



2009-2010

Annual Report



Photo by Gerald Peart, Photographer

Message

from the Executive Director / CEO

James McGuirk, Ph.D.

In a year where we were challenged by uncertainties in the U.S. economy and a struggling world economy, we are thankful to remain as strong and dedicated as ever to providing children and their families with the best possible mental health, education and residential services in a caring environment where they find strength, healing, hope and trust.

Our staff and Board have been working feverously to meet our strategic goals outlined in our 2009 – 2012 Strategic Plan that include: improving services and program access for the children, youth and families we serve; retaining our commitment to excellence; and improving the facilities and systems through which we provide quality services to meet the highest standards of safety, accessibility and the work environment. To this end I am glad to report we are certainly on our way! During fiscal year 2009 – 2010, children in foster care in the Hudson Valley now have expanded services to meet their needs through our Bridges to Health Program. Services have been expanded to support more children and families through our Head Start and Early Head Start Programs. The Bronx High-bridge Clinic moved to an improved location and our Poughkeepsie School-Age Day Treatment Program began the school year in new facilities. Throughout the Agency, the pursuit of evidence-based treatment practices continues.

While it would be easy for me to go on about the impact we are making in the lives of the thousands of children and families we serve at over 35 locations in the Hudson Valley and the Bronx, I think it is equally important for you to hear the stories of those families – through their “voices” as they describe how our services made a difference in their lives. Their stories are highlighted throughout this report. As one parent said, “Being part of the Astor community means never having to go it alone...” At Astor, our dedicated Board and staff are there for children and families so they do not have to go it alone!

As a final note and with great sadness, I would like to acknowledge one of our leaders, Sr. Rose Logan, who devoted her life to children and families, passed away in December 2009. Sr. Rose was the last Daughter of Charity to be in a leadership position at Astor. Sr. Roses’ stewardship of the agency was exemplary. She created a cohesive organization that coalesced around core values which are both financially and programmatically solid. Her passion and joy for her work was evident to any who had the privilege of knowing her. She always had the best interests of children and families in mind in all her decisions. Her spirit will live forever in our work.

I offer my heartfelt thanks and appreciation for the support we receive from friends like you!

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**...Because every
child deserves
a childhood**



Mission

To provide behavioral and educational services in a caring environment where children and their families find strength, healing, hope and trust.

Vision

To see children meet life's challenges, pursue their dreams, and reach their full potential.



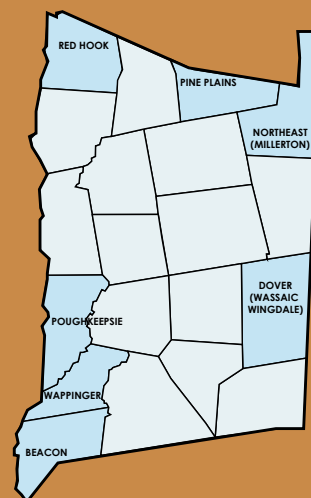
ASTOR
SERVICES FOR CHILDREN & FAMILIES



Early Childhood Programs (Hudson Valley)

Astor operates all the Head Start Programs in Dutchess County. Head Start is a federally-funded program for children from low-income families. It is a preschool developmental program of early childhood education and ancillary services including health (i.e., physical, dental and mental), nutrition, and social services, including extensive parental involvement and participation.

Early Childhood Programs (Hudson Valley)	Total Served
Head Start	739
Early Head Start	323
Universal Pre-Kindergarten (Daycare)	145
1-8-2	27
Special Class Integrated Setting	52
Therapeutic Preschool	19
Total	1,305



Dutchess County

Giving Children and Families a Chance to Live Whole Purposeful Lives

When Mirabel became pregnant at 17 years old, her family asked her to move out, so she moved in with her boyfriend. Mirabel and her boyfriend moved to the south to live near his family. There he became abusive to her, so she and her infant son went to Good Counsel. Good Counsel sent her to Poughkeepsie where she and her son were placed in a homeless shelter. She knew no one in the area.

Her son began Astor's Early Head Start (home-based) Program (EHS). Mirabel obtained a job and had to leave her son with a caregiver she was not comfortable with. Her son was transitioned into the center base Early Head Start. Mirabel lost her job, and was "sanctioned." She lost her food stamps, Temporary Assistance for Needy Families benefits (TANF), and the opportunity to move into a bigger apartment. She became very depressed and spent the days with her son alone in the small room at the homeless shelter.

Since Astor does not transport infants to the Early Head Start center-based programs, we were not sure how we could help Mirabel and her son. We were ready to transition her son back into the EHS home-based option, but he was in the center-based program and was doing well. Mirabel needed a job, her son needed transportation to the program, and they needed benefits restored.

A Head Start bus goes to the homeless shelter in Poughkeepsie to pick up Head Start children and we offered Mirabel the opportunity to ride the bus with her two year old son and stay, where she volunteered in the classroom and then ride home with him after the program. Mirabel was excited to have this opportunity for her and her son! She began training in Early Childhood development, and after a few weeks, applied for a job as an Early Head Start Teacher Assistant substitute.

Mirabel is happy to report that Department of Social Services gave her back her benefits, as her volunteer time in the Early Head Start was counted. Her son is thriving, and she is helping many children in the Early Head Start program.



Through the American Recovery and Reinvestment Act of 2009, also known as the "stimulus package," we were awarded a \$1 million grant to expand our Head Start and Early Head Start Program. Federal stimulus monies supported significant expansion of our Head Start programs. An additional 34 children are now being served in a collaborative classroom in Red Hook, an integrated day care center in Millbrook and a home-based option which gives priority to homeless and foster children.

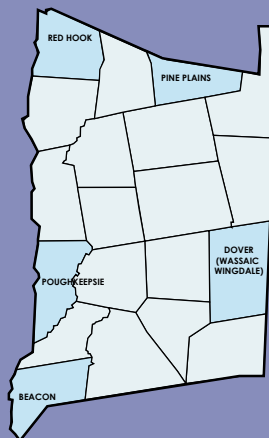




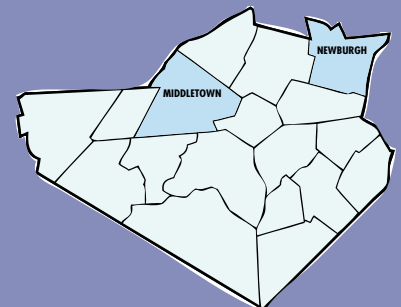
Hudson Valley Community-Based Behavioral Health & Prevention Programs

Our Hudson Valley Programs provide mental health services for children experiencing emotional or behavioral difficulties at home, in school or in the community.

Hudson Valley Community-Based Behavioral Health and Prevention Programs	Total Served
Counseling Programs	1,758
Community-Based Services/ High Risk Service Coordination	283
Day Treatment & Adolescent Services	661
Total	2,703



Dutchess County



Orange County

Every Family Deserves a Community

“Being part of the Astor Community means never having to go it alone. And believe me when I tell you that there can be no lonelier an existence than loving and raising a child who is mentally ill,” said Gisele White, an Astor parent.

Gisele and her husband Ken became the legal guardians to their nephew, Daniel, in 2004. With two children in college, they felt reasonably certain they had enough experience as successful parents to give this young man the kind of life he deserved. Although they knew he had some emotional issues, they were confident his problems stemmed more from his environment than any deep-rooted issues. They thought with enough love and support, he would be fine. Just to be on the safe side, they lined up a child psychiatrist and a family therapist.

“Being part of the Astor Community means never having to go it alone.”

On paper they seemed to be doing all the right things. They got him involved with sports, had tutors to help him with school, involved him in all their family activities and took him to his bi-monthly visits to the family therapist. Fast forward two years and life as they knew it ended.

Gisele and Ken were introduced to Astor’s WAIVER Program, which is a multi-service support team to families. It is a holistic approach to empowering families through education and community linkage. The team partners with families to identify and develop relationships using the natural resources and support in their communities. The WAIVER Program looks at the strengths of the child, the family and the community and builds on those strengths.

“We met this family-saving group at Astor after Daniel’s first hospitalization. My husband and I were sitting at the kitchen table that day scared and exhausted, not knowing if we could continue taking care of a child we now felt ill-equipped to handle. But in they came, talking, listening and soothing our fears. They actually had a plan to help stabilize our lives – something we hadn’t been able to find and desperately needed,” said Gisele. This group of people became part of the family. When we were at our wit’s end with what to do, they always had a plan,” said Gisele.

Gisele goes on to say, “Daniel loved his Astor family. They provided him with friends who understood and a place where he could be himself. Daniel graduated from high school and went on to vocational school. We will forever be thankful for this group of very special people,” said Gisele.

Astor’s Bridges to Health (B2H) Program opened in the Hudson Valley. This program, newly minted by the Office of Child & Family Services of New York State, provides complex case management services and care coordination in order to keep foster care children in their home communities, covering all counties in the lower Hudson Valley region. Within two months of opening its door, the program was expanded to include additional youth in more counties to meet the intensive regional need for our service.

Astor’s School-Age Day Treatment Program opened the school year in a new location, the former Mt. Carmel School in Poughkeepsie. This new location affords us the opportunity to provide our children with the best education possible in an environment conducive to healing and learning.

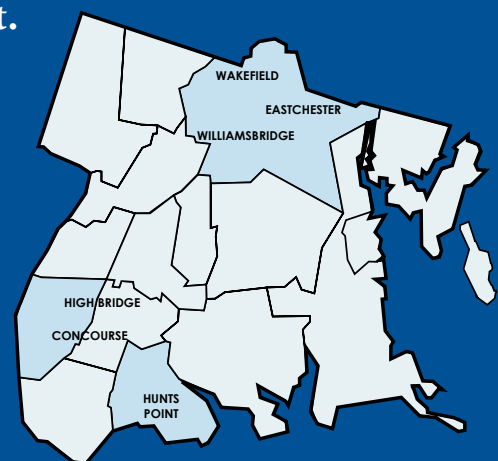




Bronx Community-Based Behavioral Health & Prevention Programs

Our Bronx Programs, like our Hudson Valley Community-Based Behavioral Health & Prevention Programs, provide mental health services for children experiencing emotional or behavioral difficulties at home, in school or in the community. In addition, our Bronx Programs operate The Lawrence F. Hickey Center for Child Development that serves children ages 2.9 years to kindergarten with behavioral and emotional needs. These children are typically rejected from nursery programs and kindergarten after an initial assessment or after only a few short weeks of enrollment.

Bronx Community-Based Behavioral Health and Prevention Programs	Total Served
Lawrence F. Hickey Center	80
Prevention Programs	113
Outpatient Clinics	832
Day Treatment	357
Total	1,328



Bronx County

Empowering Children and Families through Education and Community Linkage

Ms. Smith came into one of our outpatient clinics with a long list of complaints about Alice, a six-year-old, African American girl whom Ms. Smith took in at the age of three months after being abandoned in the hospital at birth. Prenatal history was unclear though Ms. Smith was told that Alice was exposed prenatally to drugs. Additionally, all of Alice's developmental milestones were delayed. Ms. Smith came to the clinic with concerns about Alice's highly oppositional and defiant behaviors at home, hyperactivity, inattention, anger outbursts and frequent tantrums. According to Ms. Smith, the behaviors were getting worse and worse and her frustration was very high. She reported that she was unsure she would be able to keep Alice in her home if the behaviors continued.

“To Ms. Smith and Alice's surprise, ‘special time’ was a time they grew to love, both in and out of the clinic.”

Ms. Smith sought help with Alice before and stated that “nothing worked.” Alice's problems were present since birth and felt to Ms. Smith that they were now at a point where they were unmanageable.

While at Astor, Alice and Ms. Smith participated in Parent-Child Interaction Therapy (PCIT). Though hesitant at first, Ms. Smith embraced the skills and worked hard to meet mastery for both the child-directed phase and parent-directed phase of therapy. To Ms. Smith and Alice's surprise, “special time” was a time they grew to love, both in and out of the clinic. The clinician working with Ms. Smith and Alice saw tremendous improvement in their relationship and hearing such positive feedback was exciting and very encouraging. At the onset of treatment, Ms. Smith rated Alice at 154 on the Eyberg Child Behavior Inventory Scale (anything above 132 is in the clinical range). Within the first five sessions, her ratings of Alice's behavior decreased dramatically to only 122 (<113 is needed for graduation from treatment). Ms. Smith's last rating of Alice on graduation day was a 62, way below the clinical range of behaviors.

Throughout PCIT, Ms. Smith gained a tremendous amount of skills and confidence which helped her to deal with Alice's difficult behaviors. She began to feel good about their time together and started describing the skills she had learned as her “magic words.” Alice, in turn, developed a positive and warm relationship with her mother which significantly increased her self-esteem, her happiness and, consequently, her behavior. Alice has now graduated from treatment and is still doing very well.



Our Bronx Programs

continue to increase time, financial, and manpower investments in the expansion of Parent Child Interaction Therapy (PCIT) due to the positive outcomes associated with this treatment protocol. Six clinical staff were selected to receive “train the trainer” instruction in PCIT in the coming year.

After participating in a highly competitive Request for Proposal process with the Administration for Children's Services, our Bronx Prevention Programs were selected for a contract award of up to nine years of preventive service provision in Bronx County.



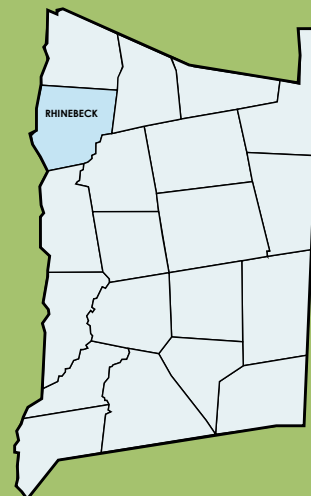


Residential Treatment Programs

Our Residential Programs provides intensive mental health treatment for children ages 5 – 13 (and their families) facing severe emotional, psychological and learning challenges that make it difficult for them to stay within their community. Children who are in these programs attend school at the Astor Learning Center, a three-time Blue Ribbon School of Excellence selected by the U.S. Department of Education.

Residential Treatment Programs	Total Served
Residential Treatment Facility (RTF)	30
Residential Treatment Center (RTC)	21
The Astor Learning Center (ALC)	100
Day Program (DP)	5
Hard to Place (HTP)	47
Total	202

Note: ALC Children are also served by the RTF, RTC, HTP and DP



Dutchess County

Providing Support to Children that Returns them to their Homes

Kayla, at age 14, evokes the typical response from her mother before heading out with friends: “Be back by 7:00p – I mean it, 7:00p!” It is the loving and paradoxical interplay of gaining trust while teaching responsibility that all mothers and daughters have during the sensitive teenage years.

But just a few years before, Kayla was hurling soda cans at her mother. “Beginning as a child, and reaching full-blown proportions at around age nine, Kayla’s anger and aggression were horrible,” said her mom, Caryn. “Aside from full soda cans thrown at my head, she would throw chairs, furniture, even turning a TV over once. Prior to that, there were some unfortunate fire-starting incidences.”

“We fell in love with Astor. I was just amazed from the moment we walked in that door.”

There were times when Caryn was frightened to the point of barricading herself in the bathroom. But even worse was the frustration at her inability to help Kayla. Caryn obtained extensive diagnosis and treatment at a local children’s center for Kayla’s aggression and anger, but “things got worse instead of better,” Caryn says. The facility was too big and unable to provide what Kayla needed.

After extensive research, Caryn found Astor’s Residential Program in Rhinebeck. The choice between Astor and another children’s service institute closer to home was clear: “We fell in love with Astor. I was just amazed from the moment we walked in that door,” says Caryn. “Every staff member in the building knew every child. Everybody seemed happy and pleasant.”

Beginning Astor’s Residential Program in 2008, Kayla made great strides in all areas during her stay. Her social skills increased and other medical issues resolved. Kayla and her mother participated in monthly family meetings. “They helped connect me with what Kayla was learning so that I could carry it on at home. The family meetings provided answers about what we were dealing with and how to turn it around and learn from it.”

Today, Kayla excels in school and at home. Kayla has been on the school honor roll, was inducted into the International Junior Honor Society and has some new friends. “Every day we think about the things we got from the Astor Community. Before we left they made sure we had the support back home that we needed,” said Caryn.”



Residential Programs
spearheaded efforts to make services more family driven. At the local level, residential staff were trained by a regionally recognized family advocate, while collaborative discussions were held at all levels of the program to adapt practices toward family inclusion. In addition, an Agency-wide Performance Improvement Initiative was launched, which included family members receiving services throughout the Agency.

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a childhood



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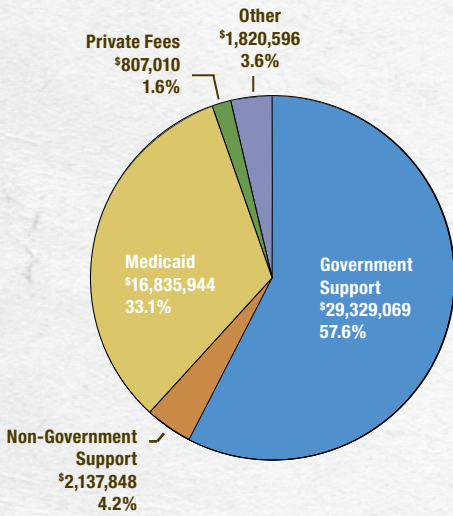
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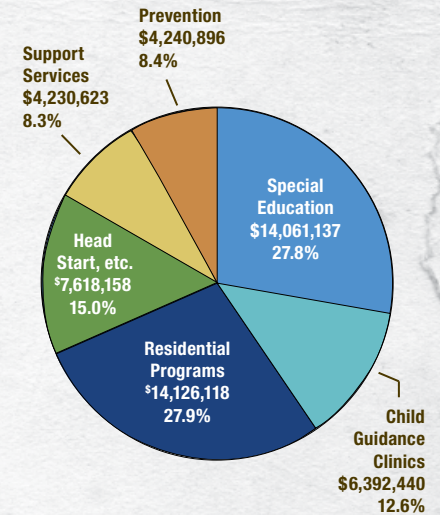
2009 - 2010
(Unaudited)

**Astor Services for Children & Families
The Astor Learning Center
The Astor Home for Children Foundation**



Combined Income 2009-2010	\$ Amount	%
Government Support	\$29,329,069	57.6%
Non-Government Support	\$2,137,848	4.2%
Medicaid	\$16,835,944	33.1%
Private Fees	\$807,010	1.6%
Other	\$1,820,596	3.6%
Total Income	\$50,930,467	100.0%

Combined Expenses 2009-2010	\$ Amount	%
Residential Programs	\$14,126,118	27.9%
Child Guidance Clinics	\$6,392,440	12.6%
Special Education	\$14,061,137	27.8%
Head Start/Early Head Start/Day Care	\$7,618,158	15.0%
Prevention	\$4,240,896	8.4%
Support Services	\$4,230,623	8.3%
Total Expenses	\$50,669,372	100.0%



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