

FINAL REPORT ON THE EVALUATION OF THE
CHILD ABUSE COMMUNITY CENTERS PROGRAM

(DCJS-2194)

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FOREWORD

We are pleased to submit herewith this final evaluation report on the Nassau County Child Abuse Community Centers Program in completion of contractual requirements (DCJS-2194).

The report presents substantially new information not previously included in any of the contractually mandated or special reports. Relevant information from prior reports is summarized and cross-referenced to previous submissions. The body of the report also, to the fullest extent possible, presents information and findings in a conversational rather than a technical style with relevant technical documentation provided as an addendum. It is hoped that this method of presentation will make the report more comprehensible and useful to the project and CPS staff who have been most directly involved with the demonstration and this evaluation.

ACKNOWLEDGEMENTS

We are pleased to have had the opportunity to examine this innovative and successful approach to the delivery of Child Protective Services. Nassau County and particularly CPS administrators are due congratulations on design and implementation of a program widely responsive to public agency CPS delivery needs. CPS unit supervisors and staff and the project directors and staff are due congratulations in their earnest efforts to incorporate and effectively utilize the opportunity afforded by the Criminal Justice Coordinating Council in the financing of the two projects.

We especially wish to acknowledge and thank the Protective Services, project and D.S.S. personnel who have provided support and cooperation in this evaluation effort. Connie Bennett and John Cleary for providing administrative support in the collection of data and initial orientation to the program; Doris Aronson and Peter Clemmens for ongoing technical support; Muriel Deveny, Candace Blake and Tony Gaito and the staff of their units for their friendly cooperation and assistance in the completion of required forms and participation in interviews as well as their willingness to answer the many questions we posed over the past year; John Laughlin, Bob Elliott, Bob Sunley and the staff of the demonstration projects for their open and supportive role permitting greater access and insight to ongoing operations than is normally possible in an evaluative effort.

We also wish to express, once again, our thanks to Charlotte Lewis, Rita Gonzalez and Ruth Richards of the Central Registry Unit for their endless help in locating and interpreting case records as well as for their good cheer.

Finally, thanks are heartily given to Shirley Abel, Robert Marcinkiewicz and Grace Macorin, unit supervisors not involved with the demonstration program who expeditiously and in a spirit of cooperation supervised the collection of data in service needs and engagement problems.

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EXECUTIVE SUMMARY

On the basis of data gathered and analyzed in the course of this evaluation effort we conclude that the Child Abuse Community Centers program is clearly responsive to Child Protective Service's needs and that the projects have demonstrated a capacity to effect significant and substantial improvements in service delivery in three major areas:

- (1) The rate of successful engagement in rehabilitative therapeutic services,
- (2) The rate and severity of reoccurrences of abuse/neglect,
- (3) The rate of child placements.

A substantial, though not statistically significant, difference was noted in the lower rate of filing of petitions of abuse/neglect.

These differences indicate that the projects as an ancillary and supportive service arm of Child Protective Services have been able to effect control of abuse neglect circumstances with less dependence on authoritative means (child removals and Family Court Intervention) which are not only disruptive to family life but costly. There is also considerable evidence to indicate that these improvements in service delivery are a result of improved parental functioning and healthier family life dynamics brought about through the demonstration program.

It is also important to note that the CPS staff and administrators have made every effort to insure optimum utilization of the projects and have played an important role in achieving the program's overall success.

We have also concluded that the model cannot be reasonably simulated either by re-assigning existing CPS staff to carry out project functions or through efforts to more effectively utilize existing community resources. In the first instance, current demands on CPS personnel do not permit a reassignment of personnel to deliver exclusively rehabilitative functions of the intensity and nature of those carried out by the projects. Limitations on CPS's capacity to deliver direct rehabilitative services is, in fact, a major reason why the demonstration program was proposed by CPS administrators. Secondly the projects are unique in comparison with existing community resources in that:

- (1) They exclusively service abused/neglected children and their families permitting more focus on CPS issues than is otherwise possible,
- (2) They provide services exclusively oriented towards abusing parents including "Parent-Effectiveness Training" and "The Mother's Home Program",
- (3) They are able to provide directly for a variety of therapeutic, concrete and supportive services while other agencies specialize in one form of service,
- (4) Therapeutic services encompass modalities of group therapy not provided by other mental health facilities including groups composed exclusively of abusing mothers, fathers or abused children of relevant cohort groups.

It is felt that these differences have contributed to the formalizing of a program with a unique texture that has proven

effective in providing needed support to CPS and in effecting greater rehabilitative progress than is normally possible.

We are also convinced that the model as it is currently operating lends itself to efficient and effective management as an ongoing model. Moreover, the systems for administration and management, both formal and informal, are sufficiently well developed and tested to provide adequate guidance for replication not only in Nassau County but in virtually any public agency charged with CPS mandates.

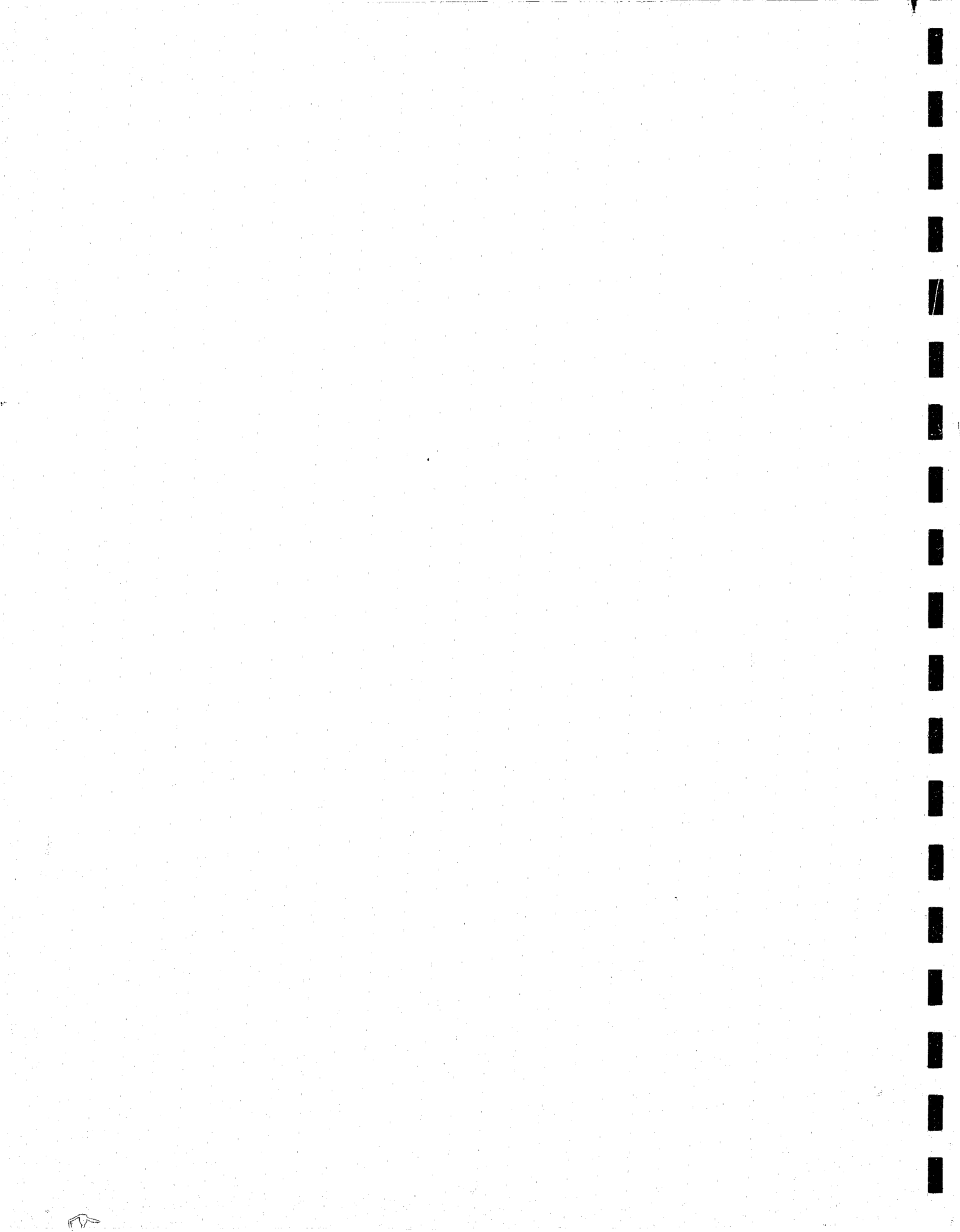
There is also considerable evidence to suggest that the model is cost effective though the availability of data on costs or that could serve as a basis for development of costs has precluded a meaningful analysis of the cost-effectiveness of the program. Without considerably more documentation and analysis of program costs Nassau County administrators will not be able to develop a fiscally sound model for institutionalization.

The evaluation has attempted to cover as many relevant areas as possible on both service inputs and service outputs. There are many areas, however, which should be studied further including:

- (1) CPS vs. Project caseflow comparisons on drop-outs and satisfactory completion of service plans,
- (2) Further study of the projects effects on CPS decision making with regard to the filing of abuse/neglect petitions,

- (3) Continuation of the comparative study with larger sample sizes to permit comparisons of effects by case type.

Each of these major findings and conclusions is presented in detail in the body of this report which is organized first to present a backdrop of national issues to which the program is responsive (Section 2.0) followed by an analysis of the existing CPS service delivery system in Nassau County directed both at documenting the need for demonstration projects and at establishing a basis for a comparative analysis with the demonstration projects in key administrative and programmatic areas. Section 4 discusses the projects both in terms of service processes and service effects in comparison to the existing CPS system.



1.0 INTRODUCTION

The Child Abuse Community Centers Program was developed by Nassau County Protective Services administrators to address several service delivery problems which are present in Nassau County and in Child Protective Service agencies throughout the country. The key problems giving rise to the demonstration program are:

- (1) difficulties encountered in engaging parents indicated for abuse or maltreatment in prescribed rehabilitative treatment programs; and,
- (2) limited capacity to provide direct rehabilitative and supportive services for implementation of rehabilitative plans resulting both from the very high caseload of Protective Service Workers and difficulties in locating or involving outside agencies for treatment.

Related issues in the delivery of Child Protective Services which the demonstration program is intended to resolve are:

- (1) preservation and improvement of family life through decreased legal action and removals of children as protective measures for the abused/neglected child(ren)
- (2) modification in the duality of legal/authoritative vs. rehabilitative roles inherent in the delivery of Child Protective Services under the 1974 Act and New York State statutes
- (3) coordination and management of rehabilitative plans including concrete, therapeutic and supportive services.

- This intensive evaluation of the Child Abuse Community Centers Program has afforded an important opportunity to

examine a program model which may have important implications for the delivery of Child Protective Services in Nassau County and throughout the country.

2.0 BACKGROUND

2.1 The National Perspective

Passage of the Child Abuse Prevention and Treatment Act (PL 93-247) in January of 1974 defined the serious maltreatment of children as a matter of national concern. The Act followed a half century of primarily medical research on death and permanent injury which strongly influenced public attitudes. Beginning in the 1920's with speculation that subdural hematomas and fractures of the long bones might be inflicted by parents^{1/} and followed in 1953 with a finding that physical injury is the most prevalent bone disease in children,^{2/} professional, medical and legal attention was finally focused on the problem of abuse with Dr. C. Henry Kempe's research and writings on "the battered child syndrome" in the early '60's.^{3/} Photographs and descriptions of infants and young children bruised, burned and withered from lack of nourishment riveted public sympathy and focused efforts to identify, understand and correct conditions leading to such tragedy.

Though the "battered child" as portrayed in the media and in campaigns to heighten public awareness of the problem is most commonly associated with the phrase "child abuse and maltreatment", the Treatment Act includes children subject to other forms of parental maltreatment and neglect. There is a trend in national and local legislation toward increasingly broad definitions of family circumstances warranting state intervention,

and only a small proportion of families in the Protective Services system include the "battered child" as described by Kempe. The majority of children who are to be protected under Federal and State statutes are improperly clothed, housed or supervised or their medical, educational and emotional needs are inadequately met by parents or guardians. As will be discussed later, this dominant client group presents several key issues with regard to diagnosis, treatment and the use of legal sanctions.

A notable aspect of the Treatment Act and of State statutes, including New York's, is the emphasis on reporting of abuse/neglect rather than treatment per se. Research preceding these statutes suggested a high incidence of abuse/neglect amongst all socio-economic groups^{4/} and a failure by professionals and key people to recognize, report, or intervene in suspected cases of maltreatment. In setting the detection and intervention in child abuse/maltreatment as a national priority warranting state governmental action, it was rationally assumed that effort should be concentrated on heightening community awareness of the problem and encouraging (through legal sanctions) reporting by professionals who come into contact with children and their families. Reporting was intended not only to surface the problem so that it could be treated, but also to increase knowledge about the causes and dynamics of child abuse and to develop more effective strategies for intervention and treatment. This is implied in statutes granting researchers

access to Federal and local reports and in the research and oversight responsibilities proposed by the Federal Legislation.

The decision on the part of government to intervene in child abuse and maltreatment occurred against a backdrop of limited knowledge about the problem and its consequences for the child, his family and the community. As noted in a major LEAA study, "the current national approach to child abuse and maltreatment is characterized by increased reporting of cases of endangered children without the assurance of commensurable level of protective and treatment services".^{6/} The emphasis on reporting and the expanded definition of abuse/maltreatment and mandated reporting sources has resulted in an inflow of cases which far exceeds the service delivery capacity of the mandated state agencies charged with Child Protective Services. Moreover, to date, central registers and continued research in the field have provided little support or guidance to better understanding of the problem, the evaluation of current treatment approaches or the formulation of new policies, programs and procedures. As noted in the LEAA study, "what we still don't know about the causes, characteristics and effective intervention and treatment far exceeds what we can be reasonably sure we know".^{7/}

Problems in meeting the increased demand for services resulting from legislative attention to the problem of child abuse and maltreatment have, however, been documented.

"The problems which have the greatest impact upon the functioning of the entire child welfare system are:

- (1) the availability of trained personnel organized effectively to perform their roles and functions.
- (2) inadequate statutory requirements, legal processes, and lack of adequately compensated legal representatives.
- (3) lack of knowledge of what approaches are most effective.
- (4) lack of resources for crisis intervention and emergency services.
- (5) over dependence on placement or foster care.
- (6) inadequate or unavailable service elements including day care, homemaker, health, legal counseling and family planning services". 8/

These problems in the delivery of child protective services have contributed to what Schucter has called "over-intervention". In the face of enormous caseloads and limited rehabilitative resources, he charges agencies have become overly dependent upon court intervention and child removals to "resolve" abuse/maltreatment circumstances. Thus, while the ideology of child protective services is oriented toward rehabilitation, operationally the system is authoritative and heavily dependent upon legal sanctions and proceedings.

In light of the expanded definition of reportable abuse to include an increasing number of forms of maltreatment, "over-intervention" is a serious legal and social issue. Abused/neglected children removed from the home as a protective action are placed in foster care where other suitable arrangements

cannot be made. Though foster care is theoretically a short term arrangement, operationally it is long term for the child. Schucter, in his report, cites two studies - one, a four year longitudinal study showing 46% of the children remaining in placement after 3.5 years, another showing that 86% of the children placed in foster care were never returned home.

Anna Freud, in a discourse on the legal rights and emotional/developmental needs of children, seriously challenges the foster care system as precluding the "psychological parenting" essential to a child's sense of well being and security.^{9/} She recommends, in framing a model statute for child placement, that every effort be made to provide the child with a continuity of "psychological parenting" through a careful review of the child's attachments to his current parents or guardians, and if placement is made, to insure that it is permanent in nature. Recent legislation in adoption has recognized that an infant or very young child can readily find a home with nurturing adoptive parents, but the pre-adolescent and adolescent child, who might also be the subject of parental neglect, has more limited chances of finding a permanent home.

Schucter similarly criticizes foster care in child protective services further noting that rehabilitation following placement tends to focus on the child rather than the parents (thereby failing to improve or prepare the home for the child's expedient return). He also notes that little attention is given to long term plans for the child's security and stability,

concluding that "the main causes for over reliance on foster care placement rather than family preservation are the dearth of homemaker services, day care centers, family counseling and education or training for child rearing and family life".^{10/}

The Child Abuse Community Centers Program, while operating within existing statutory requirements and legal procedures, has a clear locus in this context of national problems in the child welfare system. The program is intended to focus exclusively on rehabilitation services and to provide resources for crisis intervention directed at preserving and strengthening family life. The intensive evaluation of this program has afforded a rare opportunity to examine whether the approach has resolved these problems, including the problem of "over-intervention".

Though the program responds to identified national problems in the delivery of Child Protective Services, it is important to consider the program in its local context, as the implementation of the Treatment Act varies from state-to-state in terms of the State designated agency and in terms of the organizational and programmatic structure within local jurisdictions of the designated agency. These factors affect the relevance and replicability of the demonstration program. In the next section, we discuss the State and local system within which the demonstration is being conducted:

2.2 Local Perspective

In New York State, the Department of Social Services is

the State agency mandated to receive, investigate and make findings on reports of child abuse and maltreatment and to develop, offer and monitor rehabilitative plans. The exclusive designation of a social services agency, rather than an agency within the criminal justice system is, by inference, an effort to define and treat the problem in rehabilitative rather than legal/punitive terms and to increase reporting. "Though most State statutes designate the police as the only, or one of several report recipients, professionals (when they have a choice), prefer (to report to) non-police agencies".^{11/}

The New York State Statute, a forerunner and model for the Federal Treatment Act, also emphasizes reporting, citing with specificity the mandated reporting sources, penalties for failure to report, procedures for making reports and agency responsibilities for receiving, forwarding and investigating reports of abuse or maltreatment. Chapter 421 also directs local departments to conduct a "continuing publicity and education program for local department staff, persons and officials required to report and any other appropriate persons to encourage the fullest degree of reporting of suspected abuse or maltreatment. The exclusion of a mandate to provide training and education to service staff in diagnosis and treatment is notable.

The social service agency, directly or through arrangement with a duly incorporated society for the prevention of cruelty to children, is mandated under the New York State Statute to receive and investigate reports, provide protective

services to prevent further abuses or maltreatment and to provide or arrange for the provision of those services necessary "to safeguard and ensure the child's well being and development and to preserve and stabilize family life wherever appropriate". In keeping with the objectives of the statute, the agency is also authorized to "take a child into protective custody to protect" him from further abuse or maltreatment when appropriate and in accordance with the provisions of the Family Court Act.

The agency is mandated to offer "to the family of any child believed to be suffering from abuse or maltreatment such services for its acceptance or refusal as appear appropriate for either the child or the family or both; provided, however, that prior to offering such services to a family (the agency) explain that it has no legal authority to compel such family to receive services, but may inform the family of the obligations and authority of the child protective service to petition the family court for a determination that a child is in need of care and protection". Thus, while located in a service environment established to treat social problems, child protective services only has the legal authority to take non-rehabilitative action (removal of the child). The Department of Social Services has no legal authority to compel a family to participate in rehabilitative services.

Voluntary participation of the child(ren)'s parents thus plays a key role in the delivery of rehabilitative child protective services. Without the involvement of the courts

(or threat of involvement) and without the threat or execution of child removal, the agency has no recourse against the resistance and hostility so often reported as characteristic of parents who are the subject of allegations of child abuse and maltreatment. It is important to bear in mind that few of the families in the child protective services caseload are self reported. Most are reported by persons outside the home - relatives, neighbors, teachers, etc. Reported resistance to intervention is, therefore, not surprising in light of the fact that the family "stands accused" in a very real sense.

The New York State Statute provides flexibility in the staffing, organization, and programmatic approach to the delivery of child protective services. The mandate is to provide "a sufficient staff of sufficient qualifications to fulfill the purposes of this title and organized in such a way as to maintain the continuity of responsibility of care and service of individual workers towards individual children and families". In fulfilling this mandate, the local agency "may purchase the services of any private, public or voluntary agency", and be reimbursed by the state in the same manner and to the same extent as if the services were provided directly by the local department".

The Child Abuse Community Centers Program is thus consistent with the current State statutes, while responding in its design and administration to the particular staffing, organizational and programmatic approach to child protective services

adopted by Nassau County. At the county level throughout New York State, the approach to delivery of services (other than reporting requirements which are specifically set forth in the statute) may vary considerably. This evaluation addresses programmatic issues (client impact) of the Child Abuse Community Centers Program which are generally relevant to child protective services. Administrative and organizational issues, however, are addressed exclusively in terms of the current operation within Nassau County. Comparisons of programmatic approaches are also limited to measureable impacts of the Nassau County Division of Child Protective Services. This focus is appropriate, since the immediate decisions on extension, modification and replication of the Child Abuse Community Centers Program are to be made by Nassau County Administrators. The next section, therefore, assesses those aspects of the current organizational, administrative and programmatic system of Nassau County Division of Child Protective Services which are relevant to this evaluation of the Child Abuse Community Centers Program. It is important to note that while the organizational and administrative structures for child protective services vary considerably, the key issues in Nassau County, as noted in the next section, have been encountered and documented throughout the country. Thus, while necessarily addressing service delivery elements specific to Nassau County which gave rise to and provide the immediate framework for

assessment of the demonstration program, the implications of the program and, hopefully, the utility of this evaluation report are by no means limited to this specific local context.

3.0 NASSAU COUNTY CHILD PROTECTIVE SERVICES

3.1 Staffing and Organization

Child Protective Services (CPS) is housed within the Children's Services Division of the Nassau County Department of Social Services (DSS). Child protective services assumes direct primary responsibility for carrying out the mandates of the State and Federal statutes drawing on other DSS services within children's services, services to families and adults and financial assistance as required. Outside agencies, public, private and voluntary, are utilized on a referral or purchase-of-services basis as required to meet case specific needs. With the exception of the Child Abuse Community Centers program, child protective services maintains exclusive case management responsibilities surrounding abuse/maltreatment issues unless the child(ren) has been placed in foster care. If a child is placed in foster care, an administratively separate service within Children's Services, the foster care worker assumes primary case responsibilities including completion of central registry forms. In these instances, oversight and monitoring responsibilities remain with CPS.

CPS maintains exclusive responsibilities for receiving, investigating and making determinations on allegations of child abuse/maltreatment.

- Prior to enactment of the current state statute, the police department was also involved in receiving and investigating

reports. Following enactment, the Juvenile Aid Bureau was designated liaison between the police department and CPS to forward reports of incidents coming to the attention of the department and to provide support as needed in matters such as arranging for photographs or accompanying a CPS worker to remove a child from the home. All investigatory and determination functions, however, were officially transferred to CPS.

Child protective services in Nassau County is comprised of three types of units each with specific functions viz state and federal child protective service mandates:

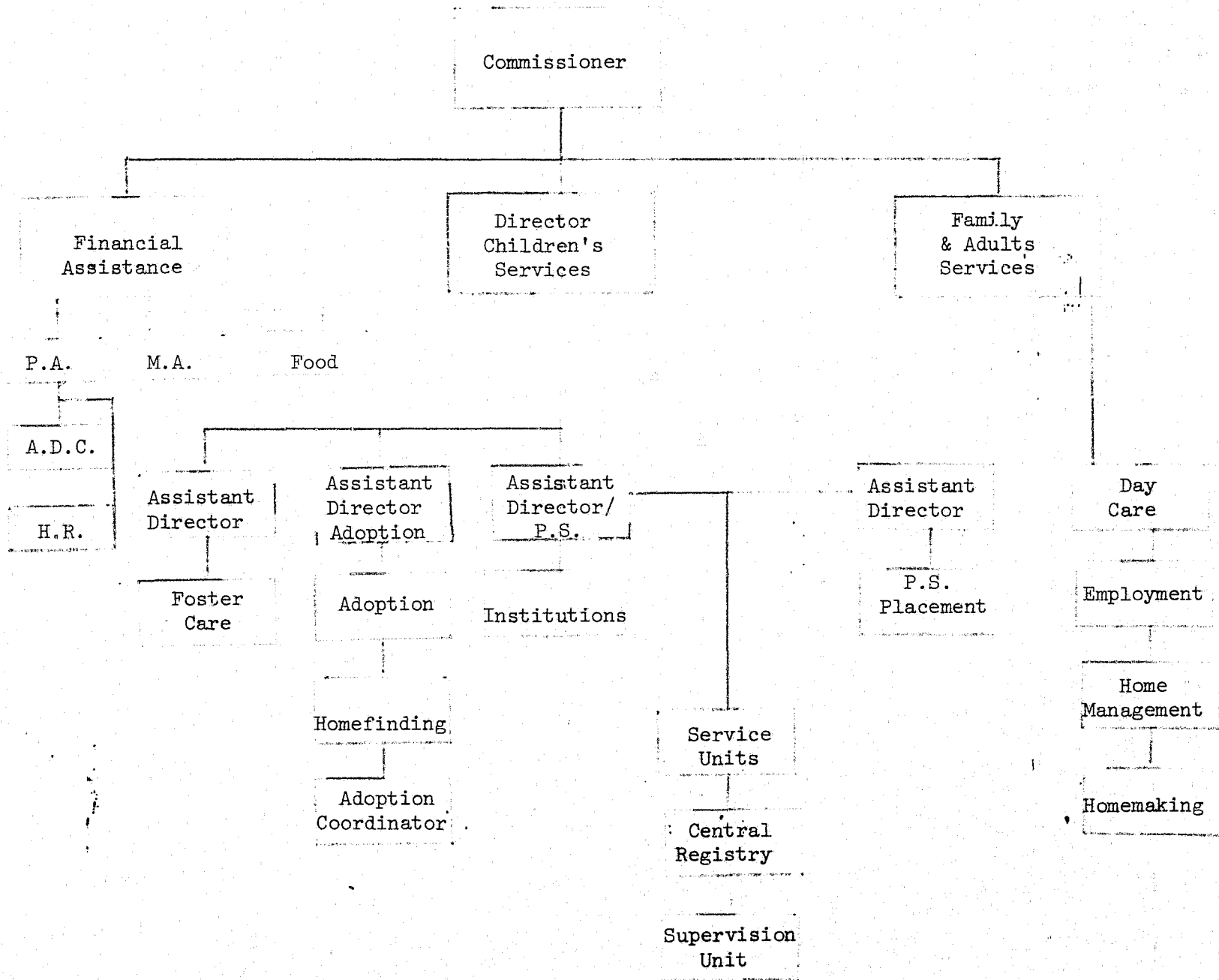
- (1) Central Registry Unit (1)
- (2) Service Units (5)
- (3) Supervision Unit (1)

Each unit is headed by a supervisor and includes 4 to 5 case-workers and a secretary. (See Figure 3.1 below).

The Central Registry Unit initiates the child protective services process by receiving and screening allegations of child abuse/maltreatment. If the report involves a family within Nassau County CPS' jurisdiction and the incident described would constitute abuse or maltreatment under New York State law, the case is forwarded to the appropriate services unit for investigation, determination, services, monitoring and follow-up. The incident and information on the family provided by the reporting source are recorded on a state mandated Central Registry form (DSS-2221) and a copy forwarded to the service unit. Once a case is referred for investigation it becomes active with child

FIGURE 3.1

ORGANIZATION FOR DELIVERY OF CHILD PROTECTIVE SERVICES





protective services and the family is notified that the report has been recorded and will be investigated. The Central Registry Unit is equipped to receive telephone reports of child abuse/maltreatment on a 24 hour basis. In addition to providing central intake functions for CPS, the Central Registry Unit monitors, maintains and forwards to the state mandated reports on active cases as well as providing liaison between Nassau County CPS, other counties, the state and other states on transfers and past records.

The service units geographically organized within Nassau County are the heart of CPS system in Nassau County. Cases referred from the Central Registry Unit for investigation are forwarded to these units on the basis of the child's place of residence and are transferred to other units in the event of a change of residence. In accordance with the state statute, a worker is assigned a case and assumes primary direct responsibilities for all subjects of the allegation (parents, children and others in the household or named in the allegation). These responsibilities include, initially, investigation of the allegation and a determination as to whether "there is credible evidence of abuse/maltreatment". While initiated and focused on the initial allegation, the investigation and determination are not limited to the original oral report. The finding may also be based on subsequent reports received and information gathered by the worker in the course of the investigation. A finding must be reported, however, within 90 days of the date

of oral report on all allegations recorded on the official 2221 form of the Central Registry. Thus, a worker may find that all allegations by outside services are "unfounded" (i.e., no credible evidence exists), yet "indicate" (i.e., determine that credible evidence exists) the case on the basis of other observations and information gathered in the course of the investigation. During this phase of investigation, which by state law must be initiated within 24 hours of the receipt of an oral report, the worker revises the information on the original report received from the Central Registry Unit and completes a state mandated assessment of the case. The assessment, reported on Central Registry form 2222, must be completed within 7 days of each oral report received on a case.

If the investigation does not yield credible evidence of child abuse/maltreatment according to New York State law, the case is reported as "unfounded" on a state mandated form (2223) and the record is expunged by both the local and state agencies. The case is then no longer active with CPS. If credible evidence is found, the case is "indicated" and remains active with CPS until conditions warrant a closing of the case to child protective services. In either case, the family is notified, again according to state law, of the finding and rights under the law. While a case is active with CPS (prior to a determination), the family is entitled to services necessary to the protection of the child and/or his family without regard to income.

Active indicated cases remain the responsibility of the investigating workers so long as the case remains active with child protective services, unless the family moves to the jurisdiction of another CPS service unit of another county or another state agency. The worker assesses service needs, directly provides counseling (if required), arranges for and monitors the provision of services within DSS and by outside agencies. The worker makes all the CPS decisions in a case except where preceded or superceded by the courts, and if a petition is to be filed with Family Court, undertakes a principal role in preparation of materials for presentation of the case. The worker is supported, guided and directly supervised in fulfilling these complex legal and human services duties by the unit supervisor.

It is important to note that this dual legal/authoritative-service/rehabilitative role is prevalent in the DSS CPS structure throughout the country. Schucter cites the duality of authoritative/helping roles common to CPS by public welfare agencies as not only a major source of worker stress, but as potentially undermining the formation of an effective rehabilitative relationship between the worker and the client.

"The ambiguity or confusion of roles of protective service workers stems from their direct or indirect exercise of state powers...(they) have assumed the information gathering and surveillance functions of probation workers in cases of civil handling of child abuse (which) may interfere with the development of trust based on confidentiality of information...It is

not clear at what point workers reveal to families they are "helping" that they may invoke the powers of the court...or that throughout the process the worker is gathering evidence that may be used in court testimony. 12/

Under the Child Abuse Community Centers program, the CPS worker normally retains the legal/authoritative role while the rehabilitative role is transferred to the projects. The division of roles, however, is not perfectly clear or absolute as will be discussed later on.

The third, and newest, functional unit within CPS, the supervision unit, was established to oversee and monitor compliance orders of the court on CPS cases throughout Nassau County. Their responsibility is to insure that the directions of the court with regard to children adjudicated as abused or neglected and remaining with the perpetrator are implemented. The unit also handles cases where an adjournment contemplating dismissal has occurred with specific compliance orders given by the court. The unit represents a further transfer of criminal justice responsibilities to CPS as their functions were formerly carried out exclusively by the Department of Probation.

In the next sections we discuss caseworker issues relevant to the evaluation of the Child Abuse Community Centers program, focusing exclusively on the service units. The demonstration has not affected the duties or responsibilities of the Central Registry Unit and, while one of the projects has serviced cases

referred by the supervision unit, the projects have not been extensively used as an adjunct to this unit. The projects, rather, have primarily related to the service units within CPS.

3.2 Caseworker Issues

Child Protective Service workers in Nassau County and throughout the country are charged with demanding and complex duties and responsibilities with regard to legal mandates and human service needs. In this section we discuss the training, education and experience which is brought to bear in the delivery of child protective services in Nassau County and the impacts experienced by caseworkers in meeting these responsibilities within the current CPS system. Adequate training of staff is cited by Schucter and others as a major CPS service delivery issue, as is worker stress. One relevant set of evaluative criteria for the demonstration projects address the extent to which the projects supplement or complement the training and experience of CPS workers and the extent to which they affect the sources, level and nature of stress experienced by CPS workers. This section describes the "present-state" of the CPS system in Nassau County in terms of training and stress, and establishes the basis for comparison and assessment of the effects of the demonstration programs in Section 4.0.

3.2.1 Professional Skills and Qualifications

Protective services workers enter CPS with a B.A., or occasionally, a master's degree in social work and with some prior casework

experience. Prior experience is often in a related field or service--day care, foster care or probation--but is rarely in child abuse/maltreatment per se. Their formal education, including graduate studies, has generally not offered casework training in areas related to protective services such as engaging hostile and resistive clients or in the combined use of legal/authoritative and therapeutic/rehabilitative intervention. Nor do they receive any extensive theoretical or factual background to child abuse and maltreatment.^{13/}

On entering CPS, caseworkers receive a brief orientation to CPS legal mandates, organization and service delivery, but no intensive training.^{14/} Workers report that agency policies on compensatory time and agency practices on tuition reimbursement precludes their independently developing skills and background relevant to the performance of their duties.^{15/} The areas in which the workers feel the greatest initial and continuing deficits in training are:

- (1) practical skills such as diagnostic techniques, dealing with hostile or resistive clients, training in drug abuse and alcoholism, etc.
- (2) effective use of authority, legal procedures and the law.
- (3) interviewing techniques.^{16/}

Workers gain their experience on-the-job and note the importance of the unit supervisor's role in their initial and

ongoing development. The current process of recruitment and appointment of unit supervisors, according to line staff, does not take account of background or training in protective services casework, nor of the generic needs for supervision guidance and support of CPS line staff. Good immediate supervision, cited by workers as the most important form of in-service training, is therefore considered to be a matter of chance.

Evaluative Implications: The demonstration projects, as structured in relationship to CPS, afford very limited opportunities to impact on CPS caseworker issues. CPS retains the investigative and legal authority with regard to referred cases and the areas in which caseworkers perceive the greatest training deficit relate very strongly to these functions (use of authority, legal training, interviewing techniques, dealing with client resistance and hostility). To the extent that diagnostic and rehabilitative casework functions are assumed by the projects, however, the demonstration program model can potentially affect the CPS worker's perceived deficits in training related to these areas. Unless the project staff are adequately trained in these areas, the program model does not compensate for or mitigate the overall issue of skills and training in the delivery of child protective services.

3.2.2 Worker Stress

In the course of a group interview with CPS workers involved with the demonstration projects, workers were asked to identify

major sources of stress. Each source was discussed briefly amongst the workers with the interviewer asking questions to clarify the issue raised or to encourage discussion. When all the areas identified as sources of stress had been raised and discussed, a poll was taken as to the number of workers perceiving each stress as significant. The following five sources of stress on workers were noted as most significant:

- (1) client hostility/resistance in combination with limited prospects for movement or change.
- (2) non-support of Family Court on case decisions.
- (3) perception that expectations of CPS workers exceed what can be reasonably accomplished (unmanageable responsibilities).
- (4) personal safety not provided by agency
- (5) agency's non-responsiveness to needs and problems of CPS workers (salary, recognition and support in execution of duties were specifically mentioned, as was failure to provide for relief of stress).

It is important to note that the sources of stress, as well as the deficits in training, expressed by Nassau County CPS workers are common to public welfare CPS systems throughout the country. Operating within a larger governmental bureaucracy and within specific statutory limitations, CPS administrators have only limited control over many of the factors leading to worker's perceptions of training deficits and experience of stress. Compensatory time and promotions (appointment of unit supervisors) occur within a civil service structure that does not recognize or make special allowances for the CPS function.

In New York State, the statute clearly contributes both directly and indirectly to caseworker issues regarding training and stress. The statute mandates an appropriation for staff and other training directed at increasing reporting, but establishes no such mandate for training and development of staff to carry out the legal and rehabilitative functions prescribed by the Act. Within budget and resource constraints CPS and local DSS administrators are limited in their capacity to respond to worker issues in stress and training. Actions which might reduce stress and improve skills, such as intensive periodic case reviews at the unit level, are difficult to implement in the face of caseloads which place extraordinary demands on a worker's time.

Evaluative Implications: Since each of the major sources of stress cited by workers are agency based and/or related to aspects of CPS functions retained by public workers under the demonstration program model, again the demonstration model is limited in its capacity to positively affect or mitigate worker stress. The possible direct and indirect relief of worker stress resulting from the demonstration model is primarily a function of the amount of responsibility assigned to and received by the demonstration projects and the capacity of the CPS system to institutionalize the model within existing budget constraints.

In the next section, an analysis of existing caseloads and characteristic case flow of CPS cases under the normal CPS delivery system is presented.

3.3 Caseload and Caseflow

Caseload and caseflow are two important measures of the volume and duration of demand that is placed upon existing CPS staff and budgetary resources. These two aspects of the CPS delivery system are also important contextual elements in the overall framework for the evaluation of the demonstration program model. The volume and characteristics of the existing caseload in comparison with the caseload of the demonstration projects provide a basis for assessing the replicability of the program both in terms of the mix of clients served and service delivery costs. Caseflow within the normal CPS system in comparison with that of project serviced cases provides a basis for additional assessment on the cost implications of the demonstration model as well as providing a service effectiveness measure. The purpose of this section is to provide a descriptive and analytic base for evaluation of the demonstration program model (Section 4.0).

3.3.1 Caseload

Volume

As previously described (Section 3.1), the active caseload within CPS consists of two major categories: (1) those under investigation; and, (2) those indicated on the basis of evidence gathered in the course of investigation. The overall total in 1976-1977 for both categories was projected at 8,000 recipients,^{17/}

or an estimated total of 1,800 cases.^{18/} Thus, on an annual basis the estimated case volume is 300 cases per unit, and 60 per caseworker for the service units which are the focus of this evaluative effort.^{19/}

Caseload is more usefully examined, however, on the basis of the caseworker's responsibilities at a given point in time. A study of case logs maintained by each service unit shows that a CPS worker services an average of 36 cases at any point in time. Of these, 50% are under investigation and another 50% active and indicated for child abuse/maltreatment. Activity over the course of an average month consists of 4 closings and 4 new intakes maintaining an overall balance of 36 cases per worker. Analysis of case logs also revealed that an estimated 35% of all cases investigated are reported as unfounded. Of those cases indicated for abuse/maltreatment, an estimated 15% are closed at indication as requiring no further CPS intervention ("no services required"). Thus, approximately 50% of the cases investigated for abuse/maltreatment enter the active/indicated case stage for rehabilitative treatment, continued monitoring and supervision.

This distribution of CPS cases is notable in the evaluation of the Child Abuse Community Centers Program. The projects service only ~~service~~ active indicated cases, and are in no way involved

in the process of investigation and determination of abuse/neglect allegations. Moreover, since 50% of the cases entering the CPS system have no active caseload following determination, the projects overall can only potentially impact upon 50% of the total Nassau County CPS caseload. However, as will be demonstrated later, the most significant service delivery issues and the greatest allocation of CPS resources attend that 50% of the total annual CPS caseload of active/indicated cases requiring rehabilitative services.

Characteristics

The composition of active/indicated cases, the focus of the demonstration program and of this evaluative effort, is an important consideration in the assessment and analysis of both the existing and experimental CPS delivery system. First, varying case characteristics imply variation in service demand and appropriate child protective intervention modalities. Secondly, a comparison of case characteristics for CPS as a whole vs. the projects establishes a basis for assessment of the replicability of the demonstration program.

Prior research in child abuse/maltreatment, built on clinical and experimental evidence, has posited typologies of abuse with differing manifestations and underlying causes and varying prognoses with regard to rehabilitative intervention. Guided

by this research, the evaluation team developed a generalizable typology^{20/} of child abuse and maltreatment identifying three major case types. The typology is consistent with the limitations of sample size in this evaluative effort, while permitting a useful partitioning of the Nassau County CPS caseload for comparison with the demonstration projects.

The three general types, each with implied and demonstrated differing demands on and responsiveness to the normal CPS delivery system,^{21/} were identified.

- (1) Multi-Problem Female Headed Households: Poor families, largely AFDC dependent, characterized by maltreatment of a non-physical nature. Maltreatment is both a product and manifestation of the miasm of poverty and affects all children in the family. Indications associated with this case type are educational neglect, inadequate food, clothing and shelter, lack of supervision, and medical neglect. Chronic circumstantial problems--limited personal resources and unemployment, heavy and continuous child care responsibilities--contribute to maltreatment and require intensive concrete and supportive services as well as therapeutic intervention. Of the three case types, type 1 cases require the greatest array of services and perhaps present the most difficult case management problems. Such families comprise an estimated 60% of the active/indicated CPS caseload or an estimated total of 1,080 cases per year.
- (2) Intact Middle & Working Class Families, where maltreatment is a form of excessive parental control over the child (assertive over involvement with the child as contrasted with passive lack of involvement with the child in type 1 cases). Type 2 cases are more likely, relative

to other case types to involve the father as the only perpetrator, though in the majority of type 2 cases both mother and father are named as perpetrators. Though the parents, especially the father, are resistive to public intervention, they are more likely to appear cooperative in order to minimize the length of public involvement. These cases, while presenting engagement problems which may be expected to result in a higher level of court involvement ^{22/} relative to type 1 cases, present fewer overall demands for concrete and supportive services-- day care, homemaking, etc. The indications most characteristic of this case type are "bruises, lacerations, and welts" and "excessive corporal punishment". Type 2 cases comprise an estimated 20% of the Nassau County CPS caseload or an estimated annual total of 360 cases.

- (3) Serious Cases of Abuse/Maltreatment: Demographically this case type includes characteristics of both the multi-problem female headed households as well as intact working or middle class family. The abuse/maltreatment, however, reflects a greater impairment of parental functioning (drug or alcohol addiction, severe emotional or thinking disorders) and/or a greater degree of immediate threat to the child's well being (sub-dural hematoma, child's drug withdrawal, fractures, etc.).

The mother is characteristically the perpetrator, and the families are characteristically younger and smaller in comparison to those comprising types 1 and 2. The case type presents both engagement problems (inherent in drug/alcohol addiction or severe emotional or thinking disorders) and an immediate and urgent demand for a broad array of services (including diagnostic) and protective intervention. Type 3 cases have a higher expected rate of child placements early on in the CPS process as well as a higher expected rate of child placements. Type 3 cases

comprise an estimated 20% of Nassau County CPS caseload and an estimated total of 360 cases per year.

All further discussion and analysis of the Nassau County CPS system is in terms of these case types.

3.3.2 Caseflow

The complexity of human service needs represented in the Protective Services caseload is reflected in a characteristically long-term involvement between the agency and its active/indicated cases. The majority (61%) of cases are active with CPS for more than a year with nearly a third of the cases remaining active for more than 2 years.^{23/} The overall caseflow is illustrated in Table 1, below.

TABLE 1
NASSAU COUNTY DEPARTMENT OF SOCIAL SERVICES:
MONTHS REMAINING ACTIVE BY CASE STATUS
THREE YEAR PROFILE

Months	Closed	Active	Total
0-6	13%	--	13%
7-12	26%	--	26%
13-18	20%	--	20%
19-24	6%	--	6%
25-30	6%	16%	22%
31-36	--	13%	13%
	71%	29%	100%

As previously noted, the active life of a CPS case is comprised of two distinct case stages--investigation and service delivery. Immediately following is a discussion/analysis of caseflow by case stage and case type.

Investigation

The New York State Statute mandates that a determination as to whether there is "credible evidence" of abuse/maltreatment be made and reported* within 90 days of the date of the first oral report. The determination may be made at any point within the 90 days, however, across all case types, the average timeframe from oral report to determination (for active/indicated cases) is 76.33 days. The timeframes vary significantly, however, by case type as indicated in Table 2, below. Type 3 cases, presenting generally both clearer evidence of abuse/maltreatment as well as a greater urgency viz the child, are determined sooner relative to the other case types.

TABLE 2
TIMEFRAME FOR INVESTIGATION AND DETERMINATION:
BY CASE TYPE

# of Days Oral Report to Determination	Case Type		
	1	2	3
0-29.99	1 (2.17)	0 (0.00)	3 (18.75)
30.00-69.99	4 (8.70)	2 (11.76)	1 (6.25)
60.00-89.99	27 (58.70)	10 (58.82)	11 (68.78)
90 and over	14 (30.43)	5 (29.41)	1 (6.25)
	46 (51.16%)	17 (21.52%)	16 (20.25%)

N=79

$\chi^2_{.05} = 9.448$ dif 4.

$\chi^2 = 10.95$ significant at .05 level

\bar{x} 62.18

78.16

80.56

*To both the State Central Registry and the subjects of the allegation.

Service Delivery

An indicated case remains the responsibility of child protective services until abuse/neglect circumstances are resolved or until the case is no longer under the legal jurisdiction of the agency. Rarely, a case may be closed with an "unsatisfactory prognosis" reflecting that the intervention of CPS has not resulted in a satisfactory resolution of abuse/neglect circumstances and that further CPS efforts are not expected to result in improvement.

The average service life of indicated cases currently active in Nassau County is 15.4 months. An analysis of closings by case type shows no statistically significant (.05) differences in the total active service life by case type. Available data suggest, however, that type 2 cases have the shortest service life, and type 3 cases the longest. The average service life of active cases by type are presented in Table 3, below.

TABLE 3
AVERAGE SERVICE LIFE OF
ACTIVE CASES BY CASE TYPE

Type 1	17.82 months
Type 2	9.81 months
Type 3	14.68 months

A second indicator of the shorter case life of type 2 cases is the percentage of cases closing within 1 year, presented in Table 4, below.

TABLE 4
PROPORTION OF CLOSINGS
WITHIN 1 YEAR OF SERVICE INITIATION
BY CASE TYPE

	Total	Closed Within 1 Year	%
Type 1	46	9	19.56%
Type 2	17	4	23.5%
Type 3	16	1	6.25%

It is important to note that adjudications of abuse/neglect, court ordered supervision and services and the placement of children in foster care are important determinants of service life for a case. For example, in New York State a case remains active with protective services for as long as a child is placed in foster care as a protective action. Similarly, court ordered supervision affects the length of service life on a case. In Section 3.4.2 we present data on the differing rates of foster care placement and petitions of abuse/neglect by case type which further support the apparent differences in service life reflected in Tables 2 and 3.

Evaluative Implications: It is clear that caseload following indication is a major service delivery issue in Nassau County. To the extent that the demonstration projects assume primary case management and service delivery responsibilities, they relieve demands on CPS staff resources during the service life of the case. However, case flow in child protective services

is largely determined by the nature and extent of contributing problems and appropriate timeframes for resolution through rehabilitative intervention. Thus, while it would be clearly desirable to reduce case life, the problems to be addressed in correcting or mitigating abuse/neglect circumstances may create a situation where caseload is a constant that cannot be reasonably affected by treatment interventions. The key service delivery issue which may be affected by the demonstration projects is the quality of services provided.

In the next section we present an analysis of the services needs of Nassau County cases, the investment of professional resources in each case and an estimate of costs of service delivery.

3.4 Service Inputs

The Child Abuse Community Centers program has been developed in response to two perceived problems in the current CPS delivery system, limiting the agency's capacity to provide adequately and directly for the rehabilitative needs of clients:

- (1) The constraints on worker time imposed by heavy caseloads.
- (2) Service gaps in the DSS system which are not adequately filled by cooperative arrangements with outside agencies.

The objective here is to determine whether there is evidence of service deficits establishing a need for the demonstration program model. The allocation of direct CPS time/case is

first examined (3.4.1) followed by an analysis of the service needs of clients and extent of dependence on outside agencies for service provision. (3.4.2).

3.4.1 CPS Worker Contacts by Case Stage

It is apparent without further examination that the capacity of CPS caseworkers to provide direct services to cases is severely constrained by caseload. An average caseload of 36 cases/worker allocated over a 35 hour work week leaves somewhat less than an hour per week per case to carry out a multiplicity of CPS functions. Though there does not currently exist an accurate and reliable data source describing the CPS workers actual utilization of time available data suggest that the worker is much more intensively involved in cases prior to determination than following determination!

An analysis of state Central Registry forms (2223's) recording the total number of contacts (telephone, written and personal) over a reporting period^{24/} shows significantly fewer contacts per month following indication as compared to pre-indication (investigation).

Investigation: During the course of investigation, the intensity of effort (as reflected in contacts) is not equal for all case types. Though there are no significant differences between type 1 and type 2 cases on the number of contacts per month, type 3 cases reflect a significantly higher number of both telephone and personal contacts. The means by case type and contact are presented in Table 6, below.

TABLE 6
AVERAGE MONTHLY CONTACTS DURING INVESTIGATION
BY CONTACT AND CASE TYPE */

Type of Contact	Case Type		
	1 (N=46)	2 (N=17)	3 (N=16)
Telephone	\bar{x} 3.78	\bar{x} 4.26	\bar{x} 11.49
	\bar{s} 17.93	\bar{s} 7.77	\bar{s} 508.17
Personal	\bar{x} 3.06	\bar{x} 3.98	\bar{x} 5.13
	\bar{s} 21.10	\bar{s} 11.36	\bar{s} 26.53
Written	\bar{x} 73	\bar{x} .46	\bar{x} .51
	\bar{s} 72.1	\bar{s} 60	\bar{s} .39

Source: Nassau County Central Registry. Date: September 1, 1977.

Unfortunately, it is not possible to translate contacts reflected in the Central Registry into service hours.

An examination of contacts in light of information previously presented on caseload and caseload leads reasonably to the conclusion that a significant proportion of the CPS worker's average week is allocated to investigatory activities. Noting that 50% of these cases will be unfounded or not require services, it is further reasonable to conclude that a considerable allo-

*/ Test of means (2) showed no significant differences at .05 level between types 1 and 2 on any measure; Type 3 cases in comparison to both type 1 and type 2 cases showed significantly greater contacts/month in both telephone and personal contacts.

cation of staff resources is made to cases which will never enter the service stream. Thus, while investigation is a relatively brief period in the total case life of an indicated case, the investigatory responsibilities of CPS caseworkers are seriously competitive with their rehabilitative and case management responsibilities.

Service Delivery

It is apparent that the intensity of effort, as reflected in recorded contacts, is not equally distributed amongst active indicated cases. The demands on a worker over the lifetime of case are shaped by case characteristics and events--the nature and severity of abuse/neglect circumstances, family crisis, recurrence of abuse/neglect, court hearings, etc. Thus, to describe the intensity of effort in terms of average contacts per month is particularly misleading during services delivery. Bearing in mind that patterns vary greatly from case to case, it is nevertheless useful to note differences in the number of contacts by case type. As illustrated in Table 7, below, type 3 cases reflect a higher level of case-worker involvement relative to other case types. While notable, the differences are not statistically significant (.05).

TABLE 7
AVERAGE MONTHLY CONTACTS DURING SERVICE DELIVERY
BY CONTACT AND CASE TYPE

Type of Contact	Case Type			
	1 (N=46)	2 (N=17)	3 (N=16)	
Telephone	\bar{x}	1.85	1.30	2.47
	S^2	4.17	1.72	4.23
Personal	\bar{x}	1.27	1.67	1.98
	S^2	1.29	3.02	2.36
Written	\bar{x}	.22	.14	.46
	S^2	.09	.03	.65

Evaluative Implications: Available data, while not providing a detailed accounting of CPS worker time by case stage, clearly provides evidence that CPS caseworkers can provide only limited, direct support and involvement for active indicated cases given their existing functions and caseloads. It is clearly not possible, for example, for a CPS caseworker to directly provide for intensive counseling and education in family life skills which are so often necessary to resolve/mitigate abuse/neglect circumstances. Provision of such services on a selective basis could not realistically occur without adversely impacting case monitoring and management responsibility on other active cases requiring rehabilitative intervention.

Thus, in our judgment there is substantial evidence to confirm the CPS administrators and caseworkers assessment of the agency's inability to provide directly for implementation of the rehabilitative plan. The time apparently available during the course of services delivery is barely adequate for the successful execution of case management and monitoring responsibilities mandated under state law. On the basis of the criterion of adequate staff resources, we therefore conclude that the demonstration program model responds to a real service delivery need expanding, through contractual arrangement, the professional skills necessary to rehabilitative intervention.

In the next section the service needs of clients are examined in an effort to determine the extent to which CPS is dependent upon outside agencies for the implementation of rehabilitative plans.

3.4.2 Service Needs of Clients

There is no reliable detailed documentation of the services plans for CPS clients.^{25/} An examination of selected services, generally recognized as core services for rehabilitative resolution or mitigation of abuse/neglect circumstances, however, was undertaken to determine the profile of services required and the extent of CPS dependence on outside agencies.^{27/} Table 8, below, summarizes the results of this analyses.

Profile of Needs

Table 8. reveals that an estimated 72% of all active indicated cases are assessed as requiring therapeutic counseling (individual, group, marital, or family). Homemaker and day care services for children, two oft cited elements of a child abuse/neglect service plan, are by comparison far less universally required. While health screening and treatment are required equally for all case types, the differences in demand for services amongst case types on all other services is notable. Significant contrasts are:

- the greater need for educational/psychological testing in type 2 and 3 cases as compared with type 1.
- the greater need for legal services and parent effectiveness training amongst type 3 cases in comparison to other case types.

- the lower overall demand for services (other than diagnostic) implied by type 2 cases.

TABLE 8
PROFILE OF SERVICES PRESCRIBED BY CASE TYPE

	Type 1	Type 2	Type 3	Total (all types)
Educational/Psychological Testing	19.35%	55.5%	40%	30%
Health Screening/Treatment	29.03%	33.0%	30%	30%
Day Care/Treatment for Children	20.00%	22.2%	40%	26%
Home Management/Improvement	29.03%	11.1%	20%	24%
Legal Services	9.68%	11.1%	50%	18%
Employment Related Services	9.68%	22.2%	0%	10%
Debt Management	0.00%	0.0%	10%	2%
Parent Effectiveness Training	9.68%	0.0%	40%	14%
Counseling	64.50%	100.0%	70%	72%
Drug/Alcohol Treatment	25.80%	0.0%	10%	18%

Extent of Dependence on Outside Agencies

As illustrated in Table 9, an outside agency is required for 83% of the cases requiring therapeutic counseling, the most universally prescribed service. CPS is totally dependent upon outside agencies for the provision of educational/psychological testing and health screening and treatment, the services most often prescribed, in rank order, after counseling. Though home-maker and housing improvement services are almost exclusively provided by the Department of Social Services, such services were required in only 8.3% of all cases examined.

While the Central Registry does not in most cases reflect a detailed accounting of the services plan, an examination of this data provides independent confirmation of the extent of CPS dependence on outside agencies.

The registry reflects that 56.6% of all services prescribed are intended to be provided in whole (46.9%) or in part (9.7%) by outside agencies. It is also notable that the dependence upon outside agencies rests primarily on voluntary arrangements. Only 6.2% of prescribed services are purchased.

TABLE 9
 PLANNED METHOD OF PROVISION OF SERVICES
 BY OUTSIDE AGENCIES
 BY SERVICE AND CASE TYPE

	Type 1	Type 2	Type 3	Total
Educational/Psychological Testing	100%	100%	100%	100%
Health Treatment/Screening	100%	100%	100%	100%
Day Care/Treatment for Children	60%	100%	25%	50%
Home Management/Improvement	0%	0%	50%	8.3%
Legal Services	100%	100%	100%	100%
Employment Related	0%	100%	0%	40%
Debt Management	0%	N/AP	100%	100%
Parent Effectiveness	66.67%	N/AP	50%	57.14%
Counseling	85.0%	88.9%	71.42%	83.33%
Drug/Alcohol Treatment	87.5%	N/AP	100%	80.00%

SOURCE: SURVEY ADMINISTERED TO NASSAU COUNTY CPS WORKERS, AUGUST, 1977.

Evaluative Implications: The analysis of the services needs of abused/neglected children and their families illustrate very clearly that the battery of services which can be provided directly by the Department of Social Services (through Title XX) are not perceived as the essential services for resolution of abuse/neglect circumstances. Counseling, the most universally prescribed service, might be adequately provided by CPS case-workers if heavy caseloads did not preclude such provision for all cases requiring such services.

The combination of the diversity of services required and the extent of dependence on outside agencies, each highly specialized to deliver only one of the many services that might be required on a given case, present very critical case management problems. The worker's role as case manager requires the coordination and cooperation of several different agencies on each case, both in arranging for and monitoring implementation of the services plan.

We therefore conclude that there is substantial evidence to indicate the need for intensive rehabilitative and case management services, such as those which are provided by the demonstration programs. The program model provides needed ancillary support for carrying out the CPS statutory mandate regarding rehabilitative services.

- 3.5 Service Outputs

At the national level, as noted in the introduction to

this report, research studies have charged that the factors which appear to exist in Nassau County--heavy caseloads, inadequate staff training, limited availability of direct services--have contributed to a failure on the part of public welfare agencies to successfully operationalize rehabilitative intervention. Specifically, it has been alleged that CPS agencies are overly dependent upon child removals and court intervention. While petitions of abuse/neglect and child removals are both necessary and unavoidable in some instances, the demonstration projects afford an opportunity to explore whether rehabilitative intervention can reduce court involvement and child removals may be carried out without risk to the child (i.e., recurrence of abuse/neglect circumstances). Thus, child removals, petitions of abuse/neglect and recurrence of abuse/neglect are relevant measures of the performance of the CPS system in Nassau County in comparison to the performance of the demonstration projects. In this chapter, we establish the baseline for later comparison with "service outcomes" of cases served by the demonstration projects.

Before exploring the "characteristic" outcomes of the current CPS delivery system in Nassau County (rates of petitions, child removals and recurrence), it is important to assess the first critical stage in implementation of the rehabilitative plan--client engagement in prescribed services. It is important to remember that the New York State Statute does not give CPS the authority to impel participation in the prescribed

rehabilitative plan (i.e., "services offered"). Voluntarism is, therefore, an important ingredient in completion of the services plan. In the absence of voluntarism, the worker has no recourse but to petition the court if the services are considered essential to the resolution/mitigation of abuse/neglect circumstances. It is also apparent given the extent of CPS dependence on outside agencies that agency cooperation is also a critical element in implementation of a services plan without court involvement.

The Child Abuse Community Centers Program was designed in response to perceived problems in engagement resulting from the lack of voluntarism on the part of clients and limited cooperation from outside agencies in their willingness to assist in intensive outreach to clients, and in some instances, to accept CPS clients. The specific engagement problems, client and agency based, which were identified by CPS administrators as establishing a need for the demonstration projects were explored and are discussed in detail below. The analysis provides a foundation for assessing the need for the demonstration projects as well as establishing a basis for comparative analysis of engagement rates.

3.5.1 Engagement

At the initiation of this evaluative effort CPS administrators stressed the importance of engagement citing several client and agency based barriers to engagement reflected in

Table 11. Client resistance and/or inability to follow through on referrals were cited as the major barriers to engagement. The existence of these barriers indicates a need for sustained intensive efforts to engage clients in service plans. Agency based problems which were cited included limited community based resources, waiting lists and client acceptance policies. Resistant clients, for example, were reportedly often regarded as "unworkable" after cursory outreach efforts.

An analysis of service questionnaires administered to Nassau County CPS workers reveals that clients become engaged in 79% of the services prescribed. An analysis of engagement rates by type of service, however, reveals that this overall rate is not reflective of all services.

An examination of Table 10, above, shows that while CPS is readily able to engage clients in diagnostic and supportive services, the rate of engagement in counseling, parent effectiveness training and drug or alcohol treatment is considerably lower. Counseling, a key service provided by the demonstration projects and a service most universally prescribed, reflects an overall engagement rate of only 64%. Parent aides and parent effectiveness training (forms of family life skills, education) also reflect a very low engagement rate (57%).

TABLE 10.

ENGAGEMENT RATES BY SERVICE AND CLIENT TYPE

	Type 1	Type 2	Type 3	Total
Day Care/Treatment	71.40%	100%	100%	84.6%
Educational/Psychological Testing	100.00%	100%	75%	93.3%
Health Screening/Treatment	88.80%	100%	100%	93.3%
Home Management	77.80%	100%	100%	83.3%
Legal Services	33.3%	100%	100%	88.8%
Parent Aides/	33.3%	N/AP	50%	57.14%
Counseling	60.0%	77.8%	57%	64.86%
Drug/Alcohol Treatment	62.5%	N/AP	100%	70.0%
Employment	33.5%	100%	N/AP	60.0%

SOURCE: SURVEY ADMINISTERED TO NASSAU COUNTY CPS WORKERS, AUGUST, 1977.

It is further notable that type 2 cases overall reflect a considerably higher rate of successful engagement. This is consistent with other professional research in the field, which has shown that middle class families generally will cooperate in an effort to minimize the length of public intervention in family life. Thus, engagement problems are more prevalent in multi-problem type 1 cases and in the more serious type 3 cases.

As evidenced in Tables 11 and 12, engagement barriers attend nearly every prescribed service. Overall, the ratio of engagement problems to prescribed services is 1.028; that is, at least one engagement barrier is present in relation to every prescribed service.

TABLE 11
 ENGAGEMENT PROBLEMS AS PERCENT OF TOTAL SERVICES
 REQUIRED BY TYPE OF PROBLEM AND CASE TYPE

	Type 1	Type 2	Type 3	Total
<u>CLIENT BASED PROBLEMS</u>				
Client unable to follow through on referrals	20%	8.7%	36.36%	22.2%
Mobility limited by lack of transportation/physical handicap	7.14%	4.34%	3.03%	4.76%
General resistance to intervention	30.00%	34.78%	33.33%	31.75%
Refusal to accept concrete services (e.g. homemaker services, day care)	7.14%	0.00%	6.06%	5.55%
Refusal to engage in self-help (e.g. alcoholics anonymous, debt management)	8.57%	0.00%	12.12%	7.94%
Refusal to engage in therapy or treatment for emotion problems	15.71%	26.08%	12.12%	16.56%
Other client based problems				
No problem/does not apply				
<u>AGENCY BASED PROBLEMS</u>				
Agency(ies) waiting list(s) too long	0.0%	0.00%	0.00%	0.00%
Agency(ies) unwilling to accept case/rejected as unworkable	4.28%	4.34%	9.09%	5.55%
Agency too far for client to travel	1.42%	0.00%	3.03%	1.59%
Coordination/monitoring multi-agency involvement in rehabilitation plan	1.42%	0.00%	0.00%	.08%
No agency available for treatment				
No problem/does not apply				

Analysis of Table 11 shows that these problems are client rather than agency based. Major client problems in order of importance are;

- (1) General resistance to intervention.
- (2) Client inability to follow through on referrals.
- (3) Refusal of therapeutic services.

Agency based problems by contrast rarely present barriers to engagement in prescribed services. The table suggests that it is not the lack of adequate community resources per se, but limited client voluntarism which presents barriers to implementation of a prescribed services plan. The pattern revealed in Table 10 again reflects conventional wisdom in the delivery of statutorily mandated child protective services. The overwhelming majority of public agency clients are nonvoluntary participants in the system; that is, they have not sought help as a result of self-recognition of parenting problems. The first barrier to the establishment of a therapeutic/rehabilitative relationship with a client is commonly client denial of the abuse/neglect problem. The client sees no grounds or rationale for outside involvement and no need to follow through on agency recommendations. Intensive outreach directed at developing client recognition and motivation to change is thus an important first goal in the delivery of child protective services.

As shown in Table 12, engagement problems are most prevalent in those services which require acknowledgement of parental failure--counseling, educational/psychological testing and treatment for drug or alcohol abuse. Counseling again stands out from other services reflecting the highest service rate of engagement problems.

TABLE 12
 AVERAGE NUMBER OF ENGAGEMENT PROBLEMS PER CASE
 BY SERVICE AND CASE TYPE

	Type 1	Type 2	Type 3	Total
Day Care, Day Treatment, Crisis Nursery	1.29	.14	1.00	1.076
Educational/Psychologi- cal Testing	1.33	.60	1.00	1.00
Health Screening/Treat- ment	.667	.667	1.67	.87
Home Management/Housing Improvement	.50	0.00	.50	.583
Legal Services	0.00	0.00	.667	.222
Parent Aides/Parent Effectiveness	.333	N/AP	.250	.142
Counseling: Individual, Group, Family, Marital	1.600	1.222	1.428	1.432
Treatment Drug/Alcohol Abuse	1.111	N/AP	2.00	1.400
Employment Related	0.00	0.00	N/AP	0.00

SOURCE: SURVEY ADMINISTERED TO NASSAU COUNTY CPS WORKERS,
 AUGUST, 1977.

Evaluative Implications: It is clear that the demonstra-
 tion model's emphasis on intensive outreach and the programmatic
 emphasis on counseling are conceptually sound. Counseling is
 prescribed in an estimated 72% of all cases, and yet only 64%
 of the cases for whom counseling is prescribed actually receive
 services. The major barriers to successful engagement are
 client based resistance and a lack of motivation to follow
 through on referrals. Given the very high caseloads of Pro-
 tective Services Workers, it does appear that additional

resources are necessary to provide essential intensive outreach directed at client recognition of problems and client willingness and motivation to seek help in resolution of problems. Thus, the rate of successful engagement especially in therapeutic counseling is an important measure of the program's success.

3.5.2 Child Removals

The removal of a child (or children) is a serious action undertaken when the home environment places the child in an unacceptably high risk of harm. The decision to remove a child and the arrangements for placement are largely determined by case circumstances including the presence of a capable adult in the household, the seriousness of abuse/neglect circumstances, the age and capabilities of the child(ren), the nature and extent of impairment of parental functioning. A short term crisis might lead to a brief temporary placement of the child with relatives, neighbors or a volunteer family. More serious family problems requiring time to resolve may lead to placement in foster care. Both the law and good casework practice are clear in recognizing that there are instances in which the child should be removed from the home as a protective action. Thus, a child removal should not be considered a measure of the failure of the protective service system. The question raised in the LEAA study previously cited (Schucter) is whether there are instances in which children are removed unnecessarily (i.e., where rehabilitative intervention might have safeguarded the child) and

whether following removal the home is prepared for the child's eventual return.

The demonstration program model affords an opportunity to examine whether effective rehabilitative intervention can reduce the rate of child removals and/or reduce the length of separation between the child(ren) and parents. The purpose of this section is to present the current rate of child placement by type of placement and length of separation for later comparison with cases served by the demonstration programs.

Table 13., below, summarizes the overall rate of child removals by case type. Overall, 37.97% of active indicated cases eventually result in the removal of one or more children. While the differences by case type are notable, they were not found to be statistically significant (.05). The rates of placement are considerably higher in type 2 and 3 cases in comparison to type 1.

TABLE 13.
RATE* OF CHILD REMOVAL BY CASE TYPE

N=79

Type 1	Type 2	Type 3	Total
32.6%	41.17%	50%	37.97%

*Rate as presented here is the total number of cases in which one or more children were removed as a percent of total cases.

TABLE 14
CHILD PLACEMENTS: BY TYPE OF PLACEMENT & CASE TYPE

Type of Placement	Type 1	Type 2	Type 3	Total
Institutional	13.3%	14.3%	12.5%	13.3%
Foster Care	40.0%	28.6%	50.0%	40.0%
Relatives	26.6%	28.6%	25.0%	26.7%
Hospitalization	6.7%	14.3%	12.5%	10.0%
Other	13.3%	14.3%	0.0%	10.0%

Table 14 shows that the majority of placements are either institutional or foster care (53.3%) and, as illustrated in Table 16, placements are characteristically long-term. It is important to bear in mind that the table reflects children placed and remaining as a protective action rather than closed cases. Thus, the actual average length of placement is likely to be considerably longer than reflected in the table.

TABLE 15
LENGTH OF PLACEMENT:
BY TYPE OF PLACEMENT AND CASE TYPE*

	Type 1	Type 2	Type 3	Total
Institutional	24.5	27.0	3.0	19.75
Foster Care	15.0	N/AV	25.8	21.90
Relatives	15.0	N/AV	24.0	18.00
Other -	N/AV	N/AV	N/AV	N/AV

*/ There is no central record of length and type of placements originating from Protective Services. Sample cases were matched with DSS records on services (Social Service Reporting Requirements) and records on vendor payments to estimate the length of placement.

It is also important to note in the context of this evaluation that the majority of child removals are initiated within the first 6 months following the initial oral report (as illustrated in Table 16, below).

TABLE 16
CHILD REMOVALS BY CENTRAL REGISTRY
REPORT SEQUENCE AND CASE TYPE

	Type 1	Type 2	Type 3	Total
As of indication (90 days)	80%	71.4%	87.5%	80.0%
1st six month report	13.3%	14.3%	12.5%	13.3%
2nd six month report	0.0%	0.0%	0.0%	0.0%
3rd six month report	0.0%	14.3%	0.0%	3.3%
4th or later six month report	6.7%	0.0%	0.0%	3.3%

Thus, unless the projects are involved in a case early on in the hope of preventing a placement, their potential impact is limited to lessening the duration of placement.

Evaluative Implications: In the absence of comparative data on other public agencies, it is not possible to determine whether "over-intervention" (i.e., unnecessary removals) occur in Nassau County. It is possible, however, to evaluate whether the projects have been utilized to prevent placements and with what degree of success relative to the normal rate of placement.

While available data on the length of placement are extremely tentative and inconclusive, it would appear that the prevention

of placements in all possible instances is desirable since the majority of placements appear to be long term non-relative placements. Though the impact of the projects involvement on lessening the duration of necessary placements is clearly an important evaluative issue within the constraints of this evaluative effort, it has not been possible to provide a sufficiently sound basis for comparison. Therefore, the evaluation cannot address itself to this issue.

3.5.3 Recurrence of Abuse/Neglect

The number of recurrences of abuse/neglect following indication is one important measure of the effectiveness of any child protective services system in controlling or mitigating abuse/neglect circumstances. When a child remains in the home with the perpetrator, there is an implied risk of recurrence which must be offset by supportive (day care, homemaker, parent aides, hot-line) or therapeutic services. Table 17, below presents the overall rate (total recurrences/total cases) by case type. The overall rate (.443) is not reflective of significant (.05) differences between the rate for type 1 (.586) cases vs. case type 2 and 3 (.242).* Thus, there is a significantly higher risk of recurrence amongst the multi-problem family than amongst other case types.

* A χ^2 at the .05 level showed that there were no significant differences in the profile of active case life amongst the three case types. Differences in the number of recurrences, thus, are not allowable to differences in the length of time active.

TABLE 17
RATE OF RECURRENCE BY CASE TYPE:
RATE AS TOTAL RECURRENCES/TOTAL CASES

Type 1	.586
Type 2	.294
Type 3	.188
Total	.443

SOURCE: Nassau County Central Registry of Abuse/Neglect.

Another useful way to examine recurrence is in terms of the proportion of cases with one or more recurrences of abuse/neglect (Table 18). Differences by case type are not statistically significant ($.05$)^{28/} for this measure, though variations by case type are similar in rank and magnitude to the rates shown in Table 18. Type 1 cases show a considerably higher propensity to recurrence relative to types 2 and 3.

TABLE 18
RATE OF RECURRENCE BY CASE TYPE:
RATE AS TOTAL CASES WITH ONE OR MORE RECURRENCES/TOTAL CASES

Type 1	.3478
Type 2	.176
Type 3	.125
Total	.266

Another important dimension in the consideration of recurrence of abuse/neglect is the severity of the recurrence. Since type 1 cases include no original indications on aggression (bruises/lacerations/welts, burns/scalding, fractures, subdural hematoma, or sexual abuse) it might be expected that subsequent recurrences of neglect would be of a less serious nature relative to other case types which include these original substantiations and excessive corporal punishment. Though the data is inconclusive as to differences in severity of recurrence by case type, it is clear that recurrences amongst type 1 cases include more serious offenses. Table 19, below, presents the number of serious recurrences as a proportion of total recurrences by case type. Thus, the initial indication for type 1 cases appears not to be a reliable indicator of the degree of risk to the child in all cases.

TABLE 19,
SERIOUS RECURRENCES OF ABUSE/NEGLECT
AS PROPORTION OF TOTAL RECURRENCES
BY CASE TYPE

Substantiation	Case Type			Total
	1 N=46	2 N=17	3 N=16	
Bruises/Lacerations/Welts	.111	.400	.333	.1714
Burns/Scalding	.074	.000	.000	.0571
Sexual Abuse	.037	.000	.000	.0286
Fractures	.000	.000	.000	.000
TOTAL SERIOUS	6	2	1	9
TOTAL OTHER	27	5	3	35
RATIO SERIOUS/ OTHER	.222	.400	.333	.257

Evaluative Implications: On the basis of evaluation data, we can assert with 95% confidence the following:

- (a) 16.84% to 36.82% of all cases will result in a recurrence of abuse/neglect.
- (b) The overall rate of total recurrences to total active indicated cases is between 33.48% and 55.25%.
- (c) The rate of recurrence amongst type 1 cases (.586) is significantly higher than the rate amongst type 2 and 3 cases (.242).
- (d) More than 11.3% (and less than 40%) of all recurrences will involve one of the following serious allegations --bruises/lacerations/welts, burns/scalding, sexual abuse or fractures.

While the overall performance of Nassau County on this measure cannot be assessed in the absence of comparative data, it is clear that it is intrinsically desirable to lower both the frequency of recurrence and the risk of a serious incident. The overall rate of recurrence, and most especially, the rate amongst type 1 cases, are notable areas. A statistically significant reduction attributable to the demonstration projects would be an important indicator of service effectiveness, especially in conjunction with a lower rate of child placement. Virtually, absolute control over recurrence can be achieved by removing all abused/neglected children from their homes. The rate of recurrence/case in Nassau County (.443) is achieved in the context of a placement rate of .3797. A lower rate on both measures would reflect the project's capacity to more effectively control abuse/neglect circumstances with a lower implied risk of disruption of family life through removals of children.

While it would also be desirable to demonstrate a lower rate of serious recurrences, the estimated rate (.2587) is based on too small a sample to permit meaningful comparisons. Therefore, while the rates can be compared, meaningful conclusions cannot be drawn with regard to the project's capacity to reduce the recurrence of serious incidents of abuse/maltreatment.

3.5.4 Petitions of Abuse/Neglect

In instances where the efforts of Protective Service Workers have not resulted in satisfactory progress in resolving or

mitigating abuse/neglect circumstances, the Protective Service Worker may invoke the powers of the court through, among other measures, a petition of abuse/neglect. Whether the child is adjudicated abused/neglected or an adjournment contemplating dismissal occurs, the court may issue orders of compliance as to the continued relationship between the parent and child (placement, supervision, etc.) and the family's participation in services.

While the precise circumstances warranting the filing of a petition may vary, the New York State statute specifically cites the client's refusal to accept services deemed necessary for the child's well being as grounds for court involvement. In the broadest sense, the rate of petitions of neglect/abuse filed is reflective of the extent of satisfactory progress achieved through resources (staff and programmatic) directly available to the Department of Social Services. That is, the higher the rate of petitions, the lower the agency's perceived capacity to independently control and mitigate abuse/neglect circumstances through casework and the provision of necessary services. Thus, if the projects have a demonstrated capacity to lessen the perceived need for court involvement (as reflected in the rate of petitions filed), this would indicate an increased capacity for CPS to function effectively independently of the criminal justice system. Concurrently, the demand on the county resources related in court action (by DSS, Legal Services, and Family Court) would be lowered.

The evaluation team has adopted the view that the rate of petitions for abuse/neglect is more appropriately viewed not as a measure of the success or failure of mandated child protective services per se, but as an indicator of the extent of independent functioning achieved within the statutory framework. Thus, the projects afford an opportunity to evaluate whether community based rehabilitative service can achieve CPS objectives with a lowered dependence on family court intervention. Our objective in this chapter is to establish the current rate of filing of petitions for later comparison with the Child Abuse Community Centers Program.

Overall, the rate of petitions filed is .245, with type 1 cases having a significantly (.05) lower rate (.1304) in comparison with type 2 and 3 cases (.3939). Type 3 cases reflect the highest rate, with 50% of all cases brought to family court. (See Tables 20 and 21). Thus, while type 2 and 3 cases comprise only an estimated 41.7% of the active indicated protective services caseload, these cases account for an estimated 68.4% of all CPS petitions for abuse/neglect.

TABLE 20
RATE OF PETITIONS FILED
BY CASE TYPE

Type 1	.1304
Type 2	.2904
Type 3	.500
Total	.2405

TABLE 21
PETITIONS OF ABUSE/NEGLECT
BY CASE TYPE

Filing Status	1	2	3
No Petition Filed	40 (86.96%)	12 (70.58%)	8 (50%)
Petition Filed	6 (13.04%)	5 (29.42%)	8 (50%)
TOTAL	46 (100%)	17 (100%)	16 (100%)

$$\chi^2_{.05} = 5.991 \text{ (d.f. = 2)}$$

$$\chi^2 = 9.216 \text{ (significant at .05 level)}$$

It is clear on inspection of Table 22, below, that the projects' potential capacity to lower the rate of family court involvement is largely a function of their early involvement, especially in type 2 and type 3 cases. Sixty-seven percent of all petitions of abuse/neglect are filed within the first six months following oral report.

TABLE 22
PETITIONS OF ABUSE/NEGLECT
BY FIRST NOTATION IN CENTRAL REGISTRY

Central Registry Sequences	Case Type			Total
	1	2	3	
At indication (90 days)	1 (16.6%)	2 (40%)	8 (100%)	11 (58%)
1st six months	0 (0.0%)	1 (20%)	0 (0.0%)	1 (6%)
2nd six months	2 (33.4%)	1 (20%)	0 (0.0%)	3 (17%)
3rd six months	3 (50%)	1 (20%)	0 (0.0%)	4 (23%)
4th six months +	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
TOTAL	6 (100%)	5 (100%)	8 (100%)	19 (100%)

It is interesting to note that 80% of the abuse/neglect petitions filed on type 1 cases are first noted in the Central Registry a year or more after the date of oral report. While the sample sizes are too small for generalization, the pattern reflected in Table 23 suggests that petitions tend to be filed early on in the active life of a case where abuse/neglect circumstances are more immediately threatening to the child. The reader will recall that type 1 cases do not include any initial

serious allegations of abuse/neglect, but that such allegations may result in the course of the active life of a case.

Evaluative Implications: The rate and timeframe for filing of abuse/neglect petitions raises two evaluative issues. First, the evaluation must respond to the question, "to what extent has Nassau County Protective Services utilized the demonstration projects in an effort to avoid court intervention, i.e., are the projects involved early enough to have an effect on the likelihood of filing of a petition?" In the context of this evaluative effort, which has not included a comprehensive analysis of circumstances leading to the filing of a petition, this question can only be partially addressed through an examination of the number of cases referred with petitions already pending. A high rate of referrals with petitions pending could indicate either ineffective utilization of the projects with regard to petitions or that the circumstances attending the filing of a petition are serious, immediate and not viewed as subject to positive change by the projects.

The second evaluative issue presented by evaluative data is whether there is "room" for significant project effects on the filing of abuse/neglect petitions. Only an estimated 22.78% of all active indicated cases are expected to eventually result in the filing of a petition. The lower bound of the 95% confidence interval on this estimated rate is .1353 for the sample size (79). Thus, the projects would have to reflect a rate of less than 13.5% to be considered as significantly lowering the rate of family court involvement necessary to further CPS objectives.

3.6 Costs of Services and Functions

Since it has not been possible to undertake a comprehensive cost effectiveness analysis of the CPS system in Nassau County, and no prior analysis had been undertaken, we have approached the issue of costs through an analysis of the extent to which the costs of the demonstration projects might be offset by differences in service outcomes and the reduced demands for Title XX and other services normally provided by DSS.

Costs are developed for two of the four outcome measures--petitions of adjudication and child removals. Where there is a significant difference in the rate of occurrence on either of these measures, a "cost savings" accrues which may be considered to lower the "true cost" of the demonstration program. Additionally, costs are developed for specific services--day care, homemaker and preventive--which are frequently provided by DSS, but which may not be required on cases served by the demonstration projects. Differences in the rate of demand for these services may also be considered a "cost savings", offsetting the total costs of operating the demonstration projects.

It is important to stress that the analysis is more appropriately viewed as an exploration of cost effectiveness of the projects in comparison to normal CPS. Our intent here is to provide an indication of whether the projects might be cost effective. A considerably more indepth analysis of normal CPS costs including medicare and medicaid costs expended for counseling, health screening and other services is necessary to establish the true cost of the demonstration projects in relation to current CPS operations.

3.6.1 Petitions of Abuse/Neglect

On the basis of available data, it is estimated that Nassau County DSS costs associated with the filing of abuse/neglect petitions and follow-up on court orders are \$2,928 per case. Petition related activity (preparation, hearings, follow-up) comprise an estimated total of \$336,720 per year, or 24% of the total annual CPS budget. This estimate reflects only a portion of the total costs to Nassau County associated with Protective Services originated abuse/neglect petitions, and only a portion of DSS costs of enlisting Family Court in the resolution of abuse/neglect circumstances. The costs of Family Court operations, public counsel appointed to represent abused/neglected children and their parents, and DSS costs of Family Court action other than petitions of abuse/neglect could not be estimated on the basis of readily available data.

The resources allocated to court related activity are a matter of concern to Nassau County CPS administrators. As noted in the 1975 annual report on Child Protective Services, while "the number of petitions filed continues to be quite low in relation to the total caseload, court appearances consume a considerable amount of staff time". As noted previously, a special services unit, comprising 15% of the total CPS service unit staff* was established specifically to provide supervision on adjudicated cases or ACOD's where the child remains with the

*Excluding administrators, clerical staff, unit supervisors and the Central Registry unit.

perpetrator. The caseload falling into that category is estimated at 2.9% of the total annual caseload and 6.1% of the annual total of active indicated cases. It is, therefore, apparent that petitions of abuse/neglect are disproportionately costly in relation to the number of cases served.

The estimated costs of filing abuse/neglect petitions are based on very limited available information briefly summarized below. While the estimated costs to DSS are reasonably derived on the basis of this data, a considerably more rigorous analysis is necessary to derive a reliable estimate of petition costs.

Method of Estimation

A. Filing of Petitions

Workers estimate that an average of 7 mandays is required to prepare a petition and participate in hearings through final disposition by Family Court. In the absence of a detailed accounting of all DSS personnel involved in filing a petition, the evaluation team allocated the total CPS budget for fiscal year 1976-1977, \$1,418,906, over the total number of CPS service unit line staff, 34, to derive an estimated cost per worker per year. While the estimate thus derived may not be precise, the approach is appropriate in light of the central role played by CPS caseworkers not only in the filing of petitions, but in the overall delivery of child protective services.

On the basis of a 222 day work year, the costs per worker per day is approximately \$188, yielding an estimated cost per case for filing of \$1,316.

In 1975 a total of 120 petitions were filed, accruing an estimated total expenditure of \$157,920 (120 x \$1,316) or 11.13% of the 1976-1977 budget (\$157,920 / \$1,418,906).

B. Follow-Up

The estimated rate of dismissals on petitions filed is 11%. This estimate is based on the number of dismissals (2) recorded in the Central Registry on 18 cases out of a sample of 79 randomly selected active indicated cases.

Thus, approximately 107 of the 120 cases filed in 1975 entered a follow-up stage as adjudicated cases or adjournments contemplating dismissal. If the child(ren) remains in the home of the perpetrator, the court in virtually every instance will order supervision for a period of 18 months for adjudicated cases and one year for ACOD's. On the basis of our sample of 79 cases, it is estimated that in approximately 44% of all adjudicated cases or ACOD's the child remains with the perpetrator. These cases are automatically transferred from the service unit originating the petition to the supervision unit for follow-up on Family Court compliance orders. The remaining cases continue with the service units, and thus incur no special costs beyond the costs associated with filing.

Cases entering supervision, however, do incur "special costs" estimated at \$2,980 per year per case. Each worker in the supervision unit serves an average caseload of 14. At \$188.00 per worker per day, the cost per case per day is \$13.42

or \$2,980.82 per year. The unit services an estimated total of 60 cases per year at an annual cost of \$178,800 or 12.6% of the 1976-1977 budget.

Data on the rate of ACOD's vs. adjudications are not available, therefore, there is no basis for estimating the proportion of adjudications where supervision is normally ordered for a period of 18 months. However, the supervision unit estimates that extensions of one year are sought on between 30% and 40% of all cases. On the basis of this estimate, the average costs for follow-up on adjudicated cases and ACOD's where the child(ren) remains at home is \$14,153 over the lifetime of the case. (See below for method of derivation).

Average Costs Per Petition

Approximately 770 cases per year are investigated and founded. Of these, 22% or 170 are expected to eventually result in the filing of a petition at a cost of \$1,316 per case. One hundred fifty-one of these cases will be adjudicated or adjourned contemplating dismissal. Of these 151 cases, 44% or 66 cases will involve a child remaining in the home and requiring supervision. Sixty percent of these cases or 46 will be supervised for at least one year, and 40% or 26 cases will be supervised for at least two years at a cost of \$2,980 per year. Thus, as illustrated below, the average costs per case for the 170 cases coming into the CPS system each year which will eventually result in a petition is \$2,928.

	770	new indicated cases per year
	x .22	expected to eventually result in petition
@ \$1,316	170	petitions eventually filed
	x .89	not dismissed by Family Court
	151	adjudicated or ACOD
	x .44	child remaining in home requiring supervision
	66	cases requiring supervision
	x .40	expected to request one year extension
@ \$2,980/yr.	26	cases in supervision for at least 2 years
@ \$2,980/yr.	40	cases in supervision for 1 year

$$170 \times \$1,316 = \$223,720$$

$$26 \times \$5,960 = \$154,960$$

$$40 \times \$2,980 = \$119,200$$

$$\text{Avg. DSS Cost/Petition} = \$497,880/170 = \$2,928$$

Evaluative Implications: While the rate of filing of petitions is low, the costs to Nassau County DSS are extraordinarily high. Therefore, it is clearly desirable to utilize the projects to the fullest extent possible in efforts to avoid Family Court intervention. A statistically significant difference of only 10 cases would offset the costs of the projects to date by 7%. An important direct effect of lowered Family Court involvement would be an increased agency capacity to direct resources into rehabilitative efforts. It would appear, on the basis of available data, that a disproportionately high percent of total CPS resources are currently allocated to legal activities--investigations and petitions of

abuse/neglect. Under the current New York State statutes, very little can be done to channel resources away from investigatory functions. Therefore, lowered rates of Family Court involvement is one of very few opportunities for redirecting resources from legal to rehabilitative functions.

3.6.2 Child Removals

As noted previously, 37% of all cases eventually result in the removal of one or more abuse/neglect children. The majority as previously shown are placed with non-relatives in long term care. The costs of these child placements are not reflected in the annual Child Protective Services budget, but are substantial as shown below. The average cost to date per case amongst cases with children in placement is \$5,480. The mean cost/case amongst children remaining in foster care or institutions was \$7,471 over an average of 20 months per case. The average reflects all placements whether temporary hospitalization, or placements with relatives where costs were not incurred by DSS. It is estimated that \$519,890 per year or 34% of the foster care budget is expended on the administration of placements originating within child protective services.

Method of Estimation

The cost estimate per case is comprised of two components-- vendor payments and undercare (foster care) worker reported hours invested in arranging for and monitoring placements.

To derive the costs per case to date for vendor payments, all cases in the sample of 79 reflecting a Central Registry notation of any form of child removal were matched against DSS records of foster care and institutional placements by case name and local case number. The number of months in placement and all recorded costs were compiled by case and case type, and an average weighted by case type was compiled across all cases.

To derive an estimate of staff costs per case, all cases in the sample were matched by case name and local case number against the State Social Service Reporting (SSR) files which record worker hours by service provided. Recorded hours for foster care services were compiled by case and case type noting the earliest and latest dates of reports for each case. The total foster care budget for the year ending September 30, 1977 was divided by the number of line workers within foster care to derive an estimated costs per worker per day. Recorded hours were converted to days (8 hours = 1 day) and a weighted average of hours per case computed. This was added to the weighted average of vendor payments to compute the estimated cost of \$4,443.27 per case.

To derive the estimate of total foster care administration expenses emanating from Child Protective Services, the estimated rate of placement (.3797) was applied to the estimated average annual total of active indicated cases, 1,250, and multiplied

by the computed undercare days per case per year. This figure, \$519,894, was then divided by the annual foster care budget in 1976-1977 to derive a percentage. The actual percentage of costs resulting from child protective services may be considerably higher since this method of computation does not take into account ongoing services hours on children remaining in placement longer than one year.

Evaluative Implications: Amongst 79 cases active for an average of 19 months, 30 cases have resulted in placements costing an estimated \$164,401 to date. Prevention of placements is clearly not only a desirable service objective from the standpoint of disruptions to family life, but in terms of reducing service costs. A significant difference of 10 cases in the rate of placements amongst project serviced cases would offset total demonstration costs to date by approximately 13%. As noted previously, the majority of child placements occur in the first six months following oral report. Therefore, once again the issue of effective utilization of the projects is raised. In order to prevent placements, the projects must be involved in a case very early on. However, the major costs associated with placement are time related. Therefore, even if the projects have not been involved early enough to prevent a placement that might have been averted through successful engagement in treatment, they may still have a significant positive impact on costs if their involvement can be shown to lower the length of placement.

3.6.3 Day Care

Day care services are prescribed primarily to relieve stress which might lead to a recurrence of abuse/neglect. A cross-reference of 79 sample cases with the SSR files showed that day care services were provided for a total of 12 cases out of 62 for whom SSR files were found or an estimated 19.35% of all cases.* The SSR files reflected a total of 80.75 worker hours or 6.73 hours per case at an estimated cost of \$552 per case. The total estimated cost of services for the 12 cases (\$6,624) is only a small fraction (.25%) of the total DSS day care budget.

In comparison to foster care placements or petitions of abuse/neglect, the cost per case for provision of this service is negligible. Thus, a reduced demand for day care services attributable to project involvement would only minimally offset demonstration project costs. A significant difference of 10 cases would offset total costs to date by only an estimated 1.38%.

3.6.4 Homemaker Services

Homemaker services are provided partially to reduce stress, but are intended to effect more appropriate child care through training on home maintenance, nutrition, preparation of food, hygiene, etc. Amongst 62 cases on whom SSR files were located,

*This estimate is consistent with that derived from the services questionnaire which showed that 26% of all cases were offered day care, day treatment of crisis nursery and that 24% received such services.

5 or 8.06% reflected the provision of homemaker services. The 5 cases reflected a total of 81 service hours, 16.2 hours per case, at an estimated cost of \$500 per case.

As with day care, the cost per case for provision is low and reduced demand for provision would only minimally offset total demonstration project costs.

3.6.5 Home Management and Housing Improvement

Home management and/or housing improvement services were reflected for 6 of the 62 cases on whom SSR forms were available. These services were provided at an estimated cost of \$77 per case.

The costs of provision and overall demand for the service are so low that a reduced demand would contribute little to offsetting the costs of the demonstration projects.

SUMMARY

The services examined in this cost analysis are summarized in Table 24. It is clear from inspection of this table that the greatest opportunities for costs and service impacts are in child removals and petitions of abuse/neglect. Significant reductions in the overall rate of occurrence on these two measures or a reduced timeframe for placement of children would result in considerable costs savings to Nassau County. A reduced demand for day care, homemaker, home management and improvement services by contrast would not significantly alter the total costs of service provision to abused/neglected children and their families.

The table and preceding analysis also underlines the fact that the annual budget for child protective services reflects only a portion of the total investment of public resources in the resolution of abuse/neglect circumstances. Nearly a quarter of a million dollars per 100 cases indicated is expended under other DSS service lines on cases active an average of 19 months to date. Annual non-CPS expenditures per 100 cases are estimated at \$141,144. At an intake rate of approximately 800 cases per year an estimated \$1,129,152, an amount nearly equal to the annual CPS budget, is expended annually under non-CPS service lines--foster care, day care, homemaker, home management and housing improvement. This estimate does not account for the cumulative annual costs associated with long term placements

of children, nor does it include other potentially costly items such as medicaid reimbursement for health screening, psychological testing, counseling or psychiatric treatment.

These costs should be explored in order to provide a comprehensive base for analysis of the cost effectiveness of the demonstration projects. For the purposes of this analysis, however, a comparative analysis based on "cost savings" attributable to lower rates of child removal or petitions, or demands for concrete/supportive services will provide administrators with preliminary indications of the cost effectiveness of the demonstration program.

TABLE 23
COST PER HUNDRED CASES* OF SPECIFIC SERVICES

Item	Rate	# of cases 100 exptd.	Cost/Case	Cost/100
Petitions	22.78%	23	\$2,928	\$ 67,344
Removal	37.97%	38	\$5,480	\$208,240
Day Care	19.35%	19	\$ 552	\$ 10,488
Homemaker	8.06%	8	\$ 500	\$ 3,991
Home Mgt./ Improvement	9.68%	10	\$ 76	\$ 760
				\$290,823

*Based on a sample of 79 cases active for an average of 19 months.

4.0 CHILD ABUSE COMMUNITY CENTERS PROGRAM

The Child Abuse Community Centers Program is a demonstration of a model for public welfare agency delivery of child protective services embodying several distinctive elements thought to influence the effectiveness and efficiency of the delivery of child protective services. The features which mark the program in contrast to the normal CPS delivery system in Nassau County as discussed in the previous chapter are:

- (1) Control and Service Capacity: The creation of a quasi-public agency functioning exclusively as a service arm of CPS vs. direct provision of services and dependence on voluntary cooperation of outside agencies.
- (2) Specialization: Referral of cases to agencies exclusively servicing indicated cases of child abuse/neglect vs. dependence on outside agencies servicing cross section of clients with varying problems precipitating need for service.
- (3) Service Integration: Single "outside" agency providing range of services--therapeutic, concrete, supportive vs. dependence on outside agencies with single service focus.
- (4) Case Management: Sharing of case management responsibility with "outside" agency vs. sole CPS responsibility for coordinating and supervising delivery of services.
- (5) Service Intensity: Control of caseload to insure availability of staff resources for intensive interaction vs. acceptance of all cases with existing staff resources.
- (6) Separation of Legal vs. Rehabilitative Functions: Availability of staff under control of CPS exclusively focusing on rehabilitative/supportive intervention vs. CPS caseworker dual responsibility for legal and rehabilitative functions.
- (7) Decentralization of Services: Community-based delivery of services vs. centralized delivery.

It was hypothesized that the combined presence of these program features would lead to more effective control and correction of abuse/neglect circumstances achieved through a higher level of client participation in and completion of prescribed services plans.

In this chapter we provide a complete description of the Child Abuse Community Centers Program analyzing the administrative framework for operations, the service delivery process, and the effects of the program on CPS delivery as measured by roles of engagement, recurrence of abuse/neglect, petitions of abuse/neglect and child removals.

4.1 Program Overview

The Child Abuse Community Centers program comprises two sites, each sponsored by a community agency. The Parent-Child Project, sponsored since its inception by the Family Services Association, is located in Levittown and services a catchment area comprised of four contiguous communities--Levittown, East Meadow, Bellmore and Merrick. The Family Center, sponsored since October of 1976 by the Long Beach School District, is located in and primarily serves Long Beach though the catchment area includes adjacent communities. During the first year of program operations, the Family Center was sponsored by Adelphi University. The change in sponsorship was accompanied by a complete change of staff and project director.

The catchment areas of the two projects are wholly contained within the geographic areas of each of two service units within Nassau County child protective services. Each catchment area comprises approximately 50% of the total territory for which the CPS service unit is responsible. Thus, the primary interface occurs between the director and staff of a demonstration project and the supervisor and staff of a services unit within CPS.

Cases are referred to the demonstration projects following an investigation of abuse/neglect allegations leading to a determination of "credible evidence" of abuse/neglect. The projects are not involved in the investigation, nor do they have any contact with a case until a decision to indicate the case has been made. Though cases are generally referred shortly after the decision to indicate the case has been made, cases may be and have been referred at any point in the active life of the case following indication. By contractual arrangement, CPS referrals are the only source of intake to the projects. Neither project may accept referrals from other sources.

The project's general mandate is to provide two major types of services to families referred:

- (1) sustained intensive outreach to engage the client in an appropriate services plan.
- (2) rehabilitative services including therapeutic, educational, socialization and practical.

Though the projects are primarily focused on parent-centered rehabilitative treatment and are generally referred entire cases,



CONTINUED

1 OF 2

their mandate and responsibilities are not limited to therapeutic intervention nor restricted to the treatment of entire families. Program policies and procedures insure that protective services maintains the projects as a resource on any case or client(s) within a case where services and staff available can further CPS goals. Thus, a case may be referred for such diverse purposes as placement, assessment . . . or intensive supervision. One or more family members not successfully engaged in services elsewhere may be referred while other members are seen by other agencies. While there are exceptions, on the whole the projects are assigned primarily rehabilitative functions for entire families. To insure the availability of intensive services, a census is established for each project providing a ratio of 1 caseworker per 5 cases.

While CPS control is a major element in the design and administration of the Child Abuse Community Centers program, the projects are given a great deal of latitude in the formulation of service delivery approach and staffing worker budget limitations. Thus, in the first year of program operation, the two sites were markedly different. The Family Center, under Adelphi sponsorship provided services through students supervised by faculty. Outreach and home centered supportive services were emphasized over therapeutic treatment and case management was informally coordinated amongst caseworkers responsible for various members of a family. The Parent-Child project, by contrast, provided a problem oriented service team approach emphasizing therapeutic intervention with services delivered by professional staff.

There are still some notable differences in approach between the two demonstration programs. In general, the Parent-Child Project has placed greater emphasis on parent-centered traditional therapeutic approaches. The Family Center, while relying on traditional therapeutic modalities, has placed considerable emphasis on family life skills education and much greater emphasis on the child. In part, the Family Center's sponsorship by the Long Beach School District has provided both a catalyst and opportunity for focus on the child permitting, for example, direct coordination between teachers and project staff during the course of rehabilitation. During this program year, the Parent-Child Project has also set as a goal more specific focus on children.

Though differences in approach are notable and worthy of further study, the effects of differences cannot be addressed on the basis of experience to date, especially in a context of such striking basic similarities between the two programs. In subsequent chapters, therefore, differences are noted where they are/or may be significant, but the projects are treated as a single program model in comparison to the normal CPS model. The chapters are organized to present first a topical discussion describing program elements, then an assessment against topically relevant evaluative criteria set forth in the final evaluation design. -

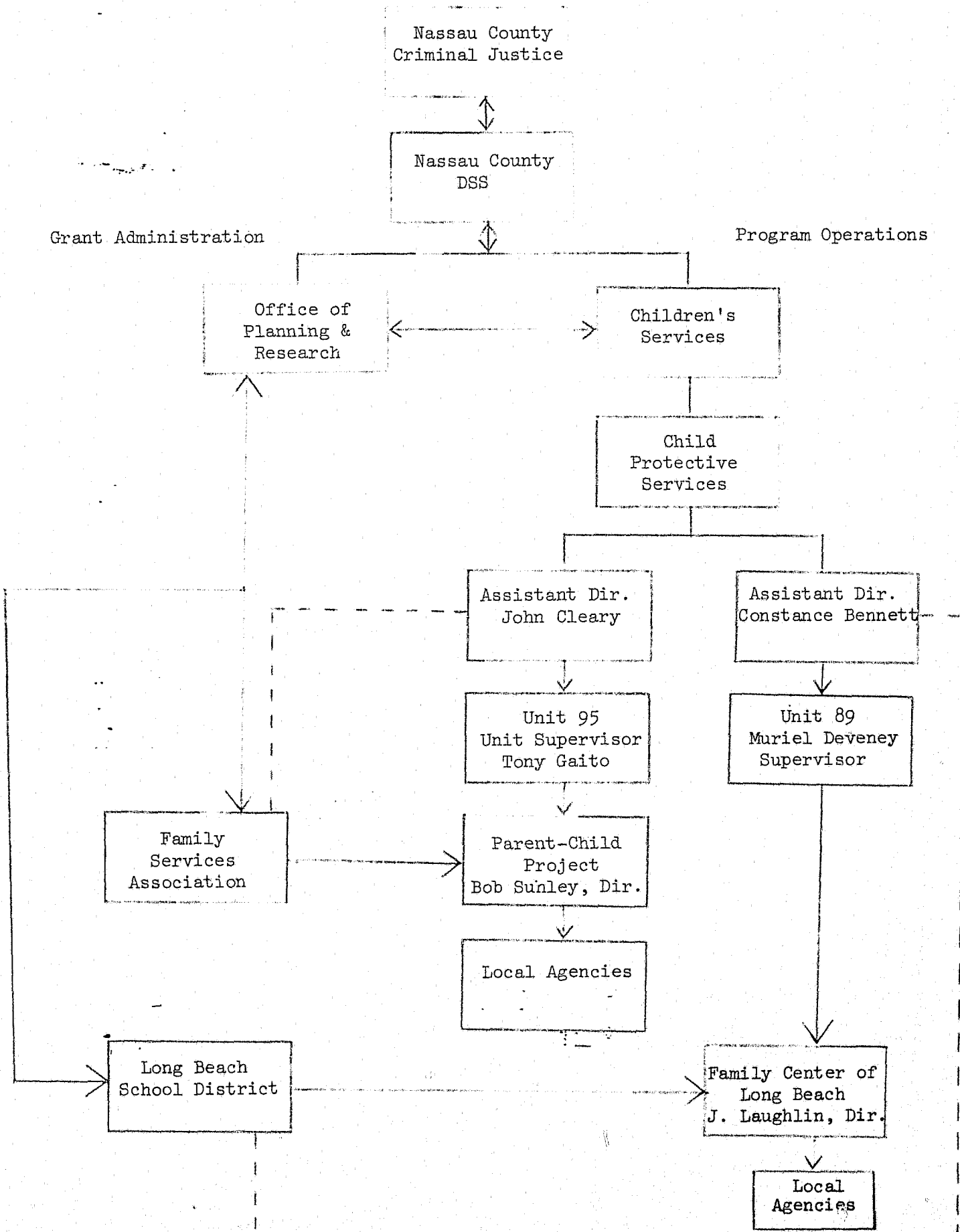
4.2 Administration and Organization

4.2.1 Overall Administration

The overall administration of the Child Abuse Community Centers Program is illustrated in Figure 4.1. The primary interface, as previously noted, occurs between a project and a services unit. Immediate supervision of program operations is provided by the project directors and the supervisors of the liaison units. The relationship of each unit is separately supervised for each project by the two assistant directors of Child Protective Services--Mr. John Cleary for the Parent-Child Project, and Ms. Constance Bennet for the Family Center--who have primary authority in establishing program policy and operating procedures. The sponsors of the two projects are ultimately responsible for the delivery of services in accordance with contractual obligations and are expected to provide programmatic support appropriate to the functions and nature of their agencies. Payments are made through the sponsor who maintains contact with the Office of Planning, Research and Evaluation on fiscal and contractual matters.

Each project has taken independent initiatives to establish contacts and working relationships with local community agencies whose services and support might be required to supplement the project's direct provision of services during the course of diagnosis and treatment. Such DSS services as may be required--homemaker, day care, etc.--are requested and coordinated through the Protective Services unit rather than directly with the appropriate DSS functional unit.

FIGURE 4.1
CHILD ABUSE COMMUNITY CENTERS PROGRAM
ORGANIZATIONAL CHART



4.2.2 Functional Organization

The day-to-day operation of the demonstration program occurs primarily between the 2 services units participating in the demonstration and the two projects. Immediately following is a discussion of the roles and responsibilities of CPS and project staff and of the administrative mechanisms, both formal and informal, which have been developed to provide for coordination, management, and assessment of services. The discussion is organized around three stages of service delivery-- (1) project intake; (2) services planning and delivery; and, (3) follow-up.

A. Project Intake

Project intake is a two stage process. The first stage, referral, begins with a caseworker's decision to refer a client and ends with a case conference with the demonstration projects. The second stage outreach begins with the project's first contact with a case and ends with the client's engagement in appropriate services.

1. Referral

Under the model program, CPS continues to maintain exclusive responsibilities for receiving, investigating and making determinations on abuse/neglect allegations. Cases are not referred until the caseworkers and unit supervisor have determined that there is credible evidence of abuse/neglect under

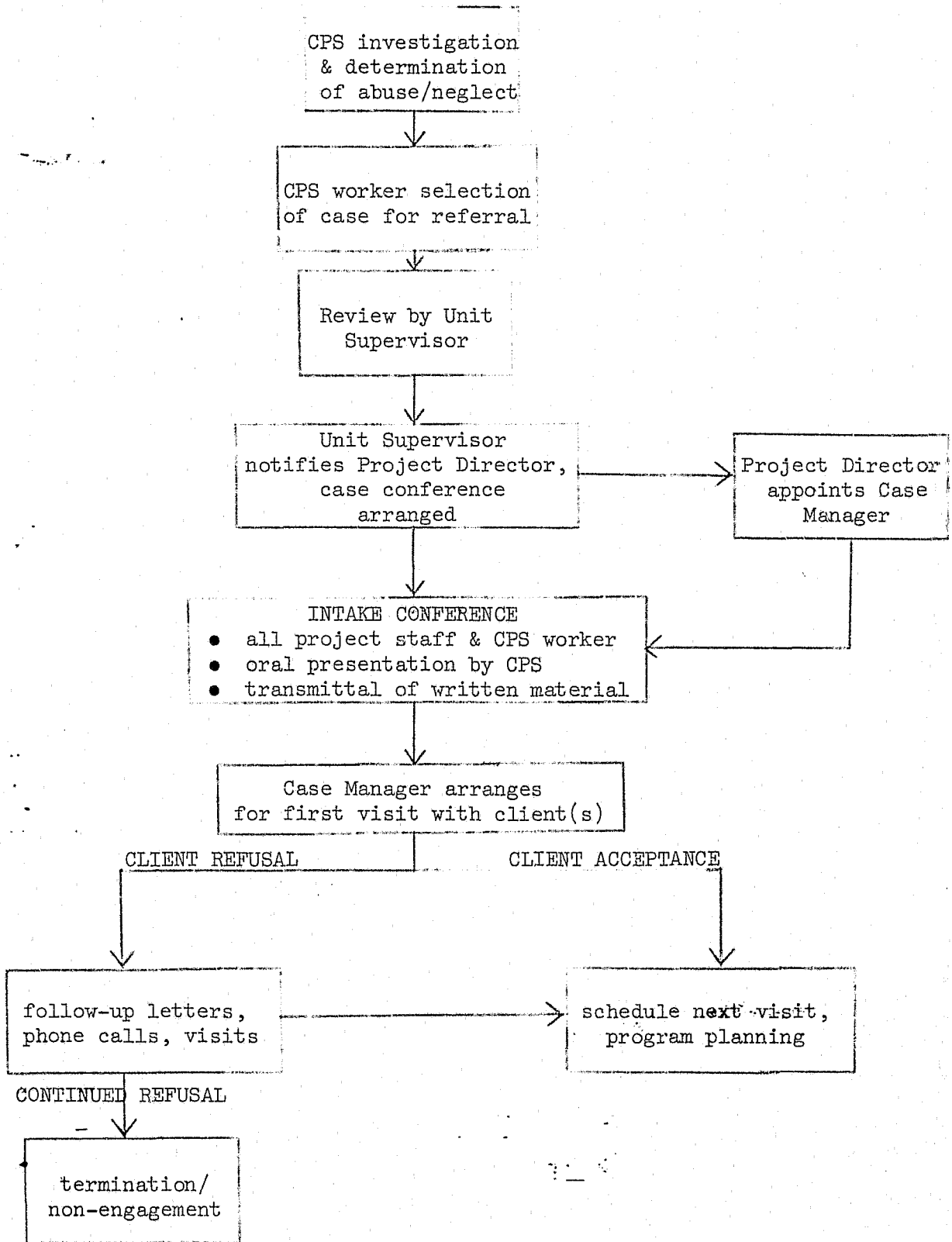
New York State law. Any active indicated case or individual family members within a case may be referred at any point following the decision to indicate the case. Referrals are reviewed by the Unit Supervisor and the intention to refer discussed with the project director. Thus, referrals and intake are administratively controlled creating opportunities for the unit supervisor to prioritize amongst cases within the unit which might be appropriate for referral and for the project director to make appropriate staff assignments. The general criteria for establishing referral priorities are:

- (1) the severity of abuse/neglect conditions to which the child remains exposed;
- (2) the prognosis for the subject's engagement in necessary rehabilitative treatments elsewhere.

A "poor" prognosis for engagement is indicated by the lack of available services or immediate access to services through other agencies, subject's denial of problems or failure to carry through on referrals.

Referrals to date have been conferenced by Protective Services and project staff, generally at the project site. The referring Protective Services Worker presents the case history to date, summarizes problems observed to date and discusses CPS objectives. In both projects the practice has been to have all staff present at each case conference with a designated case manager assuming primary responsibility for the case from the

FIGURE 4.2
PROJECT INTAKE



conference through termination of services. The practice of on-site case conferences has been easier to maintain with the Parent-Child Project which is more accessible to CPS headquarters in Westbury, than at the Family Center which is a 30 to 40 minute drive from Westbury. Therefore, conferences often take place by phone between Family Center staff and CPS.

During the first year of program operations, the projects were largely dependent upon this initial oral presentation of a case as an orientation to the case prior to first contact. Though project staff have always had an opportunity to review case records maintained at CPS, confusion during the first year over interpretation of confidentiality laws and policies precluded the transmittal of copies of case records or portions thereof--e.g., medical and psychological reports. The intake form used during the first program year provided no written clinical observations or summaries of case history emphasizing demographic characteristics, indicating prior indications and current court involvement in the case. The preparation of any additional written documentation on a referral was provided at the discretion of the unit supervisor or referring worker. Thus, referral procedures during the first program year provided only a very limited orientation for the projects.

At the beginning of this program year several procedural and policy changes were introduced to improve the efficiency of the referral process. The confidentiality issue was resolved and has resulted in an automatic sharing of all relevant clinical and diagnostic information at referral. The evaluation team

has also observed that CPS workers in both liaison units provide very thorough "referral notes". The evaluation team introduced a new intake form intended for completion by CPS workers, providing a summary of problems, a history of current and past service intervention, specification of CPS goals, and an assessment as to the likelihood of a child removal or abuse/neglect petitions as well as of the subject(s) attitudes toward intervention. The revised intake forms, which were completed by evaluation staff in consultation with CPS workers were designed in consultation with project directors in response to their perceived needs for information, but are more useful to the evaluative process than to project staff. The medical reports and descriptive case summaries provided by the CPS caseworker appear to have substantially greater importance and relevance to project staff in establishing an initial orientation to new cases.

It is important to understand that this phase of the intake process is directed only at the selection of cases for referral and providing the project with relevant background and orientation to the case. Under the contractual arrangement the projects do not have a right of refusal except where the caseload exceeds the agreed upon census. The flow of cases in the demonstration projects is wholly determined by Protective Services. The intake conference establishes CPS concerns and objectives and marks the official transfer of CPS responsibilities to the project. Until the client is engaged with the project or has established a regular pattern of contact with the projects, the CPS worker maintains such direct contact with the family as is deemed appropriate given the home environment and the degree of risk present for the child. From the point of referral until

case closing by either the project or Protective Services, the Protective Services Worker maintains authority in the case and retains monitoring supervisory and case management responsibilities, including Central Registry reporting. As the projects progress in establishing relationships with cases, the involvement of the Protective Worker becomes increasingly less direct with monitoring carried out through contact with the project and collaborative sources.

2. Outreach

The project's first CPS mandate on all referred cases is to provide sustained intensive efforts to establish and maintain contact directed at engagement in an appropriate rehabilitative program. The methods and procedures to be applied in fulfilling this mandate are left to the discretion of the project staff. In the current operation of both projects, the first objective is to establish a voluntary project office based therapeutic relationship with the client. The outreach effort is initiated and carried out by the case manager, who will sustain administrative and clinical responsibilities for the case throughout the active life of the case with the project. Outreach is thus an integral part of the development of a therapeutic relationship providing continuity for the client which is not present when paraprofessionals are utilized for outreach and treatment delivered by "the pro's". While there is no "outreach formula" inevitably leading to attainment of this goal, both projects begin with an arranged home visit where the project and services available are discussed with the client. If the client is open

and willing to discuss problems in the course of the first interview services are arranged for or provided. If the client is resistive to intervention, denies abuse/neglect problems or is mistrustful, the initial focus will be on the provision of concrete and advocacy services directed at building trust and confidence. At the conclusion of the initial meeting, another meeting is scheduled in the office if the client is amenable, or another home visit if the client is willing to meet again but not willing to come into the project offices. Home visits and the provision of such services as the client is willing to accept are continued.

The transition from home visits to voluntary office visits is a clear, if not formally described, milestone in the engagement process marking the transition from the client's passive acceptance of contact with project staff to active involvement in a process directed at family change.

If the client is initially resistive to home visits, the case manager continues through telephone calls, further home visits, and letters to establish contact. After a few weeks of sustained effort with no significant progress, the projects may enlist the aid of Protective Services. The protective worker's role may range from authoritative encouragement to participate, to the threat or initiation of a petition of abuse/neglect. This relationship between the project and protective caseworker establishes a functional interdependence between authority and

rehabilitative services. In effect, the projects create a hierarchy of recourse to client resistance from the project itself, without authority and totally dependent upon voluntarism, to Protective Services with authority (e.g., removal of children), to Family Court with the authority to order compliance in services.

If after 30 days of intensive efforts to engage a client no progress has been made, the project may request that its services be terminated. The final decision on project termination of a case, however, is Protective Service's, who may require that continued efforts be made.

Throughout the course of outreach, while only the case manager may be seeing the client, the entire staff of the project is kept abreast of and involved with the case through service team meetings which are held 2-3 times per week. Protective service workers and others involved in a case are invited to participate in these meetings.

An assessment of problems and needs begins with the first client contact and continues throughout the course of the first three to four months of service. In the majority of cases, the major problems contributing to abuse/neglect and the prescriptions for treatment are noted in the first discussion with the client. Thus, services planning begins with the first successful client contact.

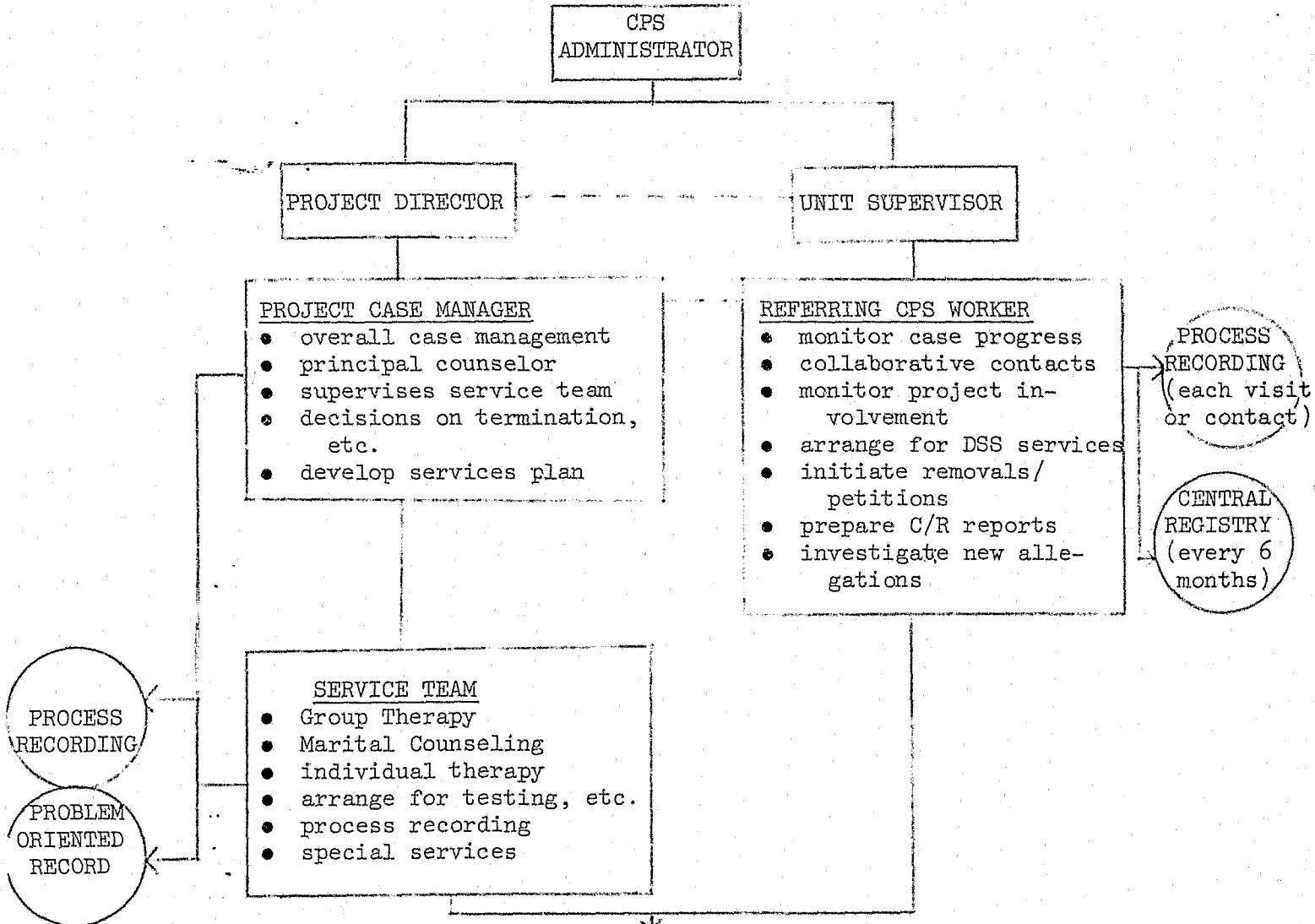
B. Services Delivery

The administrative framework for services delivery is illustrated in Figure 4.3. While the referring CPS worker maintains ultimate authority and responsibility for case management, the CPS worker's role following engagement is primarily supervisory. The case manager within the project, appointed by the project director, assumes primary case management responsibilities. As problems and service needs are noted in the course of initial home and office visits, case responsibilities are assigned by the case manager to other staff members within the projects evolving over two to three months, a "services team" for each case. Generally, the case manager retains primary direct therapeutic responsibility for a case seeing the parents and children on a weekly basis for individual, family, or marital therapy. Though service team members are also frequently involved in individual or family therapy, the team generally is comprised of staff members providing certain specific group services-- "mother's group", "latency groups", "crafts group", etc., or specialized services, e.g., "debt management" or "play therapy".

When the services required extend beyond the project's direct service provision capacity to community services (softball league, "big brothers", etc.) or specialized treatment/diagnostic services (e.g., alcohol or drug treatment, psychiatric evaluation), service providers become an informal part of the services team. Follow-up and monitoring of services provided by outside agencies occurs through the case manager. The provision of DSS services--homemaker, day care, etc.--are arranged through the CPS caseworker.

FIGURE 4.3

SERVICES DELIVERY



SERVICE TEAM MEETINGS

Several times per week to discuss cases, resolve problems, develop strategies, reach decisions.

Major case decisions--closings by the project or CPS, filing of abuse/neglect petitions, removal of child(ren) may be initiated by either the case manager or the CPS caseworker and are generally jointly made. Agreement on major decisions is highly valued by both project and CPS staff and the history of major decisions to date has been marked by virtually complete concurrence between the project case manager and the CPS caseworker.

A variety of administrative mechanisms support, direct and document the service delivery process. CPS goals are specified at referral through referral notes, intake conference discussion, and intake forms devised by the evaluation team. The latter, once again, have proven more useful to the evaluation than to ongoing project operations. Objectives are further defined by the projects and recorded on a "problem oriented record" system maintained by the case manager. The POR system, originally devised and implemented by the former director of the Parent-Child Project, was adopted by Family Center when the project began operation under the sponsorship of the West School. In addition to specifying service objectives, the system specifies problems to be addressed and services to be provided in response to each problem and in furtherance of each objective.

Through modifications in the original "POR" introduced by the evaluation team, client progress toward objectives is monitored on a weekly basis for engagement ("engagement tracking system") and monthly for rehabilitative services ("treatment tracking system"). The progress of each recipient is tracked against each separately specified objective. The system thus

provides support and direction to decision-making on each case as well as providing an overall basis for analysis of the service effectiveness of the projects--are clients achieving the desired objectives through the specified treatment approaches?; are the projects responsive to the service needs of clients?, etc. The system further facilitates the development of an individualized services plan while providing documentation of the services provided.

Coordination of treatment is achieved through "service team meetings" which occur several times a week. Chaired by the project director, the service team meetings provide a forum for joint assessment planning and decision-making on each case. (Several cases are discussed at each meeting). CPS workers and other professionals involved with a case are invited to attend and occasionally do, however, the service team meetings are largely a project activity intended to provide routine monitoring and review of cases and to work out service delivery problems.

The CPS worker maintains involvement in the case primarily through collaborative contacts with the project and other professionals as well as through direct client contacts by phone or in person. The level, intensity and nature of the caseworker's involvement is largely determined by the degree of risk present for the child, presenting problems requiring DSS services, and the degree of involvement established between the project and the family. As a general rule, the CPS caseworker maintains whatever level of effort would be normally required on a case until a pattern of regular contact is established with the pro-

ject. Once a relationship is established which insures regular monitoring of case circumstances by project staff, the worker decreases direct client contact relying heavily on status reports provided by the case manager. A crisis, or plans to remove a child or file a petition will generally require greater direct involvement with the case. Though the nature and degree of involvement of the CPS worker on project cases is largely determined by case circumstances and not officially prescribed in administrative guidelines, there is an apparent separation of functions which leads to an informal but appropriate relationship between CPS and the projects.

Non-CPS, non-project professionals are from time to time involved in the diagnosis and treatment of families. Though these professionals are not fully incorporated into the service team meetings or other periodic joint reviews of case status, their roles tend to be highly specialized and ancillary to the core services provided by the projects and CPS. Thus, the monitoring of outside agency/personnel services carried out by the project case manager and/or CPS caseworker provide for appropriate coordination and supervision of services and consultation.

C. Follow-Up

Since, as will be discussed in more detail later, the majority of families referred to the projects have problems requiring long-term (1 year or more) treatment, follow-up has not been an issue to date. There are no formal procedures or guidelines on follow-up after retirement by the project, however, families who do leave are encouraged to call if problems arise. Some who have left have utilized the project to discuss problems which arise following termination.

As the projects enter their third year and may be expected to "retire" more clients, it would be advisable to develop a follow-up procedure to be initiated by project and/or CPS staff-- e.g., a routine home visit on periodic intervals, telephone calls, etc.

4.3 Evaluation Assessment of Administration and Organization

The administrative framework for operation and administration of the Child Abuse Community framework includes both formal and informal mechanisms/procedures providing appropriate designation, supervision, and coordination of roles and responsibilities throughout the active life of a case. Though retirement criteria and follow-up procedures need to be developed, the administration and organization of the program meets most of the criteria established for assessment and set forth in the formal evaluation design. An assessment against specific criterion is presented below.

4.3.1 Overall Administration

The overall framework for administration of the Child Abuse Community Centers Program establishes clear channels of communication and accountability between DSS and the two projects. Control and ultimate authority are clearly centered within the Department of Social Services as is appropriate under a purchase of services arrangement. It is apparent that the channels of communication work very well, though to our knowledge, there are no regularly scheduled meetings to review and discuss the demonstration program. The evaluation team has been consistently impressed with the familiarity that unit supervisors have demonstrated with project serviced cases, and we have noted in the course of discussions with the assistant directors that they are very much abreast of project operations and fully apprised of significant problems and issues.

4.3.2 Functional Organization

A. Referral and Outreach

1. Coordination Amongst Agencies/Actors

Criterion: Existence and implementation of referral procedures establishing administrative review and control of referrals within the projects and Protective Services.

Review by the unit supervisor establishes control over referral enabling an overview of priorities within the unit insuring that the projects are efficiently utilized viz CPS service delivery needs. Review by the project director insures control of staff caseloads and creates opportunities for appropriate balance of case types.

Criterion: Existence of and adherence to administrative guidelines for the referral process specifying the time frame for transmittal of information to be provided by Protective Services to the project.

The guidelines developed at the beginning of this program year specify that all relevant clinical and medical data are to be transmitted to the projects at the case conference (or as part of the referral process). Though confidentiality issues during the first program year limited the exchange of information during this program year, relevant information has been transmitted during or immediately after the case conference.

Criterion: Existence of and adherence to administrative guidelines delineating the specific responsibilities and functional interrelationships between Protective Services and the demonstration projects through outreach.

The administrative guidelines established at the beginning of this program year clearly delineate the roles and responsibilities of project and Protective Services staff. Though

there are no formal guidelines on the periodicity of reporting by the projects to Protective Services (beyond the contractually mandated project progress reports), informal procedures insure that Protective Services is kept abreast of progress during outreach. Effective informal procedures for involving the Protective Service worker to overcome resistance to project intervention have also been devised.

Criterion: Existence of and adherence to administrative guidelines specifying the nature and extent of outreach efforts to be undertaken by the projects.

While there are no formal specific guidelines set forth by Protective Services as to the periodicity and nature of efforts to establish client contact, both projects have evolved a similar approach to outreach. The intent is made clear by CPS in guidelines mandating "sustained intensive efforts" and the absence of specificity is, in this instance, appropriate giving the projects freedom and flexibility to tailor approaches to each case. Since CPS retains authority in terms of cases and the projects, administrative control is retained over the outreach process.

Criterion: Existence and utilization of administrative guidelines for identifying agencies and individuals whose involvement may facilitate outreach and engagement.

While there are no formal guidelines established, the transfer of information between the project case manager and the

referring Protective Worker generally includes the identification of such agencies and individuals where they exist. In most instances, only school personnel are identified as many cases are socially isolated and have no supportive associations within the community.

2. Existence of Efficient Procedures for Tasks and Milestone Decisions

Criterion: Existence and implementation of clearly defined criteria for referral of clients.

The referral criteria, while establishing intent, are very general permitting considerable deviation from a family centered therapeutic model and limit the potential impact of the projects in avoiding court intervention and child removals. CPS administrators have been resistant to criteria which limit the types of clients referred, case circumstances (split cases, cases with petitions pending, etc.) or the point of referral in order to retain flexibility with regard to the availability of services. While this flexibility is utilized from time to time, the projects in practice are generally referred cases immediately after indication, before abuse petitions are filed or child removals undertaken and are generally assigned entire families permitting family oriented treatment and centralized case management within the projects. Provided the flexibility continues to be used with great discretion, the evaluation team concludes that greater specificity would adversely impact on Protective Services and unnecessarily circumscribe the support the projects can offer in meeting CPS mandates. Within the very general referral

criteria, it might be advisable and beneficial for the projects and Protective Services to jointly devise procedures and guidelines. For example, where split cases are referred (one or more members under treatment elsewhere) procedures/guidelines should be established to coordinate treatment.

Criterion: Existence of operational definitions of all milestones and tasks from referral through assessment of client needs.

Administrative guidelines establish clearly defined milestones and tasks for the first phase of intake--selection of clients for referral through the intake conference with the project. In the second phase of outreach, the projects have evolved a set of milestones leading to eventual participation in an office based therapeutic program--first home visit, client's willingness to accept regular contact by project staff, emergence of trust and confidence in the project, recognition of the problems, transition from passive acceptance of contact to office based visits and active involvement with staff to resolve problems. Though operational definitions of these milestones have not been set to paper, they appear to have a common meaning to all staff at both projects and to provide reliable indicators of client progress toward engagement.

Criterion: Extent to which administrative guidelines and procedures result in a duplication of tasks by CPS and project personnel.

The roles and responsibilities of project and Protective

Services are clearly defined and mutually understood by project and Protective Services staff creating interdependent, non-duplicative tasks for each.

Criterion: Extent to which data collection and reporting requirements facilitate evaluation of client movement in terms of milestones between referral and completion of client needs assessment.

There are no formal CPS reporting requirements monitoring client progress toward engagement. While this presents problems to outside evaluators, the existence of milestones and the contact maintained between CPS and project personnel are functionally adequate viz the monitoring of client progress by CPS. The projects have voluntarily cooperated with the evaluation team in providing reports on client progress which have been utilized in this evaluative report

B. Services Delivery

1. Coordination Amongst Agencies/Actors

Criterion: Extent to which CPS and projects coordinate their involvement with clients during services delivery.

While there are no formal procedures or agreements on the coordination of CPS and project efforts viz clients, the distinct functional division of responsibilities leads to an

appropriately coordinated joint relationship with the client. The CPS caseworker maintains such direct contact with the family as is necessary to monitor the safety and well being of the child. As regular contact with the project is established, the CPS worker's direct contact diminishes with monitoring carried out through regular contact with the case manager and, possibly, other collaborative sources. In the few instances where intensive joint CPS/project involvement has been necessary, the efforts have been mutually supportive and effectively coordinated.

Though informal arrangements have led, over time, to an effective coordination of CPS and project involvement with families, it would be advisable in replicating or expanding the model to establish guidelines and procedures on project vs. CPS roles and functions during services delivery.

Criterion: Existence and implementation of procedures for periodic joint review of services delivery by all participants.

The service team meetings provide for regular review of all cases by project staff. Though CPS staff participate infrequently in these meetings, the practice of re-conferencing cases prior to key decisions insures a joint CPS/project review at critical junctures of service delivery. Ongoing, informal "joint review" occurs through telephone contact between project and CPS staff.

The procedures which have been evolved by program participants thus provide for adequate joint review supportive of sound case management and decision-making.

The procedures are, moreover, appropriate to the structure of CPS units and the relationship of the projects to these units.

Criterion: Extent to which outside agencies/actors participate in service delivery review meetings to which they are invited by Protective Services and/or the projects.

Though professionals of outside agencies involved with service delivery are invited to participate in service team meetings, they rarely, if ever, attend. However, the dependence of the projects on outside agencies is limited to essentially ancillary services--educational, psychological testing, medical screening or to specialized treatment programs--e.g., for alcohol or drug addiction. The core services are provided directly by the projects and occasionally DSS. Thus, there is not an apparent need for the regular involvement of outside agencies/actors beyond the contacts initiated by the project case manager to monitor service provision by outside agencies.

In split cases (i.e., where one or more family members are in treatment elsewhere) it is essential to provide for formal joint review by all service providers in order to insure proper coordination in treatment approach. Though such cases are rarely referred to the projects, the current guidelines specifically provide for such referrals without concurrently specifying procedures for or requiring regular joint review. If the flexibility in referring split cases is to be retained, such procedures/guidelines should be developed and implemented to insure effective coordination of treatment.

2. Existence of Efficient Procedures for Tasks and Milestone Decisions

Criterion: Clarity of administrative and service delivery assignments of staff for each case including the designation of personnel with overall responsibility for coordination, monitoring and assessment of service delivery for each family referred.

The "case manager"/"service team" approach employed by both projects establishes clear assignments and responsibilities amongst project staff. The "POR" approach to services planning and case assessment provides an effective tool for evaluating services delivery as do the "service team meetings".

CPS retains clear overall authority for monitoring and assessment of each case effectively carried out through client, project and collaborative contacts as is appropriate to case circumstances.

Criterion: Establishment of clearly stated goals for each client and the implementation of data collection procedures which assist in evaluating client progress in terms of goals.

The "referral notes" and "intake form" provide for an adequate statement of CPS goals by CPS staff to guide the projects in assessing progress in service delivery. The projects "POR" further specifies treatment objectives in support of CPS goals. In combination, these management tools provide an adequate basis for assessing case progress in terms of goals.

Though the tracking systems (engagement and treatment) devised by the evaluation team appear not to be useful or necessary

to CPS or project staff in assessing progress in terms of goals, the systems are a useful evaluative tool and should be continued as part of the regular data collection and analysis on families serviced by the projects.

C. Follow-Up

Criterion: Existence of clearly defined retirement criterion.

Though there are few formal retirement criteria, administrative guidelines specify the circumstances under which retirement may occur: 1) non-engagement; 2) move out of reasonable service radius; 3) attainment of service objectives. Retirement decisions are jointly reviewed by CPS and project staff and the initial statement of goals and periodic assessment of cases both support decision-making as to "satisfactory adjustment".

4.4 Caseworker Issues*

The professional staff at both projects are MSW's and, therefore, tend to have more academic training relative to CPS caseworkers, however, they are no more experienced or prepared for the very special problems in CPS casework than their counterparts in the public sector at entry. Project staff, as a result of their demonstration status, did generally enjoy more formal initiation and training than their CPS counterparts.

As part of the implementation phase of both the Parent-Child Project and the LBSD sponsored Family Center, considerable emphasis was placed on training and orientation of staff directed at preparing them to assume their roles and responsibilities within the project. At the Parent-Child Project initial and ongoing training was largely comprised of topical "workshops" led by the project director and occasionally FSA professionals and other "experts". These sessions focused on topics such as marital problems, client resistance, counseling approaches, family dynamics, drug and alcohol abuse. The project director also made efforts to build a relevant professional library of books, articles and journals.

As the Family Center began operations with a new director and new professional staff, the initial staff development efforts were directed more towards the creation of a strong project team and appropriate attitudes towards clients than to the

*See "Six Month Progress Report: Evaluation of Child Abuse Community Centers Program", pp. 40-48 for more complete discussion of caseworker issues.

enhancement of technical skills. Sensitivity sessions were employed to stimulate identification with clients and their problems as well as identification with each other. The project director's emphasis on the importance of attitude was also reflected in his selection of staff who are "street-wise" as well as professionally competent. Ongoing training at the Family Center has included drug and alcohol abuse as well as staff participation in a Family Therapy training program.

Despite the fact that project staff at entry had generally more academic training and received more in-service training, they nevertheless perceived training deficits in the same areas as CPS workers:

- Family Court law and procedures.
- Play therapy/family therapy.
- Alcoholism/drug abuse.
- Techniques for reaching hostile or depressed clients.
- Diagnostic techniques.

Additionally, staff at both projects felt a need for more in-depth orientation to CPS mandates and for the welfare system in general.

Demonstration project staff also shared experiences of stress in common with CPS workers - specifically, the sense that more is expected more quickly than is reasonable and the potential threat to establishment/continuance of a therapeutic relationship created by mandated reporting and other CPS responsibilities

(e.g., participation in court hearings). The relationship of the projects to CPS, however, does mitigate the stress associated with the duality of legal vs. authoritative roles. The CPS worker experiences less conflict between these functions as the projects assume a major role in rehabilitation; the projects, while necessarily having to carry out or initiate from time-to-time an "authoritative process" have no specific legal authorities. Thus, the model does seem to be effective in mitigating stress attending dual legal/rehabilitative functions.

Other sources of stress emphasized by project staff suggest major differences in the degree of support workers perceive as deriving from the immediate administrative framework for the delivery of services. While CPS workers identified stresses primarily deriving from the agency, project workers emphasized stresses associated with barriers to effectively meeting client needs--availability of adequate referral sources for ancillary services, transportation responsibilities taking time away from professional rehabilitative services. Differences in the perceived sources of stress may be attributable to major differences in the administrative framework and immediate work environment. While CPS workers are part of a large bureaucratic system encompassing many services, the projects are a small independent group where greater flexibility is possible for alleviating or mitigating stress. 'Comp-time', for example, and other mechanisms to prevent "burn-out" are more easily implemented

in the private sector environment governing the projects than in the public sector. A second major factor affecting stress is that project caseworkers have much lower caseloads relative to their counterparts within CPS. Thus, project staff enjoy certain benefits which serve to prevent or alleviate stress which are not enjoyed by the CPS counterparts.

Differences in approach to implementation of the two demonstration projects highlight the need to incorporate mechanisms for ventilation and mitigation of stress in the delivery of child protective services. The Parent-Child Project at its inception recognized the need for professional support and cooperation on treatment issues, but did not recognize the need to provide for ventilation of stress. Workers were forced to find individual means of ventilating and coping with stress--absenteeism, one on one conflicts with other staff members and other personal mechanisms which tended to undermine the sense of group cohesion and the sense of mutuality so important to the service team approach to case management. The Family Center, by contrast, structured into the operation of the project weekly meetings specifically designated to discuss and resolve stress related problems. The differences in the number and intensity of perceived stresses between the two project staffs were notable. The Family Center perceived fewer stresses than Parent-Child Project staff. A second major source of stress more acutely present for Parent-Child Project staff in relation to

Family Center staff was the lack of clarity in roles and functions relative to CPS. The lack of definition and orientation at the inception of the project led to conflicts between project and protective services mutually perceived. The Family Center, by contrast, began with a clear definition of roles and functions and the benefit of one year's experience guiding relationships in a more constructive fashion.*

It is clear from experience to date that replication of the Child Abuse Community Centers Program should provide for the following in order to facilitate implementation and insure a maximum positive interface between CPS and the projects:

- (a) Joint orientation of CPS and project staff to respective roles and responsibilities; operating procedures, etc.
- (b) Training of project staff in CPS mandates; orientation to welfare agency services and means of providing for clients.
- (c) Provision of opportunities for ventilating or coping with stress.
- (d) Provision of mechanisms for fostering peer group cohesions (service team as "team" and "family").
- (e) Training to prepare staff for CPS casework including sensitivity training to CPS clients, techniques for dealing with hostility and resistance.
- (f) Mechanisms such as "service team meetings" to foster sharing of case responsibility.

*See Six Month Report on Evaluation of Child Abuse Community Centers Program, pp. 40-45 for a more complete discussion.

4.4:1 Evaluation Assessment

1. Training of Staff

Criterion: Training at entry in techniques for dealing with hostile and resistive clients.

Project staff were no more prepared at entry than their CPS counterparts in dealing with hostile and resistive clients. Though the initial training and sensitivity to CPS clients and ongoing opportunities for ventilation of stress provided by the Family Center appear to be effective in mitigating or controlling stress associated with hostile resistive clients, specific training in casework techniques would be of benefit to CPS as well as project staff.

Criterion: Level of familiarity with legal mandates, agency services and diagnostic services.

Staff at both projects perceived a deficit in training in this area. Replication should include provisions for formal training and orientation of project staff to CPS.

Criterion: Delivery of adequate training for staff in CPS casework.

Project staff were no more prepared at entry than their CPS counterparts in the delivery of CPS, though as part of a demonstration project staff enjoyed more on the job training in related fields--family therapy, drug abuse, alcoholism, etc. than CPS staff. On the job training is clearly an important aspect of CPS and any replication should include training in diagnostic, interviewing and other skills to increase the worker's sense of preparedness in dealing with the special casework circumstances attending publicly mandated child protective services.

2. Worker Stress

Criterion: Extent to which project and protective service staff exhibit stress through task avoidance, excessive working, sleeplessness, etc.

Where provisions are not made for coping with and ventilating stress, both CPS and project staff report that stress is manifested in absenteeism, tardiness, anxiety, sleeplessness and depression. Workers subject to the same stress inducing circumstances who are provided with administrative mechanisms for coping with ventilating stress are apparently less adversely impacted. Both projects now include such mechanisms and they should be incorporated into any plans for replication of the model.

Criterion: Extent to which project involvement reduces the number and intensity of stress perceived by protective service workers.

The projects have had no apparent effect in reducing worker stress on the part of CPS caseworkers. In the first instance, the major sources of stress experienced by CPS workers are related to the agency's failure to make special provisions for safety and coping with stress and burn-out. Secondly, since referrals are drawn from throughout the unit rather than from all the cases of one or two workers within the unit, the projects have only a limited opportunity to positively impact any individual caseworker's perception of stress. Only a small percentage of any individual caseworker's active cases will be in service with the projects. On the vast majority of cases, the CPS worker continues to have sole primary responsibility.

In the initial stages of program implementation, the projects in fact added to the CPS worker's sense of stress. Workers felt excluded from cases and also felt that the projects enjoyed more "privilege" having opportunities to schedule intakes and review cases prior to acceptance where the CPS worker must accept and deal with intakes as they arise and handle all cases assigned. This tension resolved over time, but could be avoided in future replications of the model through the provision of joint CPS/project staff orientation to roles and functions and through an administrative emphasis on the CPS/project staff as a "team".

4.5 Caseload and Caseflow

As noted in Section 3.0 of this report, high caseloads and long active caselife are two factors seriously affecting the delivery of child protective services. The Child Abuse Community Centers Program model clearly has the potential to positively effect the delivery of services by providing additional professional staff focusing exclusively on child protective issues. Thus, clients are more likely to receive the intensive services necessary to resolve abuse/neglect circumstances than they might otherwise be. However, since the problems addressed are deep seated, the projects would appear not to have an effect on caseflow. That is, cases may remain active with CPS as long as is characteristic, but may have undergone substantially greater positive change at the end of the process than would otherwise have been expected.

Data presented in the following discussion on caseload and caseflow suggest that this is, in fact, the case. Caseload is discussed in Section 4.5.1, both in terms of the intensity of service possible under the model as well as in terms of the similarity of clients served to the normal profile of CPS clients in Nassau County. Caseflow is examined in Section 4.5.2, below, primarily in terms of the length of service perceived as necessary in comparison to the normal CPS caseflow.

4.5.1 Caseload

Through the demonstration program CPS clients are assured of more intensive direct casework than can normally be provided directly by CPS. This is accomplished by setting a maximum census for each project. One-hundred twenty-five and 100 clients was established, respectively for the Parent-Child Project and the Family Center. The objective was to maintain a caseworker to client ratio of approximately 1:30, a staff to case ratio of approximately 1:5.* The service objective is in marked contrast to the normal CPS client ratio of 1:144 and case ratio of 1:36. Whereas the normal CPS ratio permits only 1 hour per week per case of direct service, the project ratio permits 7 hours of direct service per week per case.

During the first year of program operations, the ratio was maintained. At the beginning of this program year (September 1, 1976) the Parent-Child Project caseload was comprised

*Excluding project director, office manager and ancillary staff.

of 22 active cases (127 clients) and the Family Center's 23 active cases (106 clients). At the close of the program year, however, the Parent-Child Project caseload exceeded the census by more than 100%, with 49 active cases (260 clients). Thus, over the course of the year, a definite trend to higher caseloads was established at Parent-Child Project. The caseload at the Family Center has remained within the maximum census over the course of the year, with 23 active cases (96 clients) active as of August 31, 1977. While the caseload at the Parent-Child Project greatly exceeds census, the ratio's of caseworkers to clients/cases is still dramatically lower than the normal CPS ratio. At the close of the program year the caseworker/client ratio was 1:52 in comparison to the CPS ratio 1:144; the caseworker/case ratio was 1:12 in comparison to CPS's 1:36.

The actual service capacity of both projects can only be determined on the basis of experience. There is obviously a considerable range between the capacity targeted for the projects and the characteristic caseload of normal CPS service delivery. Experience may show that the actual capacity of the projects exceeds the maximum census and that the projects can effectively serve higher caseloads without concomitant sacrifice in the quality of service inputs.

TABLE 24
CHILD ABUSE COMMUNITY CENTERS PROGRAM
CASELOAD VS. MAXIMUM CENSUS

	Parent-Child Project		Family Center	
	Cases	Clients	Cases	Clients
Census	30	125	25	100
Beginning of 2nd program year % Census	22	127 (101%)	23	106 (106%)
Close of 2nd program year % Census	49	260 (208%)	23	96 (96%)

Source: Quarterly progress reports.

Caseload Characteristics

At the beginning of this evaluative effort, it was not clear whether the projects serviced a representative profile of all active indicated CPS cases or a subset of the CPS client population. The question is of obvious importance with regard to judgements as to the replicability of the projects. If the profile of clients/cases served to date is representative of the total CPS client group, comparisons in terms of CPS as a whole are appropriate and evaluative results may be generalized to the entire CPS system in Nassau County. If, on the other hand the projects have serviced a sub-group of cases, comparisons with normal CPS data are appropriately made and results only generalizable in terms of these sub-groups.

In Section 3.0 of this report we presented a description of case types which were shown throughout the course of the discussion of normal CPS delivery to have significantly different presenting characteristics and substantially different "normal" case outcomes on selected service measures. A comparison of the mix of case types for project vs. non-project cases is, therefore, an appropriate and reliable indicator of the extent to which the projects serve a representative profile of Nassau County CPS cases.

A χ^2 (.05) shows that there are no significant differences between the mix of clients normally served by CPS and either the mix of clients served by the currently active projects (Table 26) or the mix of cases served by the entire demonstration program (Table 27).

To date, the projects have been referred a total of 100 cases reflective of the characteristics of the entire Nassau County CPS caseload. The projects currently in operation have served a total of 65 cases also representative of the normal CPS caseload.

Evaluative Assessment

The projects have maintained a substantially lower caseload per worker than is characteristic of normal CPS service delivery permitting a significantly higher investment per worker in the direct provision of services. While it is not possible on the basis of data available to determine whether any

differences in service outcome are attributable to the lower ratio of caseworkers to cases (clients). The evaluative results must be assumed to be reflective of this critical difference.

Since the projects have serviced a representative mix of CPS cases, any possible differences in service outcome may be generalized to the Nassau County protective services system as a whole. While it would be desirable to undertake comparisons by case type, the cell sizes are too small, even when comparisons are based on the full profile of cases serviced to date, to permit meaningful comparisons by case type. However, since the mix of clients is the same, valid comparisons can be made between the randomly selected samples of 79 normally serviced (non-project) cases and the profile of cases serviced to date.

Throughout the remainder of this report, such comparisons will be undertaken. Though data is presented in terms of the full two year demonstration, the analysis emphasize the 65 cases serviced by current program operations.

TABLE 25
CHILD ABUSE COMMUNITY CENTER PROGRAM REFERRALS
OCTOBER 1, 1976 THROUGH MAY 1, 1977 BY CASE TYPE

Case Type	Parent-Child	Family* Center		Total	Total Excluding Adelphi
		West School	Adelphi		
1	29	9	31	69	38
2	13	1	2	16	14
3	10	3	2	15	13
TOTAL	52	13	35	100	65

*Excludes 1 case referred but withdrawn by CPS after decision that family did not require services.

TABLE 26
MIX OF CASE TYPES SERVED: CURENT
PROJECTS* VS. NORMAL CPS

	Project	Non-Project	Total
1	38 (37.90)	46 (46.08)	84
2	14 (13.99)	17 (17.01)	31
3	13 (13.09)	16 (15.91)	29
	65	79	144

d.f. 2; not significant at .05 level.

*Excluding Adelphi.

TABLE 27
MIX OF CASE TYPES SERVED: TOTAL DEMONSTRATION
PROGRAM TO DATE VS. NORMAL CPS PROFILE

	Project	Non-Project	Total
1	69 (64.24)	46 (50.75)	115
2	16 (18.43)	17 (14.56)	33
3	15 (17.32)	16 (13.18)	31
	100	79	179

d.f. 2; not significant at .05 level.

4.5.2 Caseflow

Caseflow is appropriately examined from two perspectives:

- (1) The projects effect on the length of time to satisfactory adjustment of CPS issues;
- (2) The degree of continuity of service provided to the client.

The first issue arises from the fact that families or individuals may be referred at any point following indication so that a client's experience may be on a continuum of continuity in terms of treatments, approaches and professional staff involved. The second issue arises out of the fact that Nassau County, like other public CPS agencies, is caught between a continuing demand to serve new clients while clients already active continue to require intensive services for long periods of time.

Continuity of Service

The client may experience a continuum of service beginning with an investigation of up to 3 months followed by a transition to joint project/CPS involvement. On the other hand, the client might experience several transitional phases prior to project referral--investigation by CPS, followed by direct service provision by CPS/DSS and possibly outside agency involvement, then finally, a referral to the projects. While we cannot measure the effects of a continually shifting service delivery format, it is reasonable to speculate that the success of services delivery in resolving abuse/neglect circumstances is related to continuity and consistency of both treatment approaches and professional personnel involved. Thus, one measure of the effectiveness of the demonstration program is the extent to which clients have been referred to the projects immediately following indication. This is not only an important measure of service continuity, but also a key determinant of the

project's potential impact on petitions of abuse/neglect and child removals, events which normally occur within the first six months after the initial oral report.

TABLE 28
REFERRALS TO DEMONSTRATION PROJECTS:
BY MONTHS FOLLOWING INDICATION*

	1 Parent-Child Project	2 Family Center (West School)	Total
Within 1 month	35 (67.3%)	8 (61.5%)	43(66.2)
1-3 months	8 (15.4%)	0 (0.0%)	8(12.3)
4-6 months	1 (1.9%)	2 (15.4%)	3(4.6)
7-9 months	0 (0.0%)	0 (0.0%)	0(0.0)
10-12 months	5 (9.6%)	0 (0.0%)	5(7.7)
1 year +	3 (5.8%)	3 (23.0%)	6(9.2)
	<u>52</u>	<u>13</u>	<u>65</u>

*Data not available on Adelphi cases as referaal dates were not systematically recorded.

As illustrated in Table 28, above, the majority of clients serviced by the projects have experienced a continuum of service without intervening transitions to other agencies and personnel. The high percent of clients referred at or immediately following demonstrates a real effort on the part of CPS staff to utilize the projects to the best advantage of CPS and their client families.

Affect on CPS Caseflow

A chief determinant of the project's capacity to expedite the satisfactory adjustment of child abuse/neglect cases is the projected timeframe for resolution of problems contributing

to abuse/neglect. This determines the rate of turnover which can be expected to occur as a result of satisfactory adjustments and is thus an important determinant of costs per case. An analysis of the "service plan POR" employed in the course of this evaluation shows that the first sign of change on emotional problems contributing to abuse/neglect is not expected by project staff for three to six months, and "satisfactory adjustment" not anticipated for one to two years. Thus, the majority of families referred would be expected to remain active with the project for at least one year in order to establish a level of family functioning which removes the child from risk of immediate or future recurrence of abuse/neglect. Thus, little turnover is expected to result from satisfactory completion of the services plan in the course of one year. "Vacancies" (openings within or close to census), therefore, tend to be created through moves, drop-outs, and unsuccessful engagements during the first 18 months or so of initial project operations.

To date, as illustrated in Table 29 below, the projects have closed 45 of the 100 cases referred as of July 1, 1977. However, only 1 was closed as a result of satisfactory completion of the services plan. CPS has closed 33 of the 100 cases; 15, or 45% for satisfactory resolution of CPS issues through the projects rehabilitative intervention. Of the 15 cases closed by CPS for satisfactory adjustment 7, or 47% continued active with the projects with a average project service life of 17 months as of August 31, 1977. In the majority of cases

continuing with the projects following CPS closing, continued involvement with the projects was cited as a qualification for closing. Thus, "openings" within the project for new referrals are not necessarily created when CPS closes a case as satisfactorily adjusted. Conversely, project closings do not necessarily result in CPS closings, in fact, 21 or 47% of the cases closed by the projects continue to be active with protective services.

TABLE 29
CHILD ABUSE COMMUNITY CENTERS PROGRAM CASE STATUS

Cases referred as of 7/1/77	100
Active with projects as of 8/31/77	55
Active with CPS as of 8/31/77	67
Average project service life of cases closed to CPS as adjusted through project intervention	17 months

"Openings" within the project are created almost exclusively through non-engagement or termination of treatment resulting from drop-outs or moves.

The caseflow within the projects resulting from family needs for long-term intensive rehabilitation explains to some extent the trend toward caseloads in excess of the original census. The projects appear to be experiencing the same "crunch" as public agency CPS caught between a continuing demand for treatment of new clients while those already in treatment continue to require intensive services.

Evaluative Assessment

CPS staff have employed the projects in a manner which attempts to provide a continuity of service which, in turn, is likely to positively effect the accomplishment of CPS goals. However, the projects are beginning to experience the same pressures which public CPS agencies have confronted as the long-term service needs of abused/neglected children and their families are placed in inevitable conflict with the continued demands for service on new cases. Thus, it is apparent that the projects have not had nor can they be expected to have an impact on case-flow. Their major contributions to CPS are, therefore, in the areas of a higher rate of engagement and a more effective service delivery. It is important to note that any significant improvements in service effectiveness to date have occurred in an environment that is rapidly changing. Service effectiveness may diminish as the census increases in response to demands for service. It is, therefore, essential in order to maintain a comparable quality of service with comparable outcomes to continue to monitor the service effectiveness of the program under expanding caseload conditions and to attempt to develop criteria for referral and terminations which will optimize utilization of the projects without concomitant sacrifice in the quality or intensity of services delivered.

4.6 Service Inputs

The two major evaluative issues with regard to "service inputs" by the demonstration projects are:

- (1) Effect on CPS worker utilization of time;
- (2) Responsiveness of the service delivery elements of the project to CPS service gaps and the needs of clients referred.

In Section 3.4.1 of this report data are presented which indicate the limitations of direct intensive CPS staff involvement with cases imposed by high caseloads and the duality of legal and rehabilitative functions. An exploration of whether and how the projects affect the utilization of CPS staff resources is, therefore, an appropriate evaluative consideration. In Section 3.4.2 data is presented which indicate gaps in the CPS delivery system which the projects were intended to close. It is, therefore, appropriate to examine whether the needs of clients referred are more fully met through the combined efforts of CPS and the projects than through CPS in its normal interface with DSS and outside agencies.

4.6.1 Impact on CPS Worker Utilization of Time

In an effort to assess the nature and extent of the projects impact on the utilization of CPS staff resources, a comparison of contacts by type of contact was undertaken for project vs. non-project serviced cases. The comparisons, shown in Table 29 below, are controlled for the length of active service life, but do not take account of the overlap between project and CPS involvement. The evaluation team had hypothesized on the basis of discussions with project and CPS staff that the comparison would show significantly more telephone contacts and significantly

fewer personal contacts for project cases in comparison to non-project. This hypothesis was based on the assumption that as clients become engaged with the projects, the protective worker would come to rely primarily on telephone contacts with the project and other collaborative contacts to monitor case status. It was further assumed that written communications were largely routine functions which would not be affected by the projects. Table 30 illustrates that the hypothesis is not true. The mean contacts per month is higher for project vs. non-project cases in all categories, but one for all case types. The very large standard deviations of project cases in comparison to non-project cases also suggest that there is extreme variation in the degree of CPS worker involvement in project serviced cases.

TABLE 30
 MEAN CPS WORKER CONTACTS¹ PER MONTH DURING SERVICES
 DELIVERY BY CASE TYPE: DEMONSTRATION PROGRAM
 CASES VS. NON-DEMONSTRATION PROGRAM CASES

Type of Contact	Case Type					
	Type 1		Type 2		Type 3	
	CPS	Project	CPS	Project	CPS	Project
Telephone \bar{x}	1.85	4.00 ◀	1.30	4.79	2.47	2.31
S^2	4.17	14.73	1.72	52.76	4.23	6.62
Personal \bar{x}	1.27	3.08 ◀	1.67	3.70	1.98	2.41
S^2	1.29	7.97	3.02	15.19	2.36	5.78
Written \bar{x}	.22	.94	.14	.19	.46	.14
S^2	.09	11.55	.03	.29	.65	.03

1 Excludes Adelphi cases.

◀ Denotes significant difference at .05 level.

There are no significant differences in the average number of contacts made by protective service workers for project vs. non-project cases, except for type 1 cases where project serviced cases have significantly more telephone and personal contacts relative to normal CPS cases. Thus, overall the projects appear to have no significant impact on the number and type of contacts made by protective service workers during the course of services delivery.

Though it is not possible to infer from available data whether the duration of contacts differs for project vs. non-project cases, it is reasonable to assume on the basis of these data that CPS workers continue to spend as much time on cases as they normally would with the additional investment of professional staff resources of the projects. As noted previously, this additional investment averages 7 hours per week per case for all cases active with the projects. On the basis of figures prepared by the Parent-Child Project,* it is estimated that 60% or 4 hours per week per case of this time is spent in direct client contacts--scheduled appointments, unscheduled contacts, telephone cases, outreach efforts, crisis intervention. The balance of professional staff time is allocated to service team and staff meetings, process recording, transportation of clients, intake and evaluation conferences, and Family Court hearings.

In the absence of data on the amounts of professional staff

*Progress Report, second year, Quarter I, October 1, 1976 - December 31, 1976.

time invested by non-DSS professionals who receive families on a referral basis from CPS, it is not possible to assert that the total professional hours invested in project serviced clients significantly exceeds the investment normally made in non-project clients. It is reasonable to assume, however, that project serviced clients do receive considerably more intensive rehabilitative intervention in comparison to families serviced through the normal CPS delivery system.

4.6.2 Service Needs of Clients

Both projects provide a range of therapeutic, educational and supportive services directly responsive to the service needs of clients referred. At both projects a 24-hour crisis intervention service is available through a "hot-line", a service which is not normally available with other referral agencies employed by CPS. The projects also offer a number of other services which could not be as readily implemented and managed either directly by DSS or by the community agencies to whom clients are often referred. In this section, the services provided directly by the projects are presented by type of service and analyzed against available data on the need for these services amongst project serviced families and the CPS caseload as a whole. Mechanisms for responding to service needs which cannot be met directly by the projects are also discussed and evaluated.

4.6.2.1 Services Provided Directly by Projects

A. Therapeutic Services

Both projects offer a core program of therapeutic services which are responsive to the needs of 72% of all active indicated CPS cases and approximately 97%* of cases referred to the projects. The therapeutic modality includes traditional services available at mental health clinics or from private practitioners-- individual, marital and family counseling as well as a number of group therapy sessions which are unique in comparison to group therapy offered by other agencies and professionals in that the groups consist exclusively of abused/neglected children or their parents and are exclusively focused on intra and interpersonal problems contributing to abuse/neglect. These groups include a mother's group, father's group (Family Center only), latency groups, and a sibling's group (Parent-Child Project only).

Though the group sessions have been difficult for both projects to organize because of transportation problems, both projects emphasize the importance of group over individual therapy. Groups such as the mother's, father's, adolescent and latency are responsive to the social isolation of parents and limited socialization skills--problems cited by Helfer and others as frequently attending child abuse and neglect and problems affecting over 50% of all families referred to the projects. Family therapy affords opportunities not present in other modes to observe and strengthen family dynamics.

*On occasion a case may be referred for assessment rather than treatment. Three such cases out of the 100 referred to the projects are known to the evaluation team.

The Family Center is uniquely able to provide a therapeutic environment for younger children. A separate space is allocated within their mobile unit facility for the Children's Center, where the emotional, developmental, and behavioral problems of children aged 12 months to 7 years can be observed, diagnosed and treated. Children are left at the Center, while parents participate in counseling or other sessions at the projects and the Center is also occasionally used as a drop-in center for mothers who need a few hours for themselves. The Center is operated by professional staff and supplemented by volunteers, including the senior citizens group who have, among other things, made rhythm instruments for the children, and by the Flight Attendants School. The Parent-Child Project has neither the facilities nor the staff to provide similar therapeutic services for very young children, though the need is recognized and their inability to meet it deeply felt.

The profile of project family needs presented below illustrates the appropriateness of a core program of therapeutic services and an emphasis on group rather than individual therapy.

TABLE 31
PROFILE OF PROJECT FAMILIES PRESENTING PROBLEMS
INDICATING A NEED FOR THERAPEUTIC INTERVENTION

Presenting Problem	% of Cases
Marital conflict	76.9%
Relationship with others or relatives	23.0%
Parent-child conflict	61.5%
Mediation between own needs/child's	61.5%
Means of expressing anger	61.5%
Mental health of parent	30.8%
Mental health of child	7.6%
Social isolation	61.5%

B. Educational Services

Protective service workers perceive a need for Parent-Effectiveness-Training for 14% of all CPS cases. Both projects offer a "Mother-Child Home Program", a toy demonstration services which is directed at building and fostering positive relationships between mothers and young children. Nearly half of the families active with the Family Center have been or are participants in the program and for the Parent-Child Project, the program partially addresses the perceived gap in services to young children.

The Family Center operates a project based ongoing Parent Effectiveness Training program meeting twice monthly. The format includes expectations of children of different developmental stages, appropriate means of discipline, and other areas of Parent-Child relationships. The discussions are both issue oriented with mothers/parents mutually supporting each other and directed at the transfer of information on parenting by project staff.

During the first program year the Parent-Child Project offered a Communications Workshop in which 4 - 7 mothers participated. Carried out in 8 consecutive two-hour sessions and led by a specialist on PET, the sessions taught basic communications concepts and concrete approaches to resolving parent-child needs conflicts. Though the program no longer entails a formal PET workshop, the techniques and information are transmitted in the context of contacts with parents. The project

has also made an effort to acquire and make available to clients literature on parenting skills.

The response on the part of clients to both the home program and parent education has been positive. Project directors and staff feel that the programs have been very successful providing parents with concrete skills. An estimated 60% of all parents referred to the projects are either lacking knowledge on child development or exercising inappropriate parenting. This component is thus responsive to client needs.

Services directed at improving socialization skills and at developing a sense of selfworth are also appropriately considered "educational services". Both projects offer a boy's group which consists of after school athletic activities and develops "team" identification, self-esteem, and an opportunity to form peer group relations. At the Family Center, "snack time" at the end of the activity session is used as a forum of discussion on problems--bullying, cursing, personal hygiene, fears, etc. All team members participate in clean-up chores, each with designated responsibilities. The experience thus provides a balance and counterpoint to their family experience. The crafts group, offered by the Family Center mainly to improve socialization but also to provide mothers with a sense of accomplishment, provides equipment and materials for quilting, macrame, sewing and needlepoint. Women who have skills in these areas train others. The group produced several contributions to the Children's Center.

Another type of educational service offered by Parent-Child Project is debt management, provided by a staff member underwent a training program in debt management counseling. The project is thus able to provide direct services to families with financial worries which contribute to abuse/neglect or to assist the limited income families in budgeting more effectively to meet family needs.

C. Supportive Services

Supportive services provided by the projects include advocacy with legal, housing or employment or service problems (e.g., medicaid, Income Maintenance); referrals for medical services, alcoholism or drug addiction. Supportive services for Parent-Child Project families are occasionally handled by the FSA, the project sponsor, but are generally handled by both projects through carefully nurtured and tended relationships with local agencies who can meet specialized service needs which arise from time-to-time. The Parent-Child project has had the support of churches who have contributed gifts, monies, food and shelter; 3 local hospitals have accepted clients for specialized services in neurology and phobia; operation outreach providing babysitting services and a Spanish translator to assist in providing counseling to two Puerto Rican families; and, a host of other agencies which are used on an ongoing basis or as special problems arise. The Project Director, during the first program year, became actively involved in the LIACC, an

inter-agency, inter-school group of service oriented people. Membership in the group created a natural information network on community resources.

The Project Director at the Family Center similarly invested a great deal of energy into the development of effective linkages with community agencies which had not been nurtured in the first program year. Some of the community linkages, for example, the Senior Citizen's group, have created supplements to staff resources. Senior Citizens read to children, tell stories and offer whatever skills they have to the Children's Center.

4.6.2.2 Services Arranged or Provided Through CPS

The efforts of project directors and staff to develop linkages within the community to supplement and compliment direct service provision have resulted in a considerably lower demand for coordination of services through DSS/CPS, as illustrated in Table 32 below. Thus, the projects apparently assume a major role in case management arranging directly for the provision of services which cannot be met within the project.

TABLE 32
 SERVICES ARRANGED FOR OR PROVIDED BY CPS:
 PROJECT SERVICED CASES VS. NORMAL CPS CASES

	CPS N=77	Current Project N=65	Adelphi N=35
Educational Psychological Testing	30%	N/AV	N/AV
Health Treatment/Screening	30%	5.79%	2.08%
Day Care/Treatment for Children	26%	7.27%	2.85%
Home Management/Improvement	24%	4.61%	8.57%
Legal Services	18%	N/AV	N/AV
Employment Related	10%	N/AV	N/AV
Debt Management	2%	N/AV	N/AV
Parent Effectiveness Training	14%	0.0%	N/AV
Counseling	72%	0.0%	N/AV
Drug/Alcohol Treatment	18%	0.0%	N/AV

There is no evidence to suggest that the lower demand for CPS services results from differing service needs profiles vs. non-project clients.

Evaluation Assessment

The demonstration projects have evolved a services delivery format which is clearly responsive to the needs of CPS families. While the focus is clearly on therapeutic intervention, the environment and the approach to service delivery is not strictly clinical. Opportunities to make clinical assessments affect behavior and attitudes, and monitor client progress occur

not only through traditional therapeutic modalities, but through a series of supplemental group programs which create a "community center" atmosphere. While young boys with behavioral, emotional and attitudinal problems enjoy after school recreation activities, they also begin to develop socialization skills, discipline, a sense of responsibility, self-esteem and accomplishment. Though the same service plan elements can be provided through the utilization of several different agencies--mental health clinic, YWCA, community athletic programs--the same programmatic effect could not be achieved. The integration of those elements within the projects creates a clinical interdependence amongst the various services which is otherwise not present.

The projects are also able to provide therapy group services which are not normally provided either by CPS directly or the community agencies on whom CPS is normally dependent. The various inter-family groups--latency, men's, women's, sibling's and the children's center--have created natural settings to observe and affect inter and intra-personal problems, while simultaneously giving rise to a "self-help" element where mothers and fathers support and assist each other in resolving problems.

Importantly, the projects provide services specifically responsive to child abuse and neglect including the "mother's home program" and the various parent education workshops which are not normally provided by mental health clinics or other community resources.

Finally, the projects have been able to establish and effectively utilize community resources to expand and enrich the program services effectively leveraging community resources in furtherance of CPS goals. As a result, there are fewer demands for the coordination and/or provision of services by or through CPS.

The projects, in summary, meet the criteria established for the successful provision of services.

1. Matching Client Needs with Available Services

Criterion: Existence of procedures for identification and evaluation of service gaps in the program as a whole.

CPS administrators and project staff anticipated "service gaps" at the initiation of the program and, therefore, emphasized the establishment of planning and service linkages within the community. The "POR" approach, moreover, fosters and supports the identification of service delivery gaps which were not anticipated. The established and ongoing linkages with community agencies in most instances lead to resolution of service gaps.

Three problems which have not been resolved to date are client transportation and client lack of telephones, a problem affecting both projects, and the Parent-Child Project's ongoing problems in responding to the service needs of very young children.

Criterion: Extent to which formal arrangements have been made with outside agencies/actors to insure delivery of necessary outside services.

Arrangements with outside agencies are largely informal with the exception of the provision of DSS services and arrangements for psychological or educational testing. The approach seems to be appropriate and effective.

2. Caseworker Skill Levels

Criterion: Extent of knowledge of community resources.

Though often frustrated by the lack of adequate community resources, staff at both projects are aware of and effectively and innovatively utilize resources which are available.

4.7 Service Outputs

In the preceding sections we have described the administrative and programmatic approaches to the delivery of child protective services which distinguish the projects from the normal CPS delivery system in Nassau County. In the following sections, data are presented which document differences in service outcomes which may be attributable to the distinguishing programmatic features of the Child Abuse Community Centers Program. The service outcomes considered are:

- (1) Engagement in Services
- (2) Rate of Child Removals/Returns
- (3) Recurrence of Abuse/Neglect
- (4) Petitions of Abuse/Neglect

In each measure, the service outcomes achieved through the normal CPS delivery system are the "baseline" or standard of comparison for the service effectiveness of the projects.

4.7.1 Engagement

Outreach and engagement in therapeutic services were noted in Section 3.5.1 as a significant problem in the delivery of child protective services. The projects are expected to provide sustained intensive outreach efforts which are expected to result in a higher rate of engagement in therapeutic services than is normally experienced.

The major barrier to implementation of the rehabilitation plan normally experienced by CPS is client resistance towards intervention and client inability or unwillingness to follow through on referrals. The project model in and of itself reduces the problem of client follow through on referrals since the project assumes the initiative, providing services in the home if necessary until the client is motivated to participate in project centered services. The problem of client resistance to intervention, however, is not solved simply by making services available within the home.

The first objective of project staff, therefore, is to overcome general resistance to intervention so that the client will accept regular contact by project staff. Once contact is established, however, the process of outreach and engagement continues in an effort to overcome a series of problems

including denial or externalization of abuse/neglect problems, resistance to therapy or preoccupation with concrete problems--all of which preclude motivated participation in the rehabilitative plan. Amongst the 25 cases referred to the projects during the course of this evaluation, 55% were described by project staff as having limited acceptance and recognition of child abuse/neglect problems or as preoccupied with other problems--financial crises, trauma of separation from spouse, etc. The time frame of referral to the clients participation in other than concrete services is 3 months. Clients, during the course of these 3 months, may be offered and accept a number of concrete services and may be willing to discuss problems (other than child abuse/neglect) with the case manager.

Once the family begins to participate in the therapeutic elements of the rehabilitative plan, problems of externalization or denial may continue or recur. This is reflected in irregular participation in the programs or counseling sessions or regular attendance with limited participation. Approximately 1/3 of the families who participate in therapeutic services continue to be non-engaged for a period of one or two months before motivated engagement occurs.

Engagement of the majority of families is thus a process of overcoming a series of barriers. As each is resolved, another is presented as the family moves toward regular highly motivated participation in the program.

The projects are significantly more effective in overcoming these hurdles than the normal CPS delivery system as illustrated in Table 33, below. Nearly 85% of all cases referred have initiated participation in therapeutic services as compared to only 65% of the non-project cases.

TABLE 33
RATE OF ENGAGEMENT IN THERAPEUTIC SERVICES:
PROJECT VS. CPS CASES

	Parent-Child Project N=52	Family Center N=13	Total* Project N=69	Total CPS N=77
Never engaged in therapeutic ser- vices	.154	.154	.154	.351

Significant at .05 level.

*Data not available for Adelphi cases.

It is important to note, however, that initial engagement does not insure satisfactory completion of the services plan. Families who drop out of treatment and cannot be re-engaged, and families who move before treatment is completed account for an additional 22% of the 65 cases referred to the Parent-Child project or the Family Center under LBSD sponsorship. If the trend established to date continues, approximately 50% of the cases referred may be expected to complete the rehabilitative plan. Since the projects have a significantly higher engagement rate relative to the normal CPS system, it is reasonable to infer that the 50% completion rate estimated for the projects is considerably higher than that expected through the normal CPS system.

4.7.2 Child Removals

The preservation and improvement of family life is clearly a value mutually held by CPS and project staff and administrators. If intensive therapy and rehabilitative services as provided by the projects can achieve or sustain a level of family functioning which prevents a removal of children or expedites the return of children, this is a clearly desirable and important achievement. It is important to bear in mind, however, that removals are often necessary and cannot be considered as an indication of failure of the service system. In virtually all instances where a child was removed from a family actively involved with the projects, project staff concurred that removal was necessary in light of the home environment. On these cases, project staff play an important supportive role to CPS and to the client. The CPS worker is supported by the project's professional assessment of a case and, if necessary, the presentation of clinical and other relevant testimony in Court. The client is emotionally supported through the efforts of project staff to engender an understanding of why the removal is important to child and parent, and following separation, in coping with the removal and realistically dealing with parental role in precipitating the removal. On occasion, the projects efforts to prepare parents for removal may have further supported the CPS worker by enlisting parental cooperation for voluntary removal. Removals, conversely, have had positive impacts on

client motivation. Establishing conditions for return of the children becomes a personal goal for the parent and a treatment objective for the projects.

Thus, removals which have occurred on families engaged with the projects are viewed by project and CPS personnel as essential to the child's well being and cannot be considered "failures". The family's involvement with the project can, and has played a major role in mitigating the impacts of removal and in preparing the home for the children's expeditious return.

Available data, however, also suggest that the support and help provided to families by the projects have prevented removals which might otherwise have occurred. There is a significant difference between the rate of child placement amongst families referred to the projects and that of families normally serviced by CPS. The difference is statistically significant at the .05 level in each of three comparisons:

- (1) All cases referred where a child was removed whether or not the removal occurred prior to project engagement or referral.
- (2) All cases referred to the Parent-Child Project and the LBSD sponsored Family Center, where a child was removed whether removal occurred prior to project engagement or referral.
- (3) All cases referred to Parent-Child Project and LBSD sponsored Family Center where family was engaged at the time of removal.

TABLE 34

PROPORTION OF CASES NECESSITATING REMOVAL OF ONE OR MORE CHILDREN: DEMONSTRATION PROGRAM VS. COMPARISON GROUP

	Demonstration	Comparison
All cases/no control for referral N=100	.2525	.3797
Excluding Adelphi/no ¹ control for referral N=65	.2645	(lower bound of 95% confidence interval .2723)
Excluding Adelphi/control ² for referral N=61	.2158	

Note: Base for project proportions include all cases referred whether or not client eventually became engaged.

- 1 Excludes 35 cases referred to Adelphi; includes only 13 cases referred to new Family Center and all Parent-Child Project cases.
- 2 Control for referral eliminated from consideration all cases (4) referred to the demonstration projects where a removal had already taken place.

The projects thus have demonstrated a capacity to significantly reduce the extent of dependence upon child removals as a protective measure. The overall demonstration has been effective not only in terms of the projects capacity to lower the rate of removals, but in the CPS worker's apparent efforts to utilize the projects to the fullest extent possible to prevent removals. In only 4 of the 65 cases referred to program as it currently operates (i.e., excluding Adelphi) were removals initiated prior to referral.

In instances where family circumstances were not sufficiently

stabilized or improved to prevent a removal, the projects have fulfilled an important supportive role both to CPS clients and to CPS caseworkers.

4.7.3 Recurrence of Abuse/Neglect

The rate of severity of recurrence of abuse/neglect is an important indicator of the degree of improvement or stability achieved through the projects' rehabilitative intervention. An examination of the rate and severity of recurrences of abuse/neglect, as reported in the Central Registry, occurring following referral to the demonstration projects shows that the projects have had a significant positive impact. Only 10.8% of all cases referred to the demonstration projects had one or more recurrences of abuse/neglect following referral as compared with 26.9% for non-project reallegations following indication.* The 16.1% difference is significant at the .05 level. The total number of recurrences as a proportion of total cases is also significantly lower for project than non-project cases, 15.3% as compared with 44.3%. Notably, only one out of the 10 (10%) recurrences of abuse/neglect in the project group was a serious allegation (bruises, lacerations and welts) where the ratio for non-project cases is more 2.5 time greater, 25.7%.

The projects thus have been effective in controlling the rate and severity of recurrences of abuse/neglect in a context

*Figure does not include Adelphi cases since referral and closing dates were not systematically recorded.

where more children are retained in the home. While cause and effect relationships cannot be established, it is reasonable to conclude that the emotional and therapeutic support provided to families by the projects is effective in preventing further deterioration of family functioning.

4.7.4 Petitions of Abuse/Neglect

Petitions of abuse/neglect are filed when families are not willing to cooperate with CPS in accepting services deemed necessary or in agreeing to temporary placements of children whose physical and/or emotional well being is jeopardized by family circumstances. As noted in the earlier discussion on petitions, the projects relationship with CPS creates a hierarchy of recourse to client resistance or refusal of treatments which is not normally present. If the projects cannot engage a client in services or cannot secure voluntary cooperation in necessary child removals, CPS may take an authoritative stand reminding the family of CPS powers to invoke Family Court action.

Thus, a significant difference in the rate of filing of petitions of abuse/neglect would reflect not only the project's success in securing the voluntary cooperation of, but also the effects of a joint CPS/project team approach to client resistance. The reader will recall, however, that 57% of all petitions are filed as of indication and, for the more serious type 3 cases, all petitions are filed as of indication. Therefore, the projects have a potential capacity to effect only the rate of filing in those cases which are expected to result in a

petition at some point following indication or an estimated 10% of all cases.

Of the 100 cases studied for the entire demonstration project, 6 or 6% were either adjudicated or had petitions pending at referral. Of these, 4 were classified as the more serious type 3 cases. This is a substantially lower rate than was found to exist for the CPS caseload as a whole where 14% of all cases are adjudicated or have petitions pending as of indication. It is not clear to the evaluation team whether the lower rate of petitions at indication reflect an effort on the part of CPS staff to utilize the projects to avoid petitions or indicates a CPS selection process whereby cases likely to result in a petition immediately after referral are screened out. Available evidence suggests that the lower rate of petitions active as of referral results from both sources. On the one hand, CPS workers noted on the prognosis section of the intake form designed for this evaluation several cases as likely to result in a petition if family circumstances did not improve. This suggests that the projects are utilized in an effort to avoid petitions. On the other hand, during the first program year the director of the Parent-Child Project raised the issue of timing of referrals viz petition status in both discussions with the CPS unit supervisor and CPS administrators as well as in quarterly progress reports. The director and staff felt that referrals in the midst of proceedings precluded the formation of a therapeutic relationship. It may, therefore, be that CPS

workers have attempted to insure the best possible opportunities for successful engagement by either withholding filing as long as possible or by not referring cases where a filing was in process, or imminent. A much more thorough retrospective study of the decision-making process attending petitions and the project's effect on this process is necessary to interpret the difference in the rate of filing at referral to the projects as compared with that normally expected at indication.

It is important to note that while the interpretation of the rate of filing for the entire project leaves important questions unanswered that there is no significant difference between the rate of filing or adjudication in a comparison of cases served by the current projects (i.e., excluding Adelphi) and the expected rate--11% as compared with 15% for CPS. Thus, any significant differences in the rate of filing subsequent to referral for these cases may be considered to reflect the projects intervention rather than a selection process which reduces the likelihood of a petition.

As shown in Table 35 below, the current projects (i.e., excluding consideration of Adelphi) have a substantially lower rate of filing of petitions in comparison to CPS when controls are induced to eliminate cases where petitions were initiated prior to referral for project cases and prior to indication for non-project cases--8.62% for the projects as compared with 13.23% for CPS. Though notable, the difference is not significantly at the .05 level because the incidence is low and the sample size small.

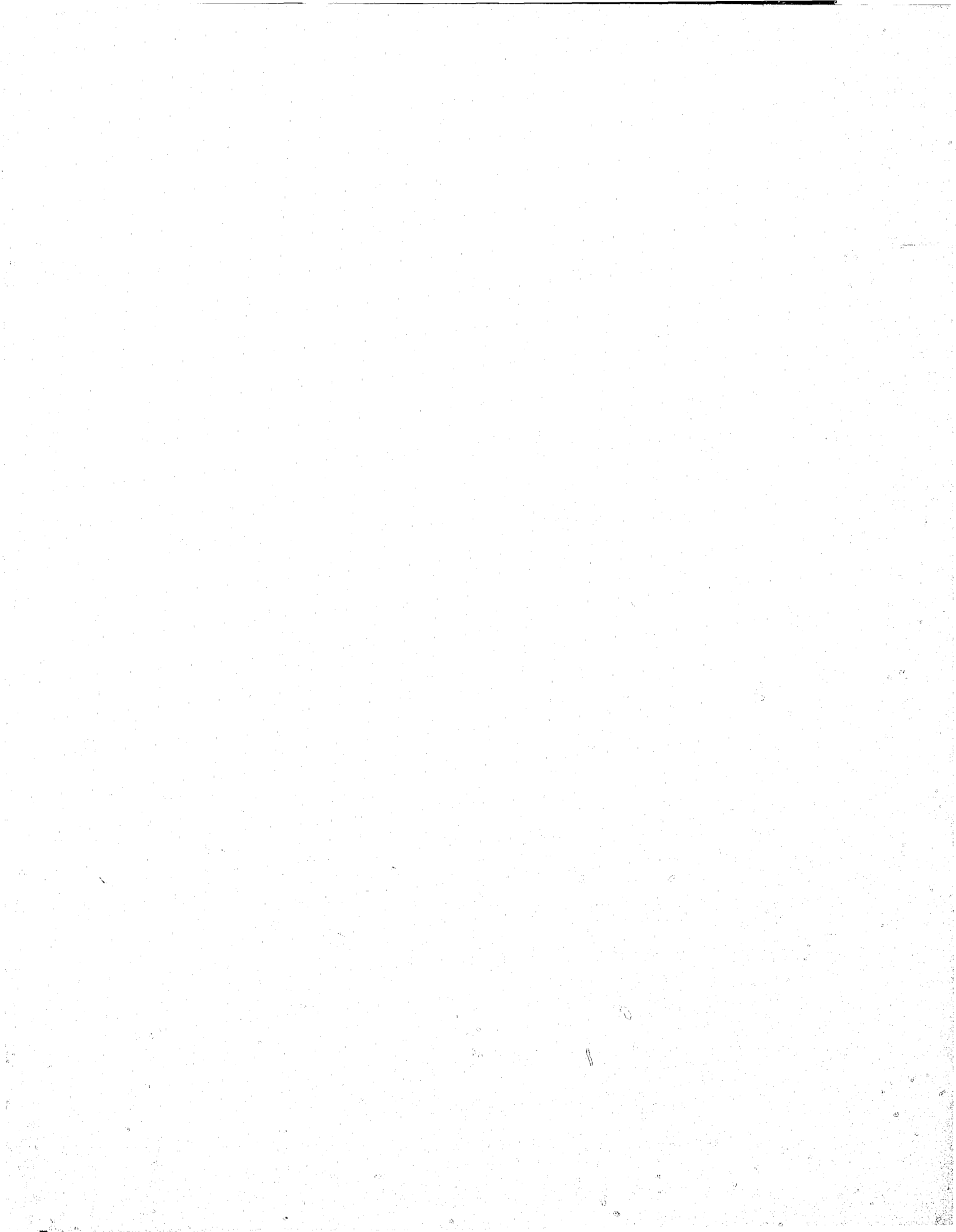


TABLE 35
PETITIONS OF ABUSE/NEGLECT FILED:
PROJECT VS. NON-PROJECT COMPARISON

Case Type	Overall CPS (N=79)	CPS/Control for Petitions Filed at Indication (N=68)	Current ¹ Project/ Control for Referral (N=58)	Current ² Project and Referral Control (N=65)	Total Demonstration/ ³ No Referral Control (N=100)
1	.1304	.1250	.1081	.1081	.1159
2	.2942	.2140	.0760	.1428	.1875
3	.5000	.000	.000	.3845	.4000
Total	.2405	.1323	.0862	.1692	.1700

1. Excludes all Adelphi cases, and 2 cases with petitions filed at referral.
2. Excludes all Adelphi cases.
3. Includes all cases referred, but does not include 2 petitions filed prior to initiation of the demonstration program.

If comparisons are considered without inducing controls for pre-referral/indication petitions, the difference again is notable but not statistically significant at the .05 level-- 16.92% for the project as compared with 24.05% for CPS. Virtually the same result is obtained when the entire demonstration, including Adelphi, is considered without controls for referrals.

On the basis of available data then, we conclude that the demonstration program has not had any significant impact on lowering the rate of Family Court involvement. Further study is warranted, however, to understand factors potentially affecting the project's impact on the rate of Family Court involvement especially in light of observed differences which strongly suggest that the model can affect significant changes in the rate of filing of petitions.

While the projects have had no significant impact on the rate of filing of petitions, they have had an effect on decision-making and on the process. In personal interviews conducted with CPS staff during which petitions filed subsequent to referral were discussed, CPS workers indicated that project staff concurred with decisions and assisted in the preparation of relevant data.

4.7.5 Evaluation Assessment

The Child Abuse Community Centers Program has been shown to be not only responsive to CPS service needs in terms of program inputs, but also to effect significant improvements in service outputs in the areas of engagement, child removals, and

recurrence of abuse/neglect circumstances and substantial though not significant improvements in the rate of filing of petitions of abuse/neglect. Though worthy of further study which might lead to insights effecting even greater benefits, the evaluation team concludes that the demonstration has been successful. A detailed assessment against evaluative criteria is presented below.

A. Outreach

1. Client Issues

- a. Parent acceptance and cooperation vs. hostility and mistrust.

Criterion: Rate of client engagement in identified services for project vs. non-project referrals.

Counseling was found to be the most widely prescribed service for CPS clients and to have the lowest overall rate of engagement in comparison to other services. The projects were found to be significantly more successful in engaging families in counseling having a failure rate of 15% as compared with 35% for CPS.

- b. Nature and extent of emotional support provided to parents and children.

Criterion: Extent to which services plan takes account of individual needs for emotional support.

The projects approach to engagement and services planning is directed specifically at identifying and responding to the emotional needs of parents and children. Families are led

toward services ultimately deemed as most beneficial--e.g., group, family, or marital counseling with services which address key problems and which the client is prepared to accept--e.g., concrete and advocacy services, individual counseling, or non-therapeutic groups.

The projects have played a particularly supportive role in instances where child removals have been necessary, paving the way for a voluntary removal in many instances and attempting to help the family cope effectively and realistically with the separation.

Criterion: Extent to which services plan foster dependence vs. independence of clients in resolving or coping with stress.

While providing emotional support and recognizing client dependencies, the service planning strategy is directed at fostering the fullest extent of independence possible. This is achieved through emphasis on self-help, educational and therapeutic programs and on office-based program participation rather than on advocacy and concrete services, which are seen as supportive or introductory services. This is also attempted through emphasis on client strengths directed at building confidence and self-esteem.

c. Child safety vs. disruption.

Criterion: Extent to which services plan takes account of risk to children remaining in home.

The initial assessment is made by the CPS worker prior to referral and removals are initiated where the risk is perceived

as too great to await the outcomes of the projects engagement process. Following referral, CPS and project staff continually reassess the home situation, instituting removals where necessary. The services planning process is adapted to changing case circumstances.

Criterion: Extent to which criteria exist for determining the need for removal of parents or children from the home.

There are no formal specific guidelines on the criteria for removal of parents or children. There does appear to be a set of mutually held professional standards which take account of the degree of improvement of parental functioning, the age of the child, the effects of the home situation on the child and the parent's propensity for violence.

The high level of concurrence between project and CPS staff can be assumed to reflect the presence of uniform standards even though formal specification of standards does not exist.

B. Services Delivery

1. Programmatic Issues

- a. Effectiveness in establishing and maintaining contact with clients.

Criterion: Extent to which client participation is continuous rather than sporadic.

The engagement and treatment tracking systems* have shown that client participation tends to be sporadic in the first few months after referral with many clients only turning to the projects in times of crisis. In the absence of more project

*Developed specifically for this evaluation and described in the Final Evaluation Design.

observations than were tracked through the systems, devised and comparative data on non-project cases patterns cannot be clearly discerned or interpreted.

Criterion: Clients completing services plan as a percent of all clients requiring services for project vs. non-project cases.

Available data suggest that the combination of non-engagement, drop-outs and client moves reduce the expected rate of satisfactory completion of the services plan to 50%. Since the projects engagement rate is significantly higher than the CPS rate, it is reasonable to assume that fewer than 50% of families normally serviced by CPS will complete the services plan. The evidence, however, is inconclusive in the absence of comparative data on the rate of completion by CPS clients.

b. Effectiveness in reducing child abuse/neglect manifestations.

Criterion: Rate and time frame for "satisfactory adjustment" closings for project vs. non-project families.

The anticipated time frame for services completion for project cases averages 15 months for project cases. Similarly, long-term service needs are indicated for families normally served by CPS with 92.4% of all cases in the comparison group remaining active for more than one year.

As of the end of July, 1977, only 1 of 100 project cases had been closed as a result of satisfactory adjustment, though several such closings are likely to occur this year, available data on CPS cases provide no comparative rate or time frame

for "satisfactory adjustment". The evaluation has thus not been able to produce any reliable data on the rate and time frame for "satisfactory adjustment" which requires data over considerably longer period of time.

Criterion: Extent to which movement towards satisfactory adjustment is correlated with movement towards accomplishment of project service plan goals.

Though we were not able to translate CPS tracking of movement toward resolution of CPS issues and project tracking towards service goals into a meaningful statistic, a case-by-case comparison shows that a correspondence does exist:*

- In all cases where the projects reported progress after 6 months of treatment, (65% of all cases referred) CPS reported progress on resolution of abuse/neglect circumstances.
- In the 35% of cases on which the projects reported no success, CPS workers reported no change or a deterioration in abuse/neglect circumstances.

While inconclusive, the evidence strongly suggests a correspondence between progress within the projects and movements toward correction of CPS issues.

2. Client Issues

- a. Nature and extent of emotional support provided to parents and children.

Criterion: Existence of crisis intervention services for the relief or reduction of immediate stress outside of regularly scheduled sessions.

-Clients are encouraged and do call project staff when problems arise and a 24 hours hot line is available to enable contact

*See 9 month report for detailed discussion and technical documentation.

outside of regular service hours. Concrete advice and support is given by phone, if possible, and direct contact is provided if the situation cannot be handled by phone.

The Family Center additionally has the capacity to provide day care services within the mini-center when parents need a little time to themselves.

It is not clear what level of and means of support are used by CPS, though we have observed that families similarly look to their CPS caseworker for support and guidance. To our knowledge 24-hour service is only provided for reporting and not for emotional support and crisis intervention. Since it was not possible to collect comparative quantitative data, a statistical comparison of differences cannot be made. It is clear, however, that the projects provide considerable support in a variety of ways.

b. Child safety vs. disruption.

Criterion: Frequency and severity of abuse/neglect incidents for project vs. non-project cases.

The projects were found to have a significantly lower rate of recurrence of abuse/neglect in comparison to families normally served by CPS. Moreover, while 26% of all CPS recurrences are serious, only 1 serious reallegation (bruises, lacerations and welts) occurred amongst 100 project serviced cases.

Criterion: Rate of child removals.

The projects were shown to have a significantly lower rate of child removals relative to CPS. Moreover, in instances where

children were removed, the projects have made every effort to minimize the adverse impacts of separation on the family.

4.8 Costs of Services and Functions

It has not been possible to undertake or complete cost effectiveness analysis of the projects because of the limited amount of readily available data on the costs of CPS and project services and functions. The effort is to provide an indication of whether and to what extent the projects might be cost effective using estimates, available data on the costs of services, and data gathered in the course of this evaluation on service effectiveness.

The projects to date have cost roughly \$500,000 (as of September 1, 1977). It is not possible to determine what proportion of this total amount is appropriately considered "start-up", though it is important to bear in mind that such costs are reflected in the expenditures to date. It is also clear that the services offered by the projects are not in lieu of, but in addition to, services provided directly by CPS. The projects neither increase nor diminish demands on existing CPS resources, rather, they supplement a staff resource in an area, rehabilitative therapeutic services, for which there is great dependence on outside voluntary agencies and in which implementation has proven difficult because of client based problems. If institutionalized by CPS, then the projects would necessarily be an "add on" to the existing CPS budget. The indication is,

however, that the "add on" would in fact be considerably less than indicated in annual budgets in excess of \$100,000. The lower rates of child placement, petitions of abuse/neglect and the lower demand for CPS services such as day care and home-making have, to date, "offset" project costs by \$94,000* or approximately 20% of total costs to date. This estimate does not include an allowance for start-up costs, nor does it take account of public costs normally incurred for counseling and psychiatric services. Thus, real cost offsets may be considerably higher than reflected in our estimate.

It is also important to bear in mind that the costs of the project resulted in significant service improvements in the rate of engagement and in the rate and severity of recurrences of abuse/neglect in addition to differences in the rate of child removal, filing of abuse/neglect petitions and lowered demand for DSS services already reflected in the cost savings estimate.

Given the demonstrated need for the projects, their demonstrated capacity to meet the need and the indications that the projects may already be "cost effective", a further study focusing on cost effectiveness and means of institutionalization is clearly warranted.

*Estimate was derived by comparing expected costs/100 from Table 23 with "actual" cost per hundred based on lowered project demands for services included in the table.

FOOTNOTES*

1. Maure, Hurt, Jr. Child Abuse and Neglect: A Report on the Status of the Reserach, U.S. Department of Health, Education and Welfare, Office of Human Development, Office of Child Development, # 74-20, 1974.
2. Supra.
3. Supra.
4. Schucter, Arnold Pre-Scriptive Package: Child Abuse Intervention, Office of Technology Transfer, National Institute for Law Enforcement and Criminal Justice, LEAA, U.S. Department of Justice, December, 1976.
5. Supra.
6. Ibid.
7. Ibid.
8. Ibid.
9. Freud, Anna Beyond the Best Interests of the Child
10. Schucter, op. cit.
11. Ibid.
12. Ibid., p. 10
13. Group worker interviews with caseworkers referring to the demonstration projects, conducted by Serapio Zalba, February, 1977.
14. Supra.
15. Supra.
16. Supra.
17. Comprehensive Annual Social Services Plan component, Title XX Federal Social Security Act, District No. 28, September, 1976.
18. Based on a random sample of case characteristics showing an average of 4.4815 persons/case. Sample is limited to active indicated cases since records of unfounded cases are expunged. See "Six Month Report on Evaluation of Child Abuse Community Centers Program", Appendix II i (a), p. 70-71.
19. This estimate excludes service unit supervisors and clerical personnel and also excludes the supervision unit.

*Page references incomplete.

20. Technical documentation on development. The typology is presented in "Interim Report on Development of a Central Registry Based Typology of Abuse/Neglect". A summary of revisions and replications is presented in Appendix I in this report.
21. A discussion of differing services demands and service outcomes by case type is presented in Section 3.4; Technical documentation on the determination of differences is presented in Appendix I.
22. The reader will recall the earlier reference to the extent of CPS dependence on voluntarism.
23. Based on a longitudinal study of 10% of all cases indicated by Nassau County CPS in 1974. See "EVALUATION OF CHILD ABUSE COMMUNITY CENTERS PROGRAM: SIX MONTH REPORT"; March, 1977 for technical documentation.
24. Every 6 months following the date of oral report.
25. The Central Registry, which is intended to capture such information, provides only broad designations of services. (See Evaluation of Child Abuse Community Centers Program: Six Month Report", for detailed analysis of problems).
26. Survey instruments previously submitted to NCCJCC.





END