

PB 259 001

CHILD ABUSE AND NEGLECT PROGRAMS



U.S. Department of Health,
Education, and Welfare
Office of Human Development
Office of Child Development
U.S. Children's Bureau
National Center on Child
Abuse and Neglect

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CHILD ABUSE AND NEGLECT PROGRAMS

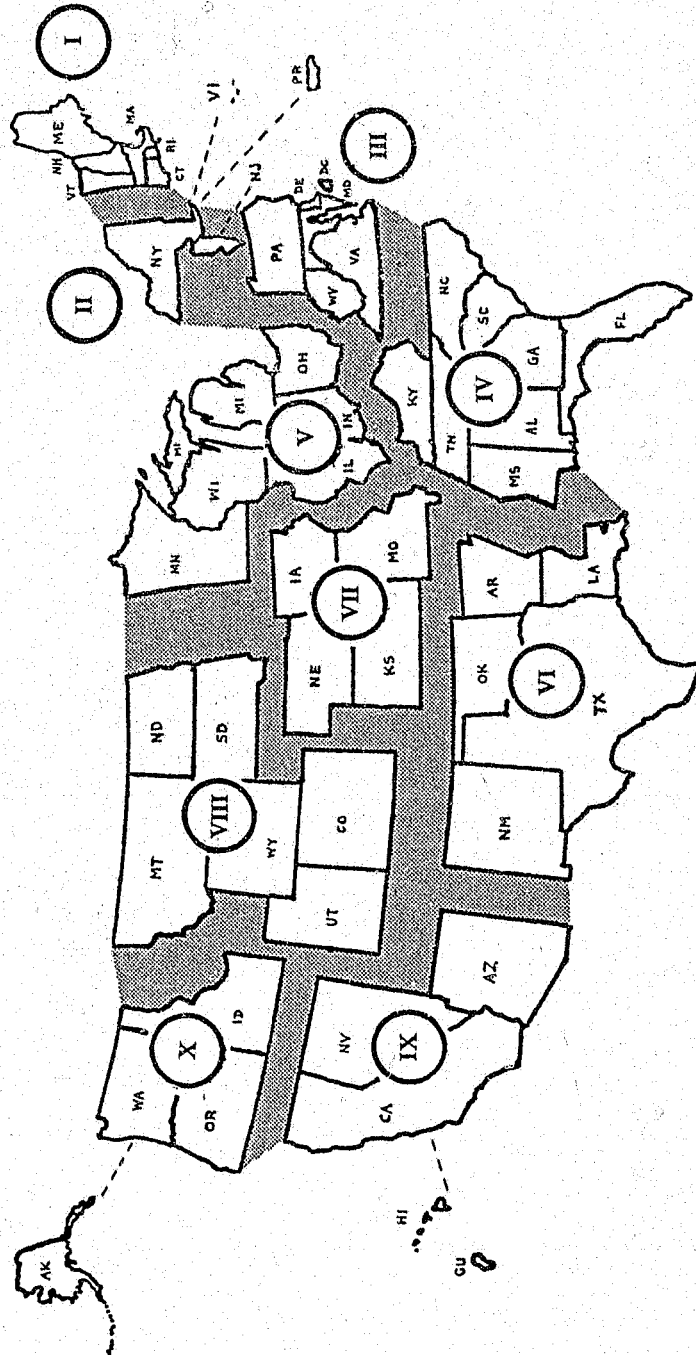
NOVEMBER 1976

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INTRODUCTION

The National Center on Child Abuse and Neglect (NCCAN), created by the Child Abuse Prevention and Treatment Act (P.L. 93-247) and located in the Children's Bureau of the Department of Health, Education, and Welfare, acts as the principal focus for federal activity in developing policies, plans, and programs relating to the prevention, identification, and treatment of child abuse and neglect.

Virtually every activity of the National Center, in the performance of its mandate, involves the gathering and dissemination of information. Special emphasis has been focused on gathering information relating to on-going and completed research and currently operating programs in the field. This information comprises the data base for a computerized information storage and retrieval system which is used by the National Center to answer requests for child abuse and neglect information from program planners, policy makers, researchers, and the general public.

This semi-annual publication, *Child Abuse and Neglect Programs*, and its companion volume, *Child Abuse and Neglect Research: Projects and Publications*, are designed to make the information in the National Center's computer system available for direct public and professional reference. The section "How to Use This Volume" describes the program identification data, the description, and the use of the Program Director, Organization, and Subject Indexes.

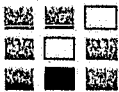
This edition of *Child Abuse and Neglect Programs* is a supplement to the first edition (PB-253,650, June 1976), which contained descriptions of 1704 programs. The 203 additional programs described in this edition were identified through a national survey conducted in the Spring of 1976. Private (profit and nonprofit) and public (state, federal, city, and county) organizations and agencies were sent structured questionnaires on which they described their child abuse and neglect programs. A sample of the survey questionnaire is shown on the next two pages.

In its continuing efforts to maintain an up-to-date, comprehensive data base of on-going programs, the National Center would like to be notified about current programs that are missing from the two editions of *Child Abuse and Neglect Programs*. For this purpose, the questionnaire for describing a child abuse and neglect program is available from:

Department of Health, Education, and Welfare
Office of Child Development
U.S. Children's Bureau
National Center on Child Abuse and Neglect
P.O. Box 1182
Washington, D.C. 20013

You also can help the National Center improve the usefulness of *Child Abuse and Neglect Programs* by suggesting changes that should appear in future editions or supplements. A reader-response postcard has been printed inside the back cover.

Douglas J. Besharov
Director
National Center on Child
Abuse and Neglect



Department of Health, Education, and Welfare
National Center on Child Abuse and Neglect
Office of Child Development

Survey of Programs on Child Abuse and Neglect Questionnaire

Purpose and Scope:

This survey is being conducted to gather information about current child abuse and neglect programs for use in compiling a directory of programs as well as an analysis of program trends in this field.

For the purposes of this survey, a child abuse and neglect program is one that renders or delivers direct or indirect services, on a continual basis, to abused or neglected children and/or parents, guardians, and families. To be included, a program must be in current operation. If only a part of a program, rather than the whole program, deals with child abuse and neglect, please furnish data on only that part of the program.

General Instructions:

A separate questionnaire should be used for each discrete program. Additional copies of the questionnaire will be furnished on request.

Please be as complete and specific as possible in answering questions. Please type or legibly print your answers. If you need additional space to answer any questions, please attach additional sheets and indicate the questions to which they apply.

Please return the questionnaire in the enclosed return envelope by September 19, 1975, to:
Department of Health, Education, and Welfare
National Center on Child Abuse and Neglect
Office of Child Development
P.O. Box 1182
Washington, D.C. 20013

1. Program Identification:

Official title of program: _____

Official name of the organization actually conducting the program: _____

Address of organization: _____

Street _____ City _____ State _____ Zip Code _____

County _____ Congressional District _____

Person(s) directly in charge of program: _____

Name _____ Title _____ Telephone _____

Name _____ Title _____ Telephone _____

2. Type of Organization (check one):

Private, Nonprofit Public, Federal Agency Other(s) (specify): _____
 Private, Profit Public, City Agency _____
 Public, State Agency Public, County Agency _____

3. Primary Focus or Function of Organization (check one):

Mental Health Judicial Political/Legislative
 Physical Health/Medicine Law Enforcement Other (specify): _____
 Social Service/Child Welfare Educational _____

4. Official Name of Agency or Body Having Direct Supervision or Governance Over Your Organization:

5. Scope of Program:

Is the entire program focused on child abuse or neglect?
 Yes No

If yes, is the program concerned with abuse, neglect, or both?
 Abuse Neglect Both

If no, is any part of the program concerned with child abuse or neglect?
 Yes (All further responses should focus only on that part of the program.)
 No (Please skip to Q. 28.)

If any part of your program deals with child abuse or neglect, is this part concerned with abuse, neglect, or both?
 Abuse Neglect Both

6. Official Starting Date of Program:

Month _____ Year _____

7. Types of Clientele Served (check and write in percentages):

Individual Children _____ % of total clientele
 Children in Groups _____ %
 Individual Parents _____ %
 Parents in Groups _____ %
 Families _____ %

8. Primary Types of Services and Numbers of Clients Served in Last Complete Fiscal Year:

Type of Service	Individual Children	Children in Groups	Individual Parents	Parents in Groups	Families
<input type="checkbox"/> Identification	_____	_____	_____	_____	_____
<input type="checkbox"/> Prevention	_____	_____	_____	_____	_____
<input type="checkbox"/> Treatment	_____	_____	_____	_____	_____
<input type="checkbox"/> Follow-up	_____	_____	_____	_____	_____

9. Primary Areas from Which Program Clients Are Drawn (check all that apply):

Rural Urban (not inner city) Low income
 Suburban Inner city Middle/upper income

10. Sources of Case Referrals to Your Program (check all that apply):

Private physicians Courts Other(s) (specify): _____
 Hospitals Parents/substitutes _____
 Government social service agencies Siblings _____
 Private social service agencies Other relatives _____
 Schools Neighbors/acquaintances _____
 Law enforcement agencies Self-referrals _____

11. Services of Your Program to Parents and/or Family (check all that apply, and indicate how obtained or delivered):

Type of Service	Offered Directly by Program	Purchased from Other Program or Service	Referred to Other Program or Service
<input type="checkbox"/> Social work counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parent aide/lay therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Group therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parents Anonymous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Couples counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Family counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Individual therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Homemaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alcohol, drug, weight counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child management classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Employment assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Welfare assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Family Planning assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Residential care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other(s) (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Services to Children (check all that apply, and indicate how obtained or delivered):

Type of Service	Offered Directly by Program	Purchased from Other Program or Service	Referred to Other Program or Service
<input type="checkbox"/> Day care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Therapeutic day care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Play therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Individual therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speech or specialized therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Residential care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other(s) (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Evaluation Methods and Organizations:

Please describe, in detail, how the performance of your program is evaluated. Also, please give the name(s), title(s), and address(es) of the person(s), inside or outside your program, in charge of such evaluation.
 Method(s) of Evaluation: _____

Person(s) in Charge:

Name _____ Title _____

Organization: _____

Street _____ City _____ State _____ Zip Code _____

Name _____ Title _____

Organization: _____

Street _____ City _____ State _____ Zip Code _____

Check here if no evaluation mechanism exists.

14. Follow-up:

Please describe all of the methods used to follow up the status of clients served by your program. For each follow-up method, give average frequency (weekly, monthly, annually, etc.) and the staff man-years expended in the last complete fiscal year.

Method _____ Staff Man-Years _____

Method _____ Staff Man-Years _____

Method _____ Staff Man-Years _____

Method _____ Staff Man-Years _____

15. Case Reporting:

Please indicate, in terms of the three categories indicated, how and where cases are reported by your program.

	By Name (Individual Cases)	By Identifying Code (No Names)	By Gross Numbers Only
<input type="checkbox"/> Police/Judiciary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Juvenile Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social/Welfare Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> State Central Registry (Maintained by what state agency?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other(s) (specify): _____

Check here if cases are not reported.

(over please)

16. Sharing of Information:

Aside from case reporting, does your program share information with any other programs or organizations?
Yes No (Please skip to Q. 17)

If yes, please give the official names of the programs or organizations, and describe the types of information shared.

Name
Type of information
Name
Type of information
Name
Type of information

17. Program Staff:

Following is a list of types of staff. Please check each type on your program's regular payroll and, for each type, give the total number of full-time man-years expended in the last complete fiscal year. (If only a part of your program is concerned with child abuse and/or neglect, please limit your response to staff involved in that part.)

Type of Staff Man-Years
Child Welfare Personnel
Criminologists
Dentists
Doctors/Physicians (not Psychiatrists or Podiatrists)
Family Counselors
Homemaker Specialists
Lawyers
Lay Therapist
Nurses
Nutritionists
Podiatrists
Program Evaluators
Psychiatric Social Workers
Psychiatrists
Psychologists (not Lay Analysts)
Research Specialists
Social Workers (not Psychiatric)
Teachers (not Training Specialists)
Training Specialists
Other(s) (specify)

18. Sharing of Staff:

Does your program share staff with any other programs or organizations?

Yes No (Please skip to Q. 19.)

If yes, please give the official names of the programs or organizations and, for each, the types of personnel shared (use list in Q. 17 for type names).

Name
Personnel types
Name
Personnel types
Name
Personnel types

19. Program Income:

What was your program's total income, from all sources, in the last complete fiscal year? \$
Please check all sources of monetary support received by your program during the last complete fiscal year. For each source checked, give the percent of the total program income received from it.

Direct Federal %
State %
Federal Funds Through State %
County %
City %
Private (Please check all that apply)
Voluntary Agency
Foundation (not Voluntary Agency)
College or University
Hospital
Personal Donations (not Fees from Clients)
Fees from Individual Clients

20. Income From Other Programs or Organizations:

Has your program, during the last complete fiscal year, received any monetary income from any programs or organizations other than those indicated in Q. 19?

Yes No (Please skip to Q. 21.)

If yes, please give the official name(s) of each such program or organization, the specific type of service(s) (if any) rendered to it by your program, and the percent of the total program income received from it during the last complete fiscal year.

Name
Service(s) %
Name
Service(s) %
Name
Service(s) %

21. Payout of Funds by Program:

Has your program, during the last complete fiscal year, paid out funds for professional services to any other program or organization?

Yes No (Please skip to Q. 22.)

If yes, please give the official name of each such other program or organization and the type of service purchased from it.

Name
Type of service
Name
Type of service
Name
Type of service

22. Affiliation with National Child Abuse and/or Neglect Organizations:

Please list all national organizations with which your program is affiliated (e.g., Child Welfare League, American Public Welfare Association, etc.), either through program-wide (institutional) or individual membership.

Name
Address
Name
Address

23. Publicity About Program:

How are people made aware of your specific program?

- Newspapers, magazines
Professional publications
Radio, television
Talks with community groups
Special contacts with federal sources

Other(s) (specify):

Do not publicize program
Publications enclosed
Publications being forwarded separately

24. Publications:

Please give the citation (author, title, place of publication, publisher, and date for monographs, books, or reports; author, title, journal, volume, pages, and date for articles or papers) of any publication or planned publication describing your program. If no publications exist or are contemplated, state how further information about the program may be obtained.

Citation lines

If available, please forward one copy of each of the publications cited (please check).

Publications enclosed Publications being forwarded separately

25. Past and Future Changes in Program:

What major functional or operational changes have occurred in your program between its inception and now?

Change description lines

What major functional or operational changes in your program do you contemplate in the next year?

Change description lines

26. Topics of Interest or Concern to Respondents:

As noted, one of the products of this survey will be an analytical report of program trends in child abuse and neglect. Following is a tentative list of topics to be covered in the analytical report. Please check to indicate which of these topics will be of direct use and interest to your program and which will not be. Also, please indicate any additional topics that should be included.

Table with 3 columns: Topics, Of Interest, Not of Interest. Topics include: Types and Foci of CAN Organizations, Scope, Services, and Clientele, Methods of Evaluation of Programs, Follow-up and Reporting, Interprogram Coordination, Program Staffing, Program Finance, Dissemination of Program Information, Other Topics (specify).

27. Other Child Abuse and Neglect Programs:

If you know of any other programs relating to child abuse and neglect which should be included in the Directory of Child Abuse and Neglect Programs, please list below the official title of the programs, plus the names, titles, and addresses (if known) of their directors.

Program Name
Program Director: Name Title

Institution:
Street City State Zip Code Telephone

Program Name
Program Director: Name Title

Institution:
Street City State Zip Code Telephone

Program Name
Program Director: Name Title

Institution:
Street City State Zip Code Telephone

Program Name
Program Director: Name Title

Institution:
Street City State Zip Code Telephone

Program Name
Program Director: Name Title

Institution:
Street City State Zip Code Telephone

28. Name of Person Completing Questionnaire:

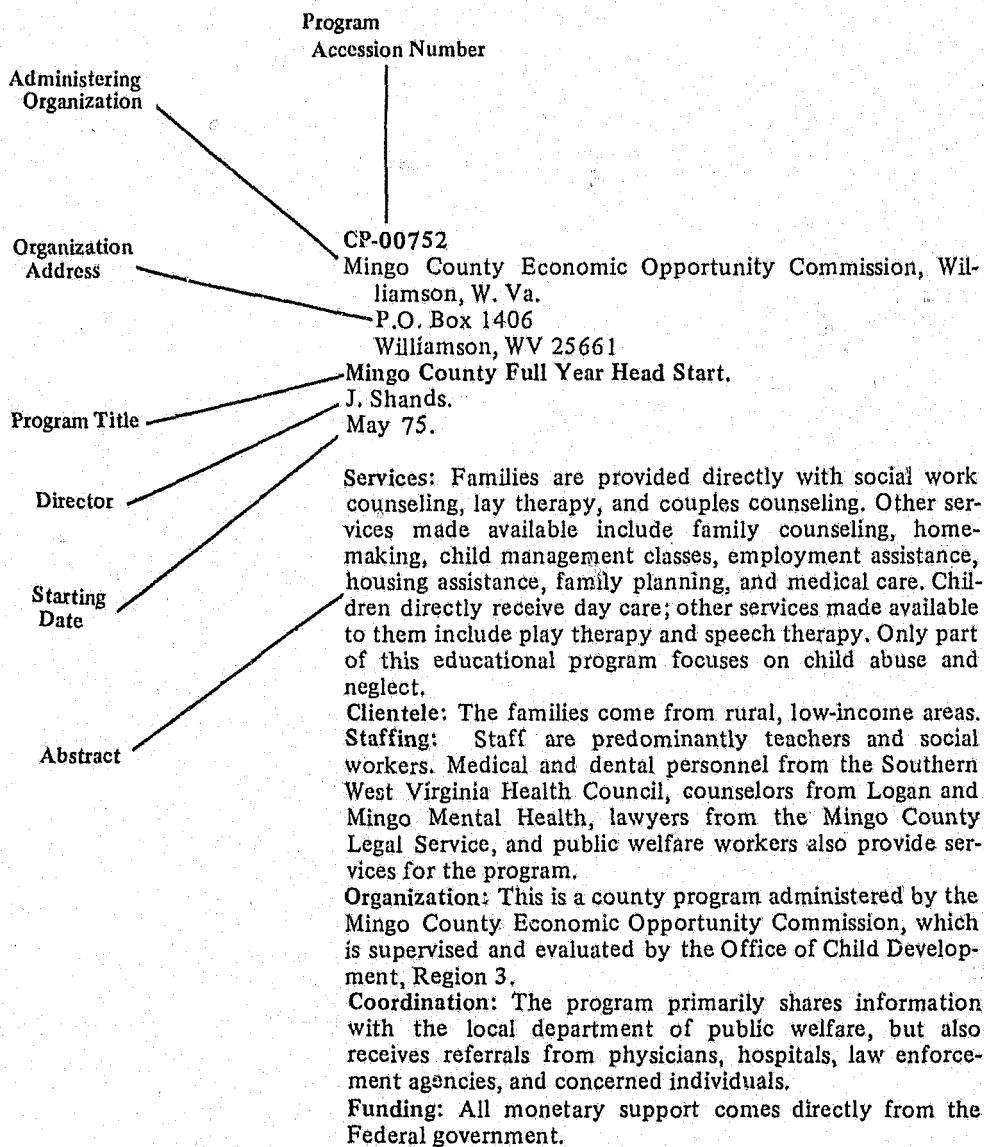
Name Title
Telephone Date

This is the end of the questionnaire. Please read over all of your responses for correctness and completeness, and mail the completed questionnaire to the address indicated. We thank you for your cooperation.

HOW TO USE THIS VOLUME

Child Abuse and Neglect Programs has two major sections. In the first section descriptions of individual programs are presented by Federal Region and by state or territory within Federal Regions. Within states, the program descriptions are arranged alphabetically by organization name. Programs also have been arranged in sequence by their 5-digit accession numbers (for example, CP-01013). These accession numbers are displayed throughout indexes appearing in the second section of *Child Abuse and Neglect Programs*.

Each program is uniformly identified and described by the elements labeled in the sample below. The abstracts, or descriptions, of programs were derived solely from data provided by persons responding to the survey.



Most of the standardized elements in the program identification can be used to search the National Center's computer-based file of these records. Moreover, *Child Abuse and Neglect Programs* contains printed, browsable indexes for the directors, administering organizations, and subject matter of the programs.

Descriptors in the data base and the printed subject indexes were taken from the *Child Abuse and Neglect Thesaurus of Subject Descriptors*, a controlled vocabulary for the searching and indexing terminology of the National Center. Indexers selected descriptors after examining information about the purpose, organization, coordination, services, and other attributes of a program. Indexing of programs was difficult, because survey responses often provided limited guidance in selecting descriptors that sufficiently describe these attributes.

The number of descriptors varies from three to eight for each program. Accordingly, each item has been listed in the subject index from three to eight times and can be retrieved through that many terms. Further, the *Thesaurus* was amended and refined as indexing progressed; whenever the *Thesaurus* did not contain descriptors needed for indexing, new terms were added according to predefined rules. Such changes will continue to be made in the future for new programs.

CHILD ABUSE AND NEGLECT PROGRAMS

FEDERAL REGION I

Connecticut

CP-01705

Connecticut Child Welfare Association, Hartford.

55-Elizabeth St.
Hartford, CT 06105
Child Abuse Care-Line.
J. Bernier.
Oct 73.

Services: The program is a 24-hour-a-day, 7-day-a-week child abuse prevention and information service. The program maintains a telephone hotline service for all state residents who have questions concerning the well-being of children who are in danger of being abused or neglected. Services in the areas of identification, prevention, treatment, and follow-up are available. Social work counseling and family counseling services are offered directly to parents, with social work counseling, Parents Anonymous, family counseling, individual therapy, health counseling, child management classes, housing assistance, welfare assistance, family planning assistance, and medical care services obtainable through referrals. Children receive day care, therapeutic day care, medical care, individual therapy, and foster care services through referrals. Follow-up is maintained by contacts with Protective Service supervisors or workers.

Clientele: The hotline receives calls from a wide range of professionals as well as from concerned individuals. Of calls received over a 2 year period, 14 percent were from individual parents and 2 percent from individual children. Clients are drawn from mixed-income rural, suburban, urban, and inner-city areas.

Staffing: The program staff consists of doctors, lay therapists, psychiatric social workers, and psychologists.

Organization: The staff and program aspects are subjected to internal evaluation. Annual reports are submitted to professionals and to the general public.

Coordination: Medical authorities, private social service agencies, schools, law enforcement agencies, concerned individuals, and victims are the major referral sources. Cases are reported by name to the legal authorities and to Protective Services. General information is shared with the community.

Funding: During the last fiscal year, state, state-administered federal, and private funds accounted for approximately 25, 50, and 25 percent of the program finances, respectively. Private funds came from foundations and personal donations.

CP-01706

Connecticut State Police Dept., Hartford.
100 Washington St.
Hartford, CT 06101

Liaison Officer for Child Abuse Matters.
D. M. Hughes.
June 73.

Services: The program is primarily concerned with child abuse and neglect. The program's primary purposes are to provide lectures to organizations and universities, to provide crisis intervention services when requested by another agency, and to provide direct prevention services.

Clientele: During the last fiscal year approximately 100 children were identified as abused or neglected and 12 cases of abuse or neglect were prevented. Clients are usually from low-income rural areas.

Staffing: The staff is composed of police officers including a lieutenant who is also a nurse.

Organization: The program is evaluated at the

state level. Evaluation within the program is planned.

Coordination: Information is exchanged with the Department of Children and Youth Services concerning the temporary protection of the child. Cases are referred through a wide variety of sources. Cases are reported to social welfare services, health departments, and the Department of Children and Youth Services, which provides protective services.

CP-01707

Family and Children's Aid, Inc., Danbury, Conn.
75 West St.
Danbury, CT 06810
Family Service.

G. M. Cina, and A. H. James.
1925.

Services: Child abuse and neglect are part of the program scope. Social work counseling, group therapy, couples and family counseling, individual therapy, child management classes, employment assistance, homemaking services, and family planning are directly provided to parents and families. Children directly receive play and individual therapy, and foster care.

Clientele: In the last fiscal year, 10 individual children, 25 individual parents, and 15 families were treated. They were drawn from mixed-income, rural and urban areas.

Staffing: Child welfare personnel, family counselors, program evaluators, psychiatric social workers, and psychiatrists serve the program.

Organization: The administering, private non-profit organization is governed by its Board of Directors. Evaluations of staff-client relationships and written consumer evaluations occur within the organization.

Coordination: With client permission, case information may be shared with referring agencies. Referral sources include medical authorities, government social service agencies, parents or guardians, relatives, and clients themselves. Cases are reported to Connecticut Welfare authorities.

CP-01708

Family and Children's Aid, Inc., Norwalk, Conn.
156 East Ave.
Norwalk, CT 06854

Family Services.
G. M. Cina, and A. H. James.
1925.

Services: Child abuse and neglect are part of the program scope. Social work counseling, group therapy, couples and family counseling, individual therapy, child management classes, employment assistance, homemaking services, and family planning are directly provided to parents and families. Children directly receive play and individual therapy, and foster care.

Clientele: In the last fiscal year, 8 individual children, 20 individual parents, and 12 families were treated. They were drawn from mixed-income urban areas.

Staffing: Child welfare personnel, family counselors, program evaluators, psychiatric social workers, and psychiatrists serve the program.

Organization: The administering, private non-profit organization is governed by its Board of Directors. Evaluations of staff-client relationships and written consumer evaluations occur within the organization.

Coordination: With client permission, case information may be shared with referring agencies. Referral sources include medical authorities, government social service agencies, parents or guardians, relatives, and clients themselves. Cases are reported to Connecticut Welfare authorities.

Massachusetts

CP-01709

Boston Dept. of Health and Hospitals, Mass.
818 Harrison Ave.
Boston, MA 02118
Boston City Hospital Child Abuse Team.
A. McDonald.
Sep 70.

Services: The program is primarily concerned with child abuse and neglect. Social work counseling, health counseling, family planning assistance, and medical care are provided for families. Social work counseling, group therapy, Parents Anonymous, couples counseling, family counseling, individual therapy, child management classes, welfare services, family planning assistance, and residential care are available through referrals. The children are provided with medical care, play therapy, individual therapy, and specialized therapy. Children are referred for day care, therapeutic day care, foster care, and residential care. Quarterly follow-up is maintained through return visits to the clinic and contacts with other community agencies involved with the families.

Clientele: The program usually serves low-income families from urban and inner-city areas. **Staffing:** Team members include child welfare personnel, lawyers, nurses, pediatricians, social workers, and a data coordinator. All team members are employed by the Department of Health and Hospitals in other programs and are volunteers with the Child Abuse Team.

Organization: Evaluation is performed informally through peer review and interagency dialogues.

Coordination: Clients are referred from a wide variety of sources including some neighborhood health centers. Cases are reported to the judicial branch, juvenile services, and social welfare services.

CP-01710

Lutheran Service Association of New England, Inc., Framingham, Mass.
160 Speen St.
Framingham, MA 01701
Auburn House.
R. L. Helliger.
Jan 74.

Services: Part of the program scope focuses on child abuse and neglect. Social work counseling, group therapy, individual therapy, homemaking services, health counseling, and residential care services are offered directly to parents. Lay therapy, family counseling, individual therapy, homemaking services, health counseling, child management classes, and welfare assistance are available by referral. Children receive therapeutic day care, play therapy, individual therapy, foster care, and residential care services directly. Foster care services are provided to children through referrals, and therapeutic day care services are purchased for children from other programs. Follow-up is maintained through visits by the staff psychologist to the family or placement agency conducted every two weeks for up to 1 year.

Clientele: Individual children, children in groups, and individual parents are served. During the last fiscal year prevention and treatment services were provided to 6 individual children, to 6 children in groups, and to 3 and 4 individual parents, respectively. Follow-up services were provided to 1 child. Clients are generally drawn from low-income, suburban, urban, and inner-city areas.

Staffing: The program staff consists of psychologists. Movement to a house parent model rather than the use of child care workers is anticipated.

Organization: The program is evaluated through case conferences on children with the

welfare department, schools, and other agencies. The program is evaluated semiannually by the Massachusetts Office for Children. The program is also evaluated internally.

Coordination: Social service agencies and the courts are the major referral sources. Cases are reported by name to legal authorities, juvenile services, and social services. Cases are reported by identifying code to health departments and to a state central registry. Staff members are shared with Green Tree Advocates, Inc. **Funding:** During the last fiscal year, state and private funds accounted for approximately 60 and 40 percent of the program finances, respectively. Private funds were contributed by voluntary agencies and individuals.

Maine

CP-01711

Diocesan Human Relations Services, Inc., Portland, Maine.

519 Ocean House
Portland, ME 04107

Kennebec-Somerset Home Aide Program.

W. Matthes, and T. Hagarty.
Feb 73.

Services: Part of the program scope is concerned with abuse and neglect. Parents may receive social work counseling, homemaking services, and welfare assistance directly from the program. Numerous special, health, welfare, and social services are available through purchases. Day care, therapeutic day care, medical care, specialized therapy and foster care are available through referrals. Approximately half the cases are followed up through supervisory home visits or phone calls.

Clientele: In the last fiscal year 52, 140, 130, and 61 families from low-income rural areas were given identification, prevention, treatment, and follow-up services, respectively.

Staffing: Homemaker specialists and social workers are on the program staff.

Organization: The administering organization is supervised by the Catholic Diocese of Portland.

Coordination: The major source of case referrals are health authorities, social service agencies, schools, relatives, concerned individuals, self referrals, and in-house outreach personnel. Social welfare services are notified by name of pending cases. Pertinent client information is shared with the Maine Department of Human Services, Protective Services Division.

Funding: Approximately 75 percent of the program income is derived from federal funds; the remainder consists of county support.

CP-01712

Diocesan Human Relations Services, Waterville, Maine.

224 Main St.
Waterville, ME 04901

Family Day Care.

E. A. Newell.
Jan 72.

Services: Part of the program scope is concerned with abuse and neglect. Parents may receive child management training directly; social work counseling, homemaking services and family planning assistance are available through purchases; social work counseling, Parents Anonymous, family counseling, health counseling, welfare assistance, and medical care are available through referrals. Day care and therapeutic day care for children are available directly; medical care, specialized therapy, foster care and residential care are obtained through referrals. Weekly discussions with day care aides are conducted to determine follow-up status. Expansion of services to rural areas has taken place in the past.

Clientele: Individual children from low-income

rural and urban areas are served by the program. In the future, services will also be extended to parents who are attending school.

Staffing: The program staff consists of child care professionals.

Organization: Program activities are supervised by the Catholic Diocese of Portland.

Coordination: Cases are referred by private physicians, social service agencies, schools, guardians, concerned individuals, self-referrals, and day care personnel. Cases are reported by name to social welfare services. Information concerning the home situation and parental needs are shared with the Kennebec-Somerset Home-Aide Program. Client data, and specific day care needs are shared with the Department of Human Services, Protective Services Division. Cooperation with other child care services will be increased in the future.

Funding: In the last fiscal year 78 percent of the program income came from direct federal funds and 22 percent came from state-administered federal funds.

New Hampshire

CP-01713

Belknap-Merrimack Community Action Program, Concord, N.H.

P.O. Box 1016
Concord, NH 03301

Belknap-Merrimack Head Start Program.

M. R. Tulin, and P. Shuman.

Services: A part of the program scope focuses on child abuse and neglect. Social work counseling, child management classes, medical care, employment, housing, and welfare services, and educational services are offered directly to parents, with social work counseling, family planning assistance, medical care, and welfare services obtainable through referrals. Children receive half-day care and medical care services directly, with medical care, individual therapy, and specialized therapy services furnished through referrals.

Clientele: Services to families are stressed. Clients are drawn from low-income, rural and suburban areas.

Staffing: The program staff consists of nurses, psychiatric social workers, social workers, teachers, and paraprofessional social service workers.

Organization: The administering organization is governed by the Office of Child Development, Boston, Mass. The program undergoes an in-depth self-assessment and subsequent validation of its assessment by a team of consultants from the Office of Child Development every 3 years. A similar technique is used to evaluate the program informally on an annual basis.

Coordination: Cases are reported by name to social services authorities. Information regarding child behavior is shared with the Central New Hampshire Community Mental Health Services. Information regarding work with common clients is shared with the New Hampshire Division of Welfare, and information regarding the child's abilities and disabilities is shared with various special service providers.

Funding: During the last fiscal year, most of the program finances arose from direct federal funds.

CP-01714

Merrimack Valley Day Care Service, Concord, N.H.

19 N. Fruit
Concord, NH
Merrimack Valley Day Care Service.
M. J. Wallner.
Oct 67.

Services: A part of the program scope focuses on child abuse and neglect. Prevention services are stressed. Individual therapy and medical

care services are offered directly to parents. They are referred to other programs for social work counseling, group therapy, Parents Anonymous, couples counseling, family counseling, individual therapy, welfare assistance, family planning assistance, and medical care. Children receive day care, therapeutic day care, medical care, and individual therapy directly. Referrals provide them with medical care, play therapy, individual therapy, and specialized therapy.

Clientele: Individual children, individual parents, and families are served. During the last fiscal year, prevention services were provided to 8 individual children, 8 individual parents, and 8 families. Clients are drawn from low-income, urban areas.

Staffing: The program staff consists of teachers.

Organization: The program is evaluated by a consultant with the New Hampshire Division of Welfare.

Coordination: Private physicians, social service agencies, schools, courts, parents, and clients themselves are the major referral sources. Cases are reported by name to social service authorities. Relevant case information is shared with the Concord Mental Health Service and with the New Hampshire Division of Welfare. A nurse is shared with the Concord Regional Visiting Nurse program.

Funding: During the last fiscal year, state-administered federal, and private funds accounted for approximately 5, 65, and 30 percent of the program finances, respectively. Private funds were provided by voluntary agencies, foundations, personal donations, and fees from individual clients.

CP-01715

New Hampshire Citizen's Task Force on Child Abuse and Neglect, Concord.

279 Pleasant St.
Concord, NH 03301

New Hampshire Citizen's Task Force on Child Abuse and Neglect.

T. J. Packard.
Mar 75.

Services: Most of the program scope encompasses child abuse and neglect. The program promotes the well-being and welfare of children, and stresses the detection, treatment, and prevention of child abuse and neglect. The program disseminates information on prevention, immediate and efficient recording procedures, and prompt diagnosis and treatment. Advocacy services are offered directly, purchased from another program, or obtained through referrals.

Clientele: The program serves the community. Clients are drawn from mixed-income, rural, suburban, urban, and inner-city areas.

Organization: The program is evaluated on the basis of growth in membership and the performance levels of subcommittees.

Coordination: Information is shared with community educators.

Funding: Program income is provided by the New Hampshire Commission on Children and Youth, the New Hampshire Division of Welfare, and the New England Resource Center for Protective Services.

Rhode Island

CP-01716

Interdisciplinary Committee to Study Battered, Abused, and Neglected Children, Providence, R.I.

593 Eddy S.
Providence, RI 02915

Interdisciplinary Committee to Study Battered, Abused, and Neglected Children.

W. Goldberg.
Oct 70.

Services: The program is primarily concerned with child abuse and neglect. The Committee focuses on various aspects of the problem including mental health, physical health, social services, judicial aspects, law enforcement, and education.

Clientele: Individual children, individual parents, parents in groups, and families from various types of areas and income levels are served indirectly.

Organization: The Committee is voluntary and free standing.

Vermont

CP-01717

Mountain Road Group Home, Jeffersonville, Vt.
Jeffersonville, VT 05464
Mountain Road Group Home.
S. B. Wick, and T. C. Wick.
Sep 70.

Services: Services in the areas of prevention, treatment, and follow-up are available. Social work counseling, lay therapy, group therapy, family counseling, individual therapy, homemaking services, and residential care services are offered directly to parents. Social work counseling and medical care services are purchased from other programs. Children receive individual therapy and residential care services directly. Follow-up is maintained through monthly interviews. The program has continually expanded since its inception and now includes a certified educational component.

Clientele: Services to individual children are emphasized. Clients are drawn from low-income rural and suburban areas.

Staffing: The program staff consists of child welfare personnel, dentists, doctors, family counselors, homemaker specialists, lay therapists, psychiatric social workers, psychiatrists, social workers, and teachers.

Organization: The Home is supervised by Elmhill, Inc., and the Vermont State Agency of Human Services. Program evaluation is based on the progress of individual children and of the community as a whole. Quarterly reports are submitted to state agencies and other interested parties.

Coordination: Government social service agencies and the courts are the major referral sources. Cases are reported by name to the juvenile services and to social services authorities. A psychiatrist and social worker are shared with Elmhill, Inc., of Plainfield, Vt.

Funding: In the last fiscal year, state and state-administered federal funds each accounted for 50 percent of the program finances.

CP-01718

Orleans County Council of Social Agencies,
Newport, Vt.
10 Main St.
Newport, VT 05855
OCCSA Head Start.
L. Thomas.

Services: Part of the program scope deals with abuse and neglect. The program offers lay therapy directly to parents. Health counseling and medical care are purchased from other sources; social work counseling, family counseling, individual therapy, employment assistance, housing assistance, and welfare assistance are obtained through referrals. Children may receive play therapy directly from the program; medical care, individual therapy, and specialized therapy are available through purchases. Follow-ups are conducted through weekly personal contacts.

Clientele: In the last fiscal year 100 individual children and 70 families were identified by the program. Clients are generally drawn from low-income rural areas.

Organization: The administering organization is governed by the Office of Child Development (DHEW).

Coordination: Case reports are generally made by social service agencies, guardians, concerned individuals, and self-referrals. The program reports cases by name to social welfare services.

Funding: Program operations in the last fiscal year were made possible through federal funds.

CP-01719

Vermont State Governor's Committee on Children and Youth, Montpelier.

79 River St.
Montpelier, VT 05602
Vermont Governor's Committee on Children and Youth.

M. F. Martin, and B. Westcott.
1967.

Services: Part of the program scope focuses on child abuse and neglect. The Committee is a central advocate for programs and legislation designed to meet the needs of children and young people, and serves as an advisory group for the citizens of Vermont, the legislature, and the governor. Aside from its legislative activities, the Committee works to increase public awareness of the problems encountered by youth. The Committee assisted the Department of Social and Rehabilitation Services in publicizing the 1972 Child Abuse Reporting Law.

Clientele: The Committee serves all the citizens of Vermont.

Organization: An ongoing assessment of legislative and public awareness activities is maintained.

Coordination: Information on child abuse and neglect, including available services, is shared with the general public.

Funding: During the last fiscal year, state, state-administered federal, and private funds accounted for most of the program finances.

FEDERAL REGION II

New Jersey

CP-01720

Community Mental Health Services for Belleville, Bloomfield, and Nutley, N.J.
570 Belleville Ave.
Belleville, NJ 07109
Family Life Planning Program.
R. O. Cowell,
Jun 76.

Services: Most of the program scope encompasses child abuse and neglect. Prevention and treatment services will be available. Social work counseling, parent aides, group therapy, Parents Anonymous, couples counseling, family counseling, individual therapy, homemaking services, child management classes, welfare assistance, and family planning assistance will be offered directly to parents. Homemaking services, health counseling, and employment assistance will be obtainable through referrals. Children will receive play therapy and individual therapy directly, and therapeutic day care, specialized therapy, and Big Brother and Big Sister services through referrals. Follow-up will be maintained through phone calls or written correspondence conducted 3, 6, and 12 months after case closure.

Clientele: Individual children, children in groups, individual parents, parents in groups, and families will be served. Clients will be drawn from mixed-income, suburban areas.

Staffing: The program staff will consist of pediatricians, psychiatric social workers, psychologists, social workers, and family aides.

Organization: The program will be operated on a private, nonprofit basis.

Coordination: The New Jersey Division of Youth and Family Services will be the major referral source. Cases will be reported by name to social service authorities. All case information will be shared with the Orange District Office of the New Jersey Division of Youth and Family Services.

Funding: It is anticipated that 75 percent of the program finances will be provided through state-administered federal funds. Foundations and a drug company will also provide funds.

CP-01721

Family Service Association of Atlantic County, West Atlantic City, N.J.
4000 Black Horse Pike
West Atlantic City, NJ 08232
Family Life Center.
A. Tuszyński.
Oct 75.

Services: The program focuses primarily on child abuse and neglect. Services in the areas of treatment and follow-up are available. Social work counseling, group therapy, Parents Anonymous, homemaking services, child management classes, and family planning assistance are offered directly to parents. Children receive day care, therapeutic day care, and play therapy directly.

Clientele: Children in groups and parents in groups each account for 50 percent of the total clientele. Clients are drawn from mixed-income urban and inner-city areas.

Staffing: The program staff consists of child welfare personnel and social workers.

Organization: The program is evaluated by the Division of Youth and Family Services, Bureau of Day Care and Purchase of Service.

Coordination: Case conference information and written evaluations of families are shared with the Division of Youth and Family Service Bureau of Family Services as most cases are referred to the program by them.

Funding: State, state-administered federal, and county funds have accounted for 13, 75, and 12

percent of the program finances, respectively, since the program's inception.

CP-01722

Family Service of Burlington County, Mt. Holly, N.J.
Raphael Meadow Health Center
Mt. Holly, NJ 08060
Strengthening Families Through Social Services.
N. R. Sonnheim, and M. Wells.
Jul 75.

Services: Most of the program scope encompasses child abuse. Treatment services are stressed. Social work counseling, group therapy, couples counseling, family counseling, individual therapy, health counseling, and medical care services are offered directly to parents. Referrals provide health counseling, residential care, family planning assistance, and employment, housing, and welfare assistance. Children receive medical care, play therapy, and individual therapy directly. Day care, therapeutic day care, specialized therapy, foster care, and residential care services are available to children through referrals. Follow-up is maintained through phone contacts with the client as needed.

Clientele: Individual children, children in groups, individual parents, parents in groups, and families account for 25, 8, 30, 1, and 36 percent of the clientele, respectively. Clients are drawn from mixed-income, rural, suburban, and urban areas. An increase in the number of families served is anticipated.

Staffing: The program staff consists of psychiatric social workers, psychiatrists, and psychologists.

Organization: Written evaluations of the program, records, and bookkeeping are conducted quarterly by the Southern Regional Supervisor of the New Jersey Division of Youth and Family Services.

Coordination: Government social service agencies are the major referral source. Cases are reported by name to the social services. Monthly summaries and diagnostic statements are shared with the New Jersey Division of Youth and Family Services.

Funding: During the last fiscal year, direct federal, state-administered federal, and private funds accounted for approximately 75, 12.5, and 12.5 percent of the program income, respectively. Private funds were contributed by a voluntary agency.

CP-01723

Gloucester County Community Consortium, Woodbury, N. J.
818 N. Broad St.
Woodbury, N. J. 08096
Gloucester County Community Consortium.
B. Silverstein.
Oct 74.

Services: The major concern of the program is child abuse and neglect. Families are directly offered social work counseling, lay therapy, Parents Anonymous, family counseling, homemaking services, child management classes, employment, housing, and welfare assistance, family planning, residential care and visiting nurse services. Homemaking and medical services are available by purchase. Counseling is available by referral. Children receive day care by purchase, and medical care by purchase or referral. Therapy is available from various sources, and foster care and residential care are available directly. Follow-up visitations by social workers are required monthly and may be more frequent as needed.

Clientele: Family units are served. They are drawn from a small city and rural, low-income environment.

Staffing: The consortium utilizes existing staff of participating agencies. The staff includes

child welfare personnel, family counselors, homemaker specialists, nurses, nutritionists, program evaluators, social workers, psychiatrists, psychologists, and research specialists.

Organization: The Consortium consists of the District Office of the Division of Youth and Family Services (the supervising agency), Gloucester County Welfare Board, Gloucester County Community Mental Health Center, Visiting Homemakers of Gloucester County, Visiting Nurses of Gloucester County, 4-C of Gloucester County, Washington Township Memorial Hospital, and Underwood Memorial Hospital.

Coordination: Case referral sources include medical authorities, social service agencies, schools, police, courts, concerned individuals, and prospective clients. Cases are reported to the New Jersey Division of Youth and Family Services, Office of Child Abuse Control.

Funding: Funds are provided through the budgets of participating agencies.

CP-01724

Lutheran Church of the Redeemer, Trenton, N. J.
1 Kingsbury Sq.
Trenton, NJ 08611
Mill Hill Infant Center -- A Family and Child Development Center.
B. G. Weintraub, and J. G. Adriance.
Jul 75.

Services: A part of the program focuses on child abuse and neglect. Social work counseling, lay therapy, group therapy, couple counseling, family counseling, individual therapy, child management classes, employment assistance, and medical care services are offered directly to parents, with social work counseling, welfare assistance, family planning assistance, and medical care services available through referrals. Social work counseling, group therapy, homemaking services, and child management classes are purchased for parents from other programs. Children receive day care, therapeutic day care, medical care, and play therapy services directly, with medical care also furnished through referrals.

Clientele: Individual children, children in groups, individual parents, parents in groups, and families are served. Clients are primarily drawn from low-income, inner-city areas.

Staffing: The program staff consists of nurses, social workers, teachers, and training specialists.

Organization: The program is evaluated through written reports to the New Jersey Department of Youth and Family Service, Mercer County Freeholders, and the City of Trenton. The state Department of Youth and Family Service also reviews and examines the program for licensing purposes.

Coordination: Medical authorities, social service agencies, schools, relatives outside the immediate family, neighbors, and victims are the major referral sources. Cases are reported by name to the Division of Youth and Family Service. Case progress information is shared with the Division of Youth and Family Service, the Catholic Welfare Bureau, and Project Child.

Funding: State-administered federal, county, and city funds accounted for 75, 15, and 10 percent of the program finances, respectively, in the last fiscal year.

CP-01725

Patterson Army Hospital, Fort Monmouth, N.J.
Fort Monmouth, NJ 07703
U.S. Army Fort Monmouth Child Advocacy Program.
S. M. Brown.

Services: Most of the program scope focuses on child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. Social work coun-

selling, couples counseling, family counseling, individual therapy, health counseling, child management classes, housing assistance, family planning assistance, and medical care services are offered directly to parents. Referrals from the program offer social work counseling, Parents Anonymous, couples counseling, family counseling, individual therapy, homemaking, welfare assistance, and residential care. Children receive medical care and individual therapy services directly. Referrals for children provide day care, therapeutic day care, play therapy, individual therapy, specialized therapy, foster care, and residential care. Follow-up is maintained through home visits and clinic visits.

Clientele: Services to the families of military personnel are stressed. During the last fiscal year, identification, prevention, and follow-up services were provided to 11, 24, and 24 individual children, respectively; and to 11, 24, and 24 families, respectively. Clients are drawn from mixed-income urban areas.

Staffing: The program staff consists of criminologists, lawyers, nurses, pediatricians, and social workers.

Organization: The administering organization is governed by the U.S. Army Health Services Command. Members of the program meet on a quarterly or emergency basis. Treatment plans are discussed, and progress reports from different members involved with the families are given. Recommendations for further treatment programs are proposed and discussed.

Coordination: Hospitals, government social service agencies, schools, law enforcement agencies, parents, and neighbors are the major referral sources. Cases are reported by name to the legal authorities, juvenile services, social services, health departments, U.S. Army Health Services Command, and to a central registry maintained by the New Jersey Division of Youth and Family Services. Coded information on name, birth date, and reporting agency is shared with the Tri-Service Committee on Child Advocacy. Nurses, doctors, and social workers are shared with the Patterson Army Hospital, Medical Department Activities.

CP-01726

Perth Amboy General Hospital, N.J.
530 New Brunswick Ave.
Perth Amboy, NJ 08861
Family Preservation Council.
J. Knecht.
May 75.

Services: Most of the program scope focuses on child abuse and neglect. Identification services are stressed. Direct services include social work counseling, couples counseling, family counseling, individual therapy, health counseling, child management classes, employment assistance, family planning assistance, and medical care. Parents or families are referred to other programs for group therapy, couples counseling, family counseling, individual therapy, homemaking services, health counseling, housing assistance, welfare assistance, and residential care. Children receive medical care and individual therapy services directly, and are referred to other programs for day care, play therapy, individual therapy, specialized therapy, foster care, and residential care. Follow-up is maintained by the hospital social worker on a weekly basis.

Clientele: Individual children, individual parents, and families account for approximately 50, 20, and 30 percent of the total clientele, respectively. Clients are drawn from mixed-income suburban, urban, and inner-city areas.

Staffing: The program staff consists of physicians, family counselors, lay therapists, nurses, nutritionists, pediatricians, psychiatric social workers, psychiatrists, and social workers.

Coordination: Medical and legal authorities, schools, concerned individuals, and clients themselves are the major referral sources. Cases are reported by name to the legal

authorities, juvenile services, social services, and health departments.

CP-01727

Somerset Hills School, Warren, N.J.
P.O. Box 4305
Warren, NJ 07060
Somerset Hills School.
L. V. Steinbaum, and J. P. Amedeo.
Aug 75.

Services: Part of the program focuses on child abuse and neglect. Services in the areas of treatment and prevention are available. Social work counseling, parent aides, group therapy, family counseling, individual therapy, medical care, and residential care services are offered directly to parents. Children receive therapeutic day care, individual therapy, specialized therapy, and residential care services directly. Individual therapy for children is also purchased. Follow-up is maintained through personal contacts. An expansion of the physical facilities is anticipated.

Clientele: Individual children are the primary clientele. Clients are drawn from low-income, urban and inner-city areas.

Staffing: The program staff consists of nurses, pediatricians, psychiatrists, psychologists, social workers, teachers, and training specialists.

Organization: The school is governed by the New Jersey Division of Youth and Family Services. An evaluation unit of the governing agency and the Department of Sociology of Rutgers University conduct program evaluations.

Coordination: Medical and legal authorities, social service agencies, schools, churches, and parents are the major referral sources. Relevant case information is shared with local school teams.

Funding: During the last fiscal year, the state provided the program's funding.

New York

CP-01728

Boys' Clubs of America, New York, N.Y.
771 First Ave.
New York, NY 10017
Education for Parenthood.
J. R. Licursi, and R. Inserra.
Jun 73.

Services: The program scope includes prevention of child abuse and neglect. Group therapy, family counseling, homemaking services, health counseling, employment assistance, and family planning assistance are offered directly to parents. They are referred to other programs for social work counseling, group therapy, family counseling, family planning assistance, medical care, and residential care services. Purchased services include social work counseling, group therapy, family counseling, individual therapy, and employment assistance services. Children receive day care, play therapy, individual therapy, and residential care services directly, with day care, play therapy, individual therapy, and foster care services furnished through referrals. Day care and individual therapy services are also purchased for children from other programs. Follow-up is maintained through semiannual field visits and through correspondence.

Clientele: Children in groups, individual parents, parents in groups, and families account for approximately 60, 10, 20, and 10 percent of the total clientele, respectively. Clients are drawn from low-income suburban, urban, and inner-city areas.

Staffing: The program staff consists of child welfare personnel, teachers, and training specialists.

Organization: The program evaluation involves statistical analysis, documentation of programs and measures of impact, and site visits and pro-

gram assessment. The evaluation is conducted by Behavior Associates, Tucson, Ariz.

Coordination: Schools, police, courts, and clients themselves are the major referral sources. Educational information on parenthood is shared with the Boys Scouts of America, 4-H Clubs, Girl Scouts of America, National Federation of Settlements, Salvation Army and Save the Children Federation.

Funding: During the last fiscal year, the program's finances came from direct federal funds.

CP-01729

Erie County Dept. of Social Services, Buffalo, N.Y. Children Services.
95 Franklin St.
Buffalo, NY 14202
Child Protection Services.
J. Noble, S. Cushing, and M. F. Danner.
Sep 67.

Services: Most of the program scope encompasses child abuse and neglect. Social work counseling, family counseling, individual therapy, and homemaking services are offered directly to parents, with social work counseling, group therapy, Parents Anonymous, family counseling, individual therapy, health counseling, family planning assistance, medical care, and welfare services obtainable through referrals. Medical care and residential care are purchased from another program. Children receive individual therapy and foster care services directly, with day care, medical care, individual therapy, and specialized therapy services furnished through referrals. Therapeutic day care, medical care, individual therapy, specialized therapy, foster care, and residential care services are purchased for children from other programs. Follow-up is maintained through regular reports to the State Department of Social Services until the case is closed.

Clientele: Individual children, individual parents, and families are served. Clients are drawn from mixed-income, rural, suburban, urban, and inner-city areas.

Staffing: The program staff consists of child welfare personnel and social workers. Approximately 30 workers and 5 supervisors comprise the staff.

Organization: The administering organization is governed by the New York State Department of Social Services. Program evaluations are conducted annually by the governing organization. Since September, 1973, Child Protection Services has been a separate division of Children's Services.

Coordination: Medical and legal authorities, social service agencies, schools, concerned individuals, and victims are the major referral sources. Cases are reported to a state central registry maintained by the Department of Social Services. All information regarding the death of a child is shared with the District Attorney's Office. Emergency services are purchased from Child and Family Services.

Funding: In the last fiscal year, state, state-administered federal, and county funds accounted for most of the program finances.

CP-01730

George Junior Republic, Freeville, N.Y.
Freeville, NY 13068
George Junior Republic.
F. C. Spero.

Services: Child abuse and neglect constitute part of the program scope. The services available directly to children include individual therapy and residential care.

Clientele: The children who are served by the program come from mixed-income urban and suburban areas.

Staffing: Child welfare personnel, dentists, doctors, nurses, nutritionists, psychologists, social workers, and teachers comprise the program staff. An in-house team consisting of child

care workers, teachers, and vocational instructors evaluates the treatment program under the coordination of a social worker.

Organization: The program is governed by a board of directors.

Coordination: Cases are referred to the program by government social service agencies, schools, courts, parents, or guardians.

Funding: Program income consists of funds from the state and foundations, personal donations, and fees from individual clients.

CP-01731

McQuade Foundation, New Windsor, N.Y.
P.O. Box 4064
New Windsor, NY 12550
Child Care and Treatment Center.
M. Kleiman.

Services: A part of the program scope is concerned with child abuse and neglect. Services offered directly to families include social work counseling, family counseling, individual therapy, and residential care. Medical care, play therapy, individual therapy, and residential care are offered directly to children. Medical care and specialized therapy for children are also available by purchase. Follow-up consists of weekly casework meetings, annual case conferences, and written summaries. The program has evolved from an orphanage to a 24-hour care center with its own campus school and group homes. A day treatment program is anticipated.

Clientele: Individual children and families treated come from low-income suburban, urban, and inner-city areas.

Staffing: Residential staff, teachers, social workers, and a nurse serve the program. Psychologists and psychiatrists work on a consultant basis.

Organization: The Foundation is a private, non-profit organization supervised by its Board of Directors. The Child Welfare League of America evaluates the program via annual visits; the New York State Board of Social Welfare makes unscheduled visits.

Coordination: Information regarding the campus school is shared with New York State Department of Education. A psychiatrist and a psychologist are shared with the Middle-town Psychiatric Center. Case referral sources include medical authorities, government social service agencies, schools, and courts. Cases are reported by name and code to juvenile and welfare authorities and by name to the State Department of Education.

Funding: Sources of funding in the last fiscal year included the state, the county, state-administered federal funds, private foundations, and personal donations.

CP-01732

National Urban League, New York, N.Y.
500 E. 62nd St.
New York, NY 10021
Project Thrive: Enhancing the Black Family and Protecting the Children.
N. A. Dowdell.
Jan 75.

Services: Most of the program scope encompasses child abuse and neglect. Services are designed to enhance the black family and protect its children.

Clientele: Services to black parents and their families are stressed.

Staffing: Full-time staff includes 2 research specialists and 5 social workers. Three social workers serve on a part-time basis.

Organization: Process evaluations and measurement of organizational aspects of the program are conducted by Associate Control, Research and Analysis, Washington, D.C.

Coordination: Program information is shared with other child abuse and neglect programs, child protective service systems, and local or-

ganizations in fields related to child abuse and neglect.

Funding: During the last fiscal year, most of the program finances arose from direct federal funds.

CP-01733

Project Survival, Chatham, N.Y.
61 Center St.
Chatham, NY 12037
Project Survival.
C. E. Winans.
Jan 71.

Services: Part of the program scope encompasses child abuse and neglect. Services in the areas of identification and prevention are available. The program serves as a support system for mothers of preschool children. Semimonthly meetings are held to air problems, and a telephone hot line service is maintained. Social work counseling, couples counseling, family counseling, individual therapy, health counseling, employment assistance, welfare assistance, family planning assistance, and medical care service are offered to parents through referrals. Children receive foster care services through referrals.

Clientele: Individual parents and parents in groups are served. Clients are drawn from mixed-income rural areas.

Coordination: Social service agencies, schools, concerned individuals, and victims are the major referral sources. Relevant case information is shared with the Chatham Counseling Center. The services of a mental health worker-director are shared with the Chatham Counseling Center.

Funding: During the last fiscal year, voluntary agencies and personal donations accounted for most of the program income.

CP-01734

Public Health Service Hospital, Staten Island, N.Y.
Bay and Vanderbilt
Staten Island, NY 10304
Child Advocacy Program.
R. E. Basil.
Jan 75.

Services: Program activities are focused primarily on abuse and neglect. Services in the areas of identification and follow-up are performed. Parents may directly obtain social work counseling, individual therapy, and medical care; homemaking services, health counseling, child management classes, and welfare assistance. Children may directly receive medical care, play therapy, individual therapy, and specialized therapy; day care, foster care, and residential care are available through referrals. Past changes have included extension of coverage to 24-hours-a-day services.

Clientele: Individual children and families served by the program are drawn from low-income suburban areas.

Staffing: The program staff consists of pediatricians, psychiatrists, social workers, psychiatrists, and social workers. In the past a hospital committee was formed to handle abuse and neglect.

Organization: The program operates under the auspices of the U.S. Public Health Service.

Coordination: Cases are referred to the program by school personnel, guardians, self-referrals, and staff pediatricians. Reports of pending cases are made by name to legal authorities, social welfare services, and the state central registry. Information similar to registry data is shared with the Department of Defense, which also shares the services of a social worker.

CP-01735

Saint Christopher's-Jennie Clarkson Child Care Services, Inc., Dobbs Ferry, N.Y.
71 S. Broadway
Dobbs Ferry, NY 10522
Saint Christopher's-Jennie Clarkson Child Care Services.
W. H. Bennington.
1881.

Services: A part of the program scope focuses on child abuse and neglect. Treatment and follow-up services are available. Social work counseling, lay therapy, group therapy, family counseling, individual therapy, medical care, and residential care services are offered directly to parents. Welfare assistance is purchased from another program. Children receive medical care, play therapy, individual therapy, foster care, and residential care services directly. Specialized therapy services are purchased from another program. Follow-up is maintained through caseworker visits conducted on at least a weekly basis. A day care treatment center for exceptional community children is planned.

Clientele: During the last fiscal year, treatment and follow-up services were provided to 170 individual children, 22 children in groups, 35 individual parents, 30 parents in groups, and 45 families. Clients are drawn from low-income, urban and inner-city areas.

Staffing: The program staff consists of nurses, psychiatrists, psychologists, social workers, and teachers.

Organization: The administering organization is supervised by the New York State Board of Social Welfare and by the New York City Bureau of Child Welfare. The governing organizations conduct regular program evaluations. Internal evaluations are conducted by the Professional Treatment Services Team on a semimonthly basis.

Coordination: Government social service agencies and schools are the major referral sources. Cases are reported by name to the social services. Psychological reports are shared with the Bureau of Child Welfare, physicians, and schools.

Funding: City and private funds accounted for 90 and 10 percent of the program finances during the last fiscal year, respectively.

CP-01736

Saint Mary of the Angels Home, Syosset, N.Y.
Convent Rd.
Syosset, NY 11791
Saint Mary of the Angels Home.
Sister Mary Olivia, and J. G. Forte.
1894.

Services: Child abuse and neglect occupy only part of the program scope. Social work counseling, family counseling, and family planning are offered directly to parents and families. Medical care, play therapy, foster care, and residential care are provided directly to children. Medical care, play and specialized therapy, and residential care are also purchased for children. Counseling, individual and group therapy, employment, housing, welfare, and family planning assistance, medical care, and residential care for parents and medical, foster, and residential care for children are available by referral. A group home program and intensive treatment unit are planned.

Clientele: Individual children, individual parents, and families are treated and followed up by the program. They are drawn from low-income, urban and inner-city areas.

Staffing: The program employs child welfare personnel, dentists, physicians, lawyers, nurses, program evaluators, social workers, psychiatric social workers, psychiatrists, and psychologists.

Organization: The home is supervised by Special Services for Children (N.Y.C.), Nassau County Children's Bureau, and Suffolk County Department of Social Services. Internal evalua-

CHILD ABUSE AND NEGLECT PROGRAMS

FEDERAL REGION II—Virgin Islands

tion is carried on via administrative supervision, peer supervision, and utilization of a team approach. External evaluation consists of contract accountability with the New York City Department of Social Services (DSS) and Nassau County DSS.

Coordination: Statistical information is shared with the Child Welfare Information System, and Brooklyn Catholic Charities, Child Care Division. Case referrals come from social service agencies, courts, and siblings. Cases are reported by name to legal authorities and juvenile services, by name and code to social service authorities, and by gross numbers to health departments.

Funding: In the last fiscal year 81 percent of the program's income came from city funds, 13 percent from county funds, and 6 percent from personal donations.

CP-01737
Schenectady County Humane Society,
Schenectady, N.Y.
210 Union St.
Schenectady, NY 12305
Parkhurst Children's Shelter.
E. W. Dowallby.

Services: Child abuse and neglect are the pri-

mary concerns of the program. Residential care is provided directly to children. Movement to a smaller, group home operation is anticipated.

Clientele: Individual children and children in groups are treated. They come primarily from low-income suburban, urban, and inner-city areas.

Staffing: Child welfare personnel and nurses are employed by the program.

Organization: The administering organization is private and nonprofit.

Coordination: Cases are referred to the program by government social service agencies and courts. Cases are reported to juvenile services and social service authorities.

Funding: Funds come from private, voluntary agency sources.

Virgin Islands

CP-01738
Queen Louise Home for Children, St. Croix, Virgin Islands.
P.O. Box 866
Frederiksted, VI 00840
Queen Louise Home for Children.
R. Richards.

Services: Part of the program scope focuses on child abuse and neglect. Prevention services are stressed. Children receive residential care services. The inception of care for the developmentally disabled is anticipated.

Clientele: Individual children and children in groups account for approximately 70 and 30 percent of the clientele, respectively. During the last fiscal year, prevention services were provided to 36 individual children and 17 children in groups. Clients are drawn from mixed-income, rural and urban areas.

Organization: The administering organization is governed by the Lutheran Social Services of the Virgin Islands. The Department of Social Welfare evaluates program quality and physical environment through scheduled case reviews and periodic inspections.

Coordination: Government social service agencies are the major referral source. Cases are reported by name to social welfare authorities. Information on academic progress is shared with the schools and appropriate information is shared with therapeutic clinics.

Funding: During the last fiscal year, state and private funds accounted for most of the program finances. Private funds came from personal donations and the Lutheran Church in America.

FEDERAL REGION III

District Of Columbia

CP-01739

Area A Community Mental Health Foundation, Washington, D.C.
1690 36th St. N.W.
Washington, DC 20007
Family Center.
R. W. Alpher, and N. L. Long.
Aug 75.

Services: The program is primarily focused on child abuse and neglect. Social work counseling, lay therapy, group therapy, couples counseling, family counseling, family planning assistance, and a hot line for providing family counseling 16 hours a day, 7 days a week are offered to families directly. Therapeutic day care, play therapy, and individual therapy are provided for children. Specialized therapy is purchased for children. Welfare services and medical care are provided through referrals.

Clientele: The program serves families from urban and inner-city areas and from all income levels. Since the program's inception 50 families have been identified as involved in abuse or neglect situations.

Staffing: The program staff includes psychiatric social workers, psychiatrists, psychologists, research specialists, teachers, support staff, and volunteers.

Organization: The program is evaluated internally, by the advisory board, and by volunteer critiques of training sessions.

Coordination: Information is exchanged on shared cases with the Children's Hospital National Medical Center and Protective Services of the D.C. Department of Human Resources. Staff members are shared with the D.C. Public Schools and American University. Speech and hearing clinic services are purchased from the Children's Hospital. Cases are referred by hospitals, government social services agencies, schools, law enforcement agencies, courts, parents, neighbors, and through self-referrals. Cases are reported to social welfare authorities. **Funding:** The program is funded privately with personal donations, voluntary agency funds, and foundation monies.

CP-01740

District of Columbia Dept. of Human Resources, Washington, D.C. Bureau of Family Services.

122 C St. N.W.
Washington, DC 20001
Protective Services for Children.
W. W. Barr, and B. E. Philfer.
1937.

Services: The program is focused primarily on child abuse and neglect. Social work counseling, couples and family counseling, employment, housing, and family planning assistance, and residential care are offered directly to families. Educational and recreational counseling are offered directly to children. Comprehensive social, health, special, welfare, and child care services are available by purchase or referral. Periodic follow-up is maintained. Expansion of 24-hour services, more decentralization, and better legislation are anticipated.

Clientele: Families are the primary type of clientele served. In the last fiscal year 96 were identified; 775 received prevention and treatment services; and 291 were followed up. Approximately 200 individual children and 97 individual parents were treated. They are drawn from urban and inner-city, mixed-income areas. **Staffing:** The program employs child welfare personnel, social workers, crisis intervention workers, and intake workers.

Organization: The administering organization is supervised by the Department of Human

Resources and the Office of Planning and State Agency Affairs. Evaluations are conducted by division supervisors.

Coordination: Social history information is shared (with consent of parent) with Children's Hospital and Rose School Demonstration Project-Family Center. Case referrals come from medical authorities, social service agencies, schools, courts, and concerned individuals. Cases of abuse are reported by name to the Metropolitan Police Department's central registry; cases of neglect or suspected abuse are recorded in the Department of Human Resources registry. Cases are also reported by name to D.C. Superior Court.

Funding: In the last fiscal year approximately 72 percent of the program's funds were District-administered federal funds; the remainder came from District funds. Funds were paid out to Homemaker Services of the National Capitol Area.

CP-01741

District of Columbia Office of the Counsel, Washington, D.C. Juvenile Div.
410 E St. N.W.

Washington, DC 20001
Child Abuse and Child Safety Project.
M. Cobb, and F. Mussell.
Apr 75.

Services: A child abuse consulting service is provided on a 24-hour basis at Children's Hospital National Medical Center for private training in the recognition of child abuse and reporting procedures is provided to the medical staff at area hospitals and clinics and to other professionals. An interagency multidisciplinary team consisting of personnel representing the legal authorities, social services, juvenile services, and medical authorities consults on designated abuse cases to determine the appropriate disposition of cases presented to the Court. Psychiatric evaluations and social work counseling are purchased for parents from other programs. Referrals provide group therapy, Parents Anonymous, couples counseling, family counseling, individual therapy, homemaking services, health counseling, child management classes, residential care, medical care, family planning assistance, and employment, housing, and welfare assistance. Psychiatric and psychological evaluations are purchased for children from other programs. A wide range of child health and child care services are obtainable through referrals.

Clientele: Services to families are emphasized. Clients are drawn from urban and inner-city areas.

Staffing: The program staff consists of lawyers, pediatricians, psychiatrists, psychologists, and social workers.

Organization: The administering organization is governed by the D.C. Government Office of Criminal Justice Plans and Analysis. The program is evaluated through on-site visits, quarterly narrative reports, and final final project reports.

Coordination: Government social service agencies, schools, legal authorities, physicians, and concerned individuals are major referral sources. Cases are reported by name to the legal authorities, social services, and to the public school system. Statistical data and program activities information are shared with the Youth Division of the Metropolitan Police Department and the D.C. Superior Court. Mental health evaluations, case consultation, and medical evaluations are purchased from the Research Foundation of Children's Hospital National Medical Center.

Funding: State-administered federal and city funds provided 85 and 15 percent of the program's income in the last fiscal year.

CP-01742

Howard Univ., Washington, D.C. Inst. for Urban Affairs,
2935 Upton St, Holy Cross Hall
Washington, DC 20008
Child Abuse and Neglect Resource Center:
Region III.
B. J. Stembridge.
Jul 75.

Services: Most of the program scope focuses on child abuse and neglect. The emphasis of the program is on the collection and dissemination of information on child abuse and neglect. **Clientele:** All known programs relating to child abuse and neglect in Region III are served.

Staffing: The program staff consists of program evaluators, training specialists, information specialists, technical assistance specialists, program assistants, a project director, and an assistant project director.

Organization: A formative or process evaluation on project management and the record keeping system is conducted by Associate Control, Research and Analysis, Washington, D.C.

Coordination: Current trends, publications, the status of federal and national efforts to prevent child abuse and neglect, and information on regional programs are shared with all known programs relating to child abuse and neglect in Region III through RECAP, a bimonthly newsletter.

Funding: During the last fiscal year, most of the program finances arose from direct federal funds.

Maryland

CP-01743

Kimbrough Army Hospital, Ft. Meade, Md.
Ft. Meade, MD 20755

Child Protection and Case Management Team.
D. A. Plymyer.
Feb 76.

Services: Most of the program scope focuses on child abuse and neglect. Direct services to parents include social work counseling, couples counseling, family counseling, individual therapy, family planning assistance, and medical care services. They are referred to other programs for group therapy, Parents Anonymous, couples counseling, family counseling, individual therapy, homemaking, health counseling, housing assistance, and welfare assistance. Couples counseling, family counseling, individual therapy, and residential care services are purchased for parents from other programs. Children receive medical care services directly, and play therapy, specialized therapy, foster care, and residential care services are purchased for children from other programs. Follow-up is maintained through a quarterly review of medical records and through twice monthly staff meetings. The addition of a parent aide service is anticipated. **Clientele:** Military personnel and their families are served. Individual children, individual parents, and families account for approximately 20, 60, and 20 percent of the total clientele, respectively. Clients are drawn from mixed-income rural, suburban, urban, and inner-city areas.

Staffing: The program staff consists of lawyers, nurses, pediatricians, psychiatric social workers, and social workers.

Organization: A case management summary on each established case of abuse or neglect is submitted to the Army Health Services Command at Ft. Sam Houston, Tex., for evaluation.

Coordination: Hospitals, government social service agencies, schools, law enforcement agencies, parents, relatives outside the immediate family, and neighbors are the major referral sources. Cases are reported by name to the legal authorities, social services, U.S. Army Health Services Command, and to a central re-

CHILD ABUSE AND NEGLECT PROGRAMS

FEDERAL REGION III—Pennsylvania

gistry maintained by the Maryland Department of Social Services. Social workers are shared with the Maryland Department of Social Services.

Funding: Direct federal funds will account for most of the program finances.

CP-01744

Montgomery County Dept. of Social Services, Rockville, Md.
5630 Fishers Ln.
Rockville, MD 20852

Protective Services.

H. A. Herrman, and E. R. Chiaverini.

Services: The program is primarily focused on child abuse and neglect. Social work, couples, and family counseling, homemaking services, and welfare, housing, employment, and family planning assistance are offered directly to families. Residential care is purchased as necessary. Group therapy and child management classes are provided through referrals in addition to some of the services provided directly. Medical care is also provided. Day care, play therapy, individual therapy, foster care, and residential care are offered directly to children. Therapeutic day care, play therapy, and individual therapy are provided through referrals. **Clientele:** In 1974 identification services were provided to 741 children and families. Treatment was provided to 10 individual children, 25 children in groups, 77 individual parents, and 210 families. Clientele are from mixed-income levels and rural, suburban, and urban areas. **Staffing:** The program is staffed by social workers.

Organization: The program is supervised and evaluated by the State Department of Human Resources. The program is operated at the county level.

Coordination: Case information and demographic data are shared with the Office of Human Resources, Project Protection, and the Board of Education. Cases are referred by a wide range of individuals and institutions. Abuse cases are reported to the police, the health department, and the state central registry. Psychiatric consultation services are purchased from the Montgomery County Health Department.

Funding: The program is supported with state, state-administered federal, and county funds.

CP-01745

National Naval Medical Center, Bethesda, Md.
Bethesda, MD 20014

Child Advocacy Program.

D. E. Brown, Jr., and W. C. McLean,
Mar 76.

Services: Part of the program scope encompasses child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. Social work counseling, family counseling, individual therapy, health counseling, and medical care services are offered directly to parents. Children receive medical care services directly; foster care services are available through referrals. Follow-up is maintained on a weekly basis through caseworker visits.

Clientele: Individual children and individual parents are served. Clients are drawn from military personnel in a suburban area.

Staffing: The program staff consists of criminologists, lawyers, pediatricians, program evaluators, psychiatrists, and social workers.

Organization: The administering organization is governed by the Central Child Advocacy Committee, Bureau of Medicine and Surgery, Department of the Navy.

Coordination: Government social service agencies, schools, parents, neighbors, and medical authorities are the major referral sources. Cases are reported by name to the social services and to a central registry maintained by the

Bureau of Medicine and Surgery, Department of the Navy.
Funding: Direct federal funds account for most of the program income.

CP-01746

Naval Hospital, Patuxent River, Md.

Patuxent River, MD 20670

Child Advocacy Program.

M. Blome.

Apr 76.

Services: Most of the program scope encompasses child abuse and neglect. Services in the areas of identification, treatment, and follow-up are available. Couples counseling, family counseling, individual therapy, health counseling, and family planning assistance are offered directly to parents. Referrals provide them with social work counseling, parent aides, group therapy, couples counseling, family counseling, individual therapy, health counseling, and residential care services. Many of these services are also available by purchase from other programs. Children receive day care, medical care, and individual therapy services directly; referrals provide them with day care, therapeutic day care, specialized therapy, foster care, and residential care. Day care, therapeutic day care, medical care, play therapy, individual therapy, specialized therapy, and residential care services are also purchased for children from other programs.

Clientele: Individual children and families each account for 50 percent of the program clientele. Military personnel and their families are served. Clients are drawn from rural areas.

Staffing: The program staff consists of child welfare personnel, criminologists, lawyers, nurses, pediatricians, program evaluators, and a chaplain.

Organization: The administering organization is governed by the Bureau of Medicine and Surgery, Navy Department.

Coordination: Schools, law enforcement agencies, hospitals, neighbors, and victims are the major referral sources. Cases are reported by name to the juvenile services, social services, health departments, the Bureau of Medicine, and a central registry maintained by the State of Maryland. Case information is shared with the St. Mary's County Child Abuse Team to determine overlapping areas of jurisdiction. A social worker is shared with the St. Mary's County Department of Social Services.

Funding: Direct federal funds account for the program's finances.

Pennsylvania

CP-01747

Allegheny Valley Family and Children's Service, Tarentum, Pa.

326 E. 7th Ave.

Tarentum, PA 15084

Counseling and Therapy Groups.

N. C. Taylor, and H. Freeman.

Services: The program is partially concerned with child abuse and neglect. Social work counseling, group therapy, couples counseling, family counseling, individual therapy, homemaking services, and housing assistance are provided for families. Individual therapy, group therapy, and family therapy are provided for children.

Clientele: Clients are primarily from rural, suburban, and urban areas.

Organization: The program is administered by a private, nonprofit agency. The program is evaluated internally and by the supervising agency's main county office in Pittsburgh.

Coordination: Cases are referred from a wide variety of sources. Abuse cases are reported to the Child Welfare Services of Allegheny County.

CP-01748

Catholic Social Service of Washington and Greene Counties, Canonsburg, Pa.

12 W. Pike St.

Canonsburg, PA 15317

Catholic Social Service.

C. C. Hartman.

Services: Part of the program scope is focused on abuse and neglect. Parents may receive social work counseling, family counseling, individual therapy, and homemaking services directly; lay therapy, homemaking services, health counseling, child management classes, employment assistance, housing assistance, welfare assistance, family planning aid, and medical care are available through referrals. Individual therapy and foster care are available directly to children; residential care is available through purchases. Follow-ups are conducted annually.

Clientele: Individual children, individual parents, parents in groups, and families from mixed-income suburban and rural areas are served by the program.

Staffing: The program staff consists of 2 family counselors, 1 lay therapist, and 1 psychiatric social worker.

Organization: The administering organization is a private agency which is concerned with social service.

Coordination: Cases are reported to the program by private physicians, schools, courts, guardians, siblings, and neighbors. Cases are reported by the program to the judiciary, juvenile services, and social welfare services. Information is shared with child welfare or juvenile court authorities when the welfare of the child is endangered.

Funding: State, county, and the United Way Supply 10, 10, and 75 percent of the operating budget, respectively; the remainder is made up of personal donations and client fees.

CP-01749

Clearfield County Dept. of Child Welfare Services, Clearfield, Pa.

215 E. Locust St.

Clearfield, PA 16830

Clearfield County Children's Services.

D. G. Mitchell, Jr.

1942.

Services: Part of the program deals with child abuse and neglect. Social work counseling and family counseling are provided for families. Foster care is provided for children. Foster care and residential care are also purchased for children. Parent aide, group therapy, individual therapy, homemaking services, health counseling, welfare services, family planning assistance, medical care, and residential care are available for families through referrals. Day care, medical care, play therapy, individual therapy, and specialized therapy are available for children through referrals.

Clientele: The program serves individual children, parents, and families. Clients are primarily from low-income rural areas.

Staffing: The program is staffed by child welfare personnel.

Organization: The program is licensed by the Pennsylvania Department of Public Welfare, and is governed by the County Board of Commissioners.

Coordination: Cases are referred by a wide variety of sources. Cases are reported to the central registry maintained by the State Department of Public Welfare.

Funding: The program is funded through state, county, and state-administered federal funds.

CP-01750

Community Progress Council, Inc., York, Pa.
226 E. Collage Ave.
York, PA 17403
Child Development-York.
M. Bessemer, and D. W. Mathis.
Jun 76.

Services: Part of the program scope focuses on child abuse and neglect. Social work counseling, parent aides, family counseling, child management classes, and medical care services are offered directly to parents. Referrals provide them with social work counseling, Parents Anonymous, family counseling, and medical care services. Children receive day care, therapeutic day care, play therapy, and specialized therapy services directly. Play therapy and specialized therapy are furnished through referrals. Day care services are also purchased for children from another program. An informal follow-up is maintained.

Clientele: Individual children, individual parents, parents in groups, and families each account for approximately 25 percent of the total clientele. Clients are drawn from low-income rural, urban, and inner-city areas.

Staffing: The program staff consists of teachers and training specialists.

Organization: The Office of Child Development and the Pennsylvania Department of Public Welfare evaluate the program through monitoring teams and on-site visits. Monthly, quarterly, and annual reports are submitted to the evaluating organizations.

Coordination: Medical authorities, government social service agencies, schools, parents, and clients themselves are the major referral sources. Cases are reported by name to the social services, health departments, and to York Hospital.

Funding: Direct federal, state, and state-administered federal funds will account for approximately 54, 12, and 34 percent of the program finances, respectively.

CP-01751

Lebanon County Dept. of Child Welfare,
Lebanon, Pa.
400 S. 8th St.
Lebanon, PA 17042
Lebanon County Child Welfare.
J. Rebert.

Services: The program is primarily concerned with child abuse and neglect. Social work counseling, lay therapy, couples counseling, family counseling, individual therapy, housing assistance, and residential care are provided directly for families. Day care, individual therapy, foster care, and residential care are provided for children. Homemaking services and residential care are also purchased. Clients are also referred for group therapy, couples counseling, health counseling, welfare assistance, family planning assistance, and medical care. Follow-up contact is made at least monthly with schools, hospitals, and other applicable agencies.

Clientele: The program works primarily with families and some individual children. During the last fiscal year approximately 100 children were identified.

Staffing: The program staff includes social workers and lawyers.

Organization: An overall evaluation is done by the state representative, who reviews case records, personnel policies, and techniques in the supervision of casework.

Coordination: Case information is shared with the Family and Children's Service, the Department of Public Assistance, and the Hershey Medical Center. Cases are referred to the program from a wide range of sources. Cases are reported to the state central registry maintained by the State Department of Welfare.

Funding: The program is funded by federal, state, and county governments.

CP-01752

Lutheran Children's Home, Zellenople, Pa.
P.O. Box 70
Zellenople, PA
Treatment Oriented Residential Care Facility.
A. T. Swanson, Jr., and P. D. Reitnauer.
1856.

Services: Most of the program scope encompasses child abuse and neglect. Treatment services are emphasized. Limited social work counseling is offered directly to parents. Children receive residential care directly; referrals provide for individual therapy and specialized therapy. Medical care and individual therapy services are purchased for children from other programs. Guided Group Interaction has evolved as the primary treatment modality.

Clientele: Services to individual children are stressed. During the last fiscal year, treatment services were provided to 75 individual children. Clients are drawn from low-income, urban, and inner-city areas.

Staffing: The program staff consists of child welfare personnel, nurses, and social workers.

Organization: The administering organization is governed by the Western Pennsylvania-West Virginia Synod of the Lutheran Church in America. The program is evaluated by county child welfare agencies and the courts.

Coordination: The program is affiliated with the Pennsylvania Council of Voluntary Child Care Agencies and with Group Child Care Consultant Services of the University of North Carolina. County child welfare agencies are the major referral source. Complete case information is shared with the Butler County Mental Health - Mental Retardation Base Service Unit. Consultation services are purchased from the Butler County Mental Health - Mental Retardation Base Service Unit and from the Human Systems Institute.

Funding: During the last fiscal year, county funds and personal donations accounted for 84.7 and 14.9 percent of the program finances, respectively. The Western Pennsylvania-West Virginia Synod of the Lutheran Church in America provided the remaining 0.4 percent.

CP-01753

Lutheran Home, Topton, Pa.
Home Ave.
Topton, PA 19562
Children's Services.
P. Buehrle, and P. W. Ernst.
1897.

Services: Part of the program scope is focused on abuse and neglect. Services in the areas of treatment and follow-up are rendered. Parents may directly obtain social work counseling, group therapy, couples counseling, family counseling, and individual therapy. Children may receive medical care, individual therapy, foster care, residential care, adoption, art therapy, and unwed mother care; neurological evaluations are obtainable through purchases. Follow-ups consist of biweekly, weekly, and monthly social work counseling.

Clientele: In the last fiscal year 180 individual children, 42 children in groups, 63 individual parents, and 7 families from mixed-income urban, inner-city, rural, and suburban areas were served.

Staffing: Child welfare personnel, physicians, family counselors, nurses, psychologists, social workers, and teachers comprise the program staff.

Organization: The activities of the private administering organization are supervised by the Northeastern Pennsylvania Synod.

Coordination: Hospitals, government social service agencies, courts, and guardians are the primary sources of referrals. On-going cases are reported to juvenile services, social welfare services, and the State Department of Public Welfare.

Funding: In the last fiscal year county funds supplied 91 percent of the operating budget;

the remainder consisted of personal donations and fees from individual clients.

CP-01754

Naval Regional Medical Center, Philadelphia, Pa.
Broad and Pattison Ave.
Philadelphia, PA 19145
Child Advocacy Committee.
W. S. McCurley.
Apr 73.

Services: The program is primarily concerned with child abuse and neglect. Social work counseling, individual therapy, housing assistance, and medical care are provided for families. Social work counseling, individual therapy, and housing assistance are also provided through referrals. The children are offered medical care and referred for day care services. The agency primarily identifies, refers, and follows up cases. Follow-up is maintained through contacts with other involved agencies and interviews with clients 3 months after identification.

Clientele: During the last fiscal year 9 families were identified and followed up. The program serves primarily urban and suburban populations at all income levels.

Staffing: The program is staffed by nurses, pediatricians, psychiatrists, and social workers.

Organization: The hospital is under the auspices of the Bureau of Medicine and Surgery, Department of Navy, Washington, D.C. The program is evaluated internally through monthly case review.

Coordination: The program exchanges information with the county child protective services. Most cases are self-referrals. Cases are reported to social and welfare services.

Funding: The program is federally funded.

CP-01755

Philadelphia Dept. of Public Welfare, Pa. Child Care Centers Div.
City Hall Annex
Philadelphia, PA 19130
Emergency Shelter Care Facilities for Dependent, Deprived, Neglected, or Abused Children.
R. Lodise, and M. Irvin.

Services: The program is primarily concerned with child abuse and neglect. Residential and emergency care are provided for children. Clients are referred for social work counseling, lay therapy, family counseling, homemaking services, welfare assistance, medical care, and foster care.

Clientele: During the last fiscal year 768 children were served, primarily from urban and inner-city areas. The program serves children from 2 to 18 years of age.

Staffing: The program is staffed by child welfare personnel, nurses, pediatricians, psychiatrists, and social workers.

Organization: The facilities, Stenton Child Center and Franklin Village, are evaluated annually by the Children's Services Division of the State Department of Public Welfare.

Coordination: Clients are primarily referred by the Police Department and the City Department of Public Welfare. Cases are reported to social and welfare services.

Funding: Approximately 50 percent of program funds are provided by the state and 50 percent by the city.

CP-01756
Philadelphia Urban League, Pa.
4089 Lancaster Ave.
Philadelphia, PA 19104
Child Advocacy Project.
W. C. Jaynes.

Services: Part of the program scope focuses on child abuse and neglect. The program provides community education workshops on child abuse, a liaison between the child protective service and other agencies, and a referral agency for juvenile court judges.

Clientele: The program serves the community.
Organization: The administering organization is a United Fund Agency.

CP-01757
York County Mental Health Center, York, Pa.
1001 S. George St.
York, PA 17403
York County Mental Health.
D. T. Shelley.

Services: A part of the program is concerned with child abuse and neglect. Social work counseling, group therapy, couples counseling, family counseling, and individual therapy services are offered directly to parents, with housing assistance, welfare assistance, family planning assistance, medical care, and residential care obtainable through referrals. Children receive medical care, play therapy, individual therapy, and reading therapy directly.

Clientele: Clients are drawn from low-income, rural, and inner-city areas.

Staffing: The program staff consists of psychiatric social workers, psychiatrists, psychologists, and social workers.

Organization: The administering organization is governed by the York-Adams Mental Health - Mental Retardation Program. The PASS evaluation system has been used by the governing agency to monitor program effectiveness.

Coordination: Medical and legal authorities, social service agencies, schools, parents, siblings, relatives outside the immediate family, clergymen, and victims are the major referral sources. Cases are reported by name to a state central registry maintained by the Department of Public Welfare.

Funding: During the last fiscal year, state and county funds accounted for approximately 90 and 10 percent of the program finances, respectively.

Virginia

CP-01758
Bristol Dept. of Public Welfare, Va.
36 Moore St.
Bristol, VA 24201
Protective Services to Children and Their Parents.
E. G. Sprouse, and E. Smith.
Mar 66.

Services: Part of the program is focused on child abuse and neglect. Social work counseling, couples counseling, family counseling, homemaking services, employment assistance, housing assistance, and family planning assistance are offered for families. No direct services are offered for children, although day care is purchased. Group therapy, Parents Anonymous, individual therapy, health counseling, welfare assistance, medical care, and residential care are available for families through referrals. Medical care, individual therapy, specialized therapy, foster care, and residential care are provided for children through referrals. Follow-up is maintained through weekly visits. The program provides 24-hour on-call services.
Clientele: The program serves low-income families primarily from urban and inner-city areas.

Staffing: The program staff is comprised of child welfare personnel and case aides. The program also has a multidisciplinary team in operation.

Organization: The program is operated under the auspices of the Bristol Welfare Board and evaluated by the regional office of the Virginia Department of Welfare.

Coordination: Hospitals, schools, private social service agencies, churches, law enforcement agencies, courts, neighbors, parents, and other relatives refer cases to the program. Cases are reported to a number of public agencies and services including the central registry maintained by the Virginia Department of Welfare.

Funding: The program is funded by the federal, state, and county government.

CP-01759
Child Abuse Prevention Council of Roanoke Valley, Roanoke, Va.
P.O. Box 1625
Roanoke, VA 24008
Parents Anonymous.
B. M. Tatel, and J. Shanks.
Sep 74.

Services: Most of the program scope encompasses child abuse and neglect. Identification services are stressed. Social work counseling, parent aide, group therapy, and Parents Anonymous services are offered directly to parents. Both social work counseling and parent aide services are also available to parents through referrals.

Clientele: The program deals primarily with parents. Clients are drawn from urban areas.

Staffing: The program staff consists of child welfare personnel, doctors, family counselors, lawyers, social workers, and teachers.

Organization: The program is evaluated internally by its members.

Coordination: Prospective clients are the major referral sources. Information is shared as requested.

Funding: During the last fiscal year, most of the program income arose from private funds.

CP-01760
Gloucester County Dept. of Social Services, Gloucester, Va.
P.O. Box 186
Gloucester, VA 23061
Gloucester County Social Services.
R. E. Blackwell, and B. S. Street.

Services: Part of the program scope focuses on child abuse and neglect. Social work counseling, couples counseling, family counseling, individual therapy, homemaking services, employment assistance, family planning assistance, medical care, and residential care services are obtainable through referrals. Children receive medical care, foster care, and adoption services directly, and are referred to other programs for medical care, individual therapy, and day care.

Clientele: Individual children and families are served. Clients are primarily drawn from mixed-income rural areas.

Staffing: The program staff consists of social workers. The addition of a full-time staff member for child abuse and neglect is anticipated.

Organization: The administering organization is governed by the Virginia Department of Public Welfare. Program evaluation is undertaken by service specialists from the regional office of the governing organization.

Coordination: Private physicians, schools, police, courts, parents, relatives outside the immediate family, neighbors, and the Public Health Department are the major referral sources. Cases are reported by name to a state central registry maintained by the governing organization. Relevant information is shared with the Juvenile and Domestic Relation Court.

Funding: During the last fiscal year, state, state-administered federal, and county funds accounted for most of the program finances.

CP-01761
Naval Hospital, Quantico, Va.
Quantico, VA 22134
Child Advocacy Council.
S. M. Krenytsky.
Dec 75.

Services: The program is specifically focused on abuse and neglect; however its service functions are limited to referrals. Parents are referred for social work counseling, lay therapy, group therapy, Parents Anonymous, couples counseling, family therapy, individual therapy, family planning assistance, and medical care. Children are referred for day care, medical care, play therapy, individual therapy, specialized therapy, foster care, and residential care. Follow-ups are conducted weekly or as needed by visiting nurses from the Navy Relief Society. Increased emphasis on preventive measures are contemplated for the future.

Clientele: Approximately 25 percent of the clientele are individual parents; the remainder consists of families. Clients receive identification and follow-up services from the program and are primarily from low-income rural and suburban areas.

Staffing: Staff members act in a consultative capacity. The members of the program staff are child welfare personnel, lawyers, nurses, pediatricians, psychiatric social workers, psychologists, and social workers.

Organization: Program activities are conducted under the auspices of the Bureau of Medicine and Surgery, Navy Department.

Coordination: Cases are referred to the program by medical authorities, social service agencies, schools, law enforcement agencies, and concerned individuals. The program reports cases by name to the police, social welfare services, the Virginia State Central Registry, and the Federal Military Central Registry. Pertinent information is shared with the Central Tri-service Central Registry.

CP-01762
Scott County Dept. of Public Welfare, Gate City, Va.
P.O. Box 205
Gate City, VA 24251
Protective Service Program.
J. L. Osborne.
Jun 75.

Services: The program focuses primarily on child abuse and neglect. Social work counseling, couples counseling, family counseling, and welfare assistance services are offered directly to parents, with health counseling, employment assistance, family planning assistance, and medical care services obtainable through referrals. Children receive foster care services directly, with medical care, play therapy, and individual therapy furnished through referrals. Therapeutic day care, medical care, and specialized therapy services are purchased for children from other programs.

Clientele: Individual children, individual parents, and families account for approximately 80, 10, and 10 percent of the total clientele, respectively. Clients are drawn from low-income, rural areas.

Organization: The administering organization is supervised by the Virginia Department of Public Welfare. Program evaluation is conducted by a service specialist with the Southwest Regional Office of the Virginia Department of Public Welfare.

Coordination: Private physicians, schools, law enforcement agencies, parents, relatives outside the immediate family, and neighbors are the major referral sources. Cases are reported by name to a state central registry.

CP-01763
Tazewell County Dept. of Social Services,
Tazewell, Va.
P.O. Box 149
Tazewell, VA 24651
Protective Services Unit.
H. D. French, and L. D. Crawford.
1966.

Services: Part of the program focuses on child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. Social work counseling, family counseling, homemaking services, family planning assistance, and employment, housing, and welfare services are offered directly to parents, with health counseling, employment

assistance, family planning assistance, and medical care obtainable through referrals. Children receive medical care, foster care, and protective services directly, with medical care and specialized therapy furnished through referrals. Follow-up is maintained through home visits conducted on at least a quarterly basis.

C clientele: Individual children and families account for 40 and 60 percent of the clientele, respectively. Clients are drawn from low-income, rural and suburban areas.

Staffing: The program staff consists of social workers.

Organization: The administering organization is governed by the Tazewell County Welfare Board. Performance evaluations of individual

workers and of the agency as a whole are conducted internally and by the Welfare Board.

Coordination: Medical and legal authorities, government social service agencies, schools, relatives outside the immediate family, neighbors, and victims are the major referral sources. Cases are reported by name to the legal authorities, juvenile services, and to a state central registry maintained by the Virginia Department of Public Welfare. Cases are also reported by identifying code to the state central registry. Relevant case information is shared with other governmental agencies.

Funding: In the last fiscal year, state, state-administered federal, and county funds accounted for approximately 5, 75, and 20 percent of the program finances, respectively.

FEDERAL REGION IV

Alabama

CP-01764

Cheaha Mental Health Center, Sylacauga, Ala.
P.O. Box 1248
Sylacauga, AL 35150
Cheaha Mental Health Center.
J. Zettler, and R. Kline.
Dec 75.

Services: Part of the program scope focuses on child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. Group therapy, couples counseling, family counseling, individual therapy, health counseling, and child management classes are offered directly to parents. Referrals provide them with social work counseling, homemaking services, residential care, medical care, family planning assistance, and welfare services. All direct services, with the exception of child management classes, are also purchased for parents from other programs. Children receive therapeutic day care, individual therapy, and play therapy services directly, and day care, medical care, specialized therapy, foster care, and residential care services are provided through referrals. Some of the services offered directly are also purchased for children from other programs. Follow-up is maintained through telephone contact.

Clientele: Individual children, individual parents, and families are served. Clients are drawn from low-income rural areas.

Staffing: The program staff consists of family counselors, program evaluators, and psychologists.

Organization: The program is evaluated through the examination of treatment goals after treatment termination.

Coordination: Medical and legal authorities, social service agencies, schools, concerned individuals, and prospective clients are the major referral sources. Cases are reported by gross numbers only to the state mental health program. Relevant case information is shared with county welfare offices.

Florida

CP-01765

Boystown of Florida, Miami.
11400 S.W. 137th Ave.
Miami, FL 33186
Boystown of Florida.
J. W. Glorie, and J. L. Perrotti.
Oct 64.

Services: Part of the program is concerned with child abuse and neglect. The services offered are primarily preventive. Residential care and group therapy are offered for the boys. Family counseling and social work counseling are provided for the families. Follow-up is provided at least semiannually.

Clientele: Clients are usually individual boys from low-income, metropolitan areas. Some services are also provided to families and parents.

Staffing: The program staff includes child welfare personnel, family counselors, nurses, psychologists, and social workers.

Organization: This private, nonprofit program is supervised by the Archdiocese of Miami, Catholic Service Bureau, Inc. The program is evaluated by the Child Welfare League of America and the Florida Group Child Care Association.

Coordination: Information is shared with other residential care organizations. Cases are reported to juvenile services and social welfare services.

Funding: Monetary support includes state, county, state-administered federal, and foundation funds, as well as personal donations.

CP-01766

Catholic Archdiocese of Miami, Fla.
11400 S.W. 137th Ave.
Miami, FL 33186
Boystown of Florida.
J. W. Glorie.
Apr 76.

Services: Both child abuse and neglect occupy the primary focus of the program scope. The direct services available to parents include social work counseling, group therapy, family counseling, employment assistance, and housing assistance. Residential care is available directly to children; medical care is available through purchases and referrals. Follow-ups are conducted by letter and in-person when possible. Past changes include incorporation of psychiatric and social services; a remedial reading program has also been instituted.

Clientele: Individual children and families constitute about 98 and 2 percent, respectively, of the total clientele. In the last fiscal year 68, 44, and 13 children were given identification, treatment, and follow-up services, respectively.

Staffing: The program staff consists of child welfare personnel, dentists, physicians, program evaluators, psychiatrists, social workers, psychiatrists, social workers, and training specialists.

Organization: Program activities are supervised by the Catholic Service Bureau.

Coordination: Case referrals are provided by medical authorities, social service agencies, schools, legal authorities, and concerned individuals. The program reports by name and identifying code to juvenile services in addition to social welfare service by gross numbers.

Funding: In the last fiscal year approximately 5 percent of the program income was from federal sources and 50 percent from the county; the remainder consisted of personal donations and fees from individual clients.

CP-01767

Catholic Services Bureau of Monroe County, Key West, Fla.
3211 Flagler Ave.
Key West, FL 33040
Social Services.
L. Latorre, Jr.

Services: The program is partly focused on child abuse and neglect. Social work counseling, couples counseling, family counseling, individual therapy, health counseling, welfare services, family planning assistance, medical care, and residential care are provided for families. Individual therapy is provided for children. Health counseling, medical care, residential care, and foster care are also purchased for clients. Day care, individual therapy, specialized therapy, foster care, and residential care are available for children through referrals. Follow-up is maintained through a variety of means on a weekly to monthly basis.

Clientele: The program works with families, individual parents, and individual children from all locales and income levels.

Staffing: The program staff includes social workers and program evaluators.

Organization: The program is evaluated by using a Management Information System.

Coordination: Case information is shared with the Guidance Clinic, health departments, and social services agencies. Foster care services are purchased through the Division of Family Services. Cases are referred by a wide variety of sources. Depending on the individual circumstances, cases are reported to the police, juvenile services, social welfare services, and health departments.

Funding: The program is funded privately

through voluntary agencies and personal donations.

CP-01768

Children's Home Society of Florida, Miami, Fla.
Southeastern Div.
800 N.W. 15th St.
Miami, FL 33136
Children's Home Society Demonstration Child Abuse Program.
M. Willner, and R. Trubenbach.
Jun 76.

Services: The program focuses primarily on child abuse. Social work counseling, lay therapy, couples counseling, family counseling, individual therapy, residential care, and financial loans are provided directly for parents; homemaking services are purchased. Parents are referred for welfare services, family planning assistance, medical care, and residential care. Day care and foster care are provided for children. Medical care for children is available by referral.

Clientele: The program serves primarily families and individual parents. Some services are also provided to individual children and parents in groups.

Staffing: The program is staffed by social workers and child welfare workers.

Organization: Program activities are conducted under the supervision of the state office in Jacksonville. Program evaluation mechanisms are being devised in cooperation with the Regional Institute of Social Welfare Research.

Coordination: Progress reports are shared with the Florida Department of Social and Economic Services, Division of Protective Services.

Funding: In the last fiscal year the operating funds were supplied by the state organization.

CP-01769

Florida State Dept. of Health and Rehabilitative Services, Marianna. Social and Economic Services.
P.O. Box 852
Marianna, FL 32446
Sunland Center at Marianna.
A. L. Basford.
Jul 74.

Services: Part of the program focuses on child abuse and neglect. Treatment services are stressed. Residential care services are offered to children and adults directly, through referrals, or purchased from other programs. Follow-up is maintained through on-site interviews and observation conducted as needed.

Clientele: Mentally retarded persons are served. During the last fiscal year, treatment services were provided to approximately 700 children and adults. Clients are drawn from mixed-income, rural, suburban, urban, and inner-city areas.

Staffing: The program staff consists of dentists, doctors, program evaluators, psychologists, social workers, and a superintendent.

Organization: Evaluation is maintained through on-site observation and interviews conducted by the Florida Department of Health and Rehabilitative Services staff.

Coordination: The program is affiliated with the Florida Association for Retarded Citizens. Parents and clients are the major referral sources. Cases are reported by name to a central registry maintained by the Florida Department of Health and Rehabilitative Services. Social workers and program supervisors are shared with the Department of Health and Rehabilitative Services.

CP-01770

Florida State Dept. of Social and Economic Services, Ft. Walton Beach, 10 S.E. 1st St., Ft. Walton Beach, FL 32548
Protective Services for Children,
 J. Carter, and G. Stafford.
 Oct 71.

Services: Most of the program scope encompasses child abuse and neglect. Social work counseling, family counseling, employment assistance, and housing assistance are offered directly to parents. They may be referred for social work counseling, couples counseling, individual therapy, health counseling, welfare assistance, and family planning assistance. Children receive foster care services directly, and are referred to other programs for specialized therapy.

Clientele: Individual children, individual parents, and families account for approximately 20, 50, and 30 percent of the total clientele, respectively. Clients are drawn from mixed-income, rural, and urban areas.

Staffing: The program staff consists of social workers.

Organization: The administering organization is governed by the Florida Department of Health and Rehabilitative Services.

Coordination: Medical and legal authorities, private social service agencies, schools, concerned individuals, and clients themselves are the major referral sources. Cases are reported by name to a state central registry maintained by Social and Economic Services.

Funding: Direct federal and state funds accounted for most of the program income during the last fiscal year.

CP-01771

Youth Haven, Inc., Naples, Fla., P.O. Box 703, Naples, FL 33940
 Youth Haven,
 E. B. Blackburn.

Services: Part of the program scope focuses on child abuse and neglect. Treatment services are stressed. Lay therapy and residential care services are offered directly to parents, with social work counseling obtainable through referrals. Children receive residential care services directly, with foster care services furnished through referrals. Therapeutic day care is purchased for children from another program. Expanded prevention and community education efforts are anticipated.

Clientele: During the last fiscal year, treatment services were provided to 171 individual children, 30 individual parents, and 10 families. Clients are drawn from low-income, rural and urban areas.

Staffing: The program staff consists of psychiatric social workers and house parents.

Organization: The program is conducted as a residential care and rehabilitation service on a private, nonprofit basis and is governed by a Board of Trustees.

Coordination: Private physicians, social service agencies, police, courts, and parents are the major referral sources. Social data are shared with the Catholic Service Bureau and information on the type of neglect or abuse is shared with the Florida Division of Protective Services.

Georgia

CP-01772

Family Counseling Center, Macon, Ga., 830 Mulberry St., Macon, GA 31201
Family Counseling,
 W. H. Reddick.

Services: Part of the program focuses on child abuse and neglect. Social work counseling, group therapy, and individual therapy services are offered directly to parents. They are referred to other programs for lay therapy, Parents Anonymous, couples counseling, homemaking services, health counseling, child management classes, family planning assistance, medical care, residential care, and welfare services. Children receive play therapy and individual therapy directly, and specialized therapy, foster care, and residential care are provided through referrals. Consultation services are provided to group homes.

Clientele: Clients are drawn from mixed-income, rural, suburban, urban, and inner-city areas.

Staffing: The program staff consists of family counselors.

Organization: The program is evaluated by the Family Service Association of America.

Coordination: Private physicians, social service agencies, schools, police, courts, concerned individuals, and clients themselves are the major referral sources. Statistical information is shared with the Family Service Association of America. The services of a family counselor are shared with the Appleton Church Home for Girls Group Homes in Macon.

Funding: During the last fiscal year, most of the program finances came from private funds. Private sources included voluntary agencies, personal donations, and fees from individual clients.

CP-01773

Forsyth County Dept. of Family and Children Services, Cumming, Ga., P.O. Box 21, Cumming, GA 30103
Service Aides I,
 R. H. McClure, and N. P. Gilbert.
 Apr 76.

Services: Part of the program scope encompasses child abuse and neglect. Homemaking services are offered directly to parents. Children receive in-home supervision directly.

Clientele: Services to families are stressed. Clients are generally drawn from mixed-income rural areas.

Organization: The administering organization is governed by the Georgia Department of Human Resources. Program evaluations are based on the ability to keep family units intact.

Coordination: Private physicians, government social service agencies, schools, concerned individuals, and prospective clients are the major referral sources. Cases are reported to social services and health departments.

CP-01774

Pike County Dept. of Family and Children Services, Zebulon, Ga., Gwyn St., Zebulon, GA 30295
Pike County Family and Children Services,
 A. L. Milby.

Services: Part of the program scope focuses on child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. Social work counseling, family planning assistance, medical care, nursing homes and housing and welfare services are offered directly to parents, with similar

services obtainable through referrals. Medical care and foster care services are furnished directly to children. Follow-up is maintained through personal contact on at least a monthly basis.

Clientele: During the last fiscal year, identification, prevention, treatment, and follow-up services were provided to 18, 16, 1, and 18 individual children, respectively; to 5, 5, 1, and 6 individual parents, respectively; and to 10, 10, 1, and 10 families, respectively. Clients are drawn from low-income, rural areas.

Staffing: The staff is composed of child welfare personnel.

Organization: The administering organization is governed by the Georgia Department of Human Resources. Program evaluations are conducted by the Department of Human Resources.

Coordination: Private physicians, social service agencies, schools, legal authorities, parents, and victims are the major referral sources. Cases are reported by name to the legal authorities, juvenile services, social services, and health departments.

Funding: The state provides most of the program funds.

Kentucky

CP-01775

Bellewood Presbyterian Home for Children, Louisville, Ky., P.O. Box 23309, Louisville, KY 40223
Bellewood Presbyterian Home for Children,
 L. C. Bohannon, and H. W. Moffett.
 1849.

Services: Part of the program scope encompasses child neglect. Social work counseling and referral services are offered directly to parents, with social work counseling also obtainable through referrals. Children receive residential care services directly. The program has evolved from an orphanage to a home caring primarily for dependent, neglected children.

Clientele: Most of the program services are provided to individual children. Clients are drawn from low-income, rural, suburban, urban, and inner-city areas.

Organization: The home is governed by the Presbyterian Church of Kentucky.

Coordination: Social service agencies, parents, relatives outside the immediate family, neighbors, and clergymen are the major referral sources. The services of doctors, dentists, and teacher and tutors are purchased by the program.

Funding: In the last fiscal year, state funds and personal donations accounted for 15 and 85 percent of the program finances, respectively.

CP-01776

Kentucky State Bureau for Social Services, Bowling Green, Barren River District, 1010 College St., Bowling Green, KY 42101
Protective Services,
 K. Royle.

Services: A part of the program focuses on child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. Social work counseling, family counseling, and employment, housing, and welfare services are offered directly to parents, with medical care and residential care services obtainable through referrals. Family planning assistance is purchased for parents from another program. Children receive foster care services directly, with day care services purchased from another program. Follow-up is maintained through home and office visits conducted as necessary.

Clientele: Individual children, children in

CHILD ABUSE AND NEGLECT PROGRAMS

groups, individual parents, parents in groups, and families are served. Clients are drawn from low-income, urban areas.

Staffing: The program staff consists of child welfare personnel, homemaker specialists, and social workers.

Organization: The administering organization is governed by the Kentucky Department for Human Resources. The governing agency also conducts program evaluations.

Coordination: Medical and legal authorities, social service agencies, schools, parents, siblings, and relatives outside of the immediate family are the major referral sources. Cases are reported by name to legal authorities. With the client's permission, information is shared with interested organizations.

CP-01777

Kentucky State Dept. of Justice, Richmond, Bureau of Training,

P.O. Box 608

Richmond, KY 40475

Inservice Training Program for Law Enforcement Officers.

R. C. McKinney.

Jan 77.

Services: Part of the program scope will focus on child abuse and neglect. The program will provide inservice training to law enforcement officers to augment their abilities in handling child abuse and neglect cases. Program participants will be followed-up to determine whether the training has had a positive effect on the handling of neglect and abuse cases.

Clientele: Services to law enforcement officers will be emphasized.

Staffing: The program staff will consist of criminologists, lawyers, research specialists, social workers, and training specialists.

Organization: The administering organization is governed by the Secretary of Justice for Kentucky. Program participants will complete critiques at the conclusion of each class to determine the effectiveness of educational methods.

Coordination: Resource materials and curricula will be shared with all police agencies, the Kentucky Department of Human Resources, and training agencies throughout the U.S.

Funding: State funds will account for most of the program finances. The law Enforcement Assistance Administration has provided funds for research and related tasks.

Mississippi

CP-01778

Air Force Medical Center, Keesler AFB, Miss. Child Advocacy Office.

Keesler AFB, MS 39534

United States Air Force Child Advocacy Program.

J. L. Jenkins.

Apr 75.

Services: Most of the program scope encompasses child abuse and neglect. Services in the areas of identification and prevention are available. Social work counseling, couples counseling, family counseling, individual therapy, and medical care services are offered directly to parents. Referrals furnish Parents Anonymous, homemaking services, and welfare assistance. Children receive medical care and individual therapy directly. Both day care and foster care services are furnished to children through referrals. Follow-up is maintained through medical record reviews conducted on a monthly to quarterly basis.

Clientele: Military personnel and their families are served. Individualized treatment for children and parents are emphasized. During the last fiscal year, identification and treatment services were provided to 68 and 6 individual chil-

dren, respectively, and to 56 and 14 individual parents, respectively. Clients are drawn from urban areas.

Staffing: The program staff consists of lawyers, pediatricians, and social workers.

Organization: The administering organization is governed by the U.S. Air Force. Program evaluation is accomplished through annual inspection at the local level by the Surgeon General and the Inspector General.

Coordination: Government social service agencies, schools, courts, parents, relatives outside the immediate family, neighbors, and victims are the major referral sources. Cases are reported by name to the social services and to the U.S. Air Force Surgeon General. Identifying and background information are shared with the Mississippi Department of Public Welfare, while progress reports and recommended treatment plans are shared with the Harrison County Family Court.

Funding: During the last fiscal year, most of the program finances arose from direct federal funds.

CP-01779

Baptist Children's Village, Jackson, Miss.

P.O. Box 11308

Jackson, MS 39213

Providing Custodial Services for Orphans and Dependent Children.

P. N. Nunnery.

1897.

Services: Part of the program scope encompasses child neglect. Treatment services are stressed. Social work counseling and residential or custodial child care services are offered directly to parents. Children receive foster care and residential care services directly. Follow-up is maintained informally by social service staff.

Clientele: Individual children and children in groups are served. During the last fiscal year, treatment services were provided to 65 individual children and to 260 children in groups. Clients are drawn from low-income, rural, suburban, and urban areas.

Staffing: The program staff consists of social workers and houseparents.

Organization: The administering organization is governed by the Mississippi Baptist Convention. The program is evaluated by administrative personnel, as well as by Group Child Care Consultant Services.

Coordination: Parents, relatives outside the immediate family, neighbors, and local Baptist churches are the major referral sources.

Funding: During the last fiscal year, most of the program finances arose from personal donations.

North Carolina

CP-01780

Baptist Children's Homes of North Carolina, Inc., Thomasville.

P.O. Box 338

Thomasville, NC 27360

Baptist Children's Homes of North Carolina.

W. R. Wagoner.

1885.

Services: The program focuses primarily on child neglect. Treatment services are stressed. Social work counseling, group therapy, family counseling, individual therapy, day care, and residential care services are offered directly to parents. Children receive day care, play therapy, individual therapy, foster care, and residential care services directly. Since its inception, the program has changed from a custodial care service to a multiservice family agency.

Clientele: Services to families are emphasized. During the last fiscal year, treatment services were provided to approximately 1,458 in-

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dividual children, 2,474 individual parents, and 603 families. Clients are drawn from low-income rural, suburban, urban, and inner-city areas.

Staffing: The program staff consists of child welfare personnel, nurses, psychologists, and social workers.

Organization: The program is currently under evaluation by Group Child Care Consultant Services, Chapel Hill, N.C.

Coordination: Private social service agencies, parents, relatives outside the immediate family, and clients themselves are the major referral sources. Cases are reported by name to the social services and to the Duke Endowment. Pertinent case data are reported to the Duke Endowment.

Funding: During the last fiscal year, state and county funds accounted for 10 percent of the program finances, while private funds met the rest of the program requirements. Private funds arose from personal donations, fees from individual clients, and the Baptist State Convention.

CP-01781

Crossnore School, Inc., Crossnore, N.C.

Crossnore, NC 28616

Crossnore School.

R. L. Martin.

Services: Child neglect is the primary concern of the program. Social work counseling is offered directly to parents or families. Residential care is provided directly to children. Individual therapy is purchased for children.

Clientele: Children in groups, drawn from low-income rural and urban areas, are the primary clientele.

Staffing: Child welfare personnel, nurses, psychologists, social workers, teachers, and program evaluators are employed by the school.

Organization: The school is private and non-profit. It is supervised by its Board of Trustees.

Coordination: Services are purchased from Group Child Care Consultant Services and National Children's Services Association. Clients are referred by past residents, medical authorities, government social service agencies, courts, parents, relatives, and neighbors.

Funding: During the last fiscal year, funds came from the state, private foundations, and personal donations.

CP-01782

North Carolina Univ., Chapel Hill.

Chapel Hill, NC 27514

A Statewide Program for the Prevention and Treatment of Child Abuse and Neglect.

F. Loda, and D. Davis.

Dec 74.

Services: Most of the program deals with child abuse and neglect. Social work counseling, couples counseling, family counseling, individual therapy, and medical care are offered directly to parents; a wide range of social, health, and welfare services are furnished through referrals. Medical care and individual therapy are provided to children directly; a wide variety of child health and child care services are obtainable through referrals. Currently the program provides education, technical assistance, and services to communities where previously the program had provided services directly to clients.

Clientele: Clients are drawn primarily from mixed-income, rural, and urban areas.

Staffing: The program maintains pediatricians, psychiatrists, psychologists, research specialists, and social workers on a full-time and part-time basis.

Organization: The program is evaluated by Assessment Control Research and Analysis, Inc., Washington, D.C. under a special grant from the National Center on Child Abuse and

Neglect.

Coordination: Medical authorities, government social service agencies, law enforcement agencies, parents, and relatives outside the immediate family are the major referral sources. Cases are reported by name to the social services. A pediatrician and psychiatrists are shared with the University of North Carolina School of Medicine. A psychologist is shared with the School of Education of the University of North Carolina.

Funding: The program was financed by direct federal funds during the last fiscal year.

CP-01783

Onslow County Dept. of Social Services,
Jacksonville, N.C.

P.O. Box 910
Jacksonville, NC 28540

Protective Services Unit,
T. Smith.

Services: Part of the program scope focuses on child abuse and neglect. Social work counseling, homemaking services, family planning assistance, residential care, and employment, housing, and welfare services are offered directly to parents. Group therapy, couples counseling, individual therapy, health counseling, and medical care services are obtainable through referrals. Children receive individual therapy, foster care, and residential care services directly. Referrals provide them with medical care, play therapy, individual therapy, specialized therapy, and residential care services. Follow-up is maintained through weekly group therapy, bimonthly caseworker visits, and monthly medical check-ups. The addition of therapeutic nursing services to teach young or inadequate mothers how to care for their children and intensive training services for foster parents to help them care for emotionally disturbed children are anticipated.

Clientele: Family units are served. During the last fiscal year, identification, prevention, treatment, and follow-up services were provided to 308 families. Clients are drawn from mixed-income rural, suburban, urban, and inner-city areas.

Staffing: The program staff consists of homemaker specialists and social workers.

Organization: The administering organization is directly supervised by the Onslow County Board of Social Services.

Coordination: Hospitals, government social service agencies, schools, legal authorities, concerned individuals, the U.S. Naval Hospital and clients themselves are the major referral sources. Cases are reported by name to the social services and to a state central registry. Cases in military families are reported by name to the DART committee at Camp Lejeune Naval Hospital. Statistical information is shared with the National Clearinghouse for Child Abuse and Neglect in Denver and with the Camp Lejeune Regional Medical Center.

Funding: During the last fiscal year, state, state-administered federal, and county funds accounted for approximately 12.5, 75, and 12.5 percent of the program finances, respectively.

South Carolina**CP-01784**

Air Force Regional Hospital, Shaw AFB, S.C.
Shaw AFB, SC 29152

Child Abuse and Neglect.
P. J. Urso, and T. J. Cleary.

Services: Most of the program scope encompasses child abuse and neglect. Social work counseling, parent aide, couples counseling, family counseling, individual therapy, homemaking, and medical care services are offered to parents. Children may receive foster care and medical care services.

Clientele: Individual children, individual parents, and families are served. Services to military personnel and their families are stressed.

Staffing: The program staff consists of family counselors, nurses, pediatricians, psychiatric social workers, psychiatrists, and psychologists.

Organization: The administering organization is governed by the U.S. Air Force. Information on the course of action taken and the final case disposition is submitted to TAC Headquarters, Langley AFB, Va., for evaluation.

Coordination: Hospitals, government social service agencies, legal authorities, parents, siblings, neighbors, the military chaplain, command personnel, and victims are the major referral sources. Information on initial evaluation and case disposition is shared with TAC Headquarters and the Sumter Department of Social Services.

CP-01785

Darlington County Dept. of Social Services,
Darlington, S.C.

P.O. Drawer 557
Darlington, SC 29532

Darlington County Social Services.
W. Copeland, and M. C. Butler.

Services: Part of the program scope focuses on child abuse and neglect. Social work counseling, family counseling, homemaking services, welfare assistance, family planning assistance, and medical care services are offered directly to parents. They are referred to other programs for family counseling, health counseling, employment assistance, housing assistance, and residential care services. Family planning assistance is purchased for parents from other programs. Children receive day care, medical care, and foster care services directly. Day care services are also purchased for children from another program.

Clientele: Individual children, individual parents, and families are served. During the last fiscal year, identification and prevention services were provided to 231 individual children, 75 individual parents, and 293 families. During the same period, treatment services were provided to 90 individual children and 30 individual parents. Clients are drawn from mixed-income rural, suburban, urban, and inner-city areas.

Staffing: The program staff consists of social workers.

Organization: The administering organization is governed by the South Carolina Department of Social Services. A special child welfare unit has been established to work with abuse and neglect cases.

Coordination: Medical and legal authorities, government social service agencies, schools, concerned individuals, and clients themselves are the major referral sources. Cases are reported by name to social services authorities and to a central registry maintained by the governing organization.

Funding: During the last fiscal year, state, state-administered federal, and county funds accounted for approximately 24, 71, and 5 percent of the program finances, respectively.

Tennessee**CP-01786**

Bedford County Dept. of Human Services, Shelbyville, Tenn.

218 N. Main St.
Shelbyville, TN 37160

Protective Services for Children.
M. Jackson, and W. Parker.

Services: Part of the program scope focuses on child abuse and neglect. Social work counseling, homemaking services, employment assistance, housing assistance, and family

planning assistance are offered directly to parents. Family counseling, health counseling, welfare assistance, and family planning assistance are obtainable through referrals. Children receive day care and foster care services directly. Follow-up is maintained through an annual review of case records.

Clientele: Individual children and families account for approximately 25 and 75 percent of the program clientele, respectively. Clients are drawn from mixed-income rural areas.

Staffing: The program staff consists of child welfare personnel, homemaker specialists, and social workers.

Organization: The administering organization is governed by the Tennessee Department of Human Services. Program reviews are conducted by the governing organization with the assistance of regional staff.

Coordination: Medical and legal authorities, schools, concerned individuals, and clients themselves are the major referral sources. Cases are reported by name to the juvenile services and to a central registry maintained by the governing organization. Cases are reported by identifying code to social service authorities and to the state central registry.

CP-01787

Naval Regional Medical Center, Memphis,
Tenn.

N-100
Millington, TN 38054

Child Advocacy Program.
J. S. Smith.

May 76.

Services: Most of the program scope focuses on child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. Social work counseling, parent aide, family counseling, individual therapy, homemaking, and medical care services are offered directly to parents. Some of these along with health counseling, child management classes, housing assistance, welfare assistance, and family planning assistance are also obtainable through referrals. Children receive day care, medical care, and individual therapy directly, with therapeutic day care, play therapy, individual therapy, specialized therapy, foster care, and residential care services furnished through referrals. Cases are reported to Central Child Advocacy - Bureau of Medicine and Surgery for follow-up.

Clientele: Services to individual children and families are stressed. Clients are drawn primarily from military personnel.

Staffing: The program staff consists of child welfare personnel, family counselors, nurses, and pediatricians.

Organization: The administering organization is governed by the Bureau of Medicine and Surgery of the Department of the Navy. The program will be evaluated by its own Child Advocacy Committee as well as by representatives of the governing organization and Shelby County Child Protective Services.

Coordination: Schools, law enforcement agencies, parents, neighbors, and victims are the major referral sources. Cases are reported by name to the social services and to Central Child Advocacy, Bureau of Medicine and Surgery.
Funding: Most of the program income will come from direct federal funds.

CP-01788

Tennessee State Dept. of Public Health, Nashville, Div. of Child Health and Development.

510 Gay St. 110 Capitol Towers
Nashville, TN 37219

Tennessee Appalachian Comprehensive Child Development Project.

T. Poole, and E. Johnson.
Sep 73.

Services: Part of the program scope focuses on child abuse and neglect. Social work counseling, individual guidance on child management, parent groups, prenatal classes, guidance in infant stimulation, and nutrition counseling are offered directly to parents. Medical care, family planning assistance, and welfare services are available to parents through referrals. Children receive medical care and developmental screening services directly. Both medical care and specialized therapy are furnished to children through referrals. Follow-up is maintained through home visits conducted on a twice weekly to monthly basis.

Clientele: Services to families are stressed. During the last fiscal year, identification, prevention, treatment, and follow-up services were provided to 30, 25, 5, and 30 families, respectively. Clients are drawn from mixed-income, rural areas.

Staffing: The program staff consists of nurses, nutritionists, social workers, child development educators, a child development consultant, and child development caseworkers.

Organization: The Project is directly supervised by the East Tennessee Regional Health Office and the First Tennessee Regional Health Office. Data on services provided and on families served, as well as family questionnaires, are used to evaluate the program. A comprehensive evaluation plan is under development. The program was originally supervised and administered directly by the Tennessee Health Department, but is now administered by regional

health departments.

Coordination: Hospitals, government social service agencies, neighbors, prospective clients, and birth records are the major referral sources. Cases are reported by name to social service authorities.

Funding: During the last fiscal year, state and state-administered federal funds accounted for approximately 25 and 75 percent of the program finances, respectively.

CP-01789

Tennessee State Dept. of Public Health, Nashville, Div. of Child Health and Development.

510 Gay St. 110 Capitol Towers
Nashville, TN 37219

Upper Cumberland Child Development Project.

F. Maurer.

Apr 72.

Services: Part of the program scope deals with child abuse and neglect. Social work counseling, individual instruction in child management, family day care, nutrition and infant feeding counseling, and guidance in infant stimulation are offered directly to parents. Medical care, family planning assistance, and welfare services are available to parents through referrals. Children receive day care, medical care, and developmental screening services directly. Day care, medical care, and specialized therapy are available to children through referrals. Follow-

up is maintained through home visits conducted on a twice weekly to monthly basis.

Clientele: Services to families are stressed. During the last fiscal year, identification, prevention, treatment, and follow-up services were provided to 4, 10, 4, and 14 families, respectively. Clients are drawn from mixed-income, rural areas.

Staffing: The program staff consists of nurses, pediatricians, social workers, child development educators, child development caseworkers, a child development consultant, and a nutritionist.

Organization: The Project is directly supervised by the Upper Cumberland Regional Health Office. Data on services provided and on families served, as well as family questionnaires, are used to evaluate the program. A comprehensive evaluation plan is under development. The program was originally supervised and administered directly by the Tennessee Health Department, but is now administered by regional health departments.

Coordination: Hospitals, government social service agencies, neighbors, prospective clients, and birth records are the major referral sources. Cases are reported by name to social service authorities. Treatment planning information is shared with the local public health department. A nutritionist is shared with the Upper Cumberland Regional Health Office.

Funding: During the last fiscal year, state and state-administered federal funds accounted for approximately 24 and 76 percent of the program income, respectively.

FEDERAL REGION V

Illinois

CP-01790

American Red Cross, Chicago, Ill.
43 E. Ohio St.
Chicago, IL 60611
Parent Aides -- Volunteers in Support of Visiting Nurses Association -- Neglected Children.
J. Des Landis.
Jul 76.

Services: The program is primarily concerned with neglected children. Parent aide services will be offered directly to parents. Follow-up will be maintained through conferences with the child abuse team conducted on a weekly basis at the onset of the program.

Clientele: Individual parents are expected to be the primary clientele. Clients will be drawn from low-income urban and inner-city areas.

Staffing: The program staff will consist of lay therapists, nurses, program evaluators, and social workers.

Organization: The method of program evaluation is to be determined by the Visiting Nurses Association. The program is a collaborative effort of the Red Cross and Visiting Nurses Association.

Coordination: The Visiting Nurses Association will be the major referral source. Cases will be reported to the Visiting Nurses Association. Information will be shared with all American Red Cross Chapters.

Funding: Most of the program income will arise from voluntary agency funds.

CP-01791

Catholic Archdiocese of Chicago, Ill. Dept. of Foster Care Services.
645 W. Randolph St.
Chicago, IL 60606
Emergency Protective Service and In-Home Protective Services.
J. E. Ford.
Jul 71.

Services: Child abuse and neglect are the major concerns of the program. Social work counseling, couples and family counseling, and individual therapy are offered directly to parents and families; group therapy, homemaker services, health counseling, child management instruction, employment assistance, and medical care are available through referrals. For children, individual therapy and foster care are provided directly; specialized therapy is purchased; and day care and therapeutic day care are available through referrals. A special follow-up unit usually takes over when a decision to return a child to his family is made or when emergency protective services are curtailed. In-home protective services are now a part of emergency services. Referrals from the Metropolitan Area Protective Services Project are anticipated.

Clientele: During the last fiscal year 249 individual children, 130 individual parents, and 100 families were treated; 25 families were followed up. They are drawn from low-income, urban and inner-city areas.

Staffing: The program staff includes social workers, psychiatric social workers, child welfare personnel, podiatrists, program evaluators, and psychiatrists.

Organization: Cases are all intensively reviewed for planning purposes. A formal review of the program is done biannually in conjunction with the Illinois Department of Children and Family Services.

Coordination: The program receives its referrals from and makes reports to the Illinois Department of Children and Family Services by contractual agreement. Catholic Charities Medical Department provides all necessary

medical care and Catholic Charities Child Mental Health Center provides psychological testing and treatment.

Funding: Approximately 26 percent of the program's funds were provided by the state and 74 percent came from voluntary agency funds during the last fiscal year.

CP-01792

Illinois Children's Home and Aid Society, Champaign.
113 N. Neil
Champaign, IL 61820
Cooperative Child Protection Program.
J. W. Simmons, and M. L. Maher.
Jul 75.

Services: The program is primarily focused on child abuse and neglect. Social work counseling, couples counseling, family counseling, and individual therapy are offered directly by the program. Lay therapy, homemaking services, health counseling, child management classes, welfare services, family planning assistance, medical care, emergency family shelter, and family life education are provided for families through referrals. Day care and specialized therapy are also provided for children through referrals.

Clientele: The program treats primarily low-income families from rural, suburban, and urban areas.

Staffing: Program staff includes a social worker and a supervisor or coordinator.

Organization: The program is a private, non-profit cooperative effort which involves the supervising agency, the Department of Children and Family Services, and Family Service of Champaign County. The program is self-evaluated, as well as being evaluated by the Department of Children and Services.

Coordination: Information is shared with the members of the cooperative, as are some staff members. Cases referred to the program have already been established as abuse or neglect cases and are referred by the Department of Children and Family Services.

Funding: The program is funded by the state and a voluntary agency.

CP-01793

Illinois State Dept. of Public Aid, Springfield.
618 E. Washington
Springfield, IL 62762
Illinois State Public Aid.
M. J. Washnitzer.
Oct 75.

Services: Part of the program scope focuses on child abuse and neglect. Social work counseling, family counseling, homemaking services, family planning assistance, medical care, and welfare services are offered directly to parents. Referrals provide them with social work counseling, group therapy, Parents Anonymous, individual therapy, and family counseling. Homemaking and medical care services are also purchased for parents from other programs. Children receive individual therapy, residential care, emergency shelter care, and legal representation services.

Clientele: Services to individual children are emphasized. Clients are drawn from mixed-income rural, suburban, urban, and inner-city areas. As of July 1, 1975, the program was expanded to include neglected as well as abused children.

Staffing: The program staff consists of child welfare personnel, homemaker specialists, program evaluators, and social workers.

Organization: The Governor of the State of Illinois oversees the program. A program evaluation unit is being organized.

Coordination: All case information is shared with the Department of Children and Family Services. Medical and legal authorities, social service agencies, schools, concerned in-

dividuals, and clients themselves are the major referral sources. Cases are reported by name to the legal authorities, juvenile services, health departments, and to a central registry maintained by the Department of Children and Family Services.

Funding: During the last fiscal year, direct federal and state funds accounted for approximately 75 and 25 percent of the program finances, respectively.

CP-01794

Lutheran Welfare Services of Illinois, Peoria.
815 N. Western Rd.
Peoria, IL 61604
Welfare Services.
D. A. Johnson.
Aug 75.

Services: A part of the program scope deals with child abuse and neglect. Parents and families are directly provided with social work counseling, individual and group therapy, and family and couples counseling. Residential care and foster care are purchased from other programs. Lay therapy, Parents Anonymous, homemaking and health counseling, employment, housing, welfare and family planning assistance, and medical care are available to parents via referral. Day care, therapeutic day care, medical care, and specialized therapy are available to children by referral.

Clientele: Parents and families served are drawn from low-income, urban and inner-city areas.

Staffing: A social worker serves the program.

Organization: The administering organization is private and non-profit. An evaluation mechanism is being developed in cooperation with the Illinois Department of Child and Family Services.

Coordination: All cases served by the program are direct referrals from the Child Abuse Team, Illinois Department of Children and Family Services. Reports are made to the Department's central registry and to legal authorities.

CP-01795

Lutheran Welfare Services of Illinois, Peoria.
815 N. Western
Peoria, IL 61604
Child Abuse Counseling.
D. A. Johnson, and J. Garland.
Aug 75.

Services: Part of the program scope focuses on child abuse and neglect. Services in the areas of prevention and treatment are available. Social work counseling, family counseling, and individual therapy are offered directly to parents. Parents Anonymous, homemaking services, health counseling, family planning assistance, medical care, and welfare services are obtainable through referrals. Children receive foster care and individual therapy services directly. Day care, medical care, individual therapy, and foster care services are furnished through referrals.

Clientele: Individual children, individual parents, and families account for approximately 10, 50, and 40 percent of the total clientele, respectively. Clients are drawn from low-income urban and inner-city areas.

Staffing: The program staff consists of social workers.

Organization: Quarterly evaluations of goals and progress made toward achieving them are conducted.

Coordination: Government social service agencies are the major referral sources. Cases are reported by name to the juvenile services and to a central registry maintained by the Illinois Department of Children and Family Services.

Funding: Most of the program finances will arise from state-administered federal funds.

CP-01796
National Committee for Prevention of Child Abuse, Chicago, Ill.
111 E. Wacker Dr. 510
Chicago, IL 60601
National Committee for Prevention of Child Abuse.
B. Fraser.
1972.

Services: The Committee provides public awareness, education, and national coordination of organizations concerned with the prevention of child abuse. The Committee intends to extend itself into each of the 10 Department of Health, Education, and Welfare regions.

Clientele: The program deals with professionals, paraprofessionals, and lay public (volunteers) throughout the nation.

Staffing: A lawyer, a training specialist, 2 journalists, and a volunteer serve the program on a full-time basis.

Organization: The Committee's Board of Directors consists of directors of many child abuse programs which are national in scale. Internal evaluation is performed monthly by the Executive Director and semiannually by the Board.

Coordination: Information is shared with all interested programs who deal directly or peripherally with child abuse and neglect.

Funding: The program's income came from personal donations during the last fiscal year.

CP-01797
Naval Regional Medical Center, Great Lakes, Ill.
Great Lakes, IL 60088
Child Advocacy Program.
A. C. Wilson.
Jan 74.

Services: The program is primarily concerned with child abuse and neglect. Families are provided with family counseling and medical care. Children are provided with medical care and referred for individual therapy and specialized therapy.

Clientele: The program serves primarily children from suburban areas.

Staffing: The program staff includes nurses and pediatricians.

Organization: The hospital is under the supervision of the Bureau of Medicine and Surgery, Navy Department, Washington, D.C.

Coordination: Cases are usually referred by private physicians, parents, and neighbors. Cases are reported to social and welfare services. The program plans to work more with civil agencies in the future.

CP-01798
Saint Mary's Services, Chicago, Ill.
5725 N. Kenmore
Chicago, IL 60660
Specialized Child Welfare.
A. D. Kraft.
1894.

Services: The program focuses, in part, on child abuse and neglect. In addition to its child therapy program, a maternity service and an infant adoption service are offered directly. Psychoanalytic consultation is also available. One of the program's objectives is to prevent personality disturbances in young children. Services, thus, are available to all children and their families regardless of income.

Clientele: Clients are drawn from the Metropolitan Chicago area. Child therapy is offered to children under 13 years.

Staffing: The staff is composed of psychiatric social workers.

Organization: The program is a private, non-profit child welfare agency licensed by the State of Illinois. It is governed by a Board of Trustees.

Coordination: Referrals can only be accepted

from a parent or legal guardian. Additional information may be provided by clergy, teachers, pediatricians, social workers, or other interested persons with parental consent.

CP-01799
United Methodist Children's Home, Mt. Vernon, Ill.
2023 Richview Rd.
Mt. Vernon, IL 62864
United Methodist Children's Home.
M. R. Farmer.
1921.

Services: The program is partially concerned with child abuse and neglect. Social work counseling and professional counseling are available directly to ease tensions between parents and children. Group therapy, play therapy, individual therapy, foster care, recreation, and residential care are provided directly to children. The Home also places children with foster families. The children's public education is supplemented by special training for persons with learning disabilities and a regular tutorial program. The program is based on behavior modification, using allowances and privileges as incentives. Individual evaluations are performed weekly.

Clientele: The program serves children, individually and in groups, from rural and urban areas and from mixed-income levels.

Staffing: The program staff includes child welfare personnel, a psychologist, a social worker, and teachers.

Organization: The home is under the supervision of the Southern Illinois Conference of the United Methodist Church. The program is evaluated by the Church's National Board of Health and Welfare and by the State Division of Children and Family Services.

Coordination: Cases are usually referred by hospitals, social service agencies, courts, or parents.

Funding: During the last fiscal year approximately 60 percent of the program was funded by the state and 40 percent through private sources.

Indiana

CP-01800
Family Service Association of Indianapolis, Ind.
615 N. Alabama St.
Indianapolis, IN 46204
Homemaker Service.
J. N. Miller, and D. Miller.

Services: Part of the program scope focuses on child abuse and neglect. Treatment services are emphasized. Social work counseling, family counseling, and homemaking services are offered directly to parents; individual therapy is obtainable by referral. Children receive in-home care services directly.

Clientele: Family units are served. Clients are drawn from mixed-income suburban, urban, and inner-city areas.

Staffing: The program staff consists of family counselors, homemaker specialists, and social workers.

Organization: The administering organization is governed by its Board of Directors.

Coordination: Medical authorities, social services agencies, parents, relatives outside the immediate family, neighbors, and clients themselves are the major referral sources.

CP-01801
Porter County Dept. of Public Welfare, Valparaiso, Ind.
157 Franklin St.
Valparaiso, IN 46383
Porter County Public Welfare.
T. St. Myer, and J. Koskey.
1968.

Services: A part of the program scope focuses on child abuse and neglect. Social work counseling, Parents Anonymous, family counseling, individual therapy, homemaking services, welfare assistance, and family planning are provided to parents and families directly. Individual therapy and psychological testing are purchased. Children are directly offered day care, medical care, individual therapy, foster care, and residential care. Some of these and specialized therapy are also available by purchase. More staff will be added to improve follow-up.

Clientele: Individual children, children in groups, parents individually and in groups, and families are served. They come from mixed-income suburban and urban areas.

Staffing: Child welfare personnel serve the program.

Coordination: Information is shared with all involved agencies. Case referral sources include medical authorities, government social service agencies, schools, police, relatives, and neighbors. Cases are reported to police and welfare authorities by name.

CP-01802
Suspected Child Abuse and Neglect (SCAN), Fort Wayne, Ind.
227 E. Washington Blvd.
Fort Wayne, IN 46802
SCAN.
D. W. Fry.
May 72.

Services: The program has educational, diagnostic, research, and legal functions. Lay therapy, telephone hot line, and Parents Anonymous services are offered directly to parents. Parents referred to other programs for group therapy, couples counseling, family counseling, individual therapy, child management classes, family planning assistance, and social work counseling. Children receive individual therapy services directly or by referral. Follow-up is maintained through weekly phone contacts with hot line workers and Parents Anonymous.

Clientele: Services to individual parents and parents in groups are stressed. During the last fiscal year, identification, prevention, treatment, and follow-up services were provided to 100, 22, 38, and 20 individual parents, respectively. Prevention and follow-up services were provided to 3 parents in groups during the same period.

Staffing: The program staff consists of a coordinator. A policy board is composed of representatives from the Welfare Department, United Way, Mental Health Center, hospitals, schools, physicians, Child Care of Allen County, 4C, Park Department Outreach, Three Rivers Neighborhood Services, family agencies, visiting nurses, attorneys, other agencies and interested individuals.

Organization: United Way of Allen County directly governs the program. Program evaluation is maintained through written reports submitted to the governing organization as well as through personal interviews with representatives from the governing organization.

Coordination: Private physicians, social service agencies, schools, siblings, relatives outside the immediate family, the program diagnostic team, and victims are the major referral sources. Cases are reported by name to the legal authorities, juvenile services, social services, and health departments. Information on child and family needs is shared with Three Rivers Neighborhood Services and with Family

Counseling Agencies and Mental Health Center. Information on the progress of referrals is shared with the Allen County Welfare Department.

Funding: During the last fiscal year, city and private funds provided 96 and 4 percent of the program's income, respectively.

Michigan

CP-01803

Child and Family Service of the Upper Peninsula, Marquette, Mich.

Drawer A

Marquette, MI 49855

Child and Family Services.

L. H. Sidwell, and R. D. Bernard.

Services: Part of the program is focused on child abuse and neglect. Social work counseling, Parents Anonymous, couples counseling, family counseling, individual therapy, family planning assistance, and residential care are provided for families. Individual therapy, foster care, and residential care are provided for children. Clients are also referred for employment assistance, welfare assistance, and family planning assistance.

Clientele: Clients are from all income levels and primarily from rural, suburban, and urban areas.

Staffing: The program is staffed by social workers.

Organization: The program is supervised by Child and Family Services of Michigan, Inc. The program is evaluated by the Michigan Department of Social Service and the Child Welfare League.

Coordination: Cases are usually referred by private physicians, government social service agencies, schools, courts, and parents, and through self-referrals.

CP-01804

Child and Family Services of Michigan, Inc., Port Huron, Thumb Area.

717 Griswold

Port Huron, MI 48060

Child Abuse and Neglect Project.

W. L. Clark.

Nov 75.

Services: The program is directed primarily at child abuse and neglect. Social work counseling, lay therapy, and couples counseling are offered for parents. Play therapy and foster care are provided directly to children.

Clientele: The program serves primarily middle- and upper-income rural families and children.

Staffing: The program is staffed by child welfare personnel.

Organization: This program is operated on a private, nonprofit basis.

Coordination: Cases are usually referred by private physicians, social service agencies, siblings, and neighbors. Cases are reported by gross numbers to other social service agencies. Some staff are shared with Child Welfare Services.

CP-01805

Detroit City Executive Office, Mich.

1 Woodward Ave.

Detroit, MI 48226

Demonstration Project on Child Abuse and Neglect.

G. Bell.

1976.

Services: Couples counseling, family planning assistance, medical care, homemaking, and legal services will be offered directly to parents, with a wide range of special, social, health, and

welfare services obtainable through referrals. Social work counseling services will be purchased for parents from another program. Children will receive day care, medical care, individual therapy, and legal services directly, with a wide range of child care and child health services furnished through referrals.

Clientele: Individual children, children in groups, individual parents, parents in groups, and families will be served. Clients will be drawn from inner-city areas.

Staffing: The program staff is expected to consist of child welfare personnel, family counselors, homemaker specialists, lawyers, lay therapists, nurses, pediatricians, program evaluators, psychiatrists, psychologists, research specialists, and social workers.

Organization: Program evaluations will be conducted by a local university.

Coordination: Medical and legal authorities, social service agencies, schools, concerned individuals, and victims will be the major referral sources. Cases will be reported to the legal authorities, juvenile and social services, health departments, schools, hospitals, and to a state central registry.

Funding: Direct federal funds will account for most of the program finances.

CP-01806

Eagle Boys Village, Inc., Hersey, Mich.

Rt. 1 Box 300

Hersey, MI 49639

Eagle Boys Village.

K. R. Hainley.

May 69.

Services: The program is partially concerned with child neglect. Social work counseling, family counseling, individual therapy, and couples counseling are provided for families. Individual therapy, foster care, and residential care are provided for children. Therapeutic day care is purchased. Individual therapy and specialized therapy for children are also provided through referrals. Extensive follow-up is maintained.

Clientele: The program works primarily with children in groups, but provides some individual attention for both parents and children. During the last fiscal year more than 80 children and 50 parents were served. The program plans to work with more family units in the future. Future plans also include providing services to girls as well as boys.

Staffing: The program staff includes child welfare personnel, social workers, and teachers.

Organization: The program is operated on a private, nonprofit basis. Evaluation is performed internally at monthly staff meetings and by the Department of Social Services as a licensing procedure.

Coordination: Cases are referred by social service agencies, schools, law enforcement agencies, courts, and parents. Cases are reported to juvenile services, social welfare services, and the state central registry.

Funding: During the last fiscal year approximately 30 percent of the program was funded with state funds, 40 percent with state-administered federal funds, 20 percent with county funds, and 10 percent with foundation money.

CP-01807

Family and Child Services, Inc., Lansing, Mich.

300 N. Washington

Lansing, MI 48933

Ingham County Child Abuse and Neglect Project.

H. Cooper.

1974.

Services: The main thrust of the program is coordination of agency and community efforts. Direct services include social work counseling, outreach via parent aide services, Parents

Anonymous, and parent education. Plans for the future include continuous improvement in direct services by maintaining multidisciplinary teams, provision of formal training to professionals and volunteers, generation of community involvement, and attraction of new monies to facilitate regional expansion.

Clientele: From November 1974 to July 1975, 45 families were served by the multidisciplinary teams; 20 were involved with the parent aide program; 16 were in Parents Anonymous; and 20 were in the parent education classes.

Staffing: A program coordinator and a case aide staff the program full time. Other staff derived from the community include parent aide volunteers, treatment personnel, an active legislative committee, parenting instructors, and various consultants.

Organization: An interagency child abuse council and the Ingham County Board of Commissioners are the primary sponsors of the program. The council has 60 members.

Coordination: Junior League and Catholic Social Services provide parent aide volunteers; Department of Social Services funds treatment personnel; a Civitan club sponsors legislative activities; and Lansing Community College and Michigan State University provide instruction and resources. Case referral sources include Protective Services, Family and Child Services, the parent aide program, and hospitals. Other sources are schools, police, physicians, and concerned citizens.

Funding: The program's budget is met by county revenue sharing, the Junior League, Michigan Department of Social Services, the City of Lansing, and Catholic Social Services.

CP-01808

Flint-Genesee County Community Coordinated Child Care Association, Inc., Flint, Mich.

965 E. Seventh St.

Flint, MI 48503

Child Abuse Basic Demonstration Project.

W. Wolosuk.

Jul 75.

Services: Most of the program scope encompasses child abuse and neglect. The primary types of services are coordination and technical assistance to those agencies which provide direct services to abusive families, or which have direct impact on them.

Clientele: Agencies concerned with child abuse and neglect are the major clients.

Staffing: The program staff consists of a child abuse program coordinator.

Organization: The program is conducted on a private, nonprofit basis, and is governed by its own policy board. Internal evaluation is informal. The granting source evaluates the program annually.

Coordination: A wide range of information is shared with member agencies, including the following: identification of problem areas, program developments of member agencies, funding sources, relevant pending legislation, and statewide and nationwide trends in child abuse work. Incorporation of the local Child Abuse Consortium is anticipated.

Funding: During the last fiscal year, most of the program's finances were granted by DeWaters Trust.

CP-01809

Mecosta County Dept. of Social Services, Big Rapids, Mich.

400 Elm St.

Big Rapids, MI 49307

Protective Services - Abuse and Neglect.

B. F. Belcher, and D. Ball.

Aug 70.

Services: Most of the program scope focuses on child abuse and neglect. Social work counseling, couples counseling, family counseling, homemaking, child management classes, em-

ployment assistance, and housing assistance services are offered directly to parents. Parents Anonymous, individual therapy, health counseling, welfare assistance, family planning assistance, and medical care are obtainable through referrals. Children receive day care and foster care services directly. They receive medical care, play therapy, individual therapy, and specialized therapy through referrals. Follow-up is maintained through home visits conducted on a weekly to annual basis and through biweekly office visits by the family. The program formerly served only all child abuse and ADC neglect cases; the program now serves all child abuse and neglect cases.

Clientele: Individual children, individual parents, and families account for 10, 5, and 85 percent of the total clientele, respectively. Clients are drawn from low-income rural areas.

Staffing: The program consists of child welfare personnel, homemaker specialists, program evaluators, and social workers.

Organization: The administering organization is governed by the Michigan Department of Social Services. Services are evaluated through weekly case conferences conducted by program supervisor and through random case readings conducted by a regional specialist. Services are evaluated annually by the state.

Coordination: Medical authorities, government social service agencies, schools, law enforcement agencies, siblings, relatives outside the immediate family, neighbors, and victims are the major referral sources. Cases are reported by name to the legal authorities, social services, and to a central registry maintained by the Michigan Department of Social Services. Relevant case information is shared with the Mecosta County Juvenile Court and with the Central Michigan Mental Health Clinic. Personnel are shared with Foster Care and Adoption, Family Services, and Adult Services.

Funding: During the last fiscal year, the program was financed through state, state-administered federal, and county funds.

CP-01810

Michigan Univ., Ann Arbor, Dept. of Pediatrics,
Ann Arbor, MI 48109

Mott Children's Hospital Suspected Child Abuse and Neglect (SCAN) Team.

H. M. Hildebrandt.
Jul 71.

Services: Most of the program scope encompasses child abuse and neglect. Services in the areas of identification and treatment are available. Social work counseling, family counseling, and medical care are offered directly to parents. Educational services on child abuse and neglect are provided to community organizations. Children receive medical care services directly.

Clientele: Individual children, individual parents, and families are served. During the last fiscal year, identification services were provided to 111 individual children. Clients are drawn from mixed-income, rural, suburban, and urban areas.

Staffing: The program staff consists of pediatricians, psychiatrists, and social workers.

Organization: The administering organization is governed by the Regents of the University of Michigan. An annual report is prepared for evaluatory purposes.

Coordination: Medical authorities, social service agencies, schools, law enforcement agencies, parents, relatives outside the immediate family, neighbors, and prospective clients are the major referral sources. Cases are reported by name to social service authorities. Staff members are shared with the University of Michigan Interdisciplinary Program on Child Abuse and Neglect.

Funding: During the last fiscal year, the university and the hospital provided approximately 25 and 75 percent of the program finances, respectively.

CP-01811

Montmorency County Dept. of Social Services,
Lewiston, Mich.

Box 201 Kneeland St.
Lewiston, MI 49756

United People, Inc.

S. E. Paredes, and B. Nickert.
Mar 75.

Services: Part of the program scope involves abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are provided by the program. Parents may receive social work counseling, group therapy, couples counseling, family counseling, individual therapy, and health counseling directly; employment, housing, welfare, and family planning assistance are obtained through referrals. Children may receive individual therapy directly from the program; foster care and residential care are obtained through referrals. Follow-ups are conducted at 3, 6, and 12 months after case termination as part of the Client Review Assessment Project.

Clientele: Individual children, individual parents, and families from low-income rural areas are served by the program.

Staffing: A lay therapist staffs the program.

Organization: Program operations are supervised by the Michigan Department of Social Services. A purchase of service specialist from the department office at Traverse City evaluates service delivery at monthly and quarterly intervals.

Coordination: Government social service agencies, relatives, and neighbors are the major referral sources for the program; reports by name, identifying code, and gross numbers are made to social welfare services and state central registry, respectively. Referral sources, conference material, and helper tapes are shared with the parent organization.

Funding: Seventy-five and 25 percent of the operating budget consists of state and state-administered federal funds, respectively.

CP-01812

Ontonagon County Dept. of Social Services,
Ontonagon, Mich.

601 Trap St.

Ontonagon, MI 49853

Child Welfare Services.

V. K. White, and J. P. LaSota.

Services: Part of the program scope encompasses child abuse and neglect. Services in the areas of treatment and follow-up are available. Social work counseling, family counseling, individual therapy, health counseling, family planning assistance, medical care, residential care, and welfare services are offered directly to parents; many of the above services are also available through referrals. Social work counseling, individual therapy, and residential care services are also purchased for parents from other programs. Children receive day care, medical care, foster care, residential care, and placement services directly or through referrals. Medical care, foster care, and residential care services are also purchased for children from other programs. Periodic follow-up is maintained by the Child Care Placement Information System.

Clientele: Individual children and families are served. During the last fiscal year, treatment and follow-up services were provided to 30 individual children and to 25 families. Clients are drawn from low-income rural areas.

Staffing: The program staff consists of child welfare personnel.

Organization: The administering organization is governed by the Michigan Department of Social Services. Program evaluations are conducted by the governing agency.

Coordination: Social service agencies, courts, parents, and victims are the major referral sources. Cases are reported by name, identifying code, and gross numbers to the social services and to a state central registry. Relevant in-

formation is shared with the Probate Courts.

Funding: State and state-administered federal funds accounted for most of the program finances in the last fiscal year.

CP-01813

Tri-County Community Mental Health, Lansing,
Mich.

401 W. Greenlawn

Lansing, MI 48910

Community Mental Health Suspected Child Abuse and Neglect Program.

A. L. Evans, and G. DeRath.
Jan 75.

Services: Parents Anonymous, couples counseling, family counseling, and individual therapy are provided to parents; play therapy and individual therapy are provided to children. The program began as a planning and training effort but has become service oriented.

Clientele: The client profile during the last fiscal year included 65 percent individual parents, 20 percent parents in groups, 5 percent individual children, and 10 percent families. Clients are drawn from low-income urban areas.

Staffing: Psychologists staff the program.

Organization: The administering organization is a public, county agency serving Ingham, Eaton, and Clinton counties.

Coordination: Case progress information is shared with the Child Abuse Project and Protective Services. Case referral sources include hospitals, government social service agencies, schools, courts, and clients themselves.

Funding: The program was entirely county supported during the last fiscal year.

Ohio

CP-01814

Clark County Dept. of Welfare, Springfield,
Ohio, Div. of Family and Children Services,

525 E. Home Rd.

Springfield, OH 45503

Protective Services.

R. E. Rockwell, and L. M. Murphy.
Jan 72.

Services: Social work counseling, group therapy, couples counseling, family counseling, individual therapy, and housing assistance services are offered directly to parents. Referrals and purchases provide social work counseling, couples counseling, family counseling, health counseling, medical care, residential care, welfare services, group therapy, individual therapy, homemaking, child management classes, and family planning assistance. Children receive medical care, play therapy, individual therapy, foster care, and residential care services directly. They receive medical care, individual therapy, specialized therapy, foster care, and residential care services through referrals or purchase. Follow-up is maintained by direct and collateral contacts. The formation of a child abuse evaluation team and the creation of a treatment program for abuse and neglect under contract services are anticipated.

Clientele: During the last fiscal year, identification and prevention services were provided to 1,633 individual children, 1,213 individual parents, and 920 families. In the same period, treatment and follow-up services were provided to 817 individual children, 607 individual parents, and 460 families. Clients are drawn from mixed-income suburban and urban areas.

Staffing: The program staff consists of child welfare personnel, dentists, doctors, pediatricians, psychologists, social workers, teachers, and child care personnel.

Organization: The administering organization is governed by the Ohio Department of Public Welfare, which reviews program planning.

Coordination: Medical and legal authorities,

social service agencies, schools, concerned individuals, and victims are major referral sources. Cases are reported by name to the legal authorities and to a central registry maintained by the Ohio Department of Public Welfare. Relevant case information is shared with the Family Service Agency, the Clark County Comprehensive Mental Health Center, and the Juvenile Court. Services are purchased from several county agencies. State, state-administered federal, county, and private funds provide 11, 51, 37, and 1 percent of the program income, respectively.

CP-01815

Delaware County Dept. of Welfare, Delaware, Ohio. Children's Services Div.
109 N. Sandusky St.
Delaware, OH 43015
Child Welfare Program.
N. Perry, and R. D. Harvey.

Services: Most of the program scope encompasses child abuse and neglect. Social work counseling, couples counseling, family counseling, medical care, and employment, housing, and welfare services are offered directly to parents. Parents Anonymous is available by referral. Social work counseling, group therapy, couples counseling, family counseling, individual therapy, homemaking services, health counseling, employment assistance, family planning assistance, and residential care are purchased for parents from other programs. Children receive day care, medical care, and foster care services directly. Individual therapy, specialized therapy, and residential care are purchased for children from other programs. Follow-up is maintained through monthly to annual direct contact with clients.

Clientele: During the last fiscal year, identification, prevention, treatment, and follow-up services were provided to 110, 10, 50, and 30 individual children, respectively; treatment services were also provided to 20 children in groups, 30 individual parents, and 30 families. During the same period, prevention services were provided to 100 individual parents and 10 families; and follow-up services were provided to 10 families. Clients are drawn from low-income, rural and suburban areas.

Staffing: The program staff consists of child welfare personnel.

Organization: The administering organization is governed by the Delaware County Board of Commissioners and by the Ohio Department of Public Welfare. The performance of child welfare personnel is evaluated by supervisory staff. The supervisory staff is evaluated by the governing organizations.

Coordination: Medical and legal authorities, social service agencies, schools, concerned individuals, and prospective clients are the major referral sources. Cases are reported by name to legal authorities, social services, and to a central registry maintained by the Ohio Department of Public Welfare. Mental health services are purchased from the Mental Health Clinic and family planning services are purchased from Planned Parenthood of Central Ohio.

Funding: During the last fiscal year, state, state-administered federal, and county funds accounted for approximately 10, 10, and 80 percent of the program finances, respectively.

CP-01816

Federation for Community Planning, Cleveland, Ohio.
1001 Huron Rd.
Cleveland, OH 44115
Council on Children at Risk.
G. K. Freedheim,
Nov 75.

Services: The program focuses primarily on child abuse and neglect. The Council serves as a vehicle for the coordination and mobilization

of resources in the Greater Cleveland area required to effect an integrated approach to the problem of child abuse and neglect in Cuyahoga County. The main Council objective is the implementation of a Comprehensive Plan for a Community Approach to the Problem of Child Abuse and Neglect which includes the following components: early detection, comprehensive diagnosis, treatment modalities, child advocacy, and education and training.

Clientele: The program is designed to serve and assist community agencies in developing child abuse and neglect services.

Staffing: The program is staffed by the Federation for Community Planning.

Organization: The Council is a committee of the Health Planning and Development Commission of the Federation for Community Planning.

Coordination: The Council works closely with many community agencies engaged in controlling child abuse and neglect.

Funding: The George Gund Foundation has provided some of the program finances.

CP-01817

Hamilton County Dept. of Welfare, Cincinnati, Ohio.

628 Sycamore St.
Cincinnati, OH 45202

Group Home Program.

S. Matlow, and D. Jazwinski.

Services: Part of the program scope is focused on abuse and neglect. Direct services to parents include social work counseling, group therapy, family counseling, individual therapy, and residential care. Most of the above services plus medical care are available through purchases; homemaking services, health counseling, employment assistance, housing assistance, and welfare assistance are available through referrals. Individual therapy and residential care are available directly to children; medical care and specialized therapy are available through purchases; and referrals may be used for some specialized therapy.

Clientele: Individual children, children in groups, and families constitute 75, 20, and 5 percent of the clients, respectively. Clients are typically drawn from low-income urban and inner-city areas.

Staffing: Child welfare personnel, lay therapists, and social workers comprise the program staff. A coordinator is shared with other residential programs.

Organization: The program is supervised by the Hamilton County Commissioners. Evaluations are performed by in-house staff and also by a court review board.

Coordination: All cases handled by the program are the result of in-house referrals; active cases are reported to the parent social welfare agency. Follow-ups of cases are conducted by the Protective Services division, as needed.

Funding: County funds support the program operations.

CP-01818

Hamilton County Dept. of Welfare, Cincinnati, Ohio.

628 Sycamore St.
Cincinnati, OH 45202

Services to Unmarried Parents.

B. Elliott, and T. Elliott.
1975.

Services: Abuse and neglect form only part of the program scope. Social work counseling is available directly to parents, while many health, special, social, and welfare services are available through purchase and referral. Specialized therapy is available directly to children; medical care is obtainable through purchases and referrals.

Staffing: A psychiatric social worker comprises the program staff.

Clientele: The clients served are typically in-

dividual parents and individual children from low-income urban and inner-city areas.

Organization: The administering organization is supervised by the Hamilton County Board of Commissioners. The primary focus of the administering organization is on mental health and social service.

Coordination: Hospital personnel, private social service agencies, and self-referrals are the main sources for case referrals to the program. The parent social service agency is notified of active cases. Information concerning the mental and emotional status of mothers is shared with the Cincinnati General Hospital.

Funding: State and state-administered federal funds were the primary funding sources in the last fiscal year.

CP-01819

Pike County Children Services Board, Waverly, Ohio.

330 E. North St.
Waverly, OH 45690

Pike County Children Services.

A. S. Kohler.
1887.

Services: Part of the program scope focuses on child abuse and neglect. Services in the areas of identification and follow-up are available. Social work counseling, couples counseling, family counseling, and family planning assistance services are offered directly to parents. They are referred to other programs for couples counseling, family counseling, individual therapy, homemaking, health counseling, residential care, medical care, family planning assistance, and welfare services. Group therapy, individual therapy, and medical care are purchased for parents from other programs. Children receive foster care, adoption, transportation, and protective services directly. Medical care, individual therapy, specialized therapy, transportation, and residential care are available to them by referral. Medical care, individual therapy, and foster care services are also purchased for children from other programs. Follow-up is maintained through home visits conducted on at least a quarterly basis.

Clientele: Individual children and families are served. During the last fiscal year, identification and follow-up services were provided to 371 and 565 individual children, respectively, and to 183 and 243 families, respectively. Clients are drawn from mixed-income, rural, and urban areas.

Staffing: The program staff consists of social workers.

Organization: Program services purchased by the County Welfare Department under Title XX are evaluated.

Coordination: Medical and legal authorities, government social service agencies, schools, concerned individuals, and prospective clients are the major referral sources. Cases are reported by name to a central registry maintained by the Ohio Department of Public Welfare. Cases are reported by gross numbers only to the legal authorities and the Ohio Department of Public Welfare. Demographic information is shared with the Pike County Department of Public Welfare. Individual and group psychological counseling services are purchased from the Scioto Paint Valley Guidance Center.

Funding: During the last fiscal year, direct federal, state, state-administered federal, and county funds accounted for approximately 10, 6, 65, and 19 percent of the program finances, respectively.

CP-01820

Starr Commonwealth for Boys, Inc., Van Wert, Ohio,
R.R. 2 Box 84
Van Wert, OH 45891
Starr Commonwealth for Boys.
A. E. Ness.
1951.

Services: The program is primarily concerned with neglect. Families are provided with social work counseling and family counseling. Boys are provided with residential care and group therapy directly. The program emphasizes a total positive peer culture approach. Medical care is purchased for the boys. Follow-up is maintained by telephone contact on a 3- to 6-month basis.

Clientele: Services are provided primarily for children from metropolitan areas and all income levels.

Staffing: The program staff consists of child welfare personnel, a nutritionist, social workers, and teachers.

Organization: The program is operated on a private nonprofit basis. Evaluation is performed by testing attitude changes upon arrival and departure. The child's academic advancement and success after leaving the institution are also assessed.

Coordination: Cases are usually referred by social service agencies, law enforcement agencies, and courts. Cases are reported to juvenile services, social welfare services, and the State Welfare Department.

Funding: Approximately 50 percent of the program's support is provided by public agencies. The remainder is provided by foundation support and personal donations.

Wisconsin**CP-01821**

Madison Public Schools, Wis.
545 W. Dayton St.
Madison, WI 53703
Madison Public Schools Child Abuse and Neglect Referral Procedure.
J. E. Jirsa.
Dec 74.

Services: Most of the program scope encompasses child abuse and neglect. Services in the areas of identification and follow-up are available. Social work counseling is available directly to parents; referrals furnish social, human, health, and welfare services. Children receive child care and child health services through referrals. Follow-up is maintained through daily phone contacts until the case is resolved. The addition of an in-service training program on child abuse and neglect for representatives of each middle and elementary school is anticipated.

Clientele: Services to individual children are stressed. During the last fiscal year, identification and follow-up services were provided to 12 individual children. Clients are drawn from mixed-income, suburban, urban, and inner-city areas.

Staffing: The program staff consists of psychologists.

Organization: The administering organization is governed by the Wisconsin Department of Public Instruction. In-house program evaluation is accomplished through informal staff meetings.

Coordination: Schools, neighbors, and victims are the major referral sources. Cases are reported by name to the social services. Results of conferences and training sessions are

shared with the Midwest Parent-Child Welfare Resource Center.

CP-01822

Outagamie County Dept. of Social Services,
Appleton, Wis.
401 S. Elm
Appleton, WI 54911
Child Protection Unit.
R. E. Russman, and L. H. Tremble.

Services: Part of the program scope focuses on child abuse and neglect. Social work counseling, group therapy, couples counseling, family counseling, individual therapy, and legal services are offered directly to parents. Children receive individual therapy, foster care, and group counseling services directly. Foster care and group counseling are also available to children through referrals. The development of a community education program is anticipated.

Clientele: Individual children, children in groups, individual parents, and families are served. During the last fiscal year, identification services were provided to 550 individual children, 400 individual parents, and 300 families. Prevention, treatment, and follow-up services were provided to 400 individual children, 300 individual parents, and 250 families. Clients are generally drawn from low-income, urban and rural areas.

Staffing: The program staff consists of child welfare personnel and social workers.

Coordination: Medical and legal authorities, social service agencies, schools, concerned individuals, and prospective clients are the major referral sources. Cases are reported by name to legal authorities, juvenile services, social services, health departments, schools, private citizens, relatives, and a state central registry. Improved reporting communication with law enforcement agencies is anticipated.

Funding: During the last fiscal year, county funds accounted for most of the program's income.

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Arkansas

CP-01823

Youth Home, Inc., Little Rock, Ark.
1921 W. 22nd
Little Rock, AR 72202
Youth Home,
C. Smalley.
Feb 68.

Services: Most of the program scope encompasses child abuse and neglect. Social work counseling, couples counseling, family counseling, individual therapy, and residential care services are offered directly to parents. Children (primarily adolescents) receive individual therapy, residential care, group therapy, medical care, and employment assistance services directly. A follow-up program is being developed and will be utilized as needed.

Clientele: Individual children, children in groups, individual parents, parents in groups, and families are served. Clients are drawn from mixed-income rural, suburban, urban, and inner-city areas.

Staffing: The program staff consists of 1 full-time child welfare worker, 2 full-time psychiatric social workers, 1 consultant psychiatrist, and 1 consultant psychologist. Volunteer dentists and doctors are also utilized.

Organization: The administering organization is governed by its Board of Directors. An evaluation design is currently being developed by the Arkansas Graduate School of Social Work.

Coordination: Medical and legal authorities, social service agencies, schools, concerned individuals, and clients themselves are the major referral sources. Cases are reported by name and identifying code to social services authorities.

Funding: During the last fiscal year, state-administered federal and private funds accounted for approximately 75 and 25 percent of the program finances, respectively. Private funds came from foundations, personal donations, and fees from individual clients. The Youth Home Auxiliary also assisted in funding.

Louisiana

CP-01824

Ascension Parish Div. of Family Services,
Donaldsonville, La.
P.O. Box 590
Donaldsonville, LA 70346
Social Services Program.
C. M. Ganel, and G. P. Ramirez.
Sep 72.

Services: Part of the program scope focuses on child abuse and neglect. Services in the areas of identification, prevention, and follow-up are available. Social work counseling, family counseling, and homemaking services are offered directly to parents. They are referred to other programs for group therapy, family counseling, individual therapy, health counseling, family planning assistance, medical care, and welfare services. Children receive day care, medical care, and foster care services directly, and are referred to other programs for medical care, individual therapy, and specialized therapy. Individual therapy and specialized therapy services are also purchased for children from other programs. Follow-up is maintained through weekly home visits and through monthly telephone contact and written correspondence.

Clientele: Individual children, individual parents, and families are served. Clients are drawn from mixed-income rural and urban

areas.

Staffing: The program staff consists of child welfare personnel, homemaker specialists, and social workers.

Organization: The administering organization is governed by the Louisiana Division of Family Services. Program evaluation is undertaken via the Social Services Management System of the governing organization.

Coordination: Background information on the family and its present situation is shared with the Division of Youth Services, the Division of Health, and the Division of Mental Health. Homemaker specialists are shared with the Iberville Parish Division of Family Services. Hospitals, social service agencies, schools, legal authorities, concerned individuals, and victims are the major referral sources. Cases are reported by name to the legal authorities and to a central registry maintained by the governing organization.

Funding: During the last fiscal year, most of the program finances arose from state and state-administered federal funds.

CP-01825

East Baton Rouge Parish Div. of Family Services, La.
1928 Riverside North Box 3098
Baton Rouge, LA 70821
East Baton Rouge Protective Services.
K. A. Devillier, and J. O'Neill.
Jan 73.

Services: The program scope has shifted from handling abused and neglected children to only neglected children since September 1974. Services in the areas of identification, prevention, treatment, and follow-up are available. Parents may receive social work counseling, homemaker services, and welfare assistance directly, while family planning assistance is obtained through purchases. Comprehensive human, health, social, and welfare services are offered through referrals. Children may receive day care directly or through purchases. Residential care may be obtained through purchases or referrals; referrals provide for individual therapy and specialized therapy. Follow-ups are conducted through monthly home visits, fortnightly telephone contacts, and collateral contacts as needed.

Clientele: Families from mixed-income urban, suburban, rural, and inner-city areas are served by the program.

Staffing: Social workers and a community activity worker comprise the program staff.

Organization: The administering organization is supervised by the Louisiana Health and Human Resources Administration, which also monitors program operation.

Coordination: Cases are reported to the program by medical authorities, social service agencies, schools, legal authorities, and concerned individuals. Active cases are identified by name and reported to the judiciary and social welfare services. Identifying codes are reported to the state central registry and National Clearinghouse for Child Neglect and Abuse in Denver. Social data for litigation purposes are shared with the East Baton Rouge Family Court, and pertinent case material for abuse investigation is shared with the East Baton Rouge Child Protection Center.

Funding: One quarter of the program income is contributed by the state; the remainder is derived from state-administered federal funds.

CP-01826

Louisiana State Div. of Family Services, New Orleans.
2601 Tulane Ave.
New Orleans, LA 70119
Child Protection Services.
E. T. Lewis.
Jan 73.

Services: The program focuses primarily on child neglect. Direct services to families include social work counseling, homemaking services, health counseling, and day care. Some of these services and group therapy, couples and family counseling, child management instruction, family planning, and medical care are purchased from other programs. Comprehensive health, social, and welfare services are also available by referral to other programs. Casework follow-up is performed at least monthly and semiannual redeterminations are required by the court and within the agency. Abuse cases are referred to the New Orleans Child Protection Center (since May 1974).

Clientele: Families served by the program come from mixed-income, suburban, urban, and inner-city areas.

Staffing: Welfare social workers, homemaker specialists, and welfare case supervisors staff the program.

Organization: The administering organization is part of the Louisiana Health and Human Resources Administration. Evaluation is carried out in-house and formally by the Monitoring and Evaluation Unit in Baton Rouge. A computerized management system is utilized along with staff and client interviews and case review. The Juvenile Court also provides feedback.

Coordination: Diagnosis and Treatment Services (medical) are purchased from the New Orleans City Health Department. Parent counseling is purchased from Family Service Society. Case referrals come from medical authorities, social service agencies, schools, police, courts, day care centers, and concerned individuals. Cases are reported by name to the Juvenile Court and District Attorney, the Division of Family Services central registry, and the National Clearinghouse for Child Neglect and Abuse in Denver.

New Mexico

CP-01827

New Mexico Baptist Children's Home, Portales, N. Mex.
P.O. Box 629
Portales, NM 88130
New Mexico Baptist Children's Home.
B. Edmison, and T. Robertson.
1919.

Services: Part of the program scope focuses on child abuse and neglect. Residential care services for children are provided.

Clientele: Individual children are served.

Organization: The home is governed by the New Mexico Baptist Convention.

Coordination: Government social service agencies, legal authorities, parents, and relatives outside the immediate family are the major referral sources. Case information is shared with the Roosevelt County Social Services Agency.

Funding: During the last fiscal year, private funds accounted for most of the program finances. The sources of private funds included foundations, personal donations, and fees from individual clients.

Oklahoma

CP-01828

Mahaska County Dept. of Social Services,
Oskaloosa, Okla.
Court House
Oskaloosa, OK 52577
Mahaska County Social Services.
S. Robertson.

Services: Part of the program scope focuses on child abuse and neglect. Services in the areas of identification, treatment, and follow-up are

CHILD ABUSE AND NEGLECT PROGRAMS

FEDERAL REGION VI—Texas

available. Social work counseling, homemaking services, welfare assistance, family planning assistance, and medical care services are offered directly to parents; referrals provide for family counseling, individual therapy, homemaking, employment assistance, and family planning assistance. Group therapy, family counseling, individual therapy, homemaking, health counseling, and residential care services are purchased for parents from other programs. Children receive medical care and foster care services directly; referrals furnish day care and medical care. Foster care and residential care services are purchased for children from other programs.

Clientele: Services to families are stressed. During the last fiscal year, identification, treatment, and follow-up services were provided to 15 families. Clients are drawn from mixed-income rural areas.

Staffing: The program staff consists of child welfare personnel, homemaker specialists, and social workers.

Organization: The program is governed and evaluated by the District XV Administration of the Iowa Department of Social Services.

Coordination: Medical and legal authorities, schools, parents, relatives outside the immediate family, neighbors, and victims are the major referral sources. Cases are reported by name to the legal authorities, juvenile services, social services, and to a central registry maintained by the Iowa Department of Social Services.

Funding: During the last fiscal year, state and state-administered federal funds accounted for approximately 25 to 75 percent of the program finances, respectively.

CP-01829

Together, Inc., Tulsa, Okla.
1722 S. Carson Ste. 2901
Tulsa, OK 74119
Project Mainstream,
B. L. Gentry.
Jul 72.

Services: The program focuses, in part, on child abuse and neglect. The program maintains a prevention program for families through provision of public awareness material and training curricula.

Clientele: Approximately 500 families from mixed-income, rural and urban areas were served during the last fiscal year.

Staffing: Research specialists, social workers, training specialists, and public relations specialists staff the program.

Organization: The program is a joint effort of the Jaycees and other organizations active in community development and urban affairs. It is supervised by the United States Jaycees and the Community Services Administration (DHEW).

Coordination: Training information, educational background, and overall problem statistics are shared with community action agencies.

Funding: The program was federally funded during the last fiscal year.

Texas

CP-01830

Bexar County Mental Health Mental Retardation Center, San Antonio, Tex.
2415 W. Southcross
San Antonio, TX 78211
Families of Children Under Stress
(F.O.C.U.S.),
C. Botto.
Jan 75.

Services: Child abuse is the primary focus of the program. Services provided directly include social work counseling, lay therapy, group

therapy, couples counseling, family counseling, individual therapy, child management classes, employment, housing, welfare, and family planning assistance, resocialization, and recreation activities for families; and individual therapy, recreation, and tutoring for children. Parents Anonymous, homemaking services, medical care, and residential care are available to families through referrals; day care, foster care, medical care, and play therapy are provided for children via referrals. Follow-up consists of home visits, office visits, and telephone contact at least once weekly.

Clientele: Clients are drawn from urban, low-income areas. The client profile has been approximately 66 percent individual children and 34 percent parents. Many of the parents are served in groups.

Staffing: Family advocates, lay therapists, a pediatrician, a psychiatrist, and a social worker staff the program.

Organization: This is an autonomous public, county agency which is self-evaluated and evaluated by the National Institute of Mental Health, Rockville, Md.

Coordination: Information concerning service coordination is shared with Bexar County Child Welfare. Progress reports are shared with schools and other service agencies. The program is affiliated with the San Antonio Child Abuse Council. Referrals come from physicians, social service agencies, schools, police, courts, parents, siblings, and clients themselves. Cases are reported to the central registry operated by Texas Department of Public Welfare, and to Bexar County Child Welfare.

Funding: In fiscal year 1975 most of the program income comprised direct federal funding; the remainder came from the state.

CP-01831

Brooke Army Medical Center, Fort Sam Houston, Tex.
P.O. Box 66
Fort Sam Houston, TX 78234
Project CARE (Child Advocacy Resources Expansion).
M. F. Marley.
Jul 75.

Services: Most of the program scope encompasses child abuse and neglect. Services in the areas of identification and treatment are available. Social work counseling, couples counseling, family counseling, and individual therapy services are offered directly. Lay therapy, group therapy, Parent Anonymous, individual therapy, homemaking services, health counseling, child management classes, residential care, medical care, family planning assistance, and employment, housing, and welfare assistance are available by referral. Children receive play therapy and individual therapy directly. A wide range of child care and child health services are obtainable through referrals, including all those available directly. Follow-up will be performed.

Clientele: Services to military families are stressed. Clients are drawn from urban areas.

Staffing: The program staff consists of family counselors, a nurse, research specialists, social workers, and an information specialist. The deletion of the nursing position and the addition of another social worker position is contemplated.

Organization: The Project is conducted by the Texas Department of Welfare, Special Projects Bureau. It is directly supervised by the U.S. Office of Child Development. Formative and summative evaluations are prepared by CPI Associates, Inc., of Dallas.

Coordination: Hospitals and government social service agencies are the major referral sources. Cases are reported by name to the Military Child Advocacy Council and to the Military Child Advocacy Officer, Research and statistical data as well as case information on joint cases are shared with the Bexar County Child Welfare Department. Case management data is shared with military medical, psychiatric, and

social work staff as appropriate. Information and referral services are purchased from the San Antonio Crisis Center.
Funding: State-administered federal funds will account for most of the program income.

CP-01832

Central Texas Child Abuse and Neglect Demonstration Organization, Belton.
302 E. Central
Belton, TX 76513
Central Texas Child Abuse and Neglect Demonstration Organization.
J. C. Knox.
Dec 74.

Services: Most of the program scope encompasses child abuse and neglect. The program focus is on information dissemination and on education and training to prevent child abuse and neglect. Social work counseling, welfare assistance, medical care, and residential care services are offered to parents through referrals. Parent aides, group therapy, couples counseling, individual therapy, medical care, and residential care services are purchased for parents from other sources. Day care, therapeutic day care, medical care, individual therapy, foster care, and residential care services are purchased for children from other programs.

Clientele: Individual children, children in groups, individual parents, parents in groups, and families are served. During calendar year 1975, treatment services were provided to 119 individual children, 31 children in groups, 63 individual parents, 5 parents in groups, and 16 families. Clients are drawn from low-income, rural, and urban areas.

Staffing: The program staff consists of child welfare personnel, teachers, training specialists, a project director, and other administrative personnel.

Organization: The administering organization is governed by the Central Texas Council of Governments. Program evaluations are performed via a National Center on Child Abuse and Neglect contract held by E. H. White and Co. of San Francisco, based on comprehensive reports.

Coordination: Hospitals, schools, and law enforcement agencies are the major referral sources. Cases are reported by name to the legal authorities, juvenile services, social services, health departments, and to a state central registry. All types of information are shared with the Texas Department of Public Welfare, Bell and Coryell County Welfare Boards, and all resource agencies. Services are purchased from a wide range of community agencies and programs. The Department of Public Welfare performs follow-up of case progress.

Funding: During the last fiscal year, direct federal funds accounted for most of the program finances.

CP-01833

Christian Services of the Southwest, Dallas, Tex.
3330 Walnut Hill Ln.
Dallas, TX 75229
Maternity-Adoption Foster Care Services.
D. Frasier, and D. Wilson.
Jun 67.

Services: While the program scope covers abused and neglected children, the primary focus is placed on neglected children and unwed mothers. Clients may receive social work counseling, parent aide services, maternity care, foster care, and adoption services directly from the program. In the future, the program intends to move its treatment approach toward group care. Follow-ups are conducted through monthly home or office visits.
Clientele: Individual children and individual parents comprise 75 and 25 percent, respec-

tively, of the total client load. Clients are generally from mixed-income urban and suburban environments.

Staffing: Social workers comprise the program staff.

Organization: The administering organization operates under the auspices of the Northside Church of Christ. The chairman of the board oversees program evaluation through caseload review, foster parent communications, and consultations with the staff.

Coordination: Cases are referred to the program by physicians, government social service agencies, and parents. Cases are reported by name to social welfare service agencies. Information and staff are shared upon request.

Funding: One quarter of the program income in the last fiscal year was supplied by the county; the remainder was made up of private voluntary agency donations, personal donations, and fees from individual clients.

CP-01834

Crisis Center of San Antonio Area, Inc., Tex.
P.O. Box 28061
San Antonio, TX 78228
Child Abuse Line.
L. S. Schoenfeld.
1973.

Services: Most of the program scope encompasses child abuse and neglect. Services in the areas of identification, prevention, and treatment are available. Child abuse hot line services are provided directly to parents and children. Both crisis intervention and referral services are provided.

Clientele: Individual children and individual parents account for approximately 20 and 80 percent of the clientele, respectively. Clients are drawn from mixed-income, rural, suburban, urban, and inner-city areas.

Staffing: The program staff consists of lay therapists and psychologists.

Organization: The administering organization is governed by the Crisis Center of the San Antonio Area, Inc. Record reviews, consumer evaluations, and self evaluations are periodically undertaken.

Coordination: Law enforcement agencies, concerned individuals, and prospective clients are the major referral sources. Cases are reported by name to a state central registry maintained by the welfare department.

Funding: During the last fiscal year, most of the program finances arose from state-administered federal and private funds. Foundations and personal donations accounted for the bulk of the private funds.

CP-01835

Galveston County Dept. of Public Welfare, Galveston, Tex.
1914 Sealy
Galveston, TX 77550
Galveston County Child Welfare.
M. Lloyd.
Oct 74.

Services: The program focuses primarily on child abuse and neglect. Social work counseling, lay therapy, individual and group therapy, family counseling, child management instruction, and residential care are provided to parents and families directly. Individual therapy and foster care are provided to children directly. Comprehensive special, social, health, and welfare services are available by referral. Since the program's inception, a multi-agency treatment and follow-up approach has evolved; educational programs have been developed; and the legal system has become more involved. Increased community involvement, group therapy, and parenting training are anticipated. Follow-up consists of case review and multi-agency staffings.

Clientele: Children, individually and in groups,

parents, individually and in groups, and families are served. They are drawn from low-income urban areas.

Staffing: Child welfare personnel and lay therapists staff the program.

Organization: The administering agency is directly supervised and evaluated by the Texas State Department of Public Welfare.

Coordination: Most information is shared with the multi-agency Children and Family Protective Service Center. Psychiatric evaluation, milieu therapy, and group therapy are purchased from the University of Texas Medical Branch, Department of Child and Adolescent Psychiatry. Case referral sources include hospitals, government social service agencies, schools, police, and concerned individuals. Cases are reported by name to legal and juvenile authorities, health departments, and a state central registry. Cases are reported by name and identifying number to welfare authorities.

CP-01836

Golden Triangle Baptist Association, Beaumont, Tex.
Stagg Dr.
Beaumont, TX 77701
Juvenile Rehabilitation.
M. Adams.
Apr 65.

Services: Most of the program scope focuses on child abuse and neglect. Services in the areas of identification, prevention, and follow-up are available. Spiritual counseling and general Christian help are offered to parents. Children receive play therapy and individual therapy directly, as well as spiritual counseling and general Christian help. Follow-up is maintained by ministers on an approximately monthly basis.

Clientele: Individual children, children in groups, individual parents, parents in groups, and families account for 20, 65, 2, 10, and 3 percent of the total clientele, respectively. Clients are drawn from low-income, suburban, urban, and inner-city areas.

Staffing: The program is entirely conducted by ministers.

Organization: Informal performance assessments are conducted by the Program Director and by the Superintendent of Missions of the Golden Triangle Baptist Association. The administering organization is part of the Baptist Convention of Texas.

Coordination: Juvenile probation officers are the major referral source. Cases are reported by name to the juvenile services and to churches. Limited case information is shared with the Jefferson County Juvenile Probation Services.

Funding: During the last fiscal year, most of the program finances resulted from personal donations.

CP-01837

Mental Health Association of Dallas, Tex.
2500 Maple Ave
Dallas, TX 75201
Child Abuse Committee.
D. A. Barnes, and K. Reed.
Jun 72.

Services: Child abuse and neglect are the primary concerns of the program. The Committee acts to facilitate the coordination of community services, promote the multidisciplinary approach, and increase public awareness of reporting procedures and obligations. Recommendations for strengthening community capabilities in prevention and treatment are made; currently the program is involved in improvements in independent school districts, day care centers, police departments, community resources for abused children and their families, and an annual child abuse conference.

Staffing: Members of the committee are drawn

from the parent organization and private law practice in addition to numerous agencies from the private and public sectors.

CP-01838

Mental Health Education and Resource Center, Ft. Worth, Tex.
804 W. 7th St.
Ft. Worth, TX 76102
Child Abuse and Neglect -- Education and Prevention.
B. W. Coon.
Jan 71.

Services: A part of the program is concerned with child abuse and neglect. Services in the areas of identification and prevention are available. The program maintains a Mental Health Education Resource Center which includes child abuse materials. The program assists in the development of effective legislation, serves an advocacy role for children and parents, and provides educational services. Parents Anonymous and child management classes are available to parents.

Clientele: During the last fiscal year, identification services were provided to 2,600 children in groups, 800 parents in groups, and 200 families. Clients are drawn from mixed-income suburban, urban, and inner-city areas.

Staffing: The program staff consists of teachers. The use of lay volunteers to do educational programming is anticipated.

Organization: The program is a United Way Agency conducted by the Mental Health Association of Tarrant County.

Coordination: Private physicians, government social service agencies, schools, law enforcement agencies, and neighbors are the major referral sources. Educational materials are shared with the schools, the Parenting Guidance Center, and with Parent Teacher Associations.

Funding: During the last fiscal year, most of the program finances arose from voluntary agencies, foundations, and personal donations. A proportion of this income came from United Way of Metropolitan Tarrant County.

CP-01839

Parents Anonymous of Texas, Inc., Dallas.
2500 Maple
Dallas, TX 75201
Parents Anonymous of Texas.
R. Biggins.
Jul 75.

Services: Most of the program scope encompasses child abuse and neglect. Services in the areas of prevention and treatment are available. Social work counseling, lay therapy, and Parents Anonymous services are offered directly to parents. They are referred to other programs for individual therapy, child management classes, family planning assistance, medical care, residential care, and welfare services. Children receive day care, medical care, play therapy, and foster care services through referrals.

Clientele: Individual parents and parents in groups are served. Clients are drawn from mixed-income suburban, urban, and inner-city areas.

Organization: The administering organization is governed by the Dallas Department of Human Resources. The program is evaluated through bimonthly verbal reports to the Board of Directors and through monthly reports submitted to the Director of the governing organization.

Coordination: Government social service agencies, courts, parents, neighbors, and clients themselves are the major referral sources. Cases are reported by gross numbers only to social service authorities.

CHILD ABUSE AND NEGLECT PROGRAMS

CP-01840

Tarrant County Youth Center, Ft. Worth, Tex.
Rt. 10 Box 614-A
Ft. Worth, TX 76135
Delinquency Prevention.
J. Whitley, and F. Barber.
Sep 70.

Services: A part of the program scope focuses on child abuse and neglect. Prevention services are emphasized. The program is primarily designed to prevent the adjudication of juveniles as delinquents. Group therapy, family counseling, individual therapy, and residential care services are offered directly to parents. Children receive residential care services directly. Follow-up is maintained through conversations with the client on at least a monthly basis. Since the program's initiation, various vocational training programs have been added, and a token economy has been instituted.

Clientele: Services to adolescents are stressed. During the last fiscal year, prevention services were provided to 35 individual adolescents. Clients are drawn from mixed-income rural, suburban, urban, and inner-city areas.

Staffing: The program staff consists of intern counselors, house parents, and management personnel.

Organization: The administering organization is governed by Tarrant County Juvenile Probation. Self-evaluations are conducted based on each individual child's performance or behavior observed by staff.

Coordination: Government social service agencies, police, courts, parents, relatives outside the immediate family, and clients themselves are the major referral sources. Cases are reported by name to juvenile services and social services authorities.

Funding: During the last fiscal year, the county provided the program finances.

CP-01841

Temple Emanuel Sisterhood, Beaumont, Tex.
215 Franklin St.
Beaumont, TX 77701
Family Outreach.
L. Toomey, and J. Miller.
Feb 75.

Services: The program is primarily focused on child abuse and neglect. Parent aides, group therapy, and couples counseling are provided for parents. Social work counseling, family counseling, couples counseling, welfare assistance, and family planning assistance are available through referrals. Day care, specialized therapy, foster care, and residential care are available for children through referrals. Follow-up is maintained through weekly telephone contact, and through office and home visits as necessary.

Clientele: Program services are primarily for parents from all income levels living in urban and inner-city areas. During the last fiscal year the program served approximately 100 parents, 15 families, and 4 children.

Staffing: The program is staffed by lay therapists.

Organization: This is a joint program conducted by Jefferson County Child Welfare and the administering organization. The program is operated on a private, nonprofit basis. The program is evaluated semiannually by supervisory conferences.

Coordination: Case information is exchanged with the Jefferson County Child Welfare Department. Cases are usually referred by physicians, government social service agencies, law enforcement agencies, parents, relatives outside the immediate family, and through self-referrals. Case are reported to welfare authorities.

Funding: Approximately 85 percent of the program's funds are provided by the state and 14 percent comes from voluntary agencies.

CP-01842

Texas State Dept. of Public Welfare, Houston, Tex.
4040 Milam Ste. 301
Houston, TX 77006
Harris County Child Welfare Unit.
G. Lege, and G. Booker.
Jan 66.

Services: Most of the program scope focuses on child abuse and neglect. Services in the areas of identification, treatment, and follow-up are available. Social work counseling, lay therapy, group therapy, couples counseling, family counseling, individual therapy, homemaking, health counseling, and medical care services are offered directly to parents, with social work counseling, group therapy, Parents Anonymous, couples counseling, family counseling, individual therapy, homemaking, health counseling, child management classes, welfare services, family planning assistance, medical care, and residential care obtainable through referrals. Social work counseling, group therapy, couples counseling, family counseling, individual therapy, and medical care services are purchased for parents from other programs. Children receive medical care, play therapy, individual therapy, foster care, residential care, and adoption services directly. Some of these, along with day care and specialized therapy, are furnished through referrals. Specialized therapy and many of the services offered directly are also purchased for children from other programs. Follow-up is maintained through monthly caseworker visits. It is anticipated that medical and homemaking services will be augmented.

Clientele: Individual children and families are served. During the last fiscal year, treatment and follow-up services were provided to 883 individual children and to 5,000 families. In the same period, identification services were provided to 11,056 families. Clients are drawn from mixed-income suburban, urban, and inner-city areas.

Staffing: The program staff consists of child welfare personnel, family counselors, homemaker specialists, nurses, pediatricians, social workers, training specialists, and community relations workers. The addition of a lawyer and a volunteer program are anticipated.

Organization: Casework standards are reviewed on a case by case basis, and cases are reviewed every 6 months by the program directors.

Coordination: Medical and legal authorities, social service agencies, schools, concerned individuals, and victims are the major referral sources. Cases are reported by name to a central registry maintained by the Texas Department of Public Welfare. Relevant information is shared with the District Attorney. Psychological services are purchased from Comprehensive Services for Education.

Funding: During the last fiscal year, state, state-administered federal, and county funds accounted for approximately 20, 50, and 30 percent of the program finances, respectively.

CP-01843

Texas Univ., Dallas, Southwestern Medical School.
5323 Harry Hines Blvd.
Dallas, TX 75235
Identification, Treatment and Prevention of Child Abuse and Neglect.
H. F. Eichenwald, and H. M. Stambaugh.

Services: Part of the program scope focuses on child abuse and neglect. Social work counseling, group therapy, family counseling, individual therapy, child management classes, and medical care services are offered directly to parents. Social work counseling, group therapy, Parents Anonymous, family counseling, individual therapy, homemaking services, health counseling, child management classes, family planning assistance, residential care,

FEDERAL REGION VI—Texas

and employment, housing, and welfare assistance are available to parents through referrals. Children receive medical care, play therapy, and individual therapy services directly. Day care, therapeutic day care, play therapy, individual therapy, specialized therapy, foster care, and residential care are available to children through referrals.

Clientele: During the last fiscal year, identification services were provided to 30 individual children; treatment services were provided to 10 children in groups, 10 parents in groups, and 10 families; prevention services were provided to 30 individual parents; and follow-up services were provided to 10 families. Clients are drawn from mixed-income rural, suburban, urban, and inner-city areas.

Staffing: The program staff consists of dentists, nurses, nutritionists, pediatricians, psychiatric social workers and social workers.

Organization: The program is conducted as a joint effort with Children's Medical Center at Dallas. The University Board of Regents and the Hospital Board of Directors supervise the program. Evaluations are performed internally.

Coordination: Private physicians, private social service agencies, schools, and parents provide most of the referrals. Cases are reported by name to the juvenile services, social services, health departments, and a state central registry. Identifying data in medical findings are shared with the Texas Department of Public Welfare, Child Welfare Division.

Funding: During the last fiscal year, state and private funds accounted for most of the program finances. The hospital and the university provided most of the private funds.

CP-01844

Texas Univ., Galveston, Dept. of Pediatrics.
Galveston, TX 77550
Child and Family Protective Services Treatment Program.
J. R. Hebler.
Apr 75.

Services: Most of the program scope encompasses child abuse and neglect. Services in the areas of identification, treatment, and follow-up are available. Social work counseling, couples counseling, family counseling, individual therapy, child management classes, employment assistance, medical care, and family planning assistance services are offered directly to parents. Comprehensive special, social, health, and welfare services are provided by purchase or referral. Children receive medical care, individual therapy, and specialized therapy services directly. A wide range of child care and child health services are furnished through referrals. Follow-up is maintained through weekly case reviews and annual written correspondence with referral agencies. An increasing emphasis on community resource development is anticipated.

Clientele: Individual children, individual parents, parents in groups, and families are served. Clients are drawn from mixed-income, rural, suburban, and urban areas.

Staffing: The program staff consists of lawyers, social workers, pediatricians, psychiatrists, psychologists, and teachers.

Organization: The administering organization contracts services from the Family Service of Galveston and the Gulf Coast Regional Mental Health and Mental Retardation Center. The program is evaluated by grant providers and through a board of review.

Coordination: The program is affiliated with the Regional Resource Center for Child Abuse and Neglect (Austin). Medical authorities, government social service agencies, schools, parents, relatives outside the immediate family, and victims are the major referral sources. Cases are reported by name to social service authorities. Case evaluations, recommendations, and follow-up information are shared with child welfare programs statewide. Information related to children's performance is shared with schools.

Information is also shared with the courts and with agencies involved in patient and family care.

Funding: During the last fiscal year, state and private funds accounted for approximately 70 and 30 percent of the program income, respectively. A private foundation contributed most of the private funds.

CP-01845

Wilford Hall USAF Medical Center, Lackland AFB, Tex.

Lackland AFB, TX 78236

Child Protection Committee.

E. O. Ledbetter, and R. S. Demaki.
1970.

Services: Most of the program scope encompasses child abuse and neglect. Social work

counseling, group therapy, couples counseling, family counseling, individual therapy, child management classes, and medical care services are offered directly to parents, with Parents Anonymous, lay therapy, homemaking services, health counseling, and residential care services obtainable through referrals. Children receive medical care, individual therapy, and specialized therapy directly, with day care, therapeutic day care, foster care, and residential care services furnished through referrals. Follow-up is maintained through multidisciplinary meetings conducted on a weekly basis, and through quarterly meetings of department chiefs.

Clientele: Individual children, children in groups, individual parents, parents in groups, and families account for approximately 10, 10, 20, 20, and 40 percent of the total clientele, respectively. Clients are drawn from mixed-in-

come, rural, suburban, and urban areas.

Staffing: The program staff consists of pediatricians, psychiatric social workers, and child psychiatrists.

Organization: The program is a combined effort of the Departments of Pediatrics and Mental Health at the Medical Center.

Coordination: Medical and legal authorities, social service agencies, schools, concerned individuals, and victims are the major referral sources. Cases are reported by name to social services authorities, to a central registry maintained by the Texas Department of Public Welfare, and to the U.S.A.F. Office of Special Investigation. Names, complaints, and follow-up information are shared with Bexar County Child Welfare and with Project C.A.R.E. Social workers and office staff are also shared with Project C.A.R.E.

Funding: During the last fiscal year, most of the program finances came from federal sources.

FEDERAL REGION VII

Iowa

CP-01846

Buena Vista County Dept. of Social Services,
Storm Lake, Iowa.
Court House
Storm Lake, IA 50588
Protective Services for Children.
M. Siefert, L. Grimme, and A. Hallquist.

Services: Part of the program scope focuses on child abuse and neglect. Social work counseling, family planning assistance, medical care, and employment, housing and welfare services are offered directly to parents. Health counseling, employment assistance, family planning assistance, medical care, and residential care services are obtainable through referrals. Homemaking and residential care services are purchased for parents from other programs. Children receive medical care services directly and through referrals. Day care services are purchased for children from another program. Follow-up is maintained through biweekly to weekly visits with parents.

Clientele: Individual children, individual parents, and families are served. During the last fiscal year, identification, prevention, treatment, and follow-up services were provided to 75, 40, 40, and 40 individual children, respectively; 50, 30, 30, and 30 individual parents, respectively; and to 15, 10, 10, and 10 families, respectively. Clients are drawn from low-income rural areas.

Staffing: The program staff consists of child welfare personnel and social workers.

Organization: The administering organization is governed by the Iowa Department of Social Services. A supervisor in the program conducts weekly conferences with individual program workers to assess program effectiveness. Annual overall evaluations are also conducted.

Coordination: Schools, police, courts, relatives outside the immediate family, neighbors, and clients themselves are the major referral sources. Cases are reported by name to the legal authorities, juvenile services, social services, and to a central registry maintained by the governing organization. Cases are also reported by identifying code to social services authorities and to the state central registry. Gross numbers of cases are reported to the state central registry. General information on clients is shared with the Buena Vista County Sheriff Department.

CP-01847

Community Council for the Prevention of Child Abuse and Neglect, Cedar Rapids, Iowa.
701 10th St. S.E.
Cedar Rapids, IA 52403
Child Abuse and Neglect Multidisciplinary Consultation Team.
M. Ward, and K. Bone.
May 76.

Services: The major function of the Team is to provide diagnostic consultation and recommendations for treatment of the Linn County Department of Social Services.

Clientele: Services to families are stressed. Clients are drawn from mixed-income, rural, and urban areas.

Staffing: The Team consists of lawyers, nurses, psychiatrists, social workers, teachers, a Parents Anonymous representative, and a law enforcement official. The addition of a physician to the team is anticipated. These volunteers serve approximately 4 hours per month.

Organization: The administering council is governed by the Linn County Board of Social Services. The program is internally evaluated on an informal basis. A Community Council Committee evaluates the team's activities, and

the Linn County Social Services provides follow-up reports as to the effectiveness of the team's recommendations.

Coordination: Private physicians and government social service agencies are the major referral sources. Cases are reported by identifying code to social services authorities.

CP-01848

Community Council for the Prevention of Child Abuse and Neglect, Cedar Rapids, Iowa.
701 10th St. S.E.
Cedar Rapids, IA 52403
Community Council for the Prevention of Child Abuse and Neglect.
M. Ward, and D. Rattner.
Sep 75.

Services: The Council serves an educational function, providing community education, resource coordination services, and professional education. Individual task forces and standing committees deal with specific problems in the areas of child abuse and neglect.

Clientele: Services to parents and to concerned individuals are stressed.

Staffing: The program staff consists of volunteer workers from a wide range of professions.

Organization: The Council is governed by the Linn County Board of Social Services. The program is evaluated interparily by the Steering Committee.

Coordination: Community education resources are shared with the Regional Resource Center in Oakdale and analytical material on the present state of community resources is shared with the Linn County Department of Social Services. The Council is closely affiliated with Parents Anonymous.

CP-01849

Iowa State Dept. of Social Services, Le Mars, Plymouth County Office.
22 1st St. N.E.
Le Mars, IA 51031
Plymouth County Social Services.
J. M. Christensen.

Services: Part of the program scope covers abuse and neglect. Direct services to parents include social work counseling, family counseling, homemaking assistance, welfare assistance, and medical care. Numerous human, welfare, social, and health services are offered through purchases or through referrals. Children may receive medical care and foster care directly; day care, individual therapy, and foster care are available through purchases, and day care plus specialized therapy are obtained through referrals.

Clientele: In the last fiscal year 5 individual children, 10 individual parents, and 15 families were afforded identification, prevention, treatment, and follow-up services. Clients are generally drawn from low-income urban areas.

Staffing: The program staff consists of child welfare personnel, family counselors, and homemaker specialists. Personnel may be shared with the State Department of Social Services.

Organization: The program is supervised and administered by the parent state organization.

Coordination: The program receives case referrals from schools, law enforcement agencies, and concerned individuals. Cases are reported by name to the police and the central registry maintained by the state.

Funding: Financial support is derived from state-administered federal funds.

CP-01850

Mills County Dept. of Social Services, Glenwood, Iowa, Child Protection Service Unit.
Court House
Glenwood, IA 51534
Mills County Single Parent Group.
M. Montils,
1974.

Services: Part of the program focuses on child abuse and neglect. Prevention services are emphasized. Social work counseling, group therapy, child management classes, family planning assistance, medical care, welfare services, homemaking services, and parent effectiveness training are offered directly to parents, with health counseling and parent effectiveness training obtainable through referrals. Health counseling services are also purchased for parents from other programs. Children receive day care, medical care, play therapy, and foster care services directly. Follow-up is maintained on at least a weekly basis by a family and children's services worker.

Clientele: In the last fiscal year, prevention services were provided to 22 children in groups and to 22 parents in groups. Clients are drawn from low-income rural areas.

Staffing: The program staff consists of homemaker specialists and social workers. A public health nurse and home health aides are shared with the Public Health Nursing Service.

Organization: The administering organization is governed by the Iowa Department of Social Services. Supervisory evaluation is maintained by the director of the agency and the homemaker supervisor.

Coordination: Government social service agencies, schools, and victims are the major referral sources. Cases are reported by the name to social services authorities and to a state central registry. Educational information is shared with the public schools, the Ministerial Alliance, and with the Foster Parents Association. Programs are shared with the Parent Effectiveness Training program sponsored by the local school system.

Funding: In the last fiscal year, state, state-administered federal, county, and private funds accounted for 20, 70, 5, and 5 percent of the program finances, respectively. Private funds came from voluntary agencies and personal donations.

CP-01851

Shelby County Dept. of Social Services, Harlan, Iowa.
1012 Sixth St.
Harlan, IA 51537
Shelby County Social Services.
B. R. McKinley.

Services: Part of the program scope focuses on child abuse and neglect. Prevention services are stressed. Social work counseling, homemaking services, and welfare assistance are offered to families. Follow-up is maintained through caseworker contacts as needed.

Clientele: Individual children, individual parents, and families are served. During the last fiscal year, prevention services were provided to 2 individual children, 1 individual parent, and 2 families. Clients are drawn from low-income rural areas.

Organization: The administering organization is governed by the Iowa Department of Social Services. Program operations are supervised and evaluated by the District Administrator.

Coordination: The County Nurse's Office is the major referral source. Cases are reported by name to social service authorities.

Kansas

CP-01852

MEDDAC, Ft. Leavenworth, Kans.
Ft. Leavenworth, KS 66027

Army Child Advocacy Program (ACAP), Child Protection and Case Management Team (CPCMT).
B. Barter, and G. Griffin.
Sep 74.

Services: Part of the program scope focuses on child abuse and neglect. Social work counseling, couples counseling, family counseling, individual therapy, and family planning assistance are offered directly to parents. Referrals provide them with health counseling, child management classes, family planning assistance, residential care, and welfare services. Children receive medical care and individual therapy directly, and foster care service through referrals. Follow-up is maintained through home visits, outpatient visits, and social work visits conducted on a weekly to monthly basis.

Clientele: Services to military families are emphasized. Clients are drawn from mixed-income groups.

Staffing: The program staff consists of lawyers, nurses, pediatricians, psychiatrists, psychologists, and social workers who also have other duties.

Organization: The administering organization is governed by the Combined Arms Center and Fort Leavenworth. The evaluation of case management occurs at monthly team meetings. The program was formerly a Fort Leavenworth program but now has Army wide guidelines.

Coordination: Hospitals, government social service agencies, schools, law enforcement agencies, concerned individuals, and victims are the major referral sources. Cases are reported by name to the legal authorities, social services, Army Health Services Command, and to a state central registry.

Missouri

CP-01853

Buchanan County Div. of Family Services, Ft. Joseph, Mo.

2305 St. Joseph Ave.
St. Joseph, MO 64505

Protective Services -- Child Abuse and Neglect.

M. Pepple, and F. Seat.
Oct 69.

Services: Most of the program scope focuses on child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. Social work counseling, Parents Anonymous, couples counseling, family counseling, employment assistance, welfare assistance, family planning assistance, and medical care services are offered directly to parents, with health counseling, family planning assistance, medical care, and welfare services obtainable through referrals. Homemaking and family planning assistance services are also purchased for parents from other programs. Children receive day care, medical care, and foster care services directly, with medical care, play therapy, individual therapy, and specialized therapy furnished through referrals. Day care services are also purchased from other programs. Follow-up is maintained through weekly conferences and monthly written caseload status reports.

Clientele: Individual children, individual parents, and families account for approximately 5, 20, and 75 percent of the total clientele, respectively. In the last fiscal year, prevention, treatment, and follow-up services were provided to 1550, 994, and 994 families, respectively.

ly. Clients are drawn from low-income urban areas.

Staffing: The program staff consists of child welfare personnel, social workers, and training specialists.

Organization: The administering organization is supervised by the Missouri Division of Family Services. Periodic program evaluations are conducted by the State Regional Supervisor.

Coordination: Medical and legal authorities, social service agencies, schools, concerned individuals, and victims are the major referral sources. Cases are reported by name to the juvenile services, social services, health departments, and to a central registry maintained by the Missouri Division of Family Services. When required, information is shared with the Buchanan mental health agencies. Program staff provide instruction at Missouri Western College.

Funding: During the last fiscal year, state, state-administered federal, and county funds supported the program.

CP-01854

Missouri Baptist Children's Home, Bridgeton, Mo.

11300 St. Charles Rock Rd.

Bridgeton, MO 63044

Missouri Baptist Children's Home.

H. L. Meyer.

1886.

Services: Part of the program scope focuses on child abuse and neglect. Social work counseling, group therapy, couples counseling, family counseling, individual therapy, child management classes, welfare assistance, family planning assistance, and residential care services are offered directly to parents. Referrals provide them with family counseling, individual therapy, and welfare assistance. Children receive day care, therapeutic day care, individual therapy, specialized therapy, and foster care services directly. Individual therapy is also furnished to children by referral. Follow-up is conducted over a 1-year interval with monthly or quarterly visits as needed. The program has expanded from strictly institutional care to its present state. An expansion of counseling services is anticipated.

Clientele: During the last fiscal year, treatment services were provided to 136 individual children, 84 children in groups, 47 individual parents, 23 parents in groups, and 108 families. During the same period, prevention services were provided to 100 children in groups, 600 parents in groups, and 350 families. Follow-up services were provided to 36 individual children. Clients are drawn from mixed-income, suburban, urban, and inner-city areas.

Staffing: The program staff consists of child welfare personnel, family counselors, program evaluators, psychologists, and social workers.

Organization: Program evaluations are undertaken through annual conflict management seminars. The program is also evaluated annually by the Missouri Division of Family Services and quarterly by the department directors and administration.

Coordination: Medical and legal authorities, social service agencies, schools, parents, siblings, and relatives outside the immediate family are the major referral sources. Cases are reported by name to the juvenile court, and by gross numbers are reported to social services authorities.

Funding: During the last fiscal year, most of the program finances came from voluntary agencies, foundations, personal donations, and fees from individual clients.

CP-01855

Missouri State Dept. of Social Services, Jefferson City, Div. of Family Services.

Broadway State Office Bldg.

Jefferson City, MO 65101

Child Abuse and Neglect.

A. Dandurant.

Jun 75.

Services: Social work counseling, family counseling, employment, housing, and welfare assistance, family planning, and day care are provided directly by the program. Homemaking services and residential care are purchased for parents and families; day care, foster care, and residential care are purchased for children. Follow-up is performed monthly utilizing a computerized client tracking system.

Clientele: Clients are drawn from various types of areas and all income levels. Since the program's inception, 1,500 children have been identified and 750 have been treated. Approximately 50 percent of the clientele served are families; 25 percent are individual parents; and 25 percent are individual children.

Staffing: Child welfare personnel, homemaker specialists, social workers, and training specialists are employed by the program.

Organization: Evaluation of the program is performed by line staff.

Coordination: Results of preliminary investigation of suspected abuse are shared with juvenile courts. Case referrals come from medical authorities, social service agencies, schools, police, courts, and concerned individuals. Cases are reported to the administering organization's central registry.

Nebraska

CP-01856

Buffalo County Dept. of Social Services, Kearney, Nebr.

P.O. Box 218

Kearney, NE 68847

SCAN.

K. Shaffer.

Jun 75.

Services: The program is focused primarily on child abuse and neglect. The program has a crisis line for emergencies and provides parents with social work counseling, family counseling, and homemaking services. Group therapy and couples counseling are purchased for the program. Parents are referred for lay therapy or parents aides, individual therapy, health counseling, child management classes, welfare services, family planning assistance, medical care, and residential care. Day care is purchased for children. Therapeutic day care, play therapy, individual therapy, specialized therapy, and foster care are available for children through referrals. The implementation of follow-up measures is anticipated.

Clientele: The program serves individuals from rural, suburban, and urban areas, from all income levels.

Staffing: The program staff includes child welfare personnel, homemaker specialists, lawyers, pediatricians, psychologists, social workers, and teachers.

Organization: The program is an interdisciplinary organization of professionals.

Coordination: The program shares information appropriate to therapy with the Crisis Line and the South Central Nebraska Mental Health Unit. Cases are generally referred by private physicians, hospitals, schools, and neighbors, and by self-referrals. Cases are reported to the police, social welfare services, and the state central registry.

CHILD ABUSE AND NEGLECT PROGRAMS

CP-01857

Family Service of Omaha-Council Bluffs,
Omaha, Nebr.
2240 Landon Court
Omaha, NE 68102
Positive Parenting Program.
M. K. Hecht.
Oct 74.

Services: Child abuse and neglect are the major concern of the program. Primary areas of service include prevention, treatment, and follow-up. Direct services to parents include social work counseling, crisis phone numbers, and transportation. Child care and transportation are directly provided to children. Counseling, welfare services, family planning, medical care, and day care are available for parents by referral. Group counseling is the primary therapeutic tool utilized. Increases in the group size may warrant limitation of group size in the future.

Clientele: Approximately 75 percent of the clients are parents in groups and 25 percent are children in groups. They are drawn from low-income, urban and inner-city areas.

Staffing: Social workers and child care workers serve the program. They are shared with other sections within the administering agency.

Organization: The Board of Directors supervises the program.

Coordination: Progress information is shared with Child Protective Service and attendance records are shared with the courts. Eastern Nebraska Mental Health provides transportation services. Case referrals come from Child Protective Service, courts, private social service agencies, and neighbors. Cases are reported by name to Douglas County Child Protective Service.

Funding: The program was funded completely by United Way of the Midlands in the last fiscal year.

CP-01858

Furnas County Div. of Public Welfare, Beaver City, Nebr.
Beaver City, NE 68926
Furnas County Public Welfare Services.
B. Bates, and P. Wilsey.

Services: Part of the program scope is focused on child abuse and neglect. Services in the areas of identification, treatment, and follow-up are available. Social work counseling, couples counseling, family counseling, individual

therapy, homemaking services, child management classes, welfare assistance, and family planning assistance are offered directly to parents. Referrals provide them with couples counseling, family counseling, individual therapy, and child management classes. Children receive day care, medical care, and foster care services directly, and medical care through referrals.

Clientele: Individual parents and individual children are served. During the last fiscal year, identification, treatment, and follow-up services were provided to 6 individual children and to 6 individual parents. Clients are drawn from low-income, rural areas.

Staffing: The program staff consists of social workers.

Organization: The administering organization is governed by the Nebraska Department of Public Welfare.

Coordination: Private physicians, schools, and law enforcement agencies are the major referral sources. Cases are reported by name to social service authorities.

CP-01859

Multi-County Social Service Unit 122, McCook, Nebr.
504 West E St.
McCook, NE 69001
Abused and Neglected Children.
B. Boehm, and G. Gotfredson.
Jan 75.

Services: Services in the areas of prevention, treatment, and follow-up are available. Social work counseling, individual therapy, homemaking, and welfare assistance services are offered directly to parents, with family planning assistance obtainable through referrals. Couples counseling, family counseling, and individual therapy services are purchased for parents from other programs. Children receive foster care services directly, with medical care furnished through referrals. Day care, individual therapy, and specialized therapy services are purchased for children from other programs. Follow-up is maintained on all persons currently participating in the program. The addition of Parents Anonymous services is anticipated.

Clientele: Individual children, individual

FEDERAL REGION VII—Nebraska

parents, and families account for 50, 25, and 25 percent of the total clientele, respectively. Clients are drawn from mixed-income rural areas.

Staffing: The program staff consists of child welfare personnel.

Organization: The administering organization is governed by the Nebraska Department of Public Welfare.

Coordination: Schools, legal authorities, parents, neighbors, and victims are the major referral sources. Cases are reported by identifying code to a central registry maintained by the Nebraska Department of Public Welfare. Mental health information is shared with the Southwest Nebraska Mental Health Center, and other relevant case information is shared with social service units within the welfare department.

Funding: State and state-administered federal funds account for 75 and 25 percent of the program finances, respectively.

CP-01860

Visiting Nurse Association of Omaha, Nebr.
1201 S. 42nd St.
Omaha, NE 68105
Visiting Nurse Program.
D. Simmons, and C. Becker.

Services: Part of the program is focused on child abuse and neglect. Homemaking services, child management classes, family planning assistance, medical care, home visits, and nursing are provided for families. Family counseling is available by purchase. Play therapy and specialized therapy are provided for children. A wide range of human, health, welfare, and social services are provided for families and children through referrals.

Clientele: The program serves primarily families from low-income, inner-city areas. The program has worked with approximately 200 families with reported or suspected child abuse and neglect.

Staffing: The program is staffed by nurses and homemaker specialists.

Organization: The program is operated on a private, nonprofit basis. Several agencies are involved in the program's supervision including the Omaha-Douglas County Health Department and the Board of Education. The program is evaluated within the organization by utilization review and staff evaluation.

Coordination: Information is shared with the Family Crisis Forum at monthly meetings. Most cases are referred by hospitals, social service agencies, courts, parents, other relatives, and neighbors. Cases are reported to the judiciary branch and to social welfare services.

Funding: Monetary support consists of state, state-administered federal, county, and city funds. Funds are also provided privately by voluntary agencies, personal donations, and fees from individual clients.

FEDERAL REGION VIII

Colorado

CP-01861

Child Problem Review Team, Ft. Morgan, Colo.
P.O. Box 220
Ft. Morgan, CO 80701
Child Problem Review Team.
J. H. Stone.
Feb 75.

Services: Most of the program scope encompasses child abuse and neglect. Identification and prevention services are provided. Social work counseling, couples counseling, family counseling, homemaking, and welfare services are offered to parents via referrals. Children receive day care, therapeutic day care, medical care, play therapy, individual therapy, foster care, and residential care services through referrals. Follow-up is maintained through twice monthly social worker contacts. Since its inception, the program focus has switched from case staffing to public education.

Clientele: Individual children, individual parents, and families account for approximately 25, 25, and 50 percent of the total clientele, respectively. Clients are drawn from low-income rural areas.

Staffing: The program staff consists of child welfare personnel and homemaker specialists.

Organization: The Team is a voluntary, unaffiliated agency. Program evaluations are conducted internally.

Coordination: Private physicians, schools, law enforcement agencies, relatives outside the immediate family, and neighbors are the major referral sources. Cases are reported by name to the legal authorities, social services, and to a state central registry.

CP-01862

El Paso County Dept. of Social Services,
Colorado Springs, Colo.
105 N. Spruce
Colorado Springs, CO 80905
Protective Services Unit.
T. Perkins, and B. Beukelman.
1969.

Services: Part of the program scope encompasses child abuse and neglect. Social work counseling, couples counseling, family counseling, individual therapy, homemaking services, health counseling, child management classes, family planning assistance, and welfare services are offered directly to parents. Comprehensive special, social, health, and welfare services are available by referral. Children receive day care, play therapy, individual therapy, psychological evaluation, and independent living services directly. A wide range of child care and child health care services are purchased from other programs, or are available by referral.

Clientele: During the last fiscal year, identification, prevention, and treatment services were provided to 620, 200, and 510 individual children, respectively; to 450, 150, and 350 individual parents, respectively; and to 286, 175, and 286 families, respectively. During the same period, prevention and treatment services were provided to 50 parents in groups. Clients are drawn from mixed-income, suburban and urban areas.

Staffing: The program staff consists of child welfare personnel, homemaker specialists, lawyers, program evaluators, psychologists, psychiatric social workers, and social workers.

Organization: The administering organization is governed by the El Paso County Board of Commissioners and by the Colorado Department of Social Services. The program is evaluated by Child Protection Team and Review Boards, Foster Care Review Boards, court

reviews, and Colorado Department of Social Services Audits.

Coordination: Medical and legal authorities, social service agencies, schools, parents, relatives outside the immediate family, neighbors, Parents Anonymous, and victims are the major referral sources. Cases are reported by name to the legal authorities, juvenile services, and to a central registry maintained by the Colorado Department of Social Services. Information on family dynamics, case plans, and assessment of family function is shared with legal authorities and with the Ft. Carson Child Protection Council. Similar information is shared with agencies sharing cases in therapy, with the client's permission.

Funding: During the last fiscal year, state-administered federal and state funds accounted for approximately 80 percent of the program finances, while county funds accounted for the balance.

CP-01863

Ouray County Dept. of Social Services, Ouray, Colo.
P.O. Box M
Ouray, CO 81427
Protective Services. Child Abuse and Neglect.
M. L. Tjossem.

Services: Part of the program scope focuses on child abuse and neglect. Services in the areas of identification, treatment, and follow-up are available. Parents are directly provided with social work counseling, couples counseling, family counseling, employment assistance, welfare assistance, and medical care services. They are referred to other programs for social work counseling, couples counseling, family counseling, individual therapy, health counseling, employment assistance, and family planning assistance. Social work counseling and individual therapy services are also purchased for parents from other programs. Children receive day care, medical care, foster care, and residential care services directly. They are referred to other programs for medical care, individual therapy, and specialized therapy services. Therapeutic day care, individual therapy, specialized therapy, and residential care services are purchased for children from other programs. Follow-up is maintained through personal contacts on a weekly to monthly basis and through quarterly written reports.

Clientele: Individual children, individual parents, and families account for approximately 25, 25, and 50 percent of the total clientele, respectively. Clients are drawn from mixed-income rural areas.

Staffing: The program staff consists of a social service director.

Organization: The administering organization is governed by the Ouray County Board of Commissioners and by the Colorado Department of Social Services. Performance and results of social services contract are evaluated by the program director and by a field supervisor with the Colorado Department of Social Services.

Coordination: Schools, legal authorities, parents, neighbors, and victims are the major referral sources. Cases are reported by name to the legal authorities, social services, health departments, and to a state central registry. Referral information is shared with the Ouray County Sheriff's Department, Ouray and Ridgway Schools, and Ouray County Public Health Nurse. Residential care and treatment services for children are purchased from the Brockhurst Boys Ranch. School personnel have become increasingly involved with the program since its inception.

Funding: During the last fiscal year, state-administered federal and state funds accounted for 80 percent of the program finances, and county funds accounted for 20 percent.

Montana

CP-01864

Rosebud County Dept. of Social and Rehabilitation Services, Forsyth, Mont.
251 N. 17th Ave.
Forsyth, MT 59327
Rosebud County-Northern Cheyenne Child Abuse and Neglect Service Project.
K. Keyes, and B. Bay.
Aug 75.

Services: Most of the program scope encompasses child abuse and neglect. Services in the areas of identification, prevention, and treatment are available. Social work counseling, parent aide, homemaking, child management classes, and residential care services are offered directly to parents. Referrals from the program provide couples counseling, family counseling, individual therapy, health counseling, residential care, medical care, family planning assistance, and employment, housing, and welfare assistance. Children receive play therapy and residential care services directly. Day care, medical care, foster care, and specialized therapy are provided through referrals. Individual therapy and specialized therapy are purchased for children from other programs. Follow-up is maintained through social worker home visits conducted monthly for 6 months to 1 year and through contacts with referral agencies.

Clientele: Individual children, individual parents, parents in groups, and families are served. Clients are drawn from mixed-income, rural areas.

Staffing: The program staff consists of child welfare personnel, homemaker specialists, and social workers.

Organization: The administering organization is governed by the Montana Department of Social and Rehabilitation Services. Program evaluation and goal achievement and needs assessment are provided by CPI Associates, Inc. of Dallas. Program monitoring and grant management are conducted by the National Center on Child Abuse and Neglect in Washington, D.C. Internal evaluation techniques are being developed.

Coordination: Medical and legal authorities, schools, parents, relatives outside the immediate family, neighbors, and victims are the major referral sources. Cases are reported by name to a central registry maintained by the governing organization. All information is shared with the governing organization. Statistical reports are shared with the Rosebud County Department of Public Welfare and the Northern Cheyenne Tribal Council. Psychiatric consultation is purchased from the Eastern Montana Community Mental Health Center.

Funding: State-administered federal funds account for most of the program finances.

North Dakota

CP-01865

Hettinger County Social Service Board, Mott, N. Dak.
P.O. Box 421
Mott, ND 58646
Hettinger County Social Services.
R. V. Marthaller, and J. S. Canerello.

Services: A part of the program is concerned with child abuse and neglect. Social work counseling, homemaking services, child management classes, welfare assistance, family planning assistance, and medical care services are offered directly to parents. Referrals provide them with social work counseling, couples counseling, family counseling, health counseling, child management classes, and family planning assistance. Children receive day care

and foster care services directly, and are referred to other programs for therapeutic day care, medical care, play therapy, individual therapy, and specialized therapy. Follow-up is maintained through individual contacts. Greater involvement in child abuse and neglect cases is anticipated.

Clientele: Family units are served. During the last fiscal year, identification, treatment, and follow-up services were provided to 2, 1, and 2 families, respectively. Clients are drawn from rural areas.

Staffing: The program staff consists of social workers.

Organization: Program evaluation is conducted internally by staff and supervisors.

Coordination: Relatives outside the immediate family and neighbors are the major referral sources. Cases are reported by name to a state central registry maintained by the Social Service Board.

Funding: During the last fiscal year, state, state-administered federal, and county funds accounted for approximately 25, 60, and 15 percent of total program finances, respectively.

Utah

CP-01866

Primary Children's Medical Center, Salt Lake City, Utah.

320 12th Ave.

Salt Lake City, UT 84103

Primary Children's Medical Center Child Protection Team.

M. S. Moilanen, and M. Palmer.

Apr 76.

Services: Most of the program scope encompasses child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. Social work counseling, family counseling, individual therapy, child management classes, and medical care services are offered directly to parents. Comprehensive social, human, health, and welfare services are available to parents through referrals, including many of those available as direct services. Children receive medical care, play therapy, individual therapy, specialized therapy, and residential care services directly. A wide variety of child care and child health services

are furnished to children through referrals, including many which are also available as direct services. Follow-up is maintained through written correspondence and telephone calls conducted on a quarterly basis.

Clientele: Individual children, individual parents, and families account for approximately 50, 25, and 25 percent of the clientele, respectively. Clients are drawn from mixed-income, rural, suburban, urban, and inner-city areas.

Staffing: The program staff consists of nurses, pediatricians, psychiatrists, and social workers.

Organization: The administering organization is supervised by Intermountain Health Care, Inc. Program evaluations involve the analysis of follow-up reports on clients to determine if they benefited from the services offered.

Coordination: Medical authorities and victims are the major referral sources. Cases are reported by name to the social services. Information on the type of case, services provided, and follow-up are also shared with the Utah Division of Family Services. A social worker is shared with the Utah Division of Family Services and a child psychiatrist with the Primary Children's Medical Center Psychiatric Center.

Funding: Most of the program funding is provided by the administering organization.

FEDERAL REGION IX

Arizona

CP-01867

Arizona Congress of Parents and Teachers,
Phoenix.
2721 N. 7th Ave.
Phoenix, AZ 85007
Parenting Conferences.
H. Taylor.
Aug 75.

Services: A part of the program deals with child abuse. The conferences focus on establishing the needs and concerns of young people regarding the basic issues which confront them in their peer groups. Child abuse and child-parent relationships are among the topics considered. The conferences are being held in Phoenix, Yuma, Prescott, Tucson, and Flagstaff.

Clientele: Parents and their children are encouraged to attend the conferences. Participants are expected from mixed-income, rural, suburban, urban, and inner-city areas.

Organization: The administering organization is governed by the National Congress of Parents and Teachers. Form letters are used to evaluate the conferences.

Coordination: The program is affiliated with the National Foundation-March of Dimes. Speakers are provided by the March of Dimes.

Funding: The conferences are being financed by admission fees and by a National PTA grant.

CP-01868

Maricopa County Community Services,
Phoenix, Ariz.
4645 E. Washington
Phoenix, AZ 85034
Maricopa Head Start.
J. Garner.
Jul 76.

Services: Part of the program scope encompasses child abuse and neglect. Identification services are emphasized. Social work counseling and child management classes are offered directly to parents, with couples counseling, family counseling, individual therapy, family planning assistance, medical care, and welfare services obtainable through referrals. Child management classes and medical care services are purchased for parents from other sources. Children receive medical care, specialized therapy, and educational programming services through referrals. Duplications of these services are also purchased for children from other programs. Follow-up is maintained through home visits and staff call backs conducted as needed.

Clientele: Services to families are stressed. Clients are drawn from low-income, rural, and urban areas.

Staffing: The program staff consists of nurses, social workers, and teachers.

Organization: The administering organization is governed by the Maricopa County Board of Supervisors. The program is evaluated through the National Head Start Self Assessment Instrument and through staff and parent evaluations of the total program.

Coordination: Cases are reported by name to the Protective Services. Medical, dental, and psychological services are purchased from the Maricopa County Health Department.

Funding: Most of the program finances will come from direct federal funds.

CP-01869

Navajo Nation, Window Rock, Ariz. Judicial Branch.
P.O. Box 447
Window Rock, AZ 86515
Navajo Juvenile Court.
V. L. Kirk, Sr., and P. B. Esplain.
Jun 69.

Services: Part of the program scope focuses on child abuse and neglect. Services in the areas of identification and follow-up are available. Social work counseling and individual therapy are offered to parents through referrals. Individual therapy and foster care services are furnished to children through referrals. Follow-up reports are sent to the Bureau of Indian Affairs Social Services twice annually.

Clientele: The Court deals primarily with individual children. During the last fiscal year, identification services were provided to 68 individual children, and follow-up services were provided to 98 individual children. Clients are drawn from low-income rural areas.

Staffing: The program staff consists of juvenile judges and probation officers. The addition of a Chief Probation Officer position is anticipated.

Organization: The administering organization is governed by the Navajo Tribal Council. Evaluations are provided by outside experts and by tribal political bodies.

Coordination: Government social service agencies, law enforcement agencies, concerned individuals, and prospective clients are the major referral sources. Cases are reported by gross numbers only to the Tribal Council and by identifying code to outside organizations for research purposes. Judges and probation officers are shared with the Trial Court of the Navajo Nation, and judges are shared with the Court of Appeals of the Navajo Nation.

Funding: During the last fiscal year, direct federal funds accounted for 3 percent of the program finances.

California

CP-01870

Air Force Regional Hospital, March AFB, Calif.
March AFB, CA 92508
Air Force Child Advocacy Program.
V. Chong, and T. Weaver.
Nov 75.

Services: Most of the program scope encompasses child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. Medical care services are offered directly to parents; referrals provide for social work counseling, family counseling, and welfare assistance. Welfare assistance is also purchased for parents from another program. Children receive medical care directly; referrals furnish foster care services. Follow-up is maintained by committee and individual investigations conducted on a quarterly basis or as needed.

Clientele: Services to military families are emphasized.

Organization: The administering organization is governed by the U.S. Air Force. Program evaluation is maintained according to AFR 160-38.

Coordination: Hospitals, government social service agencies, law enforcement agencies, and neighbors are the major referral sources. Cases are reported by name to the U.S. Air Force registry. Case information is shared with all military agencies.

Funding: During the last fiscal year, most of the program finances came from direct federal funds.

CP-01871

Child Sexual Abuse Treatment Program, San Jose, Calif.
840 Guadalupe Pky.
San Jose, CA 95110
Child Sexual Abuse Treatment Program.
H. Giarretto.
Jul 71.

Services: Treatment services are emphasized. Social work counseling, parent aides, group therapy, couples counseling, family counseling, individual therapy, and employment assistance services are offered directly to parents. Referrals provide them with housing assistance, welfare assistance, and family planning assistance. Child management classes for parents are purchased from another program. Children receive individual therapy directly and play therapy through referrals. Follow-up is maintained on at least a monthly basis by the Juvenile Probation Department and by the Adult Probation Department. Staff and members of Parents United also maintain irregular follow-up. An expansion of program services is anticipated.

Clientele: Individual children, children in groups, individual parents, parents in groups, and families are served. Approximately 180 families were referred to the program in 1975. Clients come from mixed-income suburban and urban areas.

Staffing: The program staff consists of family counselors and juvenile probation officers. An expansion of the staff is anticipated.

Organization: The program is directly supervised by the Santa Clara County Juvenile Probation Department.

Coordination: Private physicians, social service agencies, schools, legal authorities, concerned individuals, and clients themselves are the major referral sources. Cases are reported by name to the legal authorities and juvenile services. Case evaluation information is shared with the Juvenile Probation Department and with the Adult Probation Department.

Funding: During the last fiscal year, state-administered federal and private funds accounted for approximately 56 and 44 percent of the program finances, respectively. A foundation contributed most of the private funds.

CP-01872

Children's Home of Stockton, Inc., Calif.
430 N. Pilgrim St.
Stockton, CA 95205
Children's Home of Stockton.
W. J. Griffin.
1906.

Services: Part of the program scope focuses on child abuse and neglect. Children receive individual therapy, foster care, and residential care services directly.

Clientele: Services to children in groups are emphasized. During the last fiscal year, treatment services were provided to 95 children in groups. Clients are drawn from low-income, rural, suburban, and urban areas.

Staffing: The program staff consists of nurses and social workers.

Organization: The California State Department of Health conducts annual licensing reviews of the program and the California Association of Children's Residential Centers conducts peer reviews.

Coordination: The program is affiliated with the California Association of Children's Residential Centers. Government social service agencies are the major referral source. Cases are reported by name to social service authorities.

Funding: During the last fiscal year, county and private funds accounted for approximately 89 and 11 percent of the program income, respectively.

CP-01873

Children's Rights Organization, Marina del Rey, Calif.

P.O. Box 9494
Marina del Rey, CA 90291
Children's Rights Organization.
M. B. Cowan.
Jan 73.

Services: Most of the program scope encompasses child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. The emphasis of the program is on youth advocacy. Social work counseling, group therapy, couples counseling, family counseling, individual therapy, health counseling, child management classes, and legal information services are offered directly to parents. They are referred to other programs for Parents Anonymous, homemaking services, health counseling, child management classes, residential care, medical care, family planning assistance, legal information, and welfare services. Children receive play therapy, individual therapy, youth advocacy, legal information, and legal assistance services directly. Legal information and assistance are also available by referral. Follow-up is maintained through individual contacts as needed.

Clientele: Individual children, children in groups, individual parents, and families account for approximately 90, 7, 1, and 2 percent of the clientele, respectively. Clients are drawn from middle- and upper-income, suburban, and urban areas.

Staffing: The program staff consists of family counselors, lawyers, psychiatric social workers, social workers, teachers, and volunteers.

Coordination: Government social service agencies, law enforcement agencies, parents, neighbors, and prospective clients are the major referral sources. Information is shared with interested individuals and organizations.

Funding: During the last fiscal year, most of the program finances came from personal donations.

CP-01874

Clear Water Ranch Children's House, Inc., Santa Rosa, Calif.

311 S. E. St.
Santa Rosa, CA 95401

Clear Water Ranch Children's House.
C. S. Sugiyama.
Dec 51.

Services: Part of the program scope focuses on child abuse and neglect. Treatment services are stressed. Residential care for children is the primary service.

Clientele: Most of the clients are children drawn from urban areas.

Staffing: The program staff consists of child welfare personnel, psychiatric social workers, and psychiatrists.

Organization: The administering organization is governed by a board of directors.

Coordination: Government social service agencies, courts, and parents are the major referral sources. Cases are reported by name to the social welfare services.

Funding: During the last fiscal year, county funds and personal donations accounted for 97 and 3 percent of the program finances, respectively.

CP-01875

Coleman Children and Youth Services, San Francisco, Calif.

1855 Folsom St.
San Francisco, CA 94103

Coleman Children and Youth Services.
I. Okun, and M. Borovoy.
Apr 74.

Services: Most of the program scope encompasses child abuse and neglect. The program

plans, coordinates, and facilitates a comprehensive emergency service system for the dependent, neglected, and abused children of San Francisco. Housing assistance and residential care services are offered to parents through referrals. An increased financial seeding of nonprofit groups which can render comprehensive emergency services is anticipated.

Clientele: Public agencies concerned with child abuse and neglect are the major program clients.

Organization: The program is operated by a private, nonprofit agency governed by its Board of Directors.

Coordination: Research, evaluation, and program development information is shared with all municipal and private agencies concerned with abuse and neglect.

Funding: During the last fiscal year, most of the program income came from a foundation.

CP-01876

Committee to End Violence Against the Next Generation, Berkeley, Calif.

977 Keeler Ave.
Berkeley, CA 94708

End Violence Against the Next Generation.
A. Maurer, and H. Zuckerman.
Oct 71.

Services: The Committee collects and disseminates information regarding corporal punishment, educates the public about the effects of such punishments, promotes alternative methods of raising and educating children, and reduces in every possible way the amount of violence directed against the next generation in order to secure for posterity a more peaceful, creative, successful and intelligent society. Since the program's beginning, it has expanded from strictly California membership to a national and even international scale. The development of professional materials for the in-service training of educators and the development of a speakers bureau are anticipated.

Clientele: Information is disseminated to parents, children, educators, and other concerned professionals.

Staffing: The program staff consists of psychologists.

Organization: The program is evaluated through informal feedback from the recipients of program information.

Coordination: The program newsletter is exchanged with approximately 25 other organizations.

Funding: During the last fiscal year, most of the program income came from private donations.

CP-01877

David Grant USAF Medical Center, Travis AFB, Calif.

Travis AFB, CA 94535
Child Advocacy Program.

T. G. Daniel, and J. J. Tomasovic.
Apr 74.

Services: Most of the program scope encompasses child abuse and neglect. Social work counseling, lay therapy, welfare assistance, family planning assistance, medical care, and residential care services are offered directly to parents. Parents are referred to other programs for group therapy, couples counseling, family counseling, individual therapy, health counseling, child management classes, employment assistance, and housing assistance. Children receive medical care and residential care services directly, and individual therapy, specialized therapy, and foster care services through referrals. Day care services are purchased for children from another program.

Clientele: Military personnel and their families are served. Individual children, children in groups, individual parents, parents in groups, and families account for approximately 5, 5, 60,

20, and 10 percent of the total clientele, respectively. Clients are drawn from mixed-income suburban areas.

Staffing: The program staff consists of child welfare personnel, criminologists, doctors, family counselors, lawyers, nurses, pediatricians, program evaluators, psychiatric social workers, psychiatrists, psychologists, and social workers.

Organization: The administering organization is governed by Military Airlift Command, Travis AFB, Calif. Evaluation is conducted through review of records and case reports by the Surgeon's Office, Military Airlift Command, and by the Office of the Surgeon General, U.S. Air Force.

Coordination: Government social service agencies, schools, legal authorities, parents, neighbors, military physicians, military mental health personnel, and victims are the major referral sources. Cases are reported by name to the legal authorities and to the U.S. Air Force Office of Special Investigation. Cases are reported by identifying code to the juvenile services, social services, and health departments. Caseworkers are shared with the Solano County Child Protection Service, and with the California Child Welfare Agency.

Funding: During the last fiscal year, most of the program finances came from direct federal funds.

CP-01878

Fred Finch Youth Center, Oakland, Calif.

3800 Coolidge Ave
Oakland, CA 94602

Residential Treatment Center.
C. Nordstrom, and B. Fischer.
1891.

Services: Part of the program scope encompasses child abuse and neglect. Social work counseling, group therapy, family counseling, and individual therapy services are offered directly to parents. Children receive therapeutic day care, medical care, play therapy, individual therapy, and residential care services directly. Medical care for children is purchased from another program. Follow-up is maintained through contact with the family within 2 months after discharge, and through contact with schools or other agencies once after discharge.

Clientele: Services to families are emphasized. During the last fiscal year, treatment services were provided to 105 families, and follow-up services were provided to 12 families. Clients are drawn from mixed-income, rural, suburban, urban, and inner-city areas.

Staffing: The program staff consists of nurses, psychiatric social workers, psychiatrists, teachers, and occupational therapists.

Organization: The program is evaluated by the County Mental Health Department and by the Joint Committee on the Accreditation of Hospitals.

Coordination: Medical authorities, social service agencies, schools, parents, and courts are the major referral sources.

Funding: During the last fiscal year, state, state-administered federal, county, and private funds accounted for approximately 68, 8, 3, and 21 percent of the program finances, respectively. Voluntary agencies, foundations, personal donations, and fees from individual clients generated most of the private funds.

CP-01879

Friends of the Family, Van Nuys, Calif.

14522 Kittridge St.
Van Nuys, CA 91405

Child Abuse Prevention and Treatment.
G. T. Hirsch, and P. Gunnerson.
Jul 72.

Services: Part of the program scope encompasses child abuse. The program offers services and education designed to encourage

and support the healthy elements about the family. Services in the areas of identification, prevention, treatment, and follow-up are available. Group therapy, couples counseling, family counseling, individual therapy, health counseling, child management classes, family planning assistance, 24-hour help line, and walk-in clinic services are offered directly to parents. Children receive play therapy and individual therapy services directly. Follow-up is maintained through regular self-concept evaluations conducted over a 1-year period.

Clientele: Individual children, individual parents, parents in groups, and families are served. During the last fiscal year, identification, prevention, treatment, and follow-up services were provided to 15, 25, 40, and 10 individual children; 25, 50, 75, and 25 individual parents; and to 15, 25, 0, and 15 families, respectively. During the same period, identification and prevention services were provided to 10 parents in groups. Clients are drawn from low-income, suburban and urban areas.

Staffing: The program staff consists of family counselors and psychologists.

Organization: The program is evaluated through regular self-concept evaluations and professional counselors' evaluations conducted over a 1-year period.

Coordination: Medical and legal authorities, social service agencies, schools, and victims are the major referral sources. General information regarding the program is shared with any interested public or private organization.

Funding: During the last fiscal year, most of the program income arose from private sources.

CP-01880

Hathaway Home for Children, Los Angeles, Calif.

840 N. Ave. 66
Los Angeles, CA 90042

Hathaway Home for Children,
M. S. Hindin.
1919.

Services: Most of the program scope encompasses child abuse and neglect. Treatment services are emphasized. Social work counseling, group therapy, family counseling, individual therapy, and residential care are offered directly to parents. Children receive play therapy, individual therapy, group therapy, and residential care services directly.

Clientele: During the last fiscal year, treatment services were provided to 38 children, 15 individual parents, 6 parents in groups, and 21 families. Clients are drawn from low-income, inner-city areas.

Staffing: The program staff consists of child welfare personnel, psychiatric social workers, psychiatrists, psychologists, and teachers.

Organization: Periodic program review is maintained through weekly staff conferences and biweekly case conferences with a psychiatrist.

Coordination: All cases are referred by the Los Angeles County Department of Public Social Services and case information is shared with them.

Funding: During the last fiscal year, county and private funds accounted for 90 and 10 percent of the program finances, respectively. Private funding sources included United Way and personal donations.

CP-01881

Junior League of Los Angeles, Calif.
1129 N. State St.

Los Angeles, CA 90033

Selected Services for the Families of Abused and Neglected Children.
D. B. Friedman.
Jun 76.

Services: Most of the program scope encompasses child abuse and neglect. Social work counseling, parent aide, group therapy, cou-

ples counseling, family counseling, individual therapy, child management classes, employment assistance, and medical care services are offered directly to parents. Parents Anonymous, homemaking services, health counseling, family planning assistance, residential care, and employment, housing, and welfare assistance are provided through referrals. Children receive day care, therapeutic day care, medical care, play therapy, and individual therapy services directly. Children may be referred for day care, therapeutic day care, medical care, specialized therapy, foster care, and residential care. Follow-up is maintained through weekly to monthly home visits and through quarterly to twice annual checks of protective service records.

Clientele: Services to families are stressed. Clients are drawn from mixed-income, suburban, urban, and inner-city areas.

Staffing: The program staff consists of family counselors, lay therapists, nurses, pediatricians, psychologists, and social workers.

Organization: The program is conducted jointly with the Division of Family and Child Development, University of Southern California Medical Center. Program evaluation procedures which utilize family functioning and recidivism as criteria are being developed.

Coordination: Medical and legal authorities, social service agencies, schools, concerned individuals, and prospective clients are the major referral sources. Cases are reported by name to the legal authorities, social services, and to a central registry maintained by the State Attorney General. A nurse and a social worker are shared with the University of Southern California Medical Center.

Funding: A voluntary agency will provide most of the program finances.

CP-01882

Los Angeles City Schools, Calif.
590 N. Grand

Los Angeles, CA 90012

Sophia T. Salvin School Parent Program.
B. Gold, and A. Eskovitz.
Oct 72.

Services: Child abuse and neglect constitute part of the program focus. The services directly available to parents include child management classes and parent-teacher conferences; social work counseling, Parents Anonymous, and welfare assistance are available through referrals. Specialized therapy and a school program are available directly to children. Follow-ups may be conducted through home visits or parent-teacher conferences.

Clientele: Children and parents from low-income inner-city areas are served by the program.

Staffing: Nurses, teachers, and a parent coordinator are on the program staff.

Organization: The Los Angeles City United School District supervises operation of the program.

Coordination: Cases are referred to the program via government social service agencies and self-referrals. Active cases are reported by name to the police or judiciary. Pertinent information is shared with the University of California Medical School and the State Department of Protective Services.

Funding: In the last fiscal year, the program was funded by the City.

CP-01883

Napa County Dept. of Social Services, Napa, Calif.

720 Randolph
Napa, CA 94558

Child Protective Service.
J. Powell, and J. Lenna.
1964.

Services: Child abuse and neglect are the major concerns of the program. Social work counseling, group therapy, couples counseling, family counseling, individual therapy, and residential care are provided directly to families. Individual therapy and foster care are provided directly to children. Comprehensive social, health, and welfare services are available to families and children by referral. A 24-hour response capability is being developed.

Clientele: Individual parents are the primary clients; individual children, parents in groups, and families are also served. They are drawn from rural, suburban, and urban mixed-income areas. In the last fiscal year 515 cases were identified and 350 were treated.

Staffing: Six social workers comprise the staff.

Organization: The administering organization is governed by the Napa County Board of Supervisors. Quarterly statistical reports are sent to the State Department of Health, Program Information Bureau.

Coordination: Case information is shared (with client authorization) with Juvenile Probation, Public Health, Mental Health, and Juvenile Officers. Cases are referred to the program by physicians, hospitals, social service agencies, schools, police, courts, day care facilities, the Probation Department, and concerned individuals. When physical abuse or neglect is involved, cases are reported to police and juvenile authorities, by name. Cases are also reported by name and code to social service authorities, and by gross numbers to the State Department of Health's central registry.

Funding: During fiscal year 74-75, the program received 75 percent state-administered federal funding and 25 percent county funding.

CP-01884

Naval Regional Medical Center, Oakland, Calif.
8750 Mountain Blvd.

Oakland, CA 94627

Child Advocacy Program.

A. R. Pearson.

1974.

Services: The program is primarily concerned with child abuse and neglect. Social work counseling, group therapy, family counseling, individual therapy, and medical care are provided for parents. Clients are also referred for social work counseling, group therapy, individual therapy, and child management classes. Medical care and individual therapy are provided for children, and specialized therapy is obtained through purchases.

Clientele: The program serves primarily individual children, individual parents, and parents in groups. Clients are from all income levels and locales.

Staffing: The program staff includes lawyers, nurses, pediatricians, psychiatric social workers, psychiatrists, and psychologists.

Organization: The program is organized as a committee working with the pediatric and psychiatric departments to cope with child abuse and neglect problems.

Coordination: Cases are usually referred by private physicians, government social service agencies, schools, and parents, and through self-referrals. Cases are reported to the police, juvenile services, social welfare services, and the Bureau of Medicine and Surgery, Navy Department, Washington, D.C., which is the supervising agency.

Funding: All funds are provided by the federal government.

CP-01885

Orthopaedic Hospital, Los Angeles, Calif.
2400 S. Flower St.
Los Angeles, CA 90007
Orthopaedic Hospital Social Services.
S. R. Serbell.

Services: While abuse and neglect do not occupy the program scope entirely, services in the areas of identification and treatment are rendered. Parents may receive social work counseling and medical care directly. Medical care is available directly to children.

Clientele: Individual children and individual parents from mixed-income urban, inner-city, and suburban areas are served by the program.

Staffing: Physicians, nurses, pediatricians, and social workers help staff the program.

Organization: Program activities are supervised by the Los Angeles Orthopaedic Foundation, a private nonprofit agency.

Coordination: The primary sources of case referrals are parents or guardians. Cases are reported by the program to legal authorities and social welfare agencies.

Funding: Financial support for program operation in the last fiscal year came from hospital funds.

CP-01886

San Diego County Dept. of Public Welfare, San Diego, Calif.
6950 Levant St.
San Diego, CA 92111
Dependent Children Section.
E. A. Cardall, and D. R. King.
Apr 72.

Services: The program is primarily focused on child abuse and neglect. Social work counseling, group therapy, couples counseling, family counseling, housing assistance, and family planning assistance are offered to families. Day care, play therapy, and foster care are provided for children. Group therapy, family planning assistance, residential care, and homemaking services for families are available by purchase. Residential, day, and foster care for children are also purchased. Clients are referred for Parents Anonymous, couples counseling, individual therapy, health counseling, employment assistance, welfare assistance, and medical care. Children are also referred for therapeutic day care, medical care, play therapy, individual therapy, and specialized therapy. Follow-up is maintained through staff review of recidivism, and institutional controls to ensure proper placement.

Clientele: During the last fiscal year 2,528 children and 499 families were served. Children and families served by the program are drawn from all socioeconomic areas.

Staffing: The staff includes social workers, psychologists, case aides, and a supervisor.

Organization: The program is supervised by the County Human Resources Agency and governed by the County Board of Supervisors. The program is evaluated through administrative review, which includes 2 private contractors.

Coordination: The program shares information with the San Diego County Probation Department and all county law enforcement agencies as necessary. The services of a psychologist are purchased from the San Diego County Community Mental Health Services. All agency referrals are from the Probation Department. Cases are reported to the courts, other social welfare services, and the state central registry.

Funding: Program funds for purchasing some services are provided by Medi-Cal and Title IVA. Approximately 75 percent of the program's income consists of state-administered federal funds and 25 percent, county funds.

CP-01887

San Diego County Dept. of Public Welfare, San Diego, Calif.
6950 Levant St.
San Diego, CA 92111
San Diego County Child Placement and Protective Services.
M. Rodgers, and R. Williams.

Services: Child abuse and neglect are the major focus of the program. Families are directly provided with social work counseling, family counseling, couples counseling, housing assistance, and family planning. Parents Anonymous, homemaking services, family planning, and residential care are purchased for families. Individual therapy and foster care are offered directly to children; specialized therapy, foster care, and residential care are purchased. Many other special, social, health, and welfare services are available to families through referrals. Follow-up is carried out according to client need by direct or indirect contact.

Clientele: Families receive identification, prevention, and treatment services from the program. In the last fiscal year approximately 2,450 cases were served in addition to approximately 1,140 placement cases. Clients are drawn from various types of areas and mixed-income levels.

Staffing: Social workers, child welfare personnel, and case aides staff the program.

Organization: The administering organization is part of the San Diego County Human Resources Agency. It is governed by the San Diego County Board of Supervisors. Administrative review of the foster care program is being contracted out.

Coordination: Service-related information is shared with other agencies, with client permission. Cases are referred by medical authorities, social service agencies, schools, police, courts, and concerned individuals. Cases are reported by name to legal authorities and welfare authorities. They are reported by name and code to the central registry maintained by the California State Department of Health. Social workers are shared with Youth Service Bureaus and the police.

Funding: Approximately 75 percent of the program's income was state-controlled federal funds, and the remainder came from the county during the last fiscal year.

CP-01888

San Francisco Dept. of Social Services, Calif.
P.O. Box 7988
San Francisco, CA 94120
Child Protective Services.
R. Farrington, and A. Ghosh.
1955.

Services: Most of the program scope encompasses child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. Social work counseling, parent aides, group therapy, family counseling, individual therapy, health counseling, family planning, housing, employment, and welfare services are offered directly to parents, with social work counseling, group therapy, family counseling, individual therapy, health counseling, child management classes, family planning assistance, legal counseling, and homemaking services available through referrals. Children receive play therapy, individual therapy, foster care, and residential care services directly, with day care, medical care, and specialized therapy furnished through referrals. Therapeutic day care is purchased from another program. Follow-up is maintained by another agency.

Clientele: Clients are served primarily as family units. During the last fiscal year, identification, prevention, treatment, and follow-up services were provided to 1734 children and 863 families. Clients are drawn from mixed-income urban areas.

Staffing: The program staff consists of child welfare personnel and social service technicians.

Organization: The administering organization is governed by the California State Department of Health. Administrative review is conducted by the Assistant Director of the program, with state and federal audits also conducted periodically.

Coordination: Medical and legal authorities, social service agencies, schools, concerned individuals, victims, and day care personnel are the major referral sources. Cases are reported by name to the legal authorities, juvenile services, and to a state central registry. All case information is shared with the Juvenile Probation Department, and information is shared with other social agencies with the client's permission. A more formalized team approach with the Juvenile Probation Department is being undertaken, which includes sharing of facilities.

Funding: Direct federal funds accounted for 75 percent of the program finances during the last fiscal year; county and city funds accounted for the remaining 25 percent.

CP-01889

Women's Resource Center, Oceanside, Calif.
1105 and One-Half S. Hill St.
Oceanside, CA 92054
Women's Resource Center.
B. Chase.
Oct 74.

Services: Part of the program scope encompasses child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. Social work counseling, Parents Anonymous, child management classes, housing assistance, welfare assistance, and family planning assistance services are offered directly to parents; referrals provide for social work counseling, individual therapy, housing assistance, and family planning assistance. Individual therapy services are purchased for parents from another program. Children receive play therapy service directly; referrals furnish day care, therapeutic day care, medical care, play therapy, individual therapy, and foster care services. Follow-up is maintained through personal contact, mail correspondence, and telephone calls conducted on a weekly or monthly basis. The initiation of a 24-hour crisis center for abused children is anticipated.

Clientele: Individual children, children in groups, individual parents, and parents in groups account for approximately 10, 20, 20, and 50 percent of the total clientele, respectively.

Staffing: The program staff consists of social workers.

Organization: The administering organization is governed by Human Care Services of San Diego County. The program is evaluated on a monthly basis by the governing organization.

Coordination: Hospitals, social service agencies, schools, legal authorities, and victims are the major referral sources. Cases are reported by name to the legal authorities and to the social services. Relevant information is shared with Tri-City Hospital.

Funding: During the last fiscal year, county revenue sharing accounted for most of the program finances.

CP-01890

Youth Advocates, Inc., Sausalito, Calif.
3000 Bridgeway
Sausalito, CA 94965
Youth Advocates.
S. Lieberman, B. Slattery, and A. Perkins.
Jun 67.

Services: Part of the program scope focuses on child abuse and neglect. Group therapy, family counseling, and health counseling services are

offered directly to parents. Children receive medical care, individual therapy, foster care, residential care, and legal services directly. Individual therapy is also available to children through referrals. Follow-up is maintained through staff and evaluator phone contacts. More youth participation projects are anticipated.

Clientele: Individual children and families account for approximately 75 and 25 percent of the clientele, respectively. Clients are drawn from mixed-income, suburban, urban, and inner-city areas.

Staffing: The program staff consists of child welfare personnel, family counselors, lawyers, nurses, pediatricians, program evaluators, psychiatrists, psychologists, and social workers.

Organization: The program is evaluated through continual reassessment of objectives, follow-up interviews of clients and parents, and pretreatment-posttreatment testing.

Coordination: Social service agencies, schools, legal authorities, concerned individuals, and prospective clients are major referral sources. Cases are reported by name and by gross numbers to juvenile and social services authorities. Evaluation summaries and statistical and progress reports are shared with the U.S. Department of Health, Education, and Welfare. Evaluation services are purchased from the Institute for the Study of Social and Health Issues in San Francisco.

Funding: During the last fiscal year, direct federal, county, city, and private funds accounted for 56.8, 14.4, 24.2, and 4.6 percent of the program finances, respectively. Private funds were contributed by voluntary agencies, foundations, and individuals.

CP-01891

YWCA of Santa Cruz, Calif.

301 Center St

Santa Cruz, CA 95061

Santa Cruz Community Drop-In Child Care Center.

P. Hagberg, and M. Burt.

Sep 74.

Services: Part of the program scope is focused on abuse and neglect. Direct services to children include day care and emergency child care.

Clientele: In the last fiscal year, approximately 30 individual children and 25 families were served by the program. Clients are generally drawn from low-income urban environments.

Staffing: The staff consists of specially trained teachers.

Organization: The program is administered by a private youth agency. Evaluations are performed by in-house staff as well as by the center's parents board.

Coordination: Cases are referred to the program by government social service agencies, guardians, concerned individuals, self-referrals, parental stress agencies, community counseling agencies, and child protection agencies.

Funding: In the last fiscal year most of the program income was derived from city funds; fees from individual clients comprised the remainder.

Hawaii

CP-01892

Developmental Counseling Services, Hilo, Hawaii.

450 Waiānānui Ave.

Hilo, HI 96720

Developmental Counseling Services.

J. P. Carpenter.

Jan 75.

Services: Part of the program scope encompasses child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. Social work counseling, parent aide, group therapy, couples counseling, family counseling, individual therapy, and health counseling services are offered directly to parents. Referrals are made for parent aide, Parents Anonymous, individual therapy, homemaking services, health counseling, child management classes, residential care, medical care, family planning assistance, and employment, housing, and welfare assistance. Children may receive play therapy and individual therapy services directly. Day care, therapeutic day care, medical care, specialized therapy, foster care, and residential care services are furnished to children through referrals. Follow-up is maintained through telephone calls and interviews conducted at 6 months post-termination. Follow-up is also accomplished through feedback from other agencies. Since its inception, the program has shifted from a countywide outreach program to a more clinical focus in major population centers.

Clientele: Clients are primarily drawn from mixed-income, rural, suburban, and urban areas.

Staffing: The program staff consists of psychiatric social workers, psychologists, training specialists, and an educational therapist.

Organization: The administering organization is governed by the Hawaii County Community Mental Health Services. The program is evaluated through follow-up investigations and through child and family self-reports.

Coordination: Medical authorities, government social service agencies, schools, law enforcement agencies, parents, siblings, relatives outside the immediate family, and prospective clients are the major referral sources. Cases are reported by name to the legal authorities, juvenile services, social services, health departments, and other members of the community. Nonpunitive data are shared with the Department of Social Services and Housing, the police, and educational authorities.

Funding: During the last fiscal year, state sources contributed approximately 99 percent of the program finances. The private funds which were received consisted primarily of personal donations.

FEDERAL REGION X

Alaska

CP-01893

Alaska Univ., Fairbanks, Dept. of Psychology, Sociology and Social Work Education.
Fairbanks, AK 99701

Division of Social Services Staff Development Education.

T. L. Drahn, and E. M. Lally.
Jul 75.

Services: Part of the program scope encompasses child abuse and neglect. The main function of the program is to provide social service staff education and training.

Clientele: Social service staff are the primary recipients of program services.

Staffing: The program staff consists of psychiatrists and social workers.

Coordination: Training materials are shared with various social service organizations in the area.

Funding: State-administered federal funds will provide most of the program finances.

CP-01894

Army Child Advocacy Program, Ft. Wainwright, Alaska.

Ft. Wainwright, AK 98731
Army Child Advocacy Program.
W. Martin, and N. E. Smith.
Jan 76.

Services: Most of the program scope encompasses child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. Social work counseling, family counseling, and individual therapy are offered directly to parents. They are referred to other programs for group therapy, couples counseling, homemaking services, health counseling, child management classes, family planning assistance, and medical care services. Children receive day care, medical care, individual therapy, specialized therapy, and foster care services through referrals. Efforts to encourage greater awareness of the problem of child abuse and neglect are anticipated.

Clientele: Services are designated for military personnel and their families, individual children, individual parents, and families are served. Clients are drawn from urban areas.

Staffing: The program staff consists of dentists, physicians, family counselors, lawyers, nurses, nutritionists, pediatricians, psychiatric social workers, psychiatrists, social workers, and social work technicians.

Organization: The Program is governed by the Commanding Officer, Ft. Wainwright, Alaska.

Coordination: Hospitals, government social service agencies, schools, law enforcement agencies, parents, neighbors, and victims are the major referral sources. Cases are reported by gross numbers to a central registry maintained by the State of Alaska. Relevant case information is shared with the Family Life Clinic, ACS Social Worker, Alaska Department of Social Services, other military installations, and community health workers. Social workers are shared with the Alaska Department of Social Services.

Funding: Direct federal funds will account for most of the program finances.

CP-01895

Fairbanks Health Center, Alaska.
800 Airport Way
Fairbanks, AK 99701
Child Protection Task Force.
C. Brice, and D. Schorr.
May 73.

Services: Most of the program scope encompasses child abuse and neglect. Services in the areas of identification, prevention, and follow-up are available. Parent aide services are offered directly to parents. Social work counseling, couples counseling, family counseling, and child management classes are available to parents through referrals. Children receive day care, individual therapy, and foster care services through referrals.

Clientele: Individual children, children in groups, individual parents, and families account for approximately 5, 5, 10, and 80 percent of the clientele, respectively. Clients are drawn from mixed-income, suburban and urban areas.

Staffing: The program staff consists of child welfare personnel, doctors, homemaker specialists, lay therapists, nurses, pediatricians, psychiatric social workers, psychologists, social workers, teachers, clergy, and a day care coordinator. All are volunteers.

Organization: The Task Force is governed by the Division of Mental Health, the Division of Social Services, and Fairbanks Health Center.

Coordination: Medical authorities, government social service agencies, schools, parents, neighbors, and victims are the major referral sources. Cases are reported by name to the social services and health departments, and by gross numbers to a state central registry.

Funding: During the last fiscal year, a service organization provided most of the program income.

Idaho

CP-01896

Idaho State Dept. of Health and Welfare, Boise.
1520 W. State
Boise, ID 83702
Child Protection Unit.
S. Cox, and S. Lewis.
1963.

Services: Part of the program scope focuses on child abuse and neglect. Social work counseling, family counseling, and individual therapy services are offered directly to parents. Comprehensive special, social, health, and welfare services are available by referral. Social work counseling, group therapy, family counseling, individual therapy, and residential care services are purchased for parents from other programs. Children receive medical care and foster care services directly. Day care, therapeutic day care, individual therapy, and specialized therapy are available by referral. Play therapy, individual therapy, residential care, and temporary shelter care services are purchased for children from other programs.

Clientele: Individual children and families account for approximately 10 and 90 percent of the clientele, respectively. The program averages 175 children (100 families) per month in referrals. Clients are drawn from low-income, rural and suburban areas.

Staffing: The program staff consists of child welfare personnel, homemaker specialists, lawyers, psychiatric social workers, psychologists, and social workers. Psychologists, nurses, and social workers are shared with other programs.

Organization: Line supervisory and trauma team case evaluations are conducted internally. The Region IV Health and Welfare Board also conducts evaluations.

Coordination: Medical and legal authorities, social service agencies, schools, concerned individuals, and prospective clients are the major referral sources. Cases are reported by name to the legal authorities, juvenile services, social services, health departments, the state central registry, and to Mountain Home Air Force Base. Reports of physical abuse and criminal activity are shared with law enforcement officials. Reports of abuse and joint staffing treatment recommendations are shared with the U.S. Air

Force. Social work and psychological treatment services are purchased from the Warm Springs Treatment Center. Psychological evaluations are purchased from Psychological Services, Inc.

Funding: During the last fiscal year, state and state-administered federal funds accounted for approximately 25 and 75 percent of the program finances, respectively.

CP-01897

Idaho State Dept. of Health and Welfare, Caldwell, Region III.
107 Poplar St.
Caldwell, ID 83605
Child Welfare Services.
L. M. Withers.
1972.

Services: Part of the program scope focuses on child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. Social work counseling, family counseling, and individual therapy services are offered directly to parents. Referrals provide them with group therapy, couples counseling, homemaking services, health counseling, employment assistance, welfare assistance, and family planning assistance. Children receive foster care and residential care services directly. Day care, medical care, play therapy, individual therapy, and specialized therapy are furnished through referrals. Follow-up is maintained with children and parents on a monthly basis.

Clientele: Individual children, individual parents, and families account for approximately 60, 30, and 10 percent of the total clientele, respectively. Clients are drawn from mixed-income rural and suburban areas.

Staffing: The program staff consists of child welfare personnel and homemaker specialists. Increased training for line workers is anticipated.

Organization: The program is monitored on a quarterly basis by its own regional consultants.

Coordination: Medical and legal authorities, government social service agencies, schools, parents, relatives outside the immediate family, and neighbors are the major referral sources. Cases are reported by name to the welfare authorities and to a state central registry maintained by the administering organization's Data Management division.

CP-01898

Idaho State Dept. of Health and Welfare, Idaho Falls, Region VII.
1655 Woodruff
Idaho Falls, ID 83401
Child Abuse and Neglect -- Child Protection Services.
R. Parish, and R. Redden.
1973.

Services: Child abuse and neglect are the primary concerns of the program. Social work counseling, lay therapy, group therapy, homemaking services, health counseling, parent training, employment, housing, and welfare assistance, and residential care are offered to parents and families directly. Foster care and residential care are provided directly to children. Group therapy, family and couples counseling, individual therapy, and medical care are purchased for families. Day care, medical care, therapeutic day care, individual and specialized therapy, and crisis nursery services are available to children by purchase. Many of these services and also Parents Anonymous and family planning are available by referral. Follow-up consists of monthly client contact and case evaluation every 3 months. Increased legal assistance is anticipated.

Clientele: Individual children and families, primarily, and some children and parents in groups receive identification, prevention, and

treatment services. They are drawn from rural and urban mixed-income areas.

Staffing: The program staff includes a family counselor, homemaker specialists, a lawyer, 15 lay therapists, 6 social workers, 3 training specialists, 15 to 20 volunteers, and a program evaluator.

Organization: The program is evaluated semi-annually by the State Child Protection Coordinator, Division of Welfare.

Coordination: Information related to identification or treatment of families is shared with Eastern Idaho Community Mental Health Center, police, or other agencies involved. Staff are shared with Head Start, Adult Services, and the Regional Day Care Center. Cases are referred to the program from a variety of sources. Cases are reported by code to the central registry maintained by the State Health and Welfare Department in Boise.

Funding: During the last fiscal year 25 percent of the program income came from state funds, and 75 percent consisted of state-administered federal funds.

CP-01899

Northwest Federation for Human Services, Boise, Idaho.

P.O. Box 2526
Boise, ID 83701

Demonstration Project for the Prevention of Child Abuse and Neglect.

J. A. Bax, and J. Teverbaugh.
Jul 75.

Services: The current program emphasis is on resource identification and development, training, and technical assistance. Parents Anonymous services are offered through arrangement with another program. Program activities are conducted in Washington, Oregon, Idaho, and Alaska as this is the Region X Resource Center.

Clientele: Clients are drawn from mixed-income, rural, suburban, urban, and inner-city areas.

Staffing: The program staff consists of program evaluators, social workers, and training specialists.

Organization: The administering organization is supervised by the U.S. Department of Health, Education, and Welfare. Program evaluations are conducted by Associate Control Research and Analysis (ACRA), Washington, D.C.

Coordination: The resource center will share information with all child protective, judicial, law enforcement, and educational programs within the states of Washington, Oregon, Idaho, and Alaska. The program is assisting in the development of Parents Anonymous Northwest in Portland, Oregon, and in the development of the Suspected Child Abuse and Neglect Center, Spokane, Washington.

Funding: Direct federal funds accounted for program's finances for the fiscal year 1975-76.

Oregon

CP-01900

Clackamas County Head Start, Marylhurst, Oreg.

P.O. Box 182
Marylhurst, OR 97036

Family-Based Project.
P. Minata, and A. Covert.
Aug 75.

Services: Most of the program scope encompasses child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. Social work counseling, family counseling, individual therapy, family planning assistance, and transportation services are offered directly to parents. They are referred to other programs for Parents Anonymous, couples counseling, homemaking

services, health counseling, family planning assistance, and welfare services. Child management classes, medical care, and dental care services are purchased for parents from other programs. Children receive individual therapy, play therapy, and educational services directly, and foster care and residential care through referrals. Day care, medical care, and specialized therapy services are purchased for children from other programs. Follow-up is maintained through weekly communication with referral agencies and monthly communication with some families.

Clientele: Family units are served. Clients are drawn from low-income, rural areas.

Staffing: The program staff consists of social workers.

Organization: The administering organization is governed by the Clackamas County Children's Commission. Program evaluations are conducted via interviews with program clients by the Regional Research Institute for Human Services in Portland.

Coordination: Government social service agencies are the major referral source. Cases are reported by name to social service authorities. Relevant case information is shared with the Oregon Children's Services Division.

Funding: Direct federal funds will account for most of the program finances.

CP-01901

Lane County Juvenile Dept., Eugene, Oreg.

2411 Centennial Blvd.

Eugene, OR 97401

Parent Education Program.

D. M. Mihalow.

Apr 69.

Services: Part of the program is concerned with child neglect. The program provides parent education which includes child management and family management components. Parents are referred for social work counseling, couples counseling, and family counseling. Children are afforded counseling to improve problem solving skills and promote self-understanding. Children are referred for individual therapy. Follow-up is maintained by the counselor and through questionnaires a year after completion of therapy.

Clientele: The program works only with parents in groups and children in groups. Clientele are primarily from the middle- and upper-income brackets and live in suburban areas.

Staffing: The program staff includes family counselors, social workers, and court counselors.

Organization: The program is jointly supervised by the Circuit Court of Lane County and the County Commissioners. The program is evaluated internally.

Coordination: Personnel are shared with the alcohol education unit. Social service agencies, law enforcement agencies, courts, and self-referrals are the main sources of cases.

Funding: The program was funded entirely by the county in the last fiscal year.

Washington

CP-01902

Naval Hospital, Whidbey Island, Wash.

Oak Harbor, WA 98278

Child Advocacy Program.

H. T. Beatty.

May 76.

Services: Most of the program scope encompasses child abuse and neglect. Services in the areas of identification, treatment, and follow-up are available. Family counseling, individual therapy, health counseling, family planning assistance, and medical care services are offered directly to parents. They are referred to other programs for social work counseling,

family counseling, individual therapy, health counseling, and medical care. Children receive medical care services directly, and medical care, specialized therapy, foster care, and residential care services through referrals. Specialized therapy is also purchased for children from another program.

Clientele: Military personnel and their families are eligible for program services. Individual children, individual parents, and families are served. Clients are drawn from middle- to upper-income strata.

Staffing: The program staff consists of doctors, lawyers, pediatricians, psychiatrists, and social workers.

Organization: The administering organization is governed by the Bureau of Medicine and Surgery, Department of Defense. The program is evaluated by the Child Advocacy Program Committee, the Child Advocacy Representative, and by management personnel.

Coordination: Medical and legal authorities, social service agencies, schools, concerned individuals, and victims are the major referral sources. Cases are reported by name to social service authorities and to a central federal registry. Cases are also reported by identifying code and gross numbers to the central federal registry. Follow-up and action information are shared with the Naval Investigative Service Office, and follow-up information is shared with the Health and Social Services Department of the State of Washington.

CP-01903

Ryther Child Center, Seattle, Wash.

2400 N.E. 95th St.

Seattle, WA 98115

Project Prevention.

S. S. Sodergran.

Jun 69.

Services: Part of the program scope focuses on child abuse and neglect. Services in the areas of prevention and treatment are available. Social work counseling, lay therapy, group therapy, couples counseling, family counseling, individual therapy, child management classes, and prenatal counseling as well as support are offered directly to parents. They are referred to other programs for Parents Anonymous, health counseling, employment assistance, housing assistance, family planning assistance, and medical care. Children receive individual therapy, foster care, and birth counseling services directly. Referrals provide them with medical care, play therapy, and birth counseling services. Day care, therapeutic day care, and specialized therapy services are purchased for children from other programs. The program has evolved from a research pilot study on the feasibility of preventing emotional disturbance through counseling of mothers and families to a strictly service-oriented program.

Clientele: During the last fiscal year, treatment services were provided to 23 individual children, 11 children in groups, 10 individual parents, 15 parents in groups, and 8 families. Clients are drawn from low-income areas.

Staffing: The program staff consists of psychiatric social workers, psychiatrists, psychologists, and students.

Organization: The center is operated by a private, nonprofit organization.

Coordination: Medical authorities, social service agencies, and prospective clients are the major referral sources. Cases are reported by name to the legal authorities, social services, and health departments. All pertinent case information is shared with Child Protective Services, schools, physicians, and public health nurses. The program director is shared with the Council for Prevention of Child Abuse and Neglect and with the Board of Parent Training Program North West Hospital.

Funding: During the last fiscal year, most of the program finances came from private funds. The sources of private funds included United Way of King County, personal donations, and fees from individual clients.

CHILD ABUSE AND NEGLECT PROGRAMS

FEDERAL REGION X—Washington

CP-01904
 Salvation Army, Spokane, Wash. Booth Care Center.
 W. 3422 Garland Ave.
 Spokane, WA 99205
 Mother-Child Program.
 J. H. Carr.
 Sep 72.

Services: A part of the program scope focuses on child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. Social work counseling, child management classes, housing assistance, family planning assistance, medical care, and residential care services are offered directly to parents, with employment assistance, welfare assistance, family planning assistance, and medical care obtainable through referrals. Group therapy services are purchased for parents from another program. Children receive day care, medical care, and residential care services directly, with medical care and foster care services furnished through referrals. Follow-up is maintained through home visits, telephone calls, and correspondence conducted as needed. An increase in educational services for parents is anticipated. **Clientele:** Services to families are emphasized. Clients are drawn from low-income urban areas.

Staffing: The program staff consists of child welfare personnel, doctors, nurses, psychiatrists, and social workers. Doctors are shared with other programs.

Organization: The administering organization is governed by the Salvation Army. The Territorial Headquarters of the Salvation Army maintains program evaluation through conferences, written reports, and semiannual visits.

Coordination: Social service agencies, the courts, relatives outside the immediate family, and victims are the major referral sources. Cases are reported by name to the legal authorities, juvenile services, social services, and health departments. Cases are reported by gross numbers only to the Salvation Army. General information is shared with the Single Parents Group and with the Department of Social and Health Services.

Funding: During the last fiscal year, state funds and personal donations accounted for most of the program finances.

CP-01905
 Salvation Army, Spokane, Wash. Booth Care

Center.
 W. 3422 Garland Ave.
 Spokane, WA 99205
 Troubled Teens.
 J. H. Carr.
 1913.

Services: Part of the program scope focuses on child abuse and neglect. Services in the areas of identification, prevention, treatment, and follow-up are available. Social work counseling, group therapy, family counseling, employment assistance, welfare assistance, medical care, and residential care services are offered to parents. Medical care, foster care, and residential care services are available to children. Follow-up is maintained through home visits, telephone contacts, and correspondence as needed.

Clientele: Services to individual children are emphasized. Clients are drawn from low-income urban areas.

Staffing: The program staff consists of child welfare personnel, dentists, doctors, nurses, pediatricians, psychiatrists, and social workers.

Organization: The administering organization is governed by the Salvation Army. Program evaluations are conducted by the State of Washington Department of Social and Health Services and by the Territorial Headquarters of the Salvation Army.

Coordination: The program is affiliated with the Washington Association of Child Care Agencies and with the Washington Association of Social Welfare. Private physicians, social service agencies, schools, legal authorities, parents, and relatives outside the immediate family are the major referral sources. Cases are reported by name to the legal authorities, juvenile services, social services, and health departments. Physicians are shared with the Sacred Heart Medical Center and pediatricians are shared with the Pediatric Group.

Funding: During the last fiscal year, state and private funds accounted for most of the program income.

CP-01906
 Salvation Army, Spokane, Wash. Booth Care

Center.
 W. 3422 Garland Ave.
 Spokane, WA 99205
 Services to Unwed Mothers.
 J. H. Carr.
 1913.

Services: A part of the program focuses on child abuse and neglect. Services in the areas of identification and follow-up are available. Social work counseling, group therapy, family counseling, family planning assistance, medical care, residential care, and welfare services are offered to parents. Medical care and residential care services are available to children. Follow-up is maintained through home visits, phone contacts, and correspondence as needed.

Clientele: Services to unwed mothers are emphasized. Clients are drawn from low-income, urban areas.

Staffing: The program staff consists of child welfare personnel, doctors, nurses, pediatricians, psychiatrists, and social workers.

Organization: The administering organization is governed by the Salvation Army. Program evaluations are conducted by the State of Washington Department of Social and Health Services and by the Territorial Headquarters of the Salvation Army.

Coordination: The program is affiliated with the Washington Association of Child Care Agencies and with the Washington Association of Social Welfare. Private physicians, social service agencies, schools, courts, siblings, relatives outside the immediate family, and victims are the major referral sources. Cases are reported by name to the legal authorities, juvenile services, social services, and health departments. Doctors are shared with the Sacred Heart Medical Center and pediatricians are shared with the Pediatric Group.

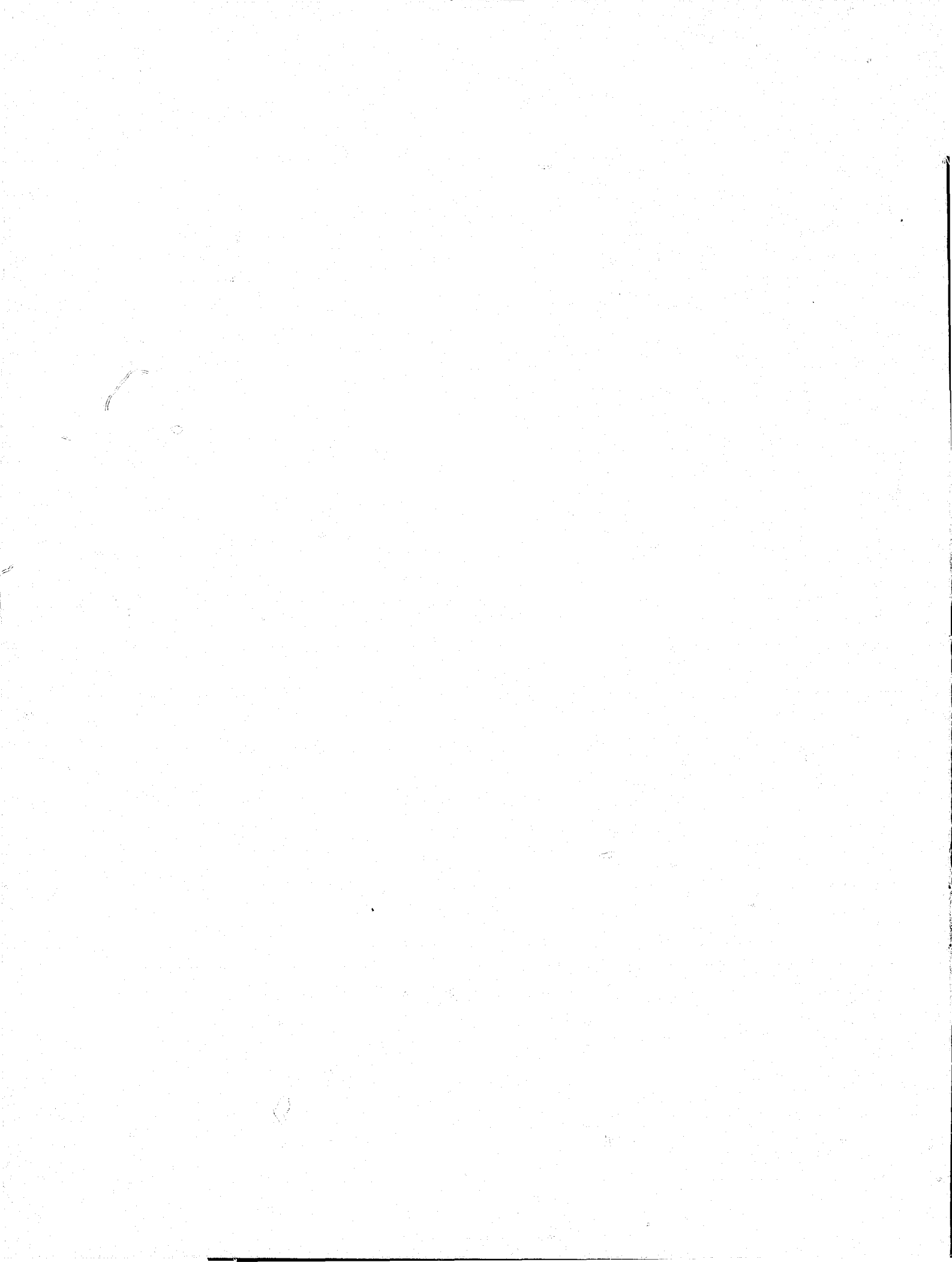
CP-01907
 Washington Congress Parents, Teachers, Students Association, Seattle.
 3847 48th Ave. S.W.
 Seattle, WA 98116
 Youth Services Committee.
 R. Nowak.
 May 74.

Services: Part of the program scope focuses on child abuse and neglect. Educational services are emphasized.

Clientele: The Committee works with parents, teachers, and students.

Organization: The administering organization is governed by the National Congress Parents, Teachers, Students Association.

Coordination: Information on educational technique is shared with school nurses statewide.



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Accession numbers of programs have "CP" prefixes and are displayed beneath and to the left of the titles, as shown in the sample below:

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Juvenile Rehabilitation.
CP-01836

ADRIANCE, J. G.
Mill Hill Infant Center -- A Family and Child
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CP-01724

ALPHER, R. W.
Family Center.
CP-01739

AMEDEO, J. P.
Somerset Hills School.
CP-01727

BALL, D.
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CP-01809

BARBER, F.
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CP-01840

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CP-01837

BARR, W. W.
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CP-01740

BARTER, B.
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Sunland Center at Marianna.
CP-01769

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BELCHER, B. F.
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BROWN, S. M.
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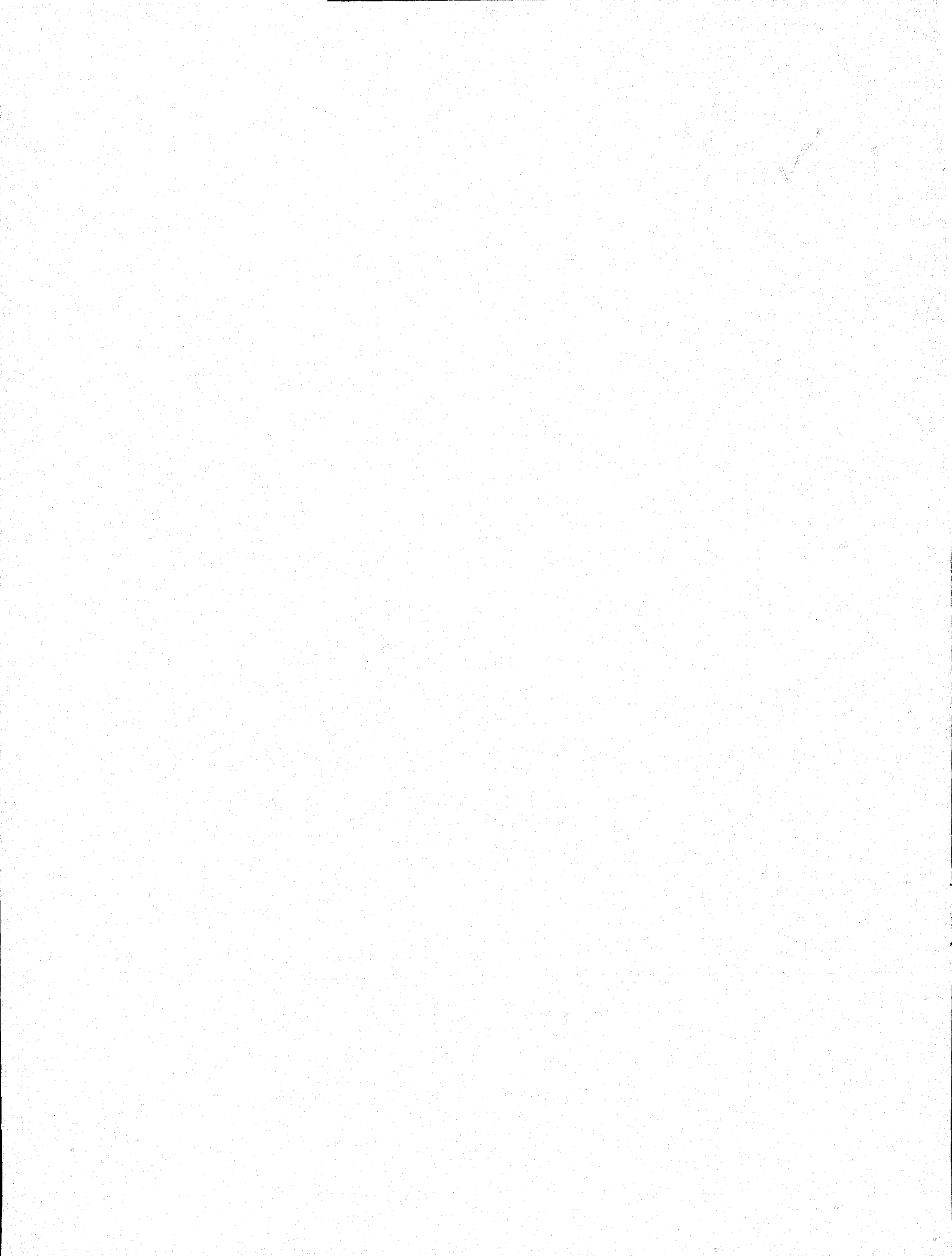
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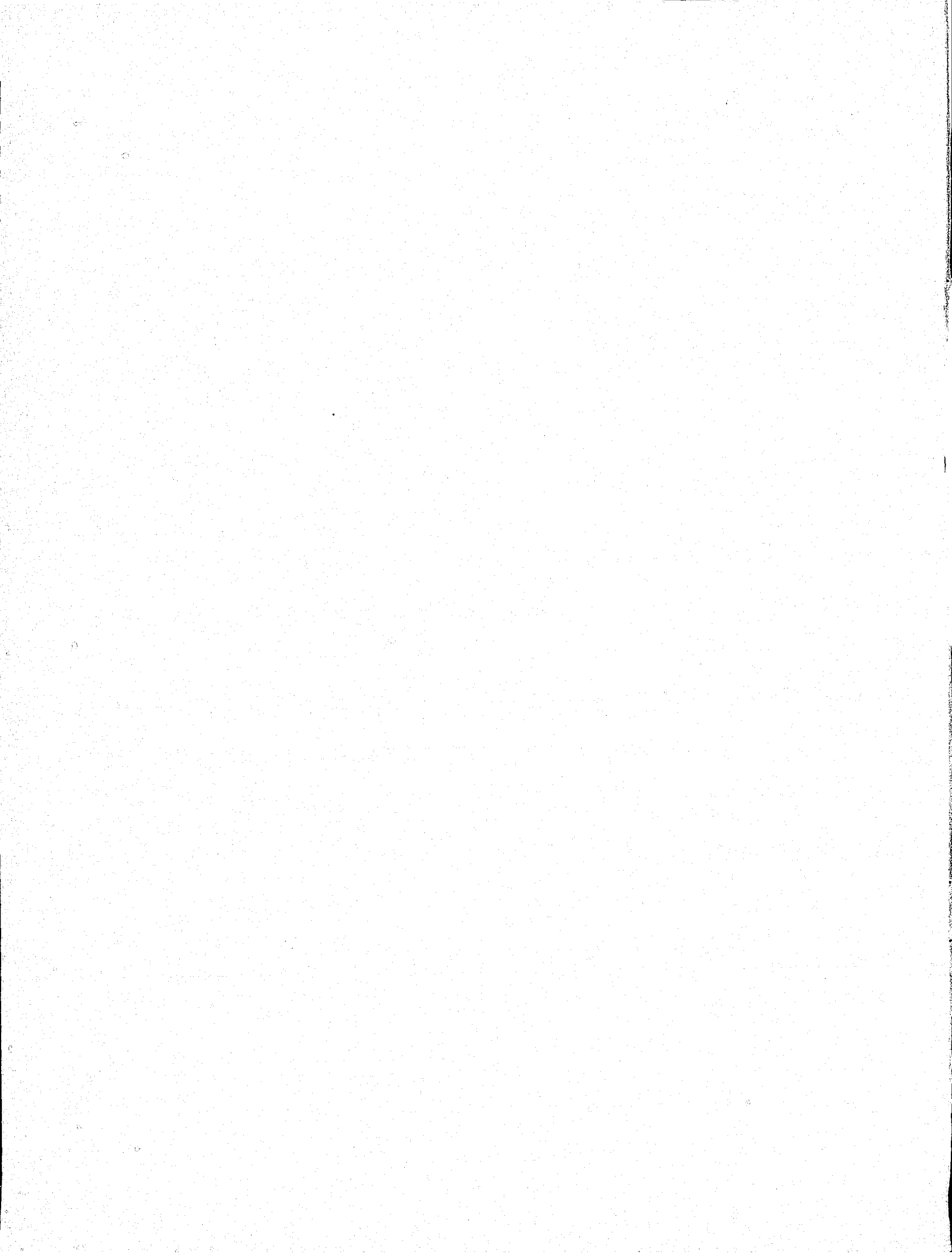
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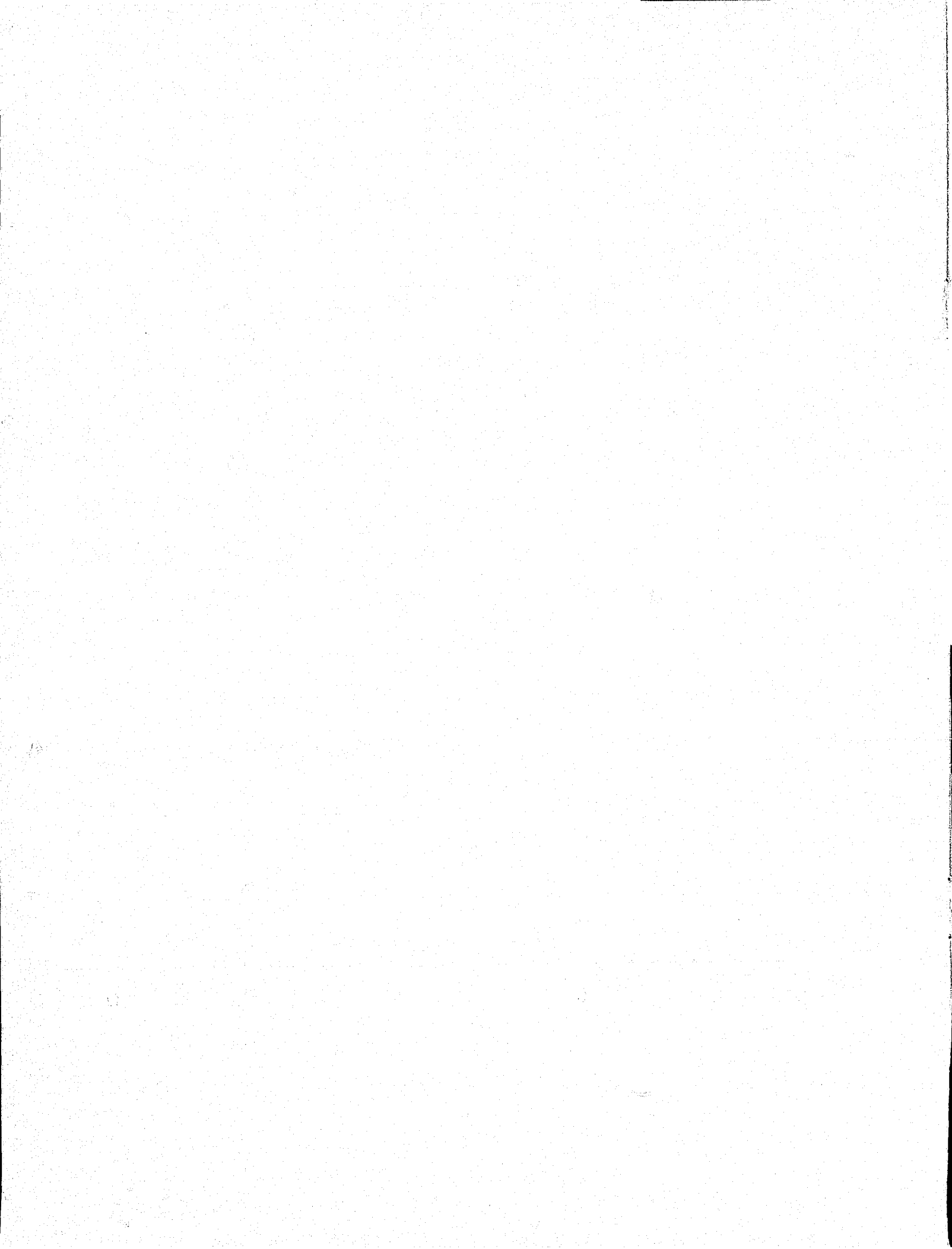
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It is important that *Child Abuse and Neglect Programs* be as useful as possible to its readers. Please take a few minutes to complete and return this questionnaire.

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