ANNUAL REPORT FY18
175 years old and still going strong! In 2018, our array of services are still relevant and continue to fulfill our mission. "...to heal and strengthen the lives of children and families." Our services are as diverse as those we serve, with over 25 programs. 11 sites and approximately 500 staff, we are strong, vibrant and responsive to those most in need.

Founded in 1843, Child & Family Services is one of the oldest nonprofit organizations in Southeastern Massachusetts. We started out as the New Bedford Orphans’ Home to help children left homeless and without families during the whaling era. There were children without parents; orphaned by mothers who died and by fathers lost at sea. There were children left to beg on the streets.

As the 19th century came to a close, new theories about caring for disadvantaged children changed and so did the New Bedford Orphans’ Home. By the turn of the century, “placing-out” (what we call foster care today), was considered the best course of action for children in need. After much study and consideration, the decision was made to close the Orphans’ Home in favor of a placing-out system. In response to the change in philosophy, in 1910 we changed our name to the New Bedford Children’s Aid Society. The children flourished under the new system. The women worked hard to identify homes where needy children would receive “not only food, clothing, and shelter, but also wise and loving care.” In 1948 our name changed to New Bedford Child and Family Service. By 1999, our geographic footprint extended well beyond the borders of New Bedford. To signify this fact, the board voted to officially change the agency’s name from New Bedford Child & Family Service to simply Child & Family Services, Inc.

As we look towards the future, many challenges continue to present itself in our need to be resilient in the way we provide services which meet the needs of the children, families and individuals we are honored to serve. Issues include the impact of the opioid crisis, the impact of social media on our children in particular, the changing face of medical insurance reimbursement, and the challenges of a shrinking workforce. Child & Family Services will continue to face these challenges head-on and will strive to continue the legacy of our founding mothers.

In closing, I want take a moment to recognize YOU, our donor. When YOU invest in the work we do, YOU help us carry out our mission, "...to heal and strengthen the lives of children and families." Thousands of individuals and families would not receive the support, guidance and treatment they need to be able to live their lives to the fullest without your investment. Thank YOU!

Sincerely,

Anne G. Sampaio
YOUR DONATIONS AT WORK

1 of 301 children traumatized by violence who received psycho-educational group therapy from our Caring Network Program

1 of 270 children who spent time in our CBAT unit due to a behavioral and emotional crisis

1 of 175 children in our Adoption program without a forever home

1 of 6,500 adults who received mental health services at one of our clinics

Julian

Tyson

Alexis

Laura
I love who I am and I care about myself. In my 35 years of living I can say that I am at a point in my life where I am once again comfortable in my own skin.

My struggle with mental health started in my teens. Growing up in a home filled with lots of yelling and arguing, I would bottle everything up inside because I felt I had no outlet to vent all the emotional turmoil going on inside of me. I had no control over my home life so at the age of 17 I moved out with my best friend/boyfriend. We were young and didn’t have a plan except to have fun. At the age of 17, he was diagnosed with leukemia. Seeing him struggle with something so physically and emotionally exhausting was difficult, and I wasn’t able to do much to help him except be supportive. He passed away in 2004. This was my first experience with losing someone I loved and I was devastated! I was only 21 and ended up in a hospital for a nervous breakdown and depression. This was the beginning of 13 years of hospitalizations, medications and numerous psychiatric and therapy appointments.

I was diagnosed with Schizophrenia Affective disorder. I was on a total of 8 separate medications. Within this time I was married for 2 years, had a miscarriage, lost my mom and then my grandmother, divorced, and ended up living in a homeless shelter. In between all this, I would seek help for my depression, anxiety, and mania. I was inconsistent with my therapy and doctors’ appointments, which I understand now only made matters worse. I didn’t like myself...at all. I was smoking cigarettes and drinking and was addicted to gambling – I loved scratch tickets- it was always just this one, just this one more.
Sometimes all we really need is someone to talk to. My life started to change for the better when I found a therapist that I could really relate with and we worked on ways I could help myself. So I quit drinking, smoking, scratch tickets and began to use guided meditation, positive self-talk and seamless breathing techniques. My doctor was also able to cut my meds down from 8 to 2 psych meds. I also have been living in a group home where I am able to help others by sharing how I overcame my ways of thinking. I now say things like my thoughts don’t control me and focus on the solution, not the problem. In one week after telling this story, I will be relocating to Florida and reuniting with my ex-husband. We have stayed in contact all these years and he has been my ‘life coach.’ I know I will still need to continue with my meds and therapy, and that’s OK. I have overcome my demons and I am managing my mental illness and it doesn’t define me. I am a woman who loves to dance and sing and I have hopes for a brighter future. I never thought I would say this back then but my life matters. It matters to me. I matter, to me. Now I know better.

Sincerely,
Desiree
A Table for 7

It has been a wild and unpredictable ride. In 2016, my husband and I made the commitment to grow our family through foster-care adoption. We hoped to add one little girl, between the ages of our two biological girls, who were 3 and 8 at the time. Knowing little of the complex needs of children in the system, we hoped for a gentle transition to our larger family and therefore hoped to connect with a child that was legally-free and had no traumatic history.

With the MAPP course under our belts, we set out on the journey to find our new child. We poured over the profiles of waiting children that stacked the binder at our local library. We scoured the MARE website for profile updates. When a potential match would emerge, we coached ourselves not to be too excited or too invested. The effort was always in vain. As soon as we read about a waiting child that we thought might be a match for our family, we would compute how this child would fit into the dynamics of our life. What grade she would be in? How would the relationship unfold with our biological children? Despite our efforts to keep our boundaries up, the endless questions would start to flow and before we knew it, we had mentally blended this unknown child into our lives and fallen in love with the new picture we’d created.

18 months later we had worked intensely on several potential matches. We would learn the history, meet the child, fall in love with the new image of our family and then something unforeseen would occur – the foster family unexpectedly decided to adopt the child, the child needed a surgery that significantly delayed her availability for placement, another family emerged that was a better fit. While the pain and disappointment grew with each loss – it also allowed us to feel a little more open-minded about what kind of placement we could consider if we moved forward. Our third potential placement, a sibling group of three sisters, proved to be a very difficult loss and the heartbreak was too much. We believed it might be time to end our journey toward adoption.
Before finalizing our decision with our social work team, we received our first inquiry on our family. Networking social workers had heard that our family lost the placement of a sibling group and reached out to see whether we would consider a group of four girls. The children had a significant trauma history, the case had several legal complications and the girls had been separated in foster care. The inquiry was almost illogical in its deviation from our initial adoption goal. When we saw the photograph of the girls, however, we knew they were ours. Within a few months we were preparing to add four new little ladies to our lives.

In the year since their placement, much has happened. Our lives flew into utter chaos for many months, tears were shed on all ends, and concerns about whether we could pull this off abounded. Our own biological children needed to undertake the newly structured daily schedule, which was necessary for the four girls who craved stability as much as love. In an unexpected shift, the youngest sister was placed back with her biological mother and new tears, fears and hurt surged. Ever so slowly though, the dust started to settle. The tears began to shift to more smiles and hugs, deep connections continue to form.

The outcome is one we never could have anticipated at the start of the process. As we anxiously await the approach of our formal adoption date, we can look back and truly know that every step of the journey was laying the foundation for the family we were always meant to be.

Sincerely,
Chrissy
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FISCAL YEAR 2018

Distribution of Funds

- Adoption & Child Focused Services: 36%
- Emergency Services: 13%
- Acute Residential Services for Children: 6%
- Fund Raising: 1%
- Intensive Family Services: 4%
- Out - Patient Mental Health Services: 40%

Sources of Operating Revenue & Support

- Fee-For-Service: 72%
- Contributions/Foundations: 3%
- Contracts: 25%
Our Programs

**Adoption**: Provides services for children who have been in the custody of the Department of Children & Families who have the goal of adoption.

**Adoption Journeys**: Post legal adoption services to families throughout Massachusetts. Supportive services offer families advocacy and coordination of services as well as home-based counseling.

**Caring Network**: (CN) Services for children 4-12 years old who have witnessed violence in the home, school, or community. This program is funded by a Victim of Crime Act (VOCA) grant through the Massachusetts Office for Victim Assistance. The program is provided at no cost to children and their families.

**Community Based Acute Treatment**: (CBAT) A short term (7-10 days) residential treatment program for children ages 4-18 in need of acute crisis stabilization. This 9-bed unit offers psychiatry, clinical work, case management, and residential and educational services.

**Community Service Agency**: (CSA) Designed to help families coordinate the care for children and adolescents who are at risk of hospitalization.

**Community Crisis Stabilization Unit**: (CCS) A 9-bed unit that receives patients from our Emergency Services or other Emergency Services programs in the area. CCS is for patients who need support, monitoring, and/or medication stabilization. Child & Family’s CCS services adults ages 18 and up.

**Emergency Services**: (ES) Provides psychiatric assessments and intervention to people of any age who are in a crisis situation. Mobile Crisis Intervention (MCI) provides outreach emergency services to youths 24/7 and to adults until 8 pm in their homes, schools and residential settings.

**Empowering Families for Success**: (EFS) Provides support, advocacy and resource referral for children with major mental illness and their families. All children referred by the Department of Mental Health.
In-Home Therapy: (IHT) Provides a structured, strength-based therapeutic relationship with a team approach to work in the home with children/youth and their family members to promote healthier functioning within the family.

Mental Health Clinics & Psychiatry: Our fully licensed mental health clinics provides therapy and assessments for individuals, families, couples, and groups. We offer psychiatric evaluations, and medication monitoring by a psychiatrist.


Parents As Teachers: (PAT) An early childhood home visiting program designed to teach parenting, support child development, and help with the challenges of family life. For parents of children up to age 5.

Parent Mentor Program: Parent Mentors work with families to bring about constructive change through support, guidance and instruction and help parents’ successfully transition children home from foster care and residential programs.

Play Therapy: Form of therapy that was designed and researched specifically for use with young children. It is based upon the same principles as adult-focused therapies, but the techniques are delivered using play rather than just talking.

School Based Counseling Services: Clinicians work closely with the students, their families and school staff to provide counseling within the school setting. Our school based model involves assigning one clinician per school to build rapport with students and school staff.

Therapeutic Mentoring: (TM) Offers structured one-to-one, strength-based support services to youth (under the age of 21) for the purpose of addressing daily living, social, and communication needs.

Young Parent Support: (YPS) Provides home-based and outreach services to pregnant and parenting adolescents under the age of 26.
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