2015 was a big year for New Alternatives for Children. We implemented two major new programs: Healthy@Home and the Kinship Care program; began construction on our new Comprehensive Healthcare Center, which will be completed in 2016; purchased a Mobile Medical Unit—the only mobile clinic in New York City to serve medically complex children; and expanded our reach, serving 500 more children and families in 2015.

Because of friends like you, we are able to ensure that the most vulnerable children are healthy, safe, loved, and have every opportunity to thrive. Like all children, NAC's kids have aspirations for the future. Many dream of college, graduate school and lives lived independently. This is no easy feat given that the majority of the children served by NAC live in poverty, have a physical disability, developmental disability, or chronic illness, or are a sibling of a medically complex brother or sister.

Yet, every day we hear success stories. Take Cynthia, who is deaf and has a brother with a severe disability—she is graduating college and was recently elected to the Phi Beta Kappa Society.

Accomplishments like these take time, quality people, and money to make the positive change that we know is possible. It is the small and large miracles that we see every day that make us believe in the possibility and promise of our children and families. Last year, NAC helped 44 seriously ill children leave the hospital, where they may have stayed indefinitely if not for NAC's intervention and continued support. This is the first step in helping to change the trajectory of these children's lives forever.

We thank you for believing in NAC's work and for helping our children and families move forward one step at a time.

IN MEMORY

This annual report is dedicated to the memory of founding board member PATRICIA S. LEVINSON

Pat helped to establish NAC in 1981 and served as a Vice President of the Board for the past 54 years. Her generosity and unwavering commitment to NAC and the children and families we serve was unsurpassed. She was an integral part of the NAC family and will be sorely missed.
OUR MISSION

NEW ALTERNATIVES FOR CHILDREN (NAC) WAS FOUNDED ON THE BELIEF THAT ALL CHILDREN HAVE THE RIGHT TO BE NURTURED WITHIN A SAFE AND PERMANENT FAMILY.

NAC’s mission is to provide innovative high-quality services in support of birth, foster, and adoptive families caring primarily for medically fragile children, which includes children with severe physical disabilities, emotional and behavioral challenges, and developmental disabilities. NAC’s services enable children to remain in or to be returned to their families whenever possible or to be adopted by loving families. Working with children whose birth families live in poverty, NAC’s continuum of services ensures that children’s physical, social, educational, recreational, medical, and mental healthcare needs are met.

By supporting families, NAC prevents lengthy stays in foster care, hospitals, or other institutions. NAC builds on family strengths, provides opportunities, and assists all family members in reaching for and achieving their potential.

WHO WE SERVE

NAC serves New York City’s most vulnerable children — those who have experienced or are at risk of abuse and neglect, live in poverty, and have a profound disability or chronic illness.

Families who come to NAC for help face enormous challenges—intergenerational poverty, traumatic histories, mental illness, domestic violence and homelessness—while trying to care for a child, or many children, with serious medical and/or mental health needs. NAC confronts the great challenges that our families face with comprehensive support and services, providing families with hope and stability and children with an alternative to a life of institutionalization and public dependence.

Diagnoses of NAC children include:

- autism
- cerebral palsy
- muscular dystrophy
- traumatic brain injury
- heart disease
- asthma
- sickle cell anemia
- Down syndrome
- severe burns
- HIV/AIDS
- developmental disabilities
- brittle bone disease
- renal failure
- cancer
- blood and genetic disorders
- shaken baby syndrome
- and many more

NAC CHILDREN by Age

0-4 years old: 30%
5-9 years old: 27%
10-14 years old: 23%
15 years old and up: 10%

NAC CHILDREN by Ethnicity

African American: 46%
Hispanic: 42%
Multi-racial: 6%
Caucasian: 5%
Other: 1%

NAC CHILDREN by Geography

Bronx: 25%
Manhattan: 20%
Brooklyn: 15%
Queens: 10%
Staten Island: 10%
Other: 10%

NAC FAMILIES by Geography

Bronx: 18%
Manhattan: 16%
Brooklyn: 15%
Queens: 10%
Staten Island: 8%
Other: 13%
2015 IMPACT

1,860 CHILDREN SERVED

98% OF CHILDREN IN NAC PREVENTIVE SERVICES AVOIDED FOSTER CARE PLACEMENT

880 FAMILIES SERVED THROUGHOUT NEW YORK CITY

$65,964,000 SAVED BY KEEPING 1,434 AT-RISK CHILDREN OUT OF SPECIAL MEDICAL FOSTER CARE

6,133 MEDICAL AND MENTAL HEALTH VISITS TO NAC'S COMPREHENSIVE HEALTHCARE CENTER

0 MEDICALLY COMPLEX CHILDREN RETURNED TO FOSTER CARE AFTER BEING ADOPTED AT NAC

33 CHILDREN IN NAC FOSTER CARE ADOPTED OR SAFELY REUNIFIED WITH BIRTH PARENTS

44 MEDICALLY COMPLEX CHILDREN WERE ABLE TO LEAVE THE HOSPITAL OR AVOID LONG-TERM HOSPITALIZATION BECAUSE OF NAC'S SERVICES
NAC’s Award-Winning Programs save lives, are cost effective, facilitate timely reunifications and adoptions, and help prevent medically complex children and families from entering or returning to the child welfare system.

Families have access to a multi-disciplinary team of professionals and services onsite that support them toward achieving goals of permanency, stability and independence.

Programs & Services

NAC’s model pairs every family with a master’s level Social Worker and Nurse in each of our core programs.
Lisa’s first came to NAC when her daughter, Angela, was 14 months old. Angela had epilepsy and was often hospitalized. The stress and worry about her daughter’s health, along with living in a shelter, was overwhelming for Lisa; and the family was at risk of being separated. Lisa knew that she needed help. She needed to learn how to control her anger and better care for her daughter; she also needed help to get Angela proper medical care. Angela’s seizures were so severe that they were causing her to regress developmentally, and at times she had to relearn basic skills such as drinking from a cup and even walking. Angela was immediately seen by NAC’s Developmental Behavioral Pediatrician who helped Lisa connect with specialists and manage Angela’s medical care. Lisa also took parenting classes at NAC and began therapy in the Building Blocks: Nurturing Parent-Child Bonding program with Angela. By the time Lisa’s second child, Ramsy, was born, Lisa was a different person and a more nurturing mother. Lisa recently moved out of the shelter and into an apartment of her own. Angela, now 3, has not had a seizure in over a year and the family has become stable enough to leave Preventive Services.
Healthy @ Home (H@H) was initiated in 2015 through a grant from the NYS Department of Health to prevent or reverse the institutionalization of medically complex children. This innovative program targets children with significant and complex medical conditions, who are not involved with NYC Child Welfare services, but who are living in hospitals beyond medical need or at significant risk of institutionalization because their birth families cannot meet their extraordinary medical needs. By intervening and engaging families early in intensive case management and health and social services, Healthy@Home helps to prevent children from falling thought the cracks and down the increasingly slippery slope toward a life of immutable hospitalization and/or child welfare involvement.

In its first year, H@H helped nine children leave the hospital and prevented over 100 more from becoming hospitalized.

NAC served
114 CHILDREN
in the first year of its Healthy@Home program
and helped
9 CHILDREN
leave long-term care for good.

JASMINE’S STORY

Jasmine, age 2, came into the world with her two siblings, Jeremy and Belinda. The children were born prematurely and needed immediate medical care. All three were diagnosed with chronic lung disease, but Jasmine’s case was the most severe. A small blood vessel connecting her aorta and pulmonary artery failed to close as it should have. This forced her tiny lungs, already compromised by immaturity, to work much harder. While her brother and sister were able to go home with their parents, Jasmine remained hospitalized for over a year because her parents did not have the support needed to care for her at home. By the time Jasmine’s first birthday approached, she was still unable to come home. The hospital then referred the family to NAC’s Healthy@Home program and NAC’s team of specialists went to work. It was their goal that Jasmine could be discharged from the hospital and go home for the first time since she was born. Thanks to NAC’s intervention, Jasmine and her siblings are thriving at home and getting the appropriate medical care and support they need to keep them from ever being hospitalized beyond medical need again.
Hope

NAC placed 141 CHILDREN in loving and stable foster homes and helped another 246 CHILDREN with the most significant challenges in foster care remain in the community because of our B2H program.

Joseph and Michael’s story

Joseph and Michael first came to foster care at NAC when they were 3 and 6 years old. At the time, Joseph’s birth mother told NAC that she was frustrated because Joseph couldn’t talk. NAC’s team of professionals quickly diagnosed Joseph’s profound deafness. The brothers were also placed in a foster home with Ms. Smith, a NYC Police Officer who was already the mother of two children who were also deaf. She was a perfect match for Joseph and Michael who flourished in her home. At the same time, Ms. Smith and the boys’ birth mother began working together in NAC’s Building Blocks: Nurturing Parent-Child Bonding program. With NAC’s help, a special bond grew between foster and birth parent. Ms. Smith made sure that the boys’ birth mother was at every holiday with her sons and involved in their lives. This has helped the boys to better transition and alleviate their fears of abandonment. Late last year, when Ms. Smith adopted Joseph and Michael, it was no surprise that the family—Ms. Smith, Joseph, Michael, and their birth mother—celebrated the special occasion together.

Foster Care & Adoption and B2H

NAC is one of the most respected Special Medical Foster Care & Adoption agencies in New York City. Our team of master’s level Social Workers work with both birth families and foster parents concurrently to plan for reunification or adoption. As a result, our children spend less time in foster care and virtually never age-out without a family to call their own. At NAC, we make sure there’s a home—and a loving heart—for every child.

NAC is one of six original Bridges to Health (B2H) agencies in New York City to offer “add-on” foster care services, ensuring that children in foster care with the most challenging problems avoid institutionalization and remain safely with their adoptive or birth families.

Joseph and Michael’s story

Joseph and Michael first came to foster care at NAC when they were 3 and 6 years old. At the time, Joseph’s birth mother told NAC that she was frustrated because Joseph couldn’t talk. NAC’s team of professionals quickly diagnosed Joseph’s profound deafness. The brothers were also placed in a foster home with Ms. Smith, a NYC Police Officer who was already the mother of two children who were also deaf. She was a perfect match for Joseph and Michael who flourished in her home. At the same time, Ms. Smith and the boys’ birth mother began working together in NAC’s Building Blocks: Nurturing Parent-Child Bonding program. With NAC’s help, a special bond grew between foster and birth parent. Ms. Smith made sure that the boys’ birth mother was at every holiday with her sons and involved in their lives. This has helped the boys to better transition and alleviate their fears of abandonment. Late last year, when Ms. Smith adopted Joseph and Michael, it was no surprise that the family—Ms. Smith, Joseph, Michael, and their birth mother—celebrated the special occasion together.
NAC helped 255 children avoid child welfare recidivism through our Aftercare programs.

**AFTERCARE: PARTNERS IN PARENTING (PIP) AND POST LEGAL ADOPTION NETWORK (PLAN)**

Families caring for children with extraordinary medical, developmental, and mental health issues need a safety net. At NAC, that is called Aftercare. With as many as 56% of children in New York State returning to Preventive Services within a year of leaving and as many as 14% of children nationally with disabilities returning to foster care after being adopted, the smallest crisis can put a family right back where they started. That is why NAC’s services do not end when a family leaves the child welfare system.

The Partners In Parenting (PIP) aftercare prevention program and the Post Legal Adoption Network (PLAN) provide a continuum of care to ensure that families do not recidivate and that children remain safe and stable in the community.

As a child, Susan was diagnosed with epilepsy and involved in NAC’s Preventive Services. At the time, NAC was able to guide and help her family so when she became a mom with a child of her own, Susan knew exactly who to call. When Susan brought her then 6-year-old son Kevin to NAC, his behavioral issues were so disruptive, it was threatening his ability to stay in school and Susan didn’t know what to do. Caring for Kevin and two of her younger children was taking a toll on the family. NAC helped Susan get a diagnosis for her son of ADHD and hypermobility of the joints and ensure that he was receiving therapy in NAC’s Mental Health Clinic. Kevin is now 10 years old and his behavior has made a complete turnaround. NAC’s Education Specialists advocated for busing, elevator accommodations, and modified physical education so that he can fully engage in school without pain. He is now able to pay attention and socialize with his friends. He blossoms when he uses his creativity and it shows in his imaginative storytelling and love of fashion.
NAC provided high quality medical and mental health care for 896 CHILDREN AND PARENTS in our Comprehensive Healthcare Center in 2015.

COMPREHENSIVE HEALTHCARE CENTER

NAC is known for its expertise in treating children with significant medical conditions who have also experienced trauma. The NAC Comprehensive Healthcare Center (CHC) integrates an onsite licensed Article 28 Medical Clinic and Article 31 Mental Health Clinic with our child welfare and social service support programs. The CHC provides pediatric care and care coordination for all NAC children, mental health assessment and psychotherapy, as well as offers a host of innovative interventions such as Building Blocks: Nurturing Parent-Child Bonding, the Henry Geldzahler Creative Arts program, Court Involved Youth Mental Health program, Nutritional Counseling, and the Sexual and Reproductive Health Initiative. Our highly qualified healthcare team, consisting of a Developmental Behavioral Pediatrician, Pediatric Nurse Practitioners, Nurses, Psychiatrists, Psychologists and Psychotherapists, work together to change the trajectory of many of our children’s lives through their knowledge, care, and commitment to responsive, quality healthcare.

DAMIAN’S STORY

Damian, age 17, has cerebral palsy and uses a wheelchair. When he entered foster care at age 14, he felt scared, lost, and different. His Social Worker at NAC suggested that he give therapy a try. He was skeptical and nervous about the prospect of talking about his emotions, but now feels that therapy at NAC is the biggest key to his improvement. Damian began inviting his foster mother to his sessions so she could get a better understanding of him, and their relationship has changed dramatically. Damian’s therapy at NAC changed his outlook on his life, and himself. He has more confidence and, as a result, recently joined a sled hockey team and has dreams of going to college. Best of all, Damian is in the process of being adopted by his foster parents.
NAC’s Educational team worked with 569 children advocating, supporting, tutoring, and encouraging them to succeed academically.

Charlene’s story
Charlene, age 14, has two older siblings with significant medical conditions, including a brother with severe autism. Although she is the youngest, she has much responsibility in caring for her siblings and helping her mother. What’s more, the family has been living in a shelter for the past six months. Despite this, Charlene perseveres and is motivated to help her family move out of their current situation. She is committed to her education and is in a gifted program at her school. Charlene also meets with her Education Specialist at NAC weekly, participates in tutoring, mentoring, the French group, and the College Bound Program. Thanks to NAC, she recently was able to go on a school trip to Boston where she had the opportunity to visit Harvard University. It is Charlene’s dream to study engineering and to study it at Harvard. Before coming to NAC, she didn’t think that was possible. Now it is all she thinks about.

Educational services
NAC believes that education is the key to getting kids out of poverty. And we do everything we can to help children succeed. NAC has a team of eight master’s level Education Specialists who advocate for children’s needs and work with their teachers, schools, and parents to ensure they have the support to stay in school and graduate. Programs like early literacy, tutoring, mentoring, vocational services, and NAC’s College Bound program give our children the tools and opportunities to reach their potential.
4,555 hours of volunteers donated to help enrich NAC Kids’ lives.

4,586 bags of groceries were given away from NAC’s Food Bank.

836 NAC children took home a gold medal and were champions at our 2015 NAC Kids Olympics.

$264,782 worth of in-kind donations NAC received to help clothe, entertain, and feed our children.

2,300 new books were given to NAC children last year at our “Literacy for all” Book Fair and through our “Reach Out and Read” program.

1,29 new books were given to NAC children last year at our “Literacy for all” Book Fair and through our “Reach Out and Read” program.

2,600 youth are on their way to college and enrolled in NAC’s College Bound Program.

$475,000+ annually minimum cost of long-term hospitalization of a child with a chronic medical condition.

$300,000 annually cost of institutionalization of a child with a disability.

$46,000 annually cost of providing Special Medical Foster Care for a child with a profound medical condition.

$13,500 annually cost of providing Special Medical Preventive Services for 30 days of care for one or more medically complex children at NAC.

$6,000 annually cost of providing “aftercare” (NAC’s PIP and PLAN programs) services for a family caring for one or more medically complex children.

The specialized population that NAC serves is the most expensive to neglect.

By preventing long-term foster care, hospitalization, and institutionalization of at-risk medically fragile children, NAC saves millions in taxpayer dollars. 
### STATEMENT OF FINANCIAL POSITION JUNE 30, 2015

**Assets**

- Cash and Cash Equivalents $637,241
- Receivables from Government Agencies 3,019,935
- Receivables from Contributions and Grants 243,074
- Prepaid Expenses 109,980
- Security Deposit 221,081
- Fixed Assets (net of accumulated depreciation) 1,475,568
- Other Assets 288,837

**Total Assets** $5,995,716

**Liabilities And Net Assets**

- Accounts Payable and Accrued Expenses $1,486,487
- Auto Loan Payable 34,558
- Line of Credit – Bank 600,000
- Construction Loan 365,332
- Term Notes Payable – Bank 0
- Deferred Rent 579,299

**Total Liabilities** $3,159,928

- Unrestricted $874,754
- Temporarily Restricted 1,961,034

**Total Net Assets** $2,835,788

**Total Liabilities and Net Assets** $5,995,716

---

### STATEMENT OF ACTIVITIES JUNE 30, 2015

**Revenue**

- NYC Administration for Children’s Services, Foster Care & Adoption $5,205,438
- NYC Administration for Children’s Services, Preventive Services 2,135,000
- Medicaid – B2H and CHC 6,897,676
- Government Discretionary Grants 10,000
- NYS Department Of Health 1,200,509
- Foundations, Corporations and Individuals 2,029,366
- Special Events 2,015,191
- Construction Contributions 1,489,345
- Interest and Other Income 24,791

**Total Revenue** $21,007,315

**Expenditures**

- Foster Care & Adoption/Therapeutic Foster Care $7,436,255
- Preventive Services 2,372,715
- B2H and CHC 6,931,048
- Aftercare Programs (PIP and PLAN) 618,814
- New Horizons for Kids 297,279
- Healthy@Home 338,326
- Management and General 1,791,404
- Fund-Raising 546,276

**Total Expenses** $20,332,117

**Excess of Income over Expenses** $675,198

---

**FINANCIAL INFORMATION**

A copy of New Alternatives for Children’s most recent audited financial statement is available upon request. Auditors: WeiserMazars LLP, 135 West 50th Street, New York, NY 10020

---

**REVENUE**

Year Ending June 30, 2015

- NYC Administration for Children’s Services, Foster Care & Adoption 24.78%
- NYC Administration for Children’s Services, Preventive Services 10.16%
- Medicaid – B2H and CHC 32.83%
- NYS Department Of Health 5.71%
- Foundations, Corporations and Individuals 9.66%
- Government Discretionary Grants 0.05%
- Special Event 9.59%
- Construction Contributions 7.09%
- Interest and Other Income 0.13%

**EXPENDITURES**

Year Ending June 30, 2015

- Foster Care & Adoption 36.58%
- Preventive Services 11.67%
- B2H and CHC 34.09%
- Aftercare Programs (PIP and PLAN) 3.04%
- New Horizons for Kids 1.46%
- Healthy@Home 1.66%
- Management and General 8.81%
- Fund-Raising 2.69%
Reginald Andre
Kimberley & William Anderson
John Anderson
Anthony Ammirato
Aubin Ames
Nathan Allison & Brian Matthews
Kathryn Allen
Seth Allen
Alexandra Allen
Erinn Alcabes
Kelly & Michael Album
Rose Aiello
Catherine & Michael Aiello
Sheryl Adams
Nancy Adams
Iris & Richard Abrons
Emily Abrams
Ewa & S. Daniel Abraham
Oded Aboodi
Virginia Aaron
Individuals
We are deeply grateful to all those who contributed to NAC’s children and families during fiscal and calendar year 2015.

Lauren Bebry
Nicole Bearce
Missy & Rocco Basile
William Bartley
Nicole Bartelme & David Bouley
Margaret Bartelme
Jessica Barr
Barry Barnett
Michele Balfour & Raffiq Nathoo
Rachel Bailin
Haley Bachman
Victoria Ashley
Suzy & Michael Appelbaum
Michelle Bonarji
Joan Boccieri Gilroy
Allison & David Blitzer
Hartley Bingham
Diana Burroughs
Joy & Steven Bunson
Natalie Buck
Lauren Buck
Glen Buchbaum
Kathe & Morris Brown
Miriam & James Broner
Dottie Brienza
Jennifer & Alan Jay Brazil
Scott Brandman
Anthony Bramante
Elisabeth Bradley
Scott Bowie
Lorna Bowen
Judith Bourque
Mark Botnick
Orlan Boston
Jill Bossert
Allison Borko
Dana & Erik Cohen
Deborah & Stafford Cohen
Catherine & Steven Clemens
David Clelland
Michelle Clein
Alex Cirillo
Arlene Chow
Ellen Chesler & Matthew Mallow
Cindy Chen & George Wong
Leslie & Howard Chatzinoff
Daryl Chan
Jane & John Celentano
Michela Catalano & Stephen Baum
Vincent Castoro
Carolyn Carter & Satnam Singh
Amy Carracino
Margaret Carpenter
Ana Canale
Judith Campbell
Jeremy Calsyn
Mollie & John Callagy
Isabelle & Giovanni Caforio
Consuelo Caban
Kathleen Butler
Elizabeth & Barry Byrne
Carmen Collins
Laura Colon
Stephanie Coleman
Andrew Collier
Molly Connors
Michael Connors
Ashley Coughlin
Lena Cozza
Leona Cozzolino
Lonnie Couch
Catherine Coyle
Molly Craig
Jonina Cranna
Jane Cronin
Care Center
Imogen Cronle
Andrew Cooper
Kari Cross
Marla Cross
Kathy Currier
John Curry
Sasha Cusack
Debra Czaja
Debra Czaja
Keryn & Vincent Czitrom
Jan Czerucki
Lara Czuchaj
Kim Cunningham
Curtis Cunningham
Lori Cupp
Bob Cutler
Elizabeth Dachis
Ellie Dail
Ann Dall
Marcy Dallen
Kathy Danto
Amy Dari
Diane Dasher
Kathleen Davis
Shirley Davis
Carolyn Davis
Molly Daves
Ed Davis
Dee Davis
Scotty Davis
Fay DeDille
Yoshi DeGroot
Michelle Dedrick
Pamela DeLoft
Mary M. Delaney
Kathleen Delaney
Diane Delaney
Sara Delaney
Kara Delaney
Paul Delaney
Deborah Delaney
Regina Delaney
John Delaney
John Delaney
Andrew Delaney
Totnes Delve
Sylvia Delve
Richard Delve
Richard Delve
Julie Eaves
Jocelyn Eaves
Diane Eaves
Susan Eaves
William Eaves
Ann Eaves
Andrea Eaves
Ann Eaves
Vladislav Eaves
Adam Eaves
Vladislav Eaves
Peter Eaves
Libby Eaves
Michael Eaves
Susan Eaves
Peter Eaves
Carol Eaves
Elizabeth Eaves
Mark Eaves
Eugene Eaves
Richard Eaves
Marsha Eaves
Robert Eaves
Gina Eaves
Karen Eaves
Susan Eaves
Peter Eaves
Carol Eaves
Elizabeth Eaves
Mark Eaves
Eugene Eaves
Richard Eaves
Marsha Eaves