. Migrant children travel hazardous journeys to cross borders. They face grave dangers and are particularly at risk of abuse, disappearances, and human trafficking. The risks of migrating to the U.S. alone, severely threatens their basic human rights under the Universal Declaration of Human Rights. The uncertainty of their parent's immigration status can cause a great emotional burden for U.S. citizen children as well. Familial stress over immigration issues frequently leads to children experiencing depression, separation anxiety, and significant disruption to their educational development and goals. They may also be overly responsible for economic hardship in the family at a young age. Frequently, they quit school to find employment, so they can contribute financially to their household. In many instances, this prevents families from advancing economically as the youth of the family fail to complete their education and obtain better paying jobs.

Regardless of whether children arrive to the U.S. unaccompanied, or whether they are U.S. citizen children of parents who migrated and have settled in the U.S. for a long time, both groups face added racial discrimination and social isolation in the context of immigration status. They experience deep challenges with having to adjust to a completely new environment and culture. The U.S. immigration system can be seen as a system where children, youth and families' identities across race, diversity, and intersectionality are oppressed and disadvantaged. Skin color, class backgrounds, the level of political instability in one's country of origin, exposure to trauma, and language differences are all distinct markers that continuously inform this framework.



## Spotlight on Children, Youth and Families Forum Across RDI – Mental Health, A Case Study

Elizabeth Rogers, LCSW  
Director of Child Welfare Programs, Family Link & Family Link Plus  
MHA-NYC

In the program I administer we receive referrals from multiple systems, primarily the Administration for Children Services (ACS), to work with children and families where there are allegations and concerns of abuse and/or neglect. Our goal in working with families is to reduce the risk of future abuse and neglect as well as the need for out-of-home placement of children. An important part of this work is connecting clients to appropriate community resources, such as mental health, educational, and vocational programs. We are often asked to assess the mental health needs of our prospective clients (both children and adults), to refer clients for mental health evaluations, and to ensure that family members are following up with their own mental health services.

One of the families we worked with was a single African American father of three older children. Part of the reason why the family came into contact with ACS was due to attendance concerns regarding one of his children. In the course of the investigation, concerns were brought up about the condition of the home, which was seen as messy. A mental health evaluation was recommended for the father. In the referral, though, there is no mention of any mental health symptoms or any information that the father requested help in addressing his own mental health needs. He did not present with any symptoms to our worker. Additionally, he was accessing support from his children's therapist through collateral sessions. Many of the children, youth, and caregivers that we work with are impacted by multiple systems, sometimes going back generations. As social workers involved with these systems, we need to be aware of placing an undue burden on children and families and making assumptions that a mental health evaluation is needed rather than an intervention on a familial or community level. It is vital that we advocate with children and families, both when they need these services as well as when they do not need them. We worked with this father and ultimately did not assess that he needed a mental health evaluation and that he was accessing supports he had in place.

In another referral, an SCR (State Central Registry) call was made against a Latino family whose children were seen with bruises on their faces. These allegations were determined to be unfounded, meaning that it could not be substantiated that the caregivers caused abuse or neglect to the children. But it was assessed that family could still benefit from preventive services. Both the mother and our assigned worker asked, why? In contrast, my niece and nephew, who are both, white, have gone to day care with bumps and bruises without any call being made to the SCR. What is it about how we continue to be conditioned to think about families of color that we fail to remember that children of all ages, ethnicities, and races, fall and get bumps and bruises just from being a kid? The parent that was referred to us was said to need assistance with coping and parenting. I can say with certainty that the day care providers of my niece and nephew did not assess my sister or brother-in-law to need this kind of assistance. This is not to say that we don't need to be alert and involve systems, whether it is child welfare or mental health, when a child's safety is at risk or wellbeing needs to be addressed. But do we or can we recognize when implicit bias is affecting our assessment of a particular situation? In this case, both the family and our worker felt the family was able to address the needs of their children without systems involvement, therefore we did not enroll them and we explained our reasoning for this decision to ACS.

It is crucial that we remain conscious of these systemic assumptions and biases when working with children and families. As a white social worker, I strive to bring an anti-racist, anti-oppressive lens to our practice. Some days I feel I am addressing this in discussions with staff and clients, while other on other days, it can feel more challenging. In order to meet the needs of clients it is vital for social workers to remain mindful of this goal.



## Spotlight on Children, Youth and Families Forum Across RDI – Juvenile Justice

Jeremy Christopher Kohomban, Ph.D.  
President and Chief Executive Office, The Children's Village  
President, Harlem Dowling-West Side Center

I came into this work in the early 1990's on the heels of the crack cocaine epidemic and HIV. Thousands of predominantly poor, Black families were ripped apart as [parents struggling with substance abuse were prosecuted and their children placed in foster care](#). These children entered an overwhelmed system where many of them remained until age 21.

It was a difficult time for children and families and also for both the foster care and juvenile justice systems. The foster care caseloads were growing and finally leveled off with about 50,000 children in out-of-home care in NYC. There were large numbers of teens crossing over from foster care into juvenile justice and it was when we first heard the early whispers of the term "super predator." Shortly thereafter, our children were filling the upstate youth jails.

We are beginning to see change, [historically, about 75% of the child neglect cases nationally involve parents who abuse alcohol or drugs](#). However, even in communities with high levels of substance abuse, we are seeing lower levels of entry into foster care. Culturally, we are starting to view substance abuse as a health concern, instead of a criminal concern.

However, we need to do a lot more. For starters, as a State we must finally raise the age of criminal responsibility. At present New York and North Carolina are the only two states that still prosecute children as adults. In my article it is [Time to Raise the Age New York](#), we must not be the last state in the Union to make this important change.

We must also look beyond the "system" and entitlement solutions that so many are asking for and we must give children what they really need, a place of belonging and not another "system." Despite all the rhetoric to the contrary, our current systems that are overwhelmingly serving black and brown children in New York simply provide for survival, not success. In our article [Survival is not enough, help children thrive, not survive](#), we identify the problem and recommend solutions.

Finally, as organizations we must do more. We must face up to the reality that we too are part of the problem. At The Children's Village for the last six years we have searched for our organizational solutions through an Undoing Institutional Racism Committee. And, while our attempts to address this truth of our own failings is imperfect and at times seems too little, too late, it has allowed us to take a few small action-steps toward us all understand and addressing the issues of disproportionality and equity.



## Lifting the Veil of Racism in Clinical Practice: An Antiracist Framework

Christiana Best-Giacomini, Ph.D.  
3rd Vice President, NASW-NYC

"Beloved community is formed not by the eradication of difference but by its affirmation, by each of us claiming the identities and cultural legacies that shape who we are and how we live in the world."

—bell hooks, *killing rage: Ending Racism*

I recently facilitated a workshop for thirty-five enthusiastic social workers about to graduate with MSW degrees in less than a month and was pleasantly surprised that these young professionals chose to give up their Friday night with friends to attend a workshop. As the session began one of the young women shared that she traveled from New Jersey because schools of social work do not teach how to address issues of racism in the therapeutic relationship. This sentiment was echoed by many in the room and recalling my time as a young social work professional, it also resonated with me. I too left social work school feeling energized and excited knowing I gained some new tools for working with families, children and youth and that I had sharpened some old ones, but the truth is back then, none of my professors in my MSW program or in my post-graduate training at a mental health institute talked about racism. Cultural diversity was the issue at the time and it was limited to issues of gender, which translated to white feminism.

Today, while some schools have transitioned from the "colorblind," race neutral model for working with families, individuals and communities to a more inclusive model that includes oppression and structural racism, many schools are still slow in providing students with an antiracist framework for addressing racism in the counseling session or wherever MSW students work/interact with clients. Given this gap in social work education, the social work students were happy that the Undoing Racism Internship Program (URIP) at the NYC chapter of the National Association of Social Workers (NASW) made this workshop available to them. Feeling no pressure, I got started mindful of bell hooks' eloquent quote above.

The workshop was developed to raise MSW students' racial consciousness and increase knowledge of unintentional racism. Four objectives were identified to accomplish the overall goal. They were: (1) Define key terms and integrate them into the professional helping relationship; (2) Understand racial identity development for both people of color and white people and its impact in clinical practice; (3) Understand the prevalence of implicit bias in clinical practice and (4) Learn to elicit issues of racism in clinical practice using scenarios. The workshop content was supported by handouts, which included a glossary of terms, Helms (1995), Cross (1995), and Beverly Daniel Tatum's (1997) racial identity development models for people of color and White people. I also distributed several articles to support their continued development and I showed a brief video on implicit bias and discussed its impact in clinical settings.

Of the three case scenarios that were used to illustrate how to elicit materials of race and racism in clinical practice, the first scenario was adapted from Day-Vines, et. al, 2012 article, where a young African American youth shared his anger and frustration with his white, male therapist about being followed by security in a department store. In this scenario, the well-intended, racially unconscious, colorblind therapist's response was one that was race neutral. Instead he focused on the youth's psychosocial development stage as an adolescent, and negated to validate the youth's experience with individual and systemic racism.

By ignoring the youth's explicit agony, the therapist may have caused more harm than good, because he invalidated the client's experience, which may have emanated from his lack of knowledge and understanding of systemic racism and implicit bias, in conjunction to his possibly underdeveloped racial identity as a White person. Also, the therapist—while competent in interpersonal social work techniques—missed the fact that in sharing his

pain related to his experience of racism, the youth was exposing his vulnerability and the therapist reinjured him in his complicity with the structural arrangement. We also unpacked the possible messages the therapist communicated to the African American youth, such as mistrust of the therapist and the counseling field.

The second case scenario depicted racism initiated by a White middle class woman with an African American therapist. This scenario was adapted from a Proctor and Davis (1994) article which illustrated racism can be brought into the counseling session as transference and evoke countertransference by the therapist. In the scenario, the client's presenting problem was identified as parenting issues with her teenage daughter; however, when she first arrived (although she had spoken to the therapist on the phone previously and the therapist informed her that she will be her therapist when she came to the clinic), the client kept stating her surprise to find that the person she spoke to on the phone was the person she was assigned to - a Black therapist. The client went on to inform the therapist that she thought the therapist was actually the receptionist and not the therapist. Additionally, the client questioned the therapist's competence. Even though the therapist demonstrated restraint and professionalism, it was clear in her response she was frustrated by the client's racist behavior. Not unlike the White therapist in the first scenario, the Black therapist chose to ignore the issue of racism and focused on addressing the client's transference regarding her professional competence as a therapist.

The third scenario was taken from a Zayas, (2001) article entitled "Incorporating Struggles with Racism and Ethnic Identity in Therapy with Adolescents." The scenario that was utilized in the training was of a Latino adolescent by the name of Jose. This scenario was selected as a model to demonstrate how the therapist can successfully elicit issues of racism, ethnicity and stereotype using transference materials. It also provided a model demonstration of how the therapist can use issues of race and ethnicity to build trust and strengthen the client's identity development.

I concluded the workshop with some of the challenges to addressing racism in the counseling session followed by sharing Maiter's (2009) antiracist framework and excerpts from Aldana, A. et. al (2012) article entitled "Raising Ethnic-Racial Consciousness: The Relationship Between Intergroup Dialogues and Adolescents' Ethnic-Racial Identity and Racism Awareness."

In conclusion, whether services are being provided at mental health agencies, counseling agencies, child welfare agencies, hospitals or schools, it is acknowledged that failing to address racism in the professional relationship with members of diverse ethnicities and racial groups can be inappropriate, damaging and unprofessional. However, developing an antiracist framework requires clinicians/social workers/practitioners of all races and ethnicities to recognize that race is a social construct and not biologically based. It also requires practitioners to develop knowledge and understanding of systemic, institutional and interpersonal racism, and at the same time understand that white privilege for European Americans is a part of the structural arrangement in the United States and globally. It should be noted that the antiracist framework does not negate the intersection of other forms of oppression such as gender, sexual orientation, ageism, ableism, religion, etc., but it recognizes we live in a White-dominated, Christian, heterosexual society. An antiracist approach with people of color is consistent with Lila Watson's statement.

"If you have come to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us walk together...."

- Lila Watson

Australian Aboriginal woman, activist and educator, in response to mission workers



## #CLOSErikers: Social Workers and Social Justice

Glenn E. Martin  
Founder and President  
JustLeadershipUSA

A month ago I was privileged to speak in front of 1,000 social workers at the NASW-NYC conference. The energy in the room was electric, a reminder of how involved many social workers are in the criminal justice movement, and how essential a role you can play in helping close Rikers Island and other systemic changes in the years ahead.

I founded JustLeadershipUSA (JLUSA) determined to cut our country's correctional population in half by 2030. Rikers Island underscores the gravest problems with America's toxic relationship with crime and punishment. People are dying at Rikers Island right now, physically, spiritually and emotionally. Every year, 77,000 New Yorkers cycle in and out of Rikers, and 93% of them are black or Hispanic. Close to 40% of those detained have some sort of mental health problem. Most have not been convicted of any crime— 85% are pretrial detainees, often there because they can't afford bail. In other words, they're being punished for being poor.

Rikers Island is a human gristmill with a deep-seated culture of violence and abuse that can't be fixed. I should know. As a teenager in 1986, I was detained at Rikers on a shoplifting accusation. On one of my first days there, I was attacked by a group of residents while the corrections officers looked on and laughed. I emerged with four stab wounds inflicted by writing pens melted and fashioned into shanks. I survived and earned respect, but I also learned that the guards didn't care if I lived or died. My story is not unique. Brutality and neglect are embedded in the correctional facility's DNA.

Your profession's unique historical perspective and subsequent knowledge and practices make you some of the most qualified to drive long-lasting change and help shape local criminal justice conversation and policy. Because of your close proximity to many of the neighborhoods it affects, you have seen the impact mass incarceration has had on individuals, on families and on entire communities. I believe those closest to the problem are closest to the solution, but furthest from resources and power. And you understand the value of those resources better than most people.

Social work arose from the incessant lack of resources in certain communities. Your work helps leverage crucial resources to uplift people from their often-inherited social positions. Service, dignity, integrity, social justice, human relationships — the core values that social work is founded upon—are antithetical to keeping Rikers Island open.

Many communities have deteriorated following decades of policies that have landed growing numbers of people, predominantly black and Hispanic, in jail. Policies such as mandatory minimums, three-strikes laws, and reductions in the availability of parole and other early release mechanisms have only served to tear apart families and decimate individuals' chances at living stable lives after returning home.

By encouraging the disproportionate policing of poor black and Hispanic people, these policies have further compounded America's racial and economic disparities. Because poor black and Hispanic people have the

least power and social capital to hire a lawyer or make bail, the cycle has far-reaching effects on society as a whole, creating a cycle of violence that doesn't translate into reducing crime. Rikers Island is the physical embodiment of the negative consequences these policies have had over the past three decades.

Rikers Island is also broken from a practical perspective. With a 66% recidivism rate, annual operating costs in the hundreds of millions and countless reports of staff brutality and violence, Rikers Island is an unsustainable operation that can't be fixed with half-measures and reforms. We need to rethink the way New York City views and treats the people and communities impacted by the criminal justice system.

Shuttering the island would necessitate creating a network of small, modern and safe community-based jails distributed throughout the five boroughs. This is not a new or radical idea. It was seriously considered by the Koch administration and again by the Bloomberg administration. Both times, political opposition stopped it, but the political climate is different now. We now have the chance to reinvent New York City's justice system to finally honor human dignity. We invite you to join us in this campaign. Let's be bold together.

Visit [closerikers.org](http://closerikers.org) to find out more about how you can get involved. Glenn Martin is the founder and president of JustLeadershipUSA.



Glenn E. Martin addresses attendees at NASW-NYC's 2nd Annual Continuing Education Conference - Social Work in the City, on March 14th, 2016.



Above: Photos from NASW-NYC's 2nd Annual Continuing Education Conference - Social Work in the City" Building a Progressive Agenda and Striving for a Better Life for All New Yorkers. Top right: Spoken Word Artist Najee Omar performs a piece he wrote to begin the day. Bottom right: Members of the distinguished panel: Nancy Humphreys, DSW, Gregory Acevedo, PhD, Dr. John Logan, and Joan Malin. Below: NASW staffmember Nzinga-Christina Reid is joined by NASW Board member Shreya Mandal, NASW PACE organizer Stella Padnos-Shea, and President Sandy Bernabei at a rally on the steps of City Hall calling on the city to close Rikers Island.



# SUPERVISORY LEADERS IN AGING

On January 27th, twenty MSW supervisors graduated from the first Supervisory Leaders in Aging (SLA) training program in New York. Congratulations go to the following graduates who will join a growing SLA national network.



## Supervisory Leaders in Aging 2015 trainees, New York City

Sharon Asherman  
Marisa Block  
Ellen Celnik  
Winnie Chan  
Christine Davis  
Michelle Galligan  
Stacey Greenberg

Lauren Hecht  
Elizabeth Lee  
Shura McLetchie  
Horace Miller  
Lorna Moses  
Carol O'Dette  
Jan Orzeck

Debra Presti  
Stephanie Sacks  
Geraldine Sanders-Joyner  
Deborah Scheinberg  
Eric Shanks  
Laura Vergano  
Mindy Weinblatt

The SLA program seeks to enhance the delivery of social services to older adults and their families by strengthening the role of MSW supervisors of front line staff. Funded by a three-year grant from the John A. Hartford Foundation, the program is administered by the NASW Foundation and NASW chapters in New York City, Maryland, Florida, and Illinois with the expectation that the program will expand to other states in the future. Co-sponsoring the SLA NYC program is the Helen Rehr Center for Social Work Practice that successfully piloted the program in earlier years serving as a model for the SLA national rollout.

The training program comprises five days of training held bi-weekly. Included are ten workshops that advance the skills of the supervisor as a teacher and leader and broaden the supervisor's gerontological knowledge base. The workshops are led by experts from schools of social work and the practice community. The outcomes of the program are being carefully measured.

A second round of training is being held in the fall of 2016, and applications can be made online at [www.socialworkers.org/sla](http://www.socialworkers.org/sla). 30 Continuing Education Hours will be offered.

## In Memoriam



Yeshiva University Mourns the Passing of Dr. Carmen Ortiz Hendricks, Wurzweiler Dean and Community Leader

Yeshiva University is saddened by the loss of Dr. Carmen Ortiz Hendricks, the Dorothy and David I. Schachne Dean of the Wurzweiler School of Social Work, who passed away on February 18. Hendricks came to Wurzweiler in 2005 as professor of social work and associate dean. She was appointed dean in 2012, becoming the first Latina dean of a social work school in New York City.

“The sun shone more brightly on Yeshiva University with Dean Hendricks’ presence,” said YU President Richard M. Joel. “She was that rare combination of warmth and rigor, caring and exacting, always till the very end knowing the cup was not half empty, but overflowing. She taught us all.”

Hendricks received her MSW from Adelphi University School of Social Work and her doctorate in Social Welfare from Wurzweiler. Prior to joining YU, she taught at the Hunter College School of Social Work and Stony Brook University/SUNY.

She was a prolific community leader and scholar. Her roles and awards included chair of the Commission on Accreditation of the Council on Social Work Education, principal investigator at the Children’s Bureau Training Project, founding member of the Latino Social Work Task Force, NASW Social Work Pioneer, and fellow at the New York Academy of Medicine. As dean, she upheld the values of the profession both by example and in her depth of caring and commitment for students and the broader community.

Among her most celebrated published works are the two editions of *Learning to Teach, Teaching to Learn: A Guide for Social Work Education*, which she co-authored with Jeanne Bertrand Finch of Stony Brook University, State University of New York, and Cheryl L. Franks of Columbia University and John Jay College of Criminal Justice. The guides highlight the skills field instructors need to convey the art and science of professional social work practice in the context of competency-based education, preparing students to be advocates and organizers in addition to clinicians and managers of increasingly diverse client populations and communities.

“Dean Hendricks will be deeply missed by the entire Wurzweiler family,” said Dr. Nancy Beckerman, interim dean and professor at Wurzweiler. “Knowing the Wurzweiler community as I do, I know that we will all be here for one another during this sad time.”

The Dean Hendricks Memorial Endowed Scholarship Fund has been established at Wurzweiler to honor Hendricks’ legacy. To make a contribution, please [click here](#).

THE NASW-NYC ADDICTIONS COMMITTEE

*Presents*

# THE 48<sup>th</sup> ANNUAL NASW-NYC ADDICTIONS INSTITUTE

## Substance Use Treatment:

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### KEYNOTE PRESENTATION:

### Substance Use and Abuse:

### A Multicultural Relational Approach to Treatment

***Kenneth Hardy, PhD***

Director, Eikenberg Institute for Relationships

Professor, Family Therapy at Drexel University

The complex underpinnings and effects of substance use, abuse, and treatment often make it difficult for patients and practitioners to fully understand how the dimensions of diversity are often critical intervening variables in assessment and treatment. While substance use transcends race, class, gender and other dimensions of diversity, it is imperative for practitioners to devote acute attention to how underlying socio-cultural factors are often intertwined with substance use.

This address will highlight the necessity to consider sociocultural factors in the assessment and treatment of substance use. Special attention will be devoted to an examination of the invisible wounds of sociocultural trauma and the linkage to substance use and treatment. Strategies for incorporating issues of diversity, sociocultural trauma, and intersectionality into the therapeutic process will be addressed. Professional use of self, implicit bias, and unintentional micro-aggressions that can potentially impede the therapeutic process will be discussed.

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*NASW-NYC Chapter is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers (Provider Number #0027) and CASAC credits under NYS OASAS (Provider Number #0288)*

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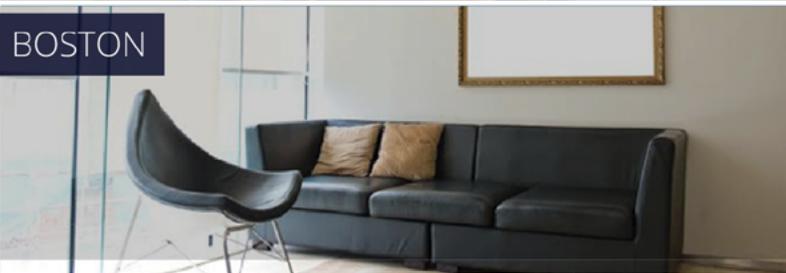
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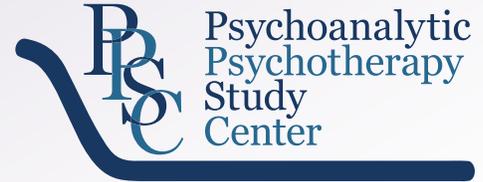


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*April 2016*


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- » **The 38<sup>th</sup> Annual Symposium of the International Association for Social Work with Groups**  
June 15-18 *CE hours TBD*

## SEMINARS

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- » May 13 | **Trauma-Informed Care for Refugee Populations: Building Awareness, Skills and Knowledge**
- » June 10 | **Fundamental Social Work Skills for Working with Refugee Populations**  
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## WEBINARS

- » **Becoming a Non-Profit Executive** (Self Study)  
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- » May 19 | **Rights for Sexual Orientation/Gender Identity Refugees: Social Work with LGBTIQ Asylum Seekers, Part III** (Live Webinar) *1 approved CE hour*

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### OPEN HOUSES

- » May 16 | **Clinical Approaches to the Addictions, Child and Family Therapy, Advanced Assessment and Diagnosis, and Palliative and End-of-Life Care**
- » May 19 | **Advanced Clinical Practice, Clinical Supervision, and Clinical Practice with Adolescents**
- » May 24 | **Integrated Primary and Behavioral Health, Executive Leadership in the Not-for-Profit Sector**

 RSVP: <https://goo.gl/1asVvF>

For more information, visit [socialwork.nyu.edu/events16](http://socialwork.nyu.edu/events16).

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