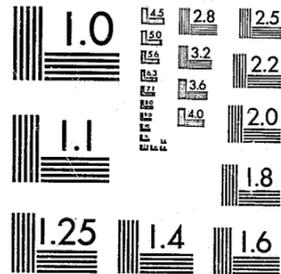


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United States Department of Justice
Washington, D. C. 20531

8/16/83

**Final Evaluation
and Fourth Quarterly Report
June 1 through August 31, 1982**

**INNOVATIONS IN
PROTECTIVE
SERVICES**

September 30, 1982



**Office of Research, Demonstration, and Evaluation
Texas Department of Human Resources**

86824

INNOVATIONS IN PROTECTIVE SERVICES

**QUARTERLY REPORT
and
FINAL EVALUATION REPORT**

**June 1, 1982, through August 31, 1982
P.L. 93-247 State NCCAN Grant Funds**

September 30, 1982

Submitted by

**Texas Department of Human Resources
Office of the Deputy Commissioner for Programs
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and

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**U.S. Department of Justice
National Institute of Justice**

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NCJRS

JAN 28 1985

ACQUISITIONS

PROJECT INFORMATION

OVERVIEW OF PROJECTS

As the recipient of the child abuse and neglect state grant funds, the Texas Department of Human Resources (DHR) is responsible for their effective utilization. The purpose of the state grants program is to support the states in developing, strengthening, and carrying out child abuse and neglect prevention and treatment programs. One of the program's priorities is "innovative prevention and treatment programs which hold promise for adding a new dimension of service for abused and neglected children and their families." DHR is using this priority as a guide for distributing the grant funds.

The overall goals of this project are as follows:

1. strengthen permanency planning,
2. expand urban and rural sexual abuse projects,
3. strengthen intake and investigation,
4. strengthen in-home service delivery, and
5. expand the usefulness of information systems.

To promote innovation and cost-efficiency, DHR designed a competitive process for awarding the funds. Six projects were approved through the competitive process; two of the six provide services to sexual abuse victims and families. One additional project that serves the entire State of Texas was partially funded by the state grant funds. Refer to figure 1 for project locations.

PROJECT FUNDING

Six of the regional projects have some State support either as cash or in-kind contributions, coming primarily from Title XX and Title IV-B funds. As a result, the total effort going into these innovative projects considerably exceeds the amount of state grants through P.L. 93-247.

A seventh project funded by the state grant funds has a statewide focus: a liaison function at the Waco Center for Youth, a joint activity of DHR and the Texas Department of Mental Health and Mental Retardation. The center predominantly serves children under DHR conservatorship. The liaison function is essential to maintenance of a good working relationship between the agencies; good agency relationships are basic requirements for a sound placement process. In-kind support of the project is also provided by DHR.

Funds are also allocated for administration and evaluation of activities. DHR's Protective Services for Children Branch works with the Office of Research, Demonstration, and Evaluation (ORDE) in carrying out these tasks. Accomplishments of the projects are detailed in the individual project quarterly reports contained in the following sections of this document.

EVALUATIONS

A subsection in each project report describes the annual evaluation that was carried out by staff members from DHR's Office of Research, Demonstration, and Evaluation.

Legend:

- A. A Model For Child-Placing Decisions Project
- B. Assertiveness for Neglecting Mothers Project
- C. Monitoring and Evaluation for Protective Services Project
- D. Sexual Abuse Prevention and Treatment Project
- E. Special Investigative Services Project
- F. Waco Center for Youth Liaison Project
- G. Rural Sexual Abuse Services Project

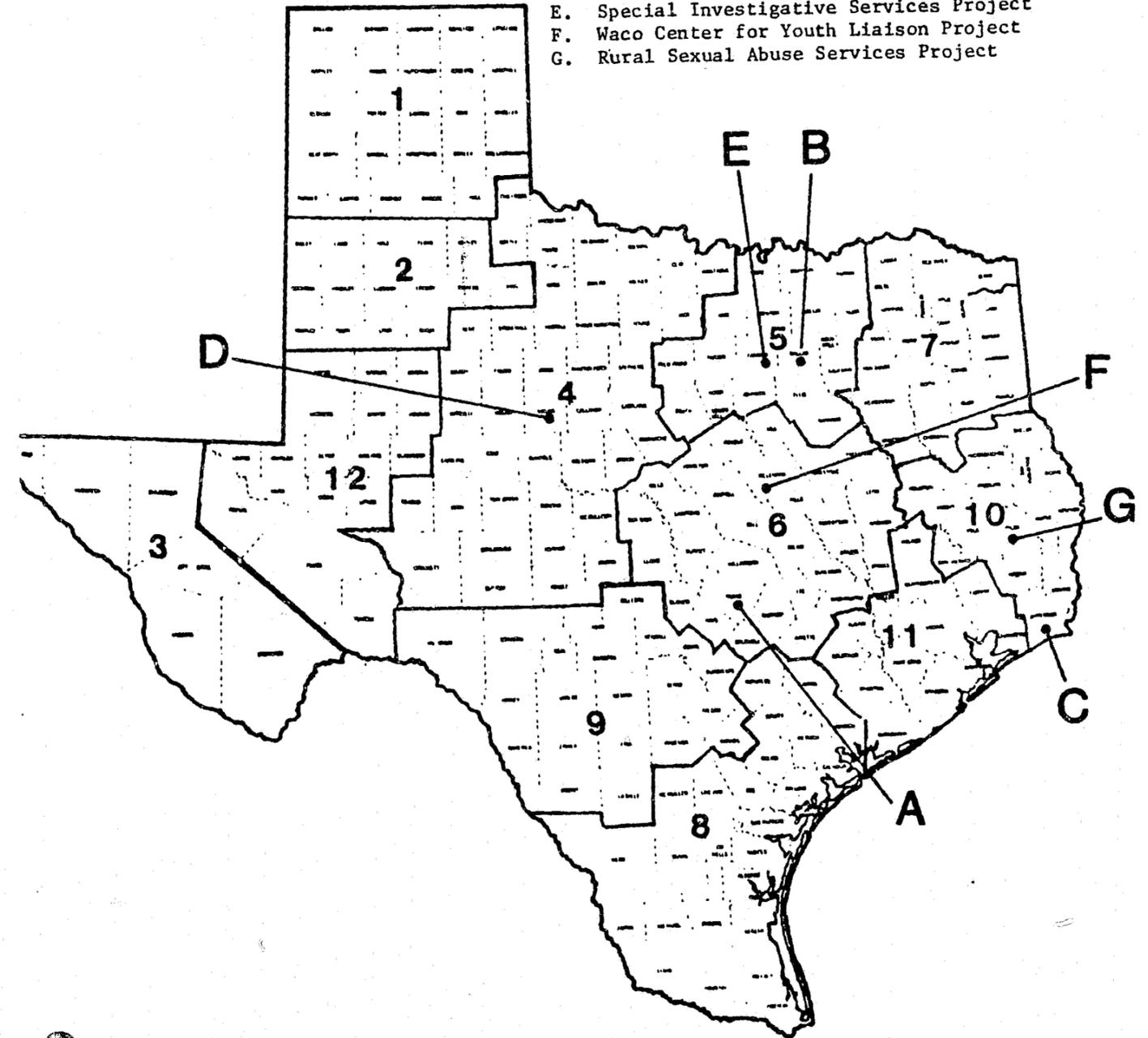


Figure 1. DHR regional map showing project locations

1
**A Model for Child-Placing
Decisions Project**

FOURTH QUARTERLY REPORT

PROJECT DESCRIPTION

The Model for Child-Placing Decisions Project is an attempt to match children who need out-of-home placement with programs that are appropriate to their needs. The matching is accomplished through computer modeling of the placement decision process. By studying random samples of case files describing children admitted to each of 35 different programs, a mathematical model of the service system has been created.

Public and private programs for troubled children have been studied. The public programs consist of the State's child welfare system, juvenile correction and probation systems, and mental health and mental retardation systems. A practical, accurate, and useful model has been developed; and the opportunity exists to study issues related to the system of services as a whole. The ultimate purpose is to lay the groundwork essential to creation of a continuum of care for children who need placement.

GOAL

The project's goal is to improve services to children in substitute care by improving the quality of child-placing decisions.

STATUS OF OBJECTIVES

(For expository purposes, Objective Two is discussed first.)

Objective Two

Objective Two of the project was to build a computer-based mathematical model of the existing placement decision process. The

project's staff has constructed a 35-program model of the service system for children in residential care in Texas. It is based in the University of Texas computer systems.

The data base consists of information extracted from the case files of approximately 2,000 of the 10,000 children in residential care in Texas. The information collected from each file is outlined in the case reading schedule, which is attached as Appendix 1-A. The 35 residential programs, whose children's files were read, are listed on the left side of the computer printout in Appendix 1-B.

Four models of the service system were built based on the following data:

1. all children studied and all variables collected;
2. all children studied and only variables describing behaviors;
3. only children who benefited from placement and all variables collected; and
4. only children who benefited from placement and only variables describing behaviors.

Objective One

The project's Objective One was to identify key variables in successful placement decision. As reported last quarter and in the discussion above, the identification of key variables was accomplished by constructing four models.

- o Two models (1 and 2) were constructed from data describing all children whose records were read during the study (approximately 2,000 records).
- o The other two models (3 and 4) were constructed from data describing only children who benefited (to a high or moderate degree) from the placement experience. Roughly

70 percent of the 2,000 children studied were judged to have benefited from placement. The key variables related to beneficial placement decisions are listed on the printout for Model 4 in Appendix 1-B.

Within each list, the variables are ranked from top to bottom; the topmost variable listed is the single most important factor in the placement decision. Similarly, the top two variables, in combination, are even better at predicting appropriate placement decisions--and so on down the list. Model 4 gives the clearest indication of the variables' relative importance in the decision process.

Within the 10 descriptors ranked highest in importance by decision-makers, an important complex of variables includes the child's age, sex, school grade, and whether the child is diagnosed as emotionally disturbed (psychotic or nonpsychotic) or mentally retarded. Also within the 10 most powerful descriptors were several key behaviors: drug abuse ("substance abuse" in the printout); cruelty to animals; phobias; and delusions or hallucinations. (All the preceding, except drug abuse, are contained within the category "other behavior problems.") Both the number of personal (behavioral) problems and the number of legal problems (prosecutable offenses) also rank among the top 10 variables.

The next 20 variables are a mix of general behaviors and school-specific behaviors. Among general behaviors, one set of variables consists of behavior that brings children to the notice of the justice system--the child burglarizes property and commits other property offenses; robs, attacks, or threatens people; and is classified as a "status offender."

A second set of general behaviors centers on personal characteristics--the child lacks self-esteem; is easily influenced or led; lies, argues, and is uncooperative; is isolated and withdrawn; has sleep disorders (nightmares, insomnia, and so forth); wets the bed; uses alcohol; and runs away.

Finally, a set of school-related behaviors can be described--the child is in special education classes; has a speech and/or language handicap; is easily distracted and lazy in school; works below capacity and/or below grade level; and has been truant, suspended, or expelled from school.

Not all children have all (or even most) of these problems. However, experienced practitioners in child placement readily re-

cognize the importance of knowing whether a child seeking admission to their treatment program is described by some or many of the variables discussed.

Models 1 and 2 yield lists of variables related to placement decisions generally. Contrasting models 1 and 2 with models 3 and 4 isolates variables that distinguish a placement decision generally from the more beneficial, or successful, decisions.

Objective Three

The project's Objective Three was to identify means for linking the benefits of the decision model to persons responsible for the placement decision process. Funds have been committed by the Texas Department of Human Resources (DHR) to conduct a field demonstration of the developed computer model during Fiscal Year (FY) 1983.

The Department plans to conduct an urban and rural demonstration with selected units (intake and ongoing services) from the regional child welfare organization. Three remote computer terminals, one printer, two modems, and three "A/B" switches have been requested. Earliest possible delivery date is November 1, 1982. Once this hardware is acquired, field staff will be trained to use the decision support system during FY 1983. Staff members have been committed from the Office of Research, Demonstration, and Evaluation to conduct an independent and objective evaluation of the results.

OTHER ACCOMPLISHMENTS FOR THE QUARTER

The project's staff carried out other, related activities during the quarter.

- o Project staff members gave briefings on the project to executives from participating public agencies, which included the Texas Youth Council (TYC), which is responsible for juvenile corrections; the Texas Education Agency (TEA); the Texas Department of Mental Health and Mental Retardation (MHMR); the Texas Department of Human Resources

ces (DHR); participants from the private and church-supported sector of child care; and other professionals interested in the field of child care.

- o Staff support was provided to the placement committee of the Regional Network for Children as they studied cases of the children judged to be among the most difficult-to-place.
- o Commitment of \$90,000 was secured from DHR to support a demonstration of the computer model during FY 1983.

PROBLEM AREAS AND NEEDS OF THE PROJECT

The problem regarding the SPSS statistical library has been resolved. (SPSS is the Statistical Package for the Social Sciences, developed by Dr. Jonathan Fry.) Dr. Fry studied the program and concluded that his SPSS was in error. He will change SPSS to agree with the project algorithm.

ACTIVITIES AND TASKS SCHEDULED FOR NEXT QUARTER

The following activities will be carried out in the next quarter:

- o plan and conduct regional demonstration of the computer model;
- o train selected staff from TYC, TEA, DHR, and MHMR in the use of the model;
- o participate in completion of project evaluation being conducted by the Office of Research, Demonstration, and Evaluation (to be completed in time for inclusion in the fourth quarterly report).

YEARLY EVALUATION REPORT

BACKGROUND

The Model for Child-Placing Decisions Project was designed to match children who need out-of-home placement with programs appropriate for their needs. The project sought to identify client characteristics and situational variables on which successful child-placing decisions could be based and to develop a mathematical model to assist in making placement decisions.

The identification of factors underlying a successful placement decision provides a potential tool to assist child-placing workers in making successful decisions more consistently. The long-range benefit of this plan is to improve services to children in substitute care by improving the quality of child-placing decisions.

Located in Texas Department of Human Resources Region 6, the project is completing its second of two years of funding through P.L. 93-247. Cases were selected from a variety of placement programs and provided the data base for the development of the model. The information on each child includes, for example, demographics, emotional/behavioral descriptors, placement history, and school performance. By studying samples of case records describing children admitted to 35 different programs, a mathematical model of the placement decision process has been built. Public, private, and church-supported programs for children in need of placement were studied. The public programs were drawn from the State's child welfare system, juvenile correction and probation systems, and the mental health and mental retardation systems. Project activities related to the goals will be described for the three major objectives.

RESULTS

Objective 1

The project's first objective was to identify key variables in successful placement decisions. A successful placement was

defined as one that provided benefits for the child and was the result of a positive match between the needs and characteristics of the child and services and characteristics of the agency or facility providing care. In order to judge success of a placement by benefits to the child placed, it was necessary to find a way to measure benefits. Project staff requested that institutional or agency staff make subjective evaluation of benefits by sorting the children from their own program sample into high, moderate, and low benefit groups. The judgments were made at the time the sample was drawn for case reading. Approximately 70 percent of all children studied to date have been placed in the high or moderate benefit groups.

The identification of key variables in successful placement decisions was attempted by contrasting two sets of data. One set was data that described all children whose records were read during the project. The second set included only data describing children whose benefit from their program had been rated as high or moderate. Each data set yielded two models--one model using all the variables collected (behavior plus other variables) and one model using only variables describing behaviors (behaviors only--see Objective Two for a complete explanation). Each of the models produced a list of key variables in placement decisions. The key variables for each model are shown in Appendix 1-B.

Objective 2

The project's second objective was to build a computer-based mathematical model of the existing placement decision process. Data used to construct the model now include samples from five major types of public and private programs for children:

- o foster families,
- o adoptive families,
- o basic child-care programs,
- o residential treatment programs and psychiatric hospitals,
- and
- o juvenile correction and probation programs.

Table 1-1 shows the programs that have been included in the sample and the number of cases read for each program.

Table 1-1
 Number of Case Readings by Placement Program
 N=1931

Type of Care	Type of Placement or Name of Facility	No. of Cases
Foster family care	Public Foster Care	67
	Private Foster Care	50
Adoptive family care	Public Adoptive Placements	62
	Private Adoptive Placements	45
Basic child care	Texas Baptist Children's Home	50
	Junior Helping Hand	50
	Methodist Home:	
	Campus Unit	57
	Boys' Ranch	49
	Buckner Baptist Boys' Ranch	50
	Sherwood & Myrtie Foster Home	50
	Gulf Coast Trade Center	50
	Cherokee Children's Home	50
	Presbyterian Children's Home	50
	Pleasant Hill Children's Home	50
	Meridell Achievement Center	50
	Mary Lee Schools:	
	Live Oak Campus	44
	The Village	41
	South First Campus	50
	New Horizons	50
Girlstown	50	
Settlement Club Home	37	
Brown Schools, Oaks Unit	50	
High Frontier Ranch	50	
Austin State Hospital:		
Adolescent Unit	50	
Children's Psychiatric Unit	49	
Hope Center:		
Wilderness Camp	50	
Supervised Apt. Living	50	
Darden Hill:		
Ranch School	50	
Woodside Trails Camp	26	
Waco Center for Youth	48	
Corsicana State Home	32	
Giddings Training School	42	
Crockett Training School	50	
Brownwood Training School	50	
Salado House	37	
Difficult-to-place*		245

*These children come from a variety of programs and are considered to be their most difficult-to-place cases.

The child-placement model, through discriminant analysis, develops a profile of a typical child for each of the 35 placement programs. Using 50 characteristics recorded on each individual child, the model will produce a list of 10 placement settings that provide the best matches for that child. The matching is based on how closely the characteristics of the child match the characteristics of the typical child for a given placement setting.

The project staff has used two different subsets of child characteristics, or variables, to have the model generate placement settings with the highest matches. The first subset contains behavioral/emotional descriptors plus other variables such as legal status and conservatorship. If a child's legal status is delinquent and he is in the conservatorship of the Texas Youth Council, then that child will likely be restricted to TYC facilities regardless of other characteristics that might best suit the child to other settings. The 10 placement settings recommended by the model would reflect that restriction (see table 1-2). The second subset of child characteristics contains behavioral/emotional descriptors only, without the "labeling" characteristics of legal status or conservatorship. Based on the second subset for the same child, the model could produce 10 placement settings that were different from those recommended based on the first subset (see table 1-3). The two sets of recommendations could be used in the following way. A child's case is before a court, and a decision is to be made whether the child will be declared delinquent. Showing that different placement settings might be more beneficial if the child were not "labeled" delinquent might prove to be a persuasive argument. The intended use of the model is to recommend placement settings that will be the least restrictive and will best serve the child's needs.

Because the model may generate two different sets of recommendations, the selection of a placement setting must still be made by the person responsible for the child-placing decision. The model can be a useful tool to the child welfare worker, but it is not meant to make the decision for the worker; the model simply assists in decision making by providing additional data.

The model also can be helpful to children who already have been placed. Professionals in the area of child care and treatment acknowledge the existence of overlap among the types of children served in different categories of care, and this can be graphically shown by computer-generated diagrams. Any given category of care--

TABLE 1-2

Placement Recommendations Using the Data Set
"Behaviors and Other Variables"

26 INSTITUTION MODEL AS OF JUNE 30, 1982
OUTPUT 10 HIGHEST RECOMMENDATIONS
50 VARIABLES USED IN CLASSIFICATION
OUTPUT MATRIX ON 30 TOP VARIABLES

**** DATA SET IS BEHAVIORS PLUS OTHER VARIABLES ****

CASE 7 FOR WHOM PLACEMENT IS BEING SOUGHT WAS CLASSIFIED USING BEHAVIORS PLUS DATA:

VARIABLE	CASE VALUE	BWCCD .0000	HCAPT .0000	CROCK .0000	GIONG .0000	ADOL .0000	MLVLAG .0000	MLLOAK .0000	SALDO .0000	NHORZ .0000	MLS01 .0000
CONSERVATOR: TYC	1		11X			7X	2X	15X		3X	7X
LEGAL STATUS: COMMITTED	0					75X					
CONSERVATOR: JUVENILE DEPT	0										
CONSERVATOR: CHILD WELFARE	0						92X	68X		77X	89X
PRIOR THERAPY: OTHER	0										
CONSERVATOR: FAMILY MEMBER	0			6		65X					
PRIOR PLMT: WILDERNESS CAMP	1	.1	.1		.0	.0	.0	.1	.1	.0	.0
LEGAL STATUS: DELINQUENT	1		21X			7X	2X	13X		13X	7X
PRIOR PSYCH TESTING	1										
PRIOR PLMT: CORRECTIONAL PLT	2		.3	1.2		.1	.0	.0		.1	.1
LEGAL STATUS: CHINS	0	57X									
SIBLINGS IN SAME PLACEMENT	0										
LEGAL STATUS: D AND N	0										
PREVIOUS IN SAME PLACEMENT	0										
NUMBER OF FAMILY PROBLEMS	5					2.0	10.0				10.1
NUMBER OF EMERGENCY PLMNTS	0										
PRIOR COUNSELING PROGRAM	0	57X	53X				56X			53X	
NEGLECT	1					19X					
AGE AT CURRENT PLACEMENT	13	16.3	16.7	16.1	15.9	16.7			16.4		
NUMBER OF PERSONAL PROBLEMS	10		5.3	6.2	4.4	4.0			3.0		
SEX IS MALE	1							34X			
DIAGNOSED AS PSYCHOTIC	0					63X					
DIAGNOSED BUT NON-PSYCHOTIC	1										
OTHER BEHAVIOR PROBLEMS	1	43X		45X	19X	7X		20X	2X	7X	
SOME DEGREE OF RETARDATION	1		15X	45X	42X	29X				45X	
HIGHEST SCHOOL GRADE	4	8.3	9.8	8.4	8.9	8.6		7.8	8.9	7.1	
SCHOOL ATTENDANCE PROBLEMS	1					45X				45X	33X
ATTACKED PERSONS	0	65X		53X	57X						53X
SPEECH/LANGUAGE HANDICAP	0										
ISOLATED, WITHDRAWN	1	43X	47X	15X	19X			29X	18X	41X	

foster family care, for example--can be seen as a cluster of children around a centroid (*) that is representative of the typical child in that type of care. By plotting a second type of care--basic child care, for example--the overlap between the two categories of care may be revealed. Figure 1-1 give an example of how the overlap might show up between foster family and basic child care. Each numbered point represents the score of an individual in one of the two programs.

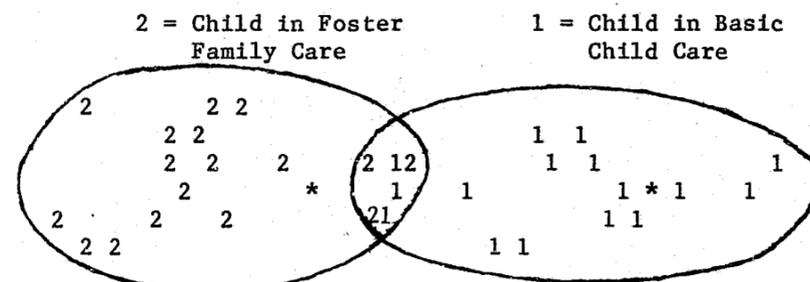


Figure 1-1. Cluster diagram showing areas of overlap between programs.

The diagrams graphically demonstrate the areas of overlap, the degree of overlap, and the specific children that fall into the overlap area. The Department of Human Resources (DHR) has proposed new, intermediate categories of care--new licensed categories--and the overlap areas could be used to define the new categories. DHR's Licensing Division could be given a computer composite of the characteristics of the children in an overlap area as an aid in defining the types of children to be served by the new category of care and distinguishing them from the children in existing categories.

Application of the same plotting technique with children at a particular placement setting (for example, the Waco Center for Youth--WCY) versus other general categories of care--such as foster families, basic child care, residential treatment, or psychiatric hospitals--has identified children who could be served elsewhere. A WCY child who was unlike the typical child at the center but similar to the typical child in basic child care could be a candidate for transfer from the Waco Center into a basic child care facility.

Plans for Fiscal Year 1983 are to continue reading cases from 20 additional placement programs to add to the data base. If a projected total of 55 placement programs is included in the model, then 85 percent of publicly funded children in private programs will be represented.

Objective 3

The project's third objective was to identify means for linking the benefits of the decision model to persons responsible for the placement-decision process. The IBM computer at the University of Texas (UT) at Austin has been used for the project's programs and data, and the project had planned to convert to DHR's UNIVAC computer.

Several factors have led to the decision not to convert to the DHR UNIVAC at the present time. The DHR Office of Information Services (OIS) team assigned to do the conversion has other commitments that would delay conversion for some time. The model is running and accessible on the UT computer. Other State agencies such as the Department of Mental Health and Mental Retardation, the Texas Education Agency, and the Texas Youth Council, have expressed strong interest in using the model. Access to the model is possible now if the agencies can commit computer terminals for such use. Project staff members are available to train other agencies' staff in the use of the model. DHR's Protective Services for Children Branch has committed funds for Fiscal Year 1983 to field test the model in Region 6. The project's staff has already submitted a request to OIS for two computer terminals to be used for the field test and plans to train workers in one urban site and in one rural site.

LIMITATION

Although progress on the stated objectives can be clearly documented, evaluation of the project's success in attaining its goal cannot be made. The goal of the project is to improve services to children in substitute care by improving the quality of child-placing decisions. Because the model has not been evaluated

during actual use in making child-placing decisions, no statements can be made concerning improvement of services to children or improvement in the quality of child-placing decisions.

SUMMARY

The Model for Child-Placing Decisions Project has developed a mathematical model of the placement decision process based on characteristics of the child to be placed. The child-placement model, through discriminant analysis, develops a profile of a typical child for each of 35 placement programs. Recommendations for specific placement settings for a child are based on how well the child's characteristics match those of the typical child from the settings.

Identifying key variables in successful placement decisions was completed at the end of the project year. Information on children who had been classified as receiving moderate or high benefit from their current placement provided the data base in identifying those variables.

Plans are underway to field test the model in Region 6 during Fiscal Year 1983. Workers will be trained in use of a computer terminal to access the model. The project's staff has given careful consideration to ways the model can be used to provide recommendations for placement, to identify possible new categories of care, and to identify children already placed who might best be served in a different setting.

APPENDIX 1-A

Case Reading Schedule

2	4	6	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78
---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

CHARACTERISTICS OF CHILDREN IN PLACEMENT

CHILD--Basic Data

1/ / / Child--Identification Number
 2/ / / Placement Program--Identification Number
 3/ / / Relative Placement Benefit
 01--high
 00--moderate
 -1--low
 4/ / / Caserecord Reviewer
 5/ / / Child--Sex
 0--female
 1--male
 6/ / / Father Mother
 7/ / / Ethnicity of Parents
 1--Anglo
 2--Mexican-American
 3--Black
 4--Other
 8/ / / Child--Legal Residence
 City _____
 County _____
 State _____

I-V-I

CHILD--Physical Size

35/ / / Height _____
 36/ / / Weight _____
CHILD--Sensory Ability
 41/ / / Visual
 0--other
 1--partially sighted
 2--legally blind
 42/ / / Hearing
 0--other
 1--hard of hearing
 2--deaf
 43/ / /

CHILD--Chronic Health Problems

44/ / / seizure disorders
 45/ / / nutritional problem
 46/ / / obesity
 47/ / / malnutrition
 48/ / / other _____
 49/ / /

CHILD--Motor Ability

51/ / / loss or deformity of limbs
 52/ / / prostheses: _____
 53/ / / other _____
 54/ / /

CHILD--Relationship Resources

55/ / / natural mother
 56/ / / natural father
 57/ / / adoptive mother
 58/ / / adoptive father
 59/ / / any siblings (out-of-home, living independently)
 60/ / / any other relatives
 61/ / / significant others _____
 62/ / /
 63/ / / Number of older (natural and step-) siblings who lived at home with this child.
 64/ / / Number of younger (natural and step-) siblings who lived at home with this child.
 65/ / / Number of (natural) siblings placed outside the home.
 66/ / / Number of (natural) siblings in same placement with this child.
 67/ / /

CHILD--Permanency Plan

7/ / / none or pending Effective Date: _____
 15/ / / remain at home Planner: _____
 18/ / / return home--own home or relative home
 20/ / / permanent placement with foster family
 21/ / / emancipation
 22/ / / transfer conservatorship
 23/ / / adoption
 24/ / / permanent custodial care--disabled children
 25/ / / other

CHILD--Legal Status and Related Department

68/ / / Informal adjustment/Supervision
 69/ / / Adjudicated--Dependent and Neglected
 70/ / / Adjudicated--Child In Need of Supervision
 71/ / / Adjudicated--Delinquent
 72/ / / Committed
 73/ / / Other _____
 74/ / /
 75/ / / Child Welfare
 76/ / / Juvenile Probation
 77/ / / Texas Youth Council
 78/ / / Other

CHILD--Legal Conservator

26/ / / parents
 27/ / / mother
 28/ / / father
 29/ / / other relative
 30/ / / Child Welfare
 31/ / / Juvenile Probation
 32/ / / Texas Youth Council
 33/ / / Other _____
 34/ / /

COMMENTS:

2	4	6	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78
---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

PARENTS--Relationship(s) (If adopted age 0-6 months, code adoptive parents)

never married (common law or other)
 intact marriage
 separated
 divorced
 mother remarried (common law or other)
 father remarried (common law or other)
 widowed
 Father Mother
 number of marriages
 history of unstable relationships (not marriages)
 supportive of child's placement (at time of placement decision)
 visited child during placement or visited by child
 others visited child during placement or visited by child

PARENT FIGURES--Other descriptors

Father Mother
 voluntarily relinquished child
 deserted child
 parental rights terminated
 Effective Date: _____
 parent deceased
 mental illness or disability
 physical illness or disability
 alcohol problem
 other drug problem
 lack of economic resources or poor management of same
 any criminal activity
 involved this child in criminal activity
 current parole or probation
 previous parole or probation
 current incarceration
 previous incarceration
 mentally retarded

CHILD--Victim of...

Father	Mother		Degree
<input type="checkbox"/>	<input type="checkbox"/>	lack of care--neglect	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	lack of supervision	
<input type="checkbox"/>	<input type="checkbox"/>	lack of control	
<input type="checkbox"/>	<input type="checkbox"/>	parent too strict	
Degree Perpetrator			
<input type="checkbox"/>	<input type="checkbox"/>	emotional abuse	
<input type="checkbox"/>	<input type="checkbox"/>	physical abuse	
<input type="checkbox"/>	<input type="checkbox"/>	sexual abuse	
Degree:		Perpetrator:	
1-mild		1-parents or parent figures	
2-moderate		2-mother	
3-severe		3-father	
4-unspecified or unknown		4-step-parent or parent surrogate	
		5-sibling(s)	
		6-other relative(s)	
		7-other person(s)--not strangers	
		8-stranger(s)	

CHILD--Knows of...

parent/parent-- conflict
 parent/parent--abuse
 perpetrator: _____
 victim: _____
 parent/other child--physical abuse
 parent/other child--sexual abuse
 sibling/other sibling--physical abuse
 sibling/other sibling--sexual abuse
 any abuse of parent(s)
 by other family member(s)
 any abuse of a family member
 by someone not a family member

1-A-2

CHILD--Emotional/Behavioral Descriptors

1/ / easily led/easily influenced
 2/ / leader/influences others
 3/ / manipulative/"cons" others
 4/ / passive
 5/ / hyperactive
 6/ / withdrawn/isolated
 7/ / sociable
 8/ / seeks younger friends
 9/ / seeks older friends
 10/ / seeks friends of same age
 11/ / peer group exerts a negative influence, gang
 12/ / passive-aggressive
 13/ / aggressive/violent
 14/ / with parents
 15/ / with siblings
 16/ / with peers
 17/ / with other person(s)
 18/ / conflict with siblings
 19/ / emotionally disturbed--psychotic (not schizo)
 20/ / emotionally disturbed--schizophrenic/autistic
 21/ / emotionally disturbed--psychopath/sociopath/
 character, thought, or personality disorder
 22/ / emotionally disturbed--neurotic/phobic
 23/ / emotionally disturbed--other or unspecified
 24/ / anxious
 25/ / depressed
 26/ / poor self-esteem
 27/ / suicide threat(s)
 28/ / suicide attempt(s)
 29/ / other self-inflicted harm/abuse
 30/ / runaway
 from:
 to:
 distance:
 frequency:
 duration:
 characterize return:

I-A-3

35/ / argues, uncooperative
 36/ / loses temper easily, throws tantrums
 37/ / uses abusive language, curses
 38/ / blames others, critical of others
 39/ / demands attention, too assertive, selfish
 40/ / lies
 41/ / unmanageable, incorrigible
 42/ / threatened or intimidated person(s)
 43/ / attacked (assaulted, harmed, struck) person(s)
 44/ / vandalized or destroyed property
 45/ / set fires
 46/ / steals property
 47/ / burglary of property
 48/ / robbed person(s)
 49/ / deals drugs
 50/ / uses drugs
 51/ / alcohol use
 52/ / marijuana/hashish use
 53/ / inhalent use
 54/ / other drug use
 55/ / enuretic
 56/ / encopretic
 57/ / inappropriate elimination habits
 58/ / bedwetting
 59/ / sleep disorders
 60/ / inappropriate sexual behavior
 61/ / lack of impulse control, impa-
 tient, low frustration tolerance
 62/ / other

ELAPSED TIMES AND RELATED DATES:

Day / Month / Year

Date of birth..... / /
 Date first placement began..... / /
 65/ / Age at time of first placement
 Date this placement began..... / /
 66/ / Age at time this placement began
 Date this placement ended..... / /
 71/ / Elapsed time at this placement
 Previously placed in this program? 72/ / 0-no
 1-yes
 If adopted, date of adoption..... / /
 75/ / If adopted, age at time of adoption
 If adoption broke down, date of breakdown... / /
 76/ / If adoption broke down, age at the time

COMMENTS:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

CHILD--Placement History

1/ Total number and types of previous (non-emergency) placements

2/ Adaptive Family

3/ Relative Family

4/ Guardian or Family Friend

5/ Foster Family

6/ Group Home/Half-Way House

7/ Institutional--Basic Care

8/ Institutional--Residential Treatment

9/ Institutional--Correctional

10/ Institutional--Psychiatric Hospital

11/ Institutional--Deaf, Blind, Mentally Retarded

12/ Wilderness program or other therapeutic camp

13/ Other type of placement or unspecified type of placement

14/ Total number of previous emergency placements.

15/ Total number of previous juvenile detentions.

CHILD--Other Professional Efforts

16/ Previous Therapists:

17/ psychiatrist

18/ psychologist

19/ doctor

20/ clinical social worker/mental health worker/counselor

21/ child welfare worker

22/ probation/parole officer

23/ minister

24/ other _____

25/ Previous Tests or Evaluations:

26/ psychiatric testing/evaluation

27/ psychological testing/evaluation

28/ other testing/evaluation

29/ Previous Modes of Therapy:

30/ counseling program(s)

31/ individual family group

32/ medication program(s)

33/ behavior modification program(s)

JCHILD--School, Learning, and Communication Related Descriptors

34/ Dominant Language

35/ English

36/ Spanish

37/ Other

38/ Last school grade attended prior to this placement

39/ School--Instructional Program

40/ other

41/ all regular classes

42/ some or all special education classes

43/ some or all vocational classes _____

44/ School--Performance

45/ works at or above grade level

46/ works below grade level

47/ works below intellectual capacity

48/ School--Behavior

49/ not a discipline problem

50/ easily distracted, poor concentration, unmotivated, lazy

51/ disruptive of class or school--by self or with others

52/ hostile or antagonistic to teachers or other school authorities

53/ School--Attendance

54/ truant

55/ suspended

56/ expelled

57/ Mental Retardation I.Q.--

58/ none

59/ mild (52-67)-borderline (68-83)

60/ moderate (36-51)

61/ severe (20-35)--profound (below 20)

62/ Learning Disabled

63/ Speech/Language Impairment or Handicap

COMMENTS:

4-V-I

APPENDIX 1-B
Models 1 through 4

CONTINUUM OF CARE MODEL AS OF AUGUST 31, 1982

CLASSIFICATIONS MADE WITH TWO MODELS: ONE BASED ON ALL CASES FROM EACH PROGRAM AND ONE BASED ON THE HIGH AND MODERATE BENEFIT CASES FROM EACH PROGRAM. THE MODELING IS BASED ON 30 VARIABLES AND 35 PROGRAMS AS LISTED BELOW:

PROGRAMS	CODES	Behaviors plus Other Variables	
		Model #1	Model #3
		ALL BENEFIT GROUPS	HIGH/MODERATE BENEFIT GROUPS
PUBLIC SECTOR FOSTER CARE	PUBFOS	CONSERVATOR--TYC	CONSERVATOR--TYC
PUBLIC SECTOR ADOPTION	PUBADP	LEGALLY COMMITTED (NOT TYC)	AGE AT CURRENT PLACEMENT
PRIVATE SECTOR FOSTER CARE	PVTFOS	AGE AT CURRENT PLACEMENT	LEGALLY COMMITTED (NOT TYC)
PRIVATE SECTOR ADOPTION	PVTADP	CONSERVATOR--JUVENILE DEPT	CONSERVATOR--JUVENILE DEPT
TEXAS BAPTIST CHILDRENS HOME	TBCH	CONSERVATOR--CHILD WELFARE	CONSERVATOR--CHILD WELFARE
PLEASANT HILLS CHILDRENS HOME	PHCH	NUMBER OF PERSONAL PROBLEMS	NUMBER OF PERSONAL PROBLEMS
JUNIOR HELPING HAND	JRHH	CONSERVATOR--FAMILY MEMBER	CONSERVATOR--FAMILY MEMBER
MERIDELL ACHIEVEMENT CENTER	MERID	CHILD'S GENDER IS MALE	LEGAL STATUS--DELINQUENT
MARY LEE SCHOOLS--LIVE OAK CAMPUS	NLLOAK	PRIOR THERAPY: OTHER	CHILD'S GENDER IS MALE
NEW HORIZONS	NHORZ	LEGAL STATUS--DELINQUENT	DIAGNOSED AS PSYCHOTIC
MARY LEE SCHOOLS--THE VILLAGE	MLVLAG	DIAGNOSED AS PSYCHOTIC	SIBLINGS IN SAME PLACEMENT
GIRLSTOWN	GTOWN	SIBLINGS IN SAME PLACEMENT	CORRECTIONAL FACILITY PLACMNT
METHODIST HOME--CAMPUS UNIT	RHCMP	DISTURBED BUT NON-PSYCHOTIC	PRIOR THERAPY: OTHER
SETTLEMENT CLUB HOME	SCLUB	CHILD OTHER BEHAVIOR PROBLEMS	CHILD OTHER BEHAVIOR PROBLEMS
METHODIST HOME--BOYS RANCH	MHBR	WILDERNESS CAMP PLACEMENT	DISTURBED BUT NON-PSYCHOTIC
BROWN SCHOOLS--OAKS UNIT	BR0AKS	SOME DEGREE OF RETARDATION	LEGAL STATUS--CHINS
HIGH FRONTIER RANCH	HIFRON	CORRECTIONAL FACILITY PLACMNT	SOME DEGREE OF RETARDATION
TYC--GIDDINGS CAMPUS	GIDNG	PARENTAL RIGHTS TERMINATED	PREVIOUSLY IN SAME PLACEMENT
BUCKNER BAPTIST BOYS RANCH	SKNER	LEGAL STATUS--CHINS	PARENTAL RIGHTS TERMINATED
SHERWOOD AND MYRTIE FOSTER HOME	SMF	PRIOR PSYCH TESTING-MD OR PHD	NUMBER OF LEGAL PROBLEMS
MARY LEE SCHOOLS--SOUTH FIRST CAMPUS	MLS01	PREVIOUSLY IN SAME PLACEMENT	NUMBER OF FAMILY PROBLEMS
BELL COUNTY JUVENILE PROBATION	BELLJD	NUMBER OF LEGAL PROBLEMS	WILDERNESS CAMP PLACEMENT
GULF COAST TRADE CENTER	GULFTR	NUMBER OF FAMILY PROBLEMS	HIGHEST SCHOOL GRADE
TYC--CROCKETT	CRKETT	HIGHEST SCHOOL GRADE	PRIOR PSYCH TESTING-MD OR PHD
TYC--BROWNWOOD	BWOOD	ETHNIC/RACIAL MINORITY	TYPES OF PRIOR PLACEMENTS
ASH--ADOLESCENT UNIT	ADOL	CHILD ARGUES/IS UNCOOPERATIVE	CHILD ROBBED PERSONS
ASH--CHILDRENS PSYCHIATRIC UNIT	CPU	CHILD POOR SELF-ESTEEM	OFFENSES OF SUBSTANCE ABUSE
HOPE CENTER--WILDERNESS CAMP	HCMCP	SCHOOL ATTENDANCE PROBLEMS	SEVERE ABUSE OR NEGLECT
HOPE CENTER--SUPERVISED APT LIVING	HCAPT	NUMBER OF JUVENILE DETENTIONS	NUMBER OF PEER PROBLEMS
DARDEN HILL RANCH SCHOOL	DHRS	PRIOR COUNSELING PROGRAM	PRIOR COUNSELING PROGRAM
DARDEN HILL--WOODSIDE TRAILS CAMP	DHWOOD		
CHEROKEE CHILDRENS HOME	CHRKEE		
TYC--SALADO HOUSE	SALDO		
MACO CENTER FOR YOUTH	WCY		
PRESBYTERIAN CHILDRENS HOME	PRESBY		

CLASSIFICATION FOR CASE 1 FROM PUBLIC SECTOR FOSTER CARE (BENEFIT GROUP HIGH)

CONTINUUM OF CARE MODEL AS OF AUGUST 31, 1982

CLASSIFICATIONS MADE WITH TWO MODELS: ONE BASED ON ALL CASES FROM EACH PROGRAM AND ONE BASED ON THE HIGH AND MODERATE BENEFIT CASES FROM EACH PROGRAM. THE MODELING IS BASED ON 30 VARIABLES AND 35 PROGRAMS AS LISTED BELOW:

Behaviors Only

PROGRAMS	CODES	Model #2	Model #4
		ALL BENEFIT GROUPS	HIGH/MODERATE BENEFIT Groups
PUBLIC SECTOR FOSTER CARE	PUBFOS	AGE AT CURRENT PLACEMENT	AGE AT CURRENT PLACEMENT
PUBLIC SECTOR ADOPTION	PUBADP	NUMBER OF PERSONAL PROBLEMS	NUMBER OF PERSONAL PROBLEMS
PRIVATE SECTOR FOSTER CARE	PVTFOS	NUMBER OF LEGAL PROBLEMS	NUMBER OF LEGAL PROBLEMS
PRIVATE SECTOR ADOPTION	PVTADP	DIAGNOSED AS PSYCHOTIC	DIAGNOSED AS PSYCHOTIC
TEXAS BAPTIST CHILDRENS HOME	TBCH	CHILD'S GENDER IS MALE	CHILD'S GENDER IS MALE
PLEASANT HILLS CHILDRENS HOME	PHCH	SOME DEGREE OF RETARDATION	SOME DEGREE OF RETARDATION
JUNIOR HELPING HAND	JRHH	CHILD OTHER BEHAVIOR PROBLEMS	CHILD OTHER BEHAVIOR PROBLEMS
MERIDELL ACHIEVEMENT CENTER	MERID	DISTURBED BUT NON-PSYCHOTIC	DISTURBED BUT NON-PSYCHOTIC
MARY LEE SCHOOLS--LIVE OAK CAMPUS	MLLDAK	CHILD ALCOHOL USE	OFFENSES OF SUBSTANCE ABUSE
NEW HORIZONS	NHORZ	CHILD BURGLARY	HIGHEST SCHOOL GRADE
MARY LEE SCHOOLS--THE VILLAGE	MLVLAG	HIGHEST SCHOOL GRADE	CHILD BURGLARY
GIRLSTOWN	GTOWN	NUMBER OF PEER PROBLEMS	CHILD EASILY INFLUENCED/LED
METHODIST HOME--CAMPUS UNIT	MHCMP	CHILD ATTACKED PERSONS	CHILD ROBBED PERSONS
SETTLEMENT CLUB HOME	SCLUB	CHILD ARGUES/IS UNCOOPERATIVE	CHILD ATTACKED PERSONS
METHODIST HOME--BOYS RANCH	MHBR	CHILD POOR SELF-ESTEEM	CHILD POOR SELF-ESTEEM
BROWN SCHOOLS--OAKS UNIT	BROAKS	OFFENSES OF A LEGAL MINOR	CHILD LIES
HIGH FRONTIER RANCH	HIFRON	CHILD ISOLATED, WITHDRAWN	CHILD ARGUES/IS UNCOOPERATIVE
TYC--GIDDINGS CAMPUS	GIDNG	WORKS BELOW CAPACITY/SCHOOL	CHILD ISOLATED, WITHDRAWN
BUCKNER BAPTIST BOYS RANCH	BKNER	CHILD MARIJUANA USE	CHILD ALCOHOL USE
SHERWOOD AND MYRTIE FOSTER HOME	SMF	CHILD LIES	OFFENSES OF A LEGAL MINOR
MARY LEE SCHOOLS--SOUTH FIRST CAMPUS	MLS01	SPECIAL EDUCATIONAL CLASSES	SPEECH/LANGUAGE HANDICAP
BELL COUNTY JUVENILE PROBATION	BELLJO	SCHOOL ATTENDANCE PROBLEMS	SPECIAL EDUCATIONAL CLASSES
GULF COAST TRADE CENTER	GULFYR	OFFENSES AGAINST PROPERTY	SCHOOL ATTENDANCE PROBLEMS
TYC--CROCKETT	CRKETT	OFFENSES OF SUBSTANCE ABUSE	EASILY DISTRACTED/LAZY SCHOOL
TYC--BROWNWOOD	BWOOD	CHILD SEEKS YOUNGER FRIENDS	OFFENSES AGAINST PROPERTY
ASH--ADOLESCENT UNIT	ADOL	SPEECH/LANGUAGE HANDICAP	CHILD THREATENED PERSONS
ASH--CHILDRENS PSYCHIATRIC UNIT	CPU	WORKS BELOW GRADE LEVEL	CHILD SLEEP DISORDERS
HOPE CENTER--WINDERMERE CAMP	HCWMP	EASILY DISTRACTED/LAZY SCHOOL	CHILD BED-WETTING
HOPE CENTER--SUPERVISED APT LIVING	HCAPT	CHILD EASILY FRUSTRATED	WORKS BELOW CAPACITY/SCHOOL
DARDEN HILL RANCH SCHOOL	DHRS	CHILD BED-WETTING	CHILD RUNAWAY
DARDEN HILL--WOODSIDE TRAILS CAMP	DHWOOD		
CHEROKEE CHILDRENS HOME	CHRKEE		
TYC--SALADO HOLSE	SALDO		
WACO CENTER FOR YOUTH	WCY		
PRESBYTERIAN CHILDRENS HOME	PRESBY		

CLASSIFICATION FOR CASE 1 FROM PUBLIC SECTOR FOSTER CARE (BENEFIT GROUP HIGH)

**Assertiveness for
Neglecting Mothers Project**

2

FOURTH QUARTERLY REPORT

PROJECT DESCRIPTION

The Dallas County Child Welfare Unit of the Texas Department of Human Resources (DHR) is responsible for investigating all reports of suspected child abuse and neglect. Child neglect cases are especially difficult to resolve because of the parents' passivity and lack of self-esteem. The Assertiveness for Neglecting Mothers Project is designed to address the problem of neglect in Dallas County by focusing on the needs of the mother rather than the child, whose needs are being safeguarded by a caseworker. A group therapy model is used to help improve the mothers' self-esteem and thereby enable them to become more effective parents.

GOAL

The project's goal is to improve the mothers' ability to parent by raising their self-esteem and teaching them how to deal assertively with their environment so that they can exercise more control over their lives and become better parents.

STATUS OF OBJECTIVES

Objective One

The project's first objective is to test and refine the treatment model. During the project's fourth quarter, six mothers and their eight children participated in the program for the full eight weeks and were pretested and posttested on the project scales. Six mothers and their 13 children participated in the "Exes" group.

Objective Two

The project's second objective is to provide child care and socialization experience for children while the mothers are in group therapy. A total of 21 children experienced play therapy for eight weeks while their mothers were in group therapy.

Objective Three

The project's third objective is to provide a credible role model for neglecting mothers by using "Exes" as cotherapists. No activities related to this objective took place this quarter.

Objective Four

The project's fourth objective is to complete the development of a training manual and video materials in their final form. Approximately 1,500 copies of the training manual (entitled "Assertiveness for Neglecting Mothers, An Innovative Treatment Approach") have been distributed to persons attending training sessions conducted by project staff during this quarter and to persons on a mailing list from previous presentations. Because of the videotape equipment's late arrival (not complete until July), a teaching tape was not prepared. However, a slide show was prepared and used at the training sessions.

Objective Five

The project's fifth objective is to train other Dallas County DHR staff in the use of the treatment model. Dallas County Family Outreach staff were trained in the Richardson-Plano, Irving, and northwest county offices. Approximately 30 persons attended. Training manuals are available for Dallas County staff as requested.

Objective Six

The project's sixth objective is to train DHR and other agency staff throughout the State in use of the treatment model. Project staff provided training for the following groups during the fourth quarter:

<u>Group and Location</u>	<u>Number Attending</u>
Family Outreach	10
Cleburne Child Welfare	7
Tyler DHR and MHMR	60
San Antonio Child Welfare	25
Family Outreach	8
Beaumont Child Welfare	25
Nacogdoches Child Welfare	30
Lubbock Child Welfare	30
Amarillo Child Welfare	40
Midland Child Welfare	35
El Paso Child Welfare	25

Objective Seven

The project's seventh objective is to increase the number of cases closed. During its two-year duration, the project served 50 cases; 52 percent of them had been closed by the end of August 1982, and 48 percent were still open. Among the cases closed, parenting was improved in 70 percent and unimproved in 30 percent. By comparison, in the child neglect program for all of Dallas County during the 18 months from January 1981 through May 1982, only 42 percent of neglect cases were closed with parenting improved; in 58 percent parenting remained unimproved.

Objective Eight

The project's eighth objective is to decrease the number of children removed and placed in substitute care. In 1982 an average of 20.6 children were removed from their homes by each of three DHR units in Dallas County that work on child neglect cases. During

the project's two years of operation, 13 children in its service population were removed from their families by DHR workers; 6 returned home; and 7 remained in foster care at the end of the project period.

OTHER ACCOMPLISHMENTS FOR THE QUARTER

Project staff provided training on neglect and on the project at Eastfield Junior College. In addition, project staff members began discussions with Program Director Loretta McCarty to keep the project going by continuing the "Exes" group and providing training to a private agency that will follow the project's model and provide services to DHR clients.

PROBLEM AREAS AND NEEDS OF THE PROJECT

Problems related to the late arrival of videotape equipment have been discussed previously under the subheading "Objective Four." Problems related to completing Objective Three--use of "Exes" as cotherapists--arose from lack of time to fully develop this innovative approach. Two years proved insufficient time to build up a corps of ex-clients with sufficient self-esteem to assume the role of coleaders in the groups. The validity of other project concepts, however, has been demonstrated, and efforts are under way to incorporate the benefits of these proven concepts into regular program practices.

ACTIVITIES AND TASKS SCHEDULED FOR NEXT QUARTER

The project period has expired, and no further activities are scheduled.

YEARLY EVALUATION REPORT

BACKGROUND

The Assertiveness for Neglecting Mothers Project was implemented in DHR Region 5 to improve services to victims of child neglect. Before the project, an internal review of protective services cases in the project area revealed that all cases that had been open for two years or more were neglect cases. This slow process in closure of such cases has historically contributed to case-worker frustration and lowered morale.

Child neglect cases have traditionally been difficult to resolve because of the neglectful parent's patterns of passivity and lack of motivation. Inaction and lack of motivation (learned helplessness) are regularly demonstrated by neglecting mothers in the following pattern of behaviors:

- o lack of assertiveness in relating with spouses, children, and community resources;
- o inability to obtain transportation to community resources;
- o poor record of attendance at arranged counseling sessions; and
- o infrequency of question-asking or problem-solving.

The activities of the project were intended to increase the self-esteem and assertiveness skills of neglecting mothers, thus enabling them to feel more in control of their lives and to exhibit more constructive behaviors. The major components of the project were--

- o a group therapy treatment model that focused on an understanding of childhood feelings and how they relate to present functioning, the recognition of thought patterns that are destructive, and training in assertiveness;

- o group therapy as the treatment modality in order to provide a network of friends for neglecting mothers, thus reducing their isolation;
- o a support system for therapy including the provision of play therapy/child care and refreshments for the children of the mothers and the provision of transportation to the group session by caseworkers and transportation homeward by contracted van services; and
- o the use of clients who successfully completed a series of therapy sessions as lay cotherapists in leading groups.

To foster dissemination of the model beyond the funding time frame, the project activities also included--

- o development of a nucleus of caseworkers skilled in the application and teaching of the assertiveness model;
- o development of a training manual outlining the model's approach, to be disseminated to DHR program staff and other social work professionals; and
- o preparation of video materials to enhance training about the group treatment model.

PURPOSES OF THE EVALUATION

The project's evaluation serves the following purposes:

- o to determine the effect of increasing the number of clients receiving counseling;
- o to determine whether assertiveness training was successful in increasing the self-esteem of neglecting mothers;
- o to determine whether increases in the self-esteem of mothers resulted in changes in the mothers' attitudes toward their children;

- o to determine whether the project resulted in reductions in the length of time neglect cases remained open; and
- o to determine the effect on clients of using cotherapists.

EVALUATION QUESTIONS

A number of evaluation questions were developed from the project's objectives.

- o Was there a significant reduction in case closure length and/or treatment time span as a function of project installation?
- o Was there a significant change in number of clients receiving counseling or in the number of counseling resources available?
- o Was the self-esteem of neglecting mothers increased as a result of group work?
- o Were parenting attitudes of neglecting mothers changed as a function of increased self-esteem?
- o Were goals of the project achieved from the perspective of the clients?
- o Were goals of the project achieved from the perspective of the caseworkers?
- o Were the therapists, caseworker cotherapists, and lay cotherapists differentially effective in increasing clients' self-esteem and parenting attitude scores?

METHODOLOGY

The evaluation contains two major components: (1) casework impact of the project on case closures, treatment lengths, and numbers of clients receiving counseling was examined; and (2) the

project's group methods were evaluated to ascertain the extent to which they were effective in changing self-esteem and parenting attitudes.

The first evaluation component, casework impact, was examined using project records relevant to the variables involved. Where possible, a pretest/posttest design was employed.

The second component, impact of group method, employed a pretest/posttest control group design. Only a limited number of control group clients (N = 8, first year; N = 12, second year) were employed due to the unavailability of staff for conducting the testing. These control group clients were neglecting mothers from a neighboring branch office (McKinney) and in the surrounding county. Controls were tested near the end of the project year.

To determine whether therapists, caseworker cotherapists, and lay cotherapists were differentially effective in working with clients, self-esteem scores of clients who had been under the various kinds of leadership were compared using analysis of variance procedures.

Lastly, since several neglecting mothers took part in more than one group, effects of repeated group experiences were examined. Since relatively few clients experienced more than one group, inferential statistical procedures were limited to the first group session; effects of additional sessions were examined descriptively.

RESULTS

Casework Impact

The results from compilation of data relevant to case closures, treatment lengths, and number of clients receiving counseling are presented by evaluation question.

Was there a significant reduction in case closure length and/or treatment time span as a function of project installation?

The percentage of cases that were closed was examined for those mothers (N=50) who took part in group sessions. At the end of the second year, 26 cases (52 percent) were closed, and 24 cases

(48 percent) remained open. Of the cases closed, 18 (36 percent of all cases) were closed for reason of improved parenting, and 8 cases were closed for other reasons and parenting was unimproved. Among the cases remaining open, 10 (20 percent of all cases) were categorized as getting better, and 14 remained the same or were getting worse. Thus from this perspective, 28 cases (56 percent) showed improvement following the assertiveness group training. These data are presented in Table 2-1.

TABLE 2-1
Case Closure and Parenting Improvement Status
(As of July 31, 1982)

Category	Case Closed	Case Still Open	Total
Parenting Improved	18 (26%)	10 (20%)	28 (56%)
Parenting Unimproved	8 (16%)	14 (28%)	22 (44%)
Total	26 (52%)	24 (48%)	50 (100%)

A comparison of closed cases was made between the group project and the overall neglect program for the improvement in parenting. For group project cases during the last two years, 70 percent of the cases closed were categorized as having improved parenting. In the overall neglect program, 42 percent of the cases closed were so categorized. This difference in percentages is statistically significant ($G^2(1) = 3.87, p = .05$)¹ connotating improved parenting of project mothers as it is reflected in case closures.

¹This G^2 value is a minimal value; the actual level of significance would be considerably higher. Evaluation staff did not have available the number of closed cases for the overall neglect program; thus a number (26) equal to the number of project closed cases was used. Considerably more than 26 cases were closed during the past two years in the overall neglect program.

Additional evidence suggests that case closures for neglecting mothers who have received the project treatment are approximately 50 percent for any six-month period. Question 12 on the Questionnaire for Caseworkers (see Appendix 2-A) asked whether the caseworker anticipated being able to close the client's case within six months. Forty-six percent (20 of 44 caseworker respondents) gave affirmative answers. More importantly, however, 89 percent of those answering affirmatively indicated that they believed that the group experience expedited their plan to close the case (question 13). This percentage differs significantly ($X^2(1) = 11.25, p < .01$) from chance responding.

Taken collectively, the evidence suggests that neglect closures, at least for reasons of improved parenting, are increased by exposure to the group experience. Caseworkers feel that this exposure expedites their plans to close neglect cases.

The second evaluation question addresses counseling resources.

Was there a significant change in number of clients receiving counseling or in the number of counseling resources available?

Information bearing on this evaluation question was provided on the Questionnaire for Group Members, question 1, (see Appendix 2-A). Clients were asked whether they had received any kind of professional counseling or therapy other than the group experience. Of the 46 respondents, 23 (50 percent) indicated that they had received other counseling. Of those answering affirmatively, 91 percent indicated that the counseling experience had been helpful. This latter value reflects greater than chance responding ($X^2(1) = 14.09, p < .01$).

Assuming that this sample is representative, one may conclude that approximately 50 percent of neglecting mothers receive no professional counseling or therapy and that this project serves as the only resource for these individuals. Unit, regional, or State-wide totals of counseling and therapy usage and availability would be necessary to provide statistical evaluation of improvements in counseling resources with the addition of the assertiveness training project. Information of this nature is not currently available.

Group Method Impact

In order to determine the extent to which use of the group approach affected the self-esteem and parenting attitudes of project clients, data were examined for project and control clients before (pretest) and immediately after (posttest) the eight-week sessions. This information bears directly on three of the evaluation questions.

Was the self-esteem of neglecting mothers increased as a result of group work?

Were parenting attitudes of neglecting mothers changed as a function of increased self-esteem?

Were the therapists, caseworker cotherapists, and lay co-therapists differentially effective in increasing clients' self-esteem and parenting attitude scores?

The instruments employed to measure self-esteem and parenting attitude were changed during the second project year in an effort to provide items more understandable and feasible for the clients, many of whom are illiterate. The instruments used were the Index of Self-Esteem (ISE) and the Index of Parental Attitudes (IPA). These two scales are copyrighted by Walter W. Hudson, 1974, and were used with permission. Copies of the instruments are reproduced in Appendix 2-B.

The ISE instrument is a self-description rating scale, which was modified to contain three alternatives for each descriptive item. The scale was self-administered and completed by the mothers during the first and last group session. The 25 items were rated as describing the client rarely or none of the time, some of the time, or most of the time. Items were reverse coded where appropriate and totaled for each client. Thus the maximum positive score (high self-esteem) was 25; the maximum negative score was -25.

The IPA instrument is similar in format to the ISE and was also modified to incorporate three response alternatives. The 25-item scale was appropriately reverse coded and the items summed to yield a maximum (favorable) parenting attitude of 25; the minimum

(negative) score was -25. This instrument also was given during the first and last group sessions.

The information for both project clients and controls was tabulated, and descriptive statistics were computed. Project clients were categorized according to whether conventional cotherapists, caseworker cotherapists, or lay cotherapists were employed in the group sessions. During the second project year, six new referrals were treated by the conventional cotherapist procedure employed in the first project year. Nine new referrals attended sessions conducted by a lay cotherapist, and seven were led by a caseworker cotherapist.

Examination of the means for the ISE scale revealed that scores for the controls were markedly higher (mean = 12.2) than for the project clients (mean = 1.3 without regard to type of cotherapist) on the pretest. This difference was statistically significant ($t(30) = 3.08, p < .01$). Since pretest differences existed between project and control groups, statistical comparison of change scores would be inappropriate. Instead, project groups were compared for differential improvement from pretest to posttest. The comparison revealed that clients did significantly improve on the measure of self-esteem ($t(21) = 3.36, p < .01$). The pretest mean was 1.3 contrasted to the posttest average score of 7.4 without regard to type of cotherapist classification. Examination for differences as a function of type of cotherapist revealed no significant differences. Posttest scores for 21 clients who repeated group sessions during the second project year were compared to scores for new referrals. There were no differences in ISE scores.

For parenting attitude, scores on the IPA were compared for project clients and controls. No statistical differences were discerned. Comparisons of the differing categories of cotherapist also failed to reveal statistical differences. For project clients, however, there was a significant improvement ($t(21) = 2.84, p = .01$) from pretest (mean = 14.9) to posttest (mean = 18.2). In view of the failure to find differences relative to the controls, this improvement may reflect project effects, but it could also be attributable to testing effects--that is, effects due solely to the second administration of the same test. For this reason, conclusions of improvement in parenting attitude must be guarded.

Posttest scores for clients who repeated group sessions during the second project year were compared to scores for new referrals. The clients who repeated sessions were found to have significantly lower IPA scores ($t(25) = 2.54, p = .02$). This finding may suggest that group members who repeated sessions tended to have longer-standing and greater problems with parenting, at least as reflected in the IPA score. The average number of groups attended by second-year repeating clients was four eight-week sessions. (This average is for repeating sessions during the full two years of the project.)

In summary, the objective information collected with the ISE and IPA instruments suggest that project clients improved in self-esteem and may have improved in parenting attitude. Clients repeating group sessions were found to have lower parenting attitude scores.

Other favorable information bearing on improvements in self-esteem and parenting attitude as a result of project installation was discerned from the Questionnaire for Caseworkers and the Questionnaire for Group Members. Selected items on these questionnaires bear directly on self-esteem and parenting attitude.

Caseworkers were asked if they had seen indications that their clients' self-esteem had increased (see question 6, Questionnaire for Caseworkers, Appendix 2-A). Eighty percent of the 44 caseworkers surveyed answered affirmatively. This response distribution is nonchance ($\chi^2(1) = 14.20, p < .01$). In addition, other behavioral indices of improved self-esteem were indicated by the caseworkers. A significant percentage ($\chi^2(1) = 3.84, p = .05$) indicated that their clients' appearance had improved and that they were more assertive now than before the group session ($\chi^2(1) = 12.02, p < .01$). These items are questions 4 and 7 on the questionnaire. Responses to other items (questions 1 and 2) indicated that caseworkers felt that their clients were less isolated socially ($\chi^2(1) = 24.75, p < .01$) and reached out to others more ($\chi^2(1) = 10.02, p < .01$) than before the group experience.

Clients' own responses (Questionnaire for Group Members, items 8 and 9) indicated that 85 percent now liked themselves better than they did before the group session, and 80 percent felt their appearance had changed. These percentages represent nonchance distributions ($\chi^2(1) = 20.89, p < .01$; $\chi^2(1) = 15.85, p < .01$, respectively) for the two items. In addition, a significantly large percentage of these clients felt they were now more assertive

($X^2(1) = 15.85, p < .01$) and had made new friends ($X^2(1) = 26.63, p < .01$) since becoming a group member. These last two items are items 13 and 4, respectively, on the group members' questionnaire. These various indicators all seemingly suggest improved self-esteem following the group training experience.

For parenting attitudes, a significant percentage of group members ($X^2(1) = 11.50, p < .01$) feel that they are now a better parent (item 14). However, when caseworkers were asked whether they had seen indications that their client was parenting any better (item 8), 56 percent answered affirmatively. This percentage does not differ from a chance distribution. Thus, although clients feel they have improved in parenting, there is no statistically significant evidence that improved parenting has been reflected in their behavior as seen by their caseworkers.

Viewed collectively, the preponderance of evidence suggests that the evaluation questions concerned with improvements in self-esteem and parenting attitude may be answered affirmatively. The majority of the indicators suggest that the project was successful in increasing the self-esteem of neglecting mothers who underwent group sessions. Similarly, indicators of parenting attitude reflect improvement following exposure to the group experience. No evidence of differential effectiveness of conventional cotherapists, caseworker cotherapists, or lay cotherapists was found. Although sample sizes were small for caseworker and lay cotherapist groups, thus reducing power to detect differences, the lack of differences suggests that the use of caseworker cotherapists as a means of project continuation may be feasible.

Responses of clients and their caseworkers were examined to determine the extent to which they viewed the group experience as successful. These responses address the following evaluation questions:

Were goals of the project achieved from the perspective of the clients?

Were goals of the project achieved from the perspective of the caseworkers?

Examination of the Questionnaire for Group Members revealed that the majority of these clients were victims of abuse when they were children. Emotional abuse was the most common category indi-

cated. Seventy percent were also victims of abuse as adults. Questions that addressed whether the client had made new friends, was better at problem-solving, and thought before acting resulted in a preponderance of positive statements (at least 89 percent gave favorable responses to each of these questions). Assessment of the group leaders by clients was overwhelmingly favorable. Ninety-four percent of the clients indicated that they would like to continue in a group. Summarized responses to the questionnaires are presented in Appendix 2-A. Collectively, the results of the clients' questionnaire suggest that these clients saw the group experience as helpful and as resulting in favorable changes in themselves. The enthusiasm reflected in the responses may indicate increased motivation and interest in these clients, suggesting a basis for actual long-term improvement.

Responses to the Questionnaire for Caseworkers were summarized and examined to determine their perspectives on the group treatment model effected by the project. Ninety-five percent felt that, based on the group experience of their client, the assertiveness training in a group treatment model was effective as a tool for treating neglecting mothers. This percentage is clearly nonchance ($X^2(1) = 34.57, p < .01$). The caseworkers' favorable attitudes were also expressed in their willingness to continue one-way transportation for their client in the event she wished to continue in group sessions (95 percent were willing). This distribution was also nonchance ($X^2(1) = 34.57, p < .01$). Caseworkers' perspectives on the benefits of play therapy for clients' children was less favorable. Forty-eight percent felt the play therapy had been beneficial.

This evidence from caseworkers, as well as their already cited views on case closures, self-esteem indicators, and parenting attitude, suggest positive effects of the project's group model. It should be noted that items relating directly to project goals (social isolation, self-esteem, assertiveness) were responded to most favorably by both caseworkers and clients. Items that were aimed at translation of these improvements into behaviors important to parenting (client and child appearance, problem solving, and better parenting) were judged by caseworkers to have been improved but not to the extent as were self-esteem and parenting attitude. These findings may suggest, as the developers of the model hypothesized, that improved attitude about oneself serves as an antecedent

to changes in parenting behavior. Parenting skills training might be a valuable follow-up to the Assertiveness for Neglecting Mothers Project.

LIMITATIONS

Limitations specific to tests of the individual evaluation questions were elaborated in conjunction with the evidence for the particular evaluation question. At a more general level, it should be noted that the responses of the neglecting mothers to the self-esteem and parenting attitude scales, as well as responses on the Questionnaire for Group Members survey, may suffer considerable measurement error. Measurement error would be expected since these clients, as a group, are poorly educated or illiterate and may have had difficulty in understanding the intent of some items. It is unclear whether systematic, as opposed to random, error may be anticipated; only systematic error would bias the findings, rendering conclusions suspect.

A second limitation concerns the appropriateness and availability of controls. It was not feasible to test control group clients matched in time with the occurrence of group sessions for project clients. Further, the number and comparability of control clients were less than ideal.

Lastly, no attempt was made to ascertain whether caseworkers with nonproject neglecting mothers noted less improvement in their clients during the project time frame. These factors result in control group comparisons that are not as illuminating as would be preferred.

SUMMARY

The Assertiveness for Neglecting Mothers project was intended to increase self-esteem and parenting attitude of neglecting mothers as a means of remediating the inaction and lack of motivation commonly displayed in these clients. The treatment model employed group therapy as the treatment modality in order to provide a network of friends and to teach assertiveness and social process skills.

Using a pretest/posttest control group design, project clients were found to demonstrate improved self-esteem and parenting attitude as a consequence of the project treatment. Both the self reports and the opinions of caseworkers substantiated increases in self-esteem, personal appearance, and assertiveness. Similarly, social isolation was reported to have decreased. Indicators of parenting attitude showed improvement as a consequence of exposure to the group experience, but indicators of improved parenting were little changed. Improved attitude would be expected to precede behavioral change; thus the failure to note considerable improvement in parenting behavior may represent temporal lag in effects.

Examination of casework impact revealed that a higher percentage of project cases were closed due to improved parenting relative to cases closed in the overall neglect program. In addition, caseworkers expressed considerable positive sentiment concerning the efficacy of the project as a vehicle for treatment of neglect cases. Other evidence suggested that the project served as the sole counseling resource for half of the project's clients.

APPENDIX 2-A
Questionnaire for Group Members
and Questionnaire for Caseworkers
(including percentage of responses
in each category for each item)

2 YEARS
QUESTIONNAIRE FOR CASEWORKERS
N=44

1. Do you feel that your client is as socially isolated as she was prior to the group experience? 12% Yes 88% No
2. Have you seen any indications that your client reaches out to others more now than she did eight weeks ago? 74% Yes 26% No
3. Have you seen any indications that your client has learned to problem solve any better than she did eight weeks ago? 53% Yes 47% No
4. Has your client's appearance improved any during the last eight weeks? 67% Yes 33% No
5. Have your client's children improved in appearance during the past eight weeks? 33% Yes 55% No (12% N/A - child in someone other than mother)
6. Have you seen any indications that your client's self-esteem has increased during the past eight weeks? 80% Yes 20% No
7. Have you seen any indications that your client is more assertive now than she was eight weeks ago? 78% Yes 22% No
8. Have you seen any indications that your client is parenting any better now than she was eight weeks ago? 56% Yes 44% No
9. Have you seen any indications that your client is more independent now than she was eight weeks ago? 54% Yes 46% No
10. Have you seen any indications that the children of your client have benefitted from play therapy? 48% Yes 52% No (of those who came)
11. Do you feel, based on the group experience of your client, that assertiveness training in a group treatment model is an effective tool for treating neglectful mothers? 95% Yes 5% No
12. Do you anticipate that you will be able to close this client's case within six months? 46% Yes 54% No
13. If you answered "Yes" to the previous question, do you believe that the group experience expedited your plan to close the case? 89% Yes 11% No
14. If your client indicates to us or to you that she would like to continue in group, would you be willing to continue transportation one way (transportation home provided by the project funds)? 95% Yes 5% No

2 Years
QUESTIONNAIRE FOR GROUP MEMBERS
N = 46

1. Have you received any kind of professional counseling or therapy other than this group experience? 50% Yes 50% No
If yes, has that experience been helpful? 91% Yes 9% No
2. As a child were you a victim of:
24% physical abuse
39% emotional abuse
17% neglect
20% incest (relative)
17% rape (nonrelative)
3. As an adult have you been a victim of:
70% wife battering
11% rape
4. Have you made new friends since becoming a group member?
89% Yes 11% No
How many? $\bar{x} = 5.4$
5. Have you talked on the phone or visited other group members between group sessions? 22% Yes 78% No (48% have phones)
6. Are you better equipped to solve problems now than you were before beginning group? 96% Yes 4% No
7. Do you think before you act more often now than you did before group? 93% Yes 7% No
8. Has your appearance changed any since you joined group?
80% Yes 20% No
9. Do you like yourself better now than you did eight weeks ago?
85% Yes 15% No
10. Do you believe that your feelings of helplessness and powerlessness began when you were a child or began when you were an adult?
50% child 50% adult

11. Do you believe that women who felt helpless as children can feel powerful as adults? 80% Yes 20% No
12. Have you done anything on your own recently that you would have been afraid to do before your group experience? 61% Yes 39% No
13. Do you feel that you are more assertive than you were eight weeks ago? 80% Yes 20% No
14. Do you feel that you are a better parent now than you were eight weeks ago? 77% Yes 23% No
15. My group leaders were: (may check more than one)
89% pleasant
98% helpful
___ unpleasant
___ of no benefit to me
16. The parts of the group experience that helped me the most were:
75% Learning to identify and accept my feelings
72% Learning to think and decide what makes sense and what doesn't
57% Learning to be assertive rather than passive or aggressive
53% Experiencing warm relationships within the group
19. I 94% would 6% would not like to continue in group.

APPENDIX 2-B
 Index of Self-Esteem
 and Index of Parenting Attitude

Name: _____

Today's Date: _____

This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing an "X" under the appropriate response.

	Rarely or None of the time	Some of the time	Most of the time
1. I feel that people would not like me if they really knew me well	_____	_____	_____
2. I feel that others get along much better than I do	_____	_____	_____
3. I feel that I am a beautiful person	_____	_____	_____
4. When I am with other people I feel they are glad I am with them	_____	_____	_____
5. I feel that people really like to talk with me	_____	_____	_____
6. I feel that I am a very competent person	_____	_____	_____
7. I think I make a good impression on others	_____	_____	_____
8. I feel that I need more self-confidence	_____	_____	_____
9. When I am with strangers I am very nervous	_____	_____	_____
10. I think that I am a dull person	_____	_____	_____
11. I feel ugly.	_____	_____	_____
12. I feel that others have more fun than I do	_____	_____	_____
13. I feel that I bore people	_____	_____	_____
14. I think my friends find me interesting	_____	_____	_____
15. I think I have a good sense of humor	_____	_____	_____
16. I feel very self-conscious when I am with strangers	_____	_____	_____
17. I feel that if I could be more like other people I would have it made	_____	_____	_____
18. I feel that people have a good time when they are with me	_____	_____	_____
19. I feel like a wallflower when I go out	_____	_____	_____
20. I feel I get pushed around more than others	_____	_____	_____

	Rarely or None of the time	Some of the time	Most of the time
21. I think I am a rather nice person	_____	_____	_____
22. I feel that people really like me very much	_____	_____	_____
23. I feel that I am a likeable person	_____	_____	_____
24. I am afraid I will appear foolish to others	_____	_____	_____
25. My friends think very highly of me	_____	_____	_____

Name: _____ Today's Date: _____

This questionnaire is designed to measure the degree of contentment you have in your relationship with your child. It is not a test, so there are no right or wrong answers. Answer each item as carefully and accurately as you can by placing an X under the appropriate response.

	Rarely or None of the time	Some of the time	Most of the time
1. My child gets on my nerves.	_____	_____	_____
2. I get along well with my child	_____	_____	_____
3. I feel that I can really trust my child	_____	_____	_____
4. I dislike my child	_____	_____	_____
5. My child is well behaved	_____	_____	_____
6. My child is too demanding	_____	_____	_____
7. I wish I did not have this child	_____	_____	_____
8. I really enjoy my child	_____	_____	_____
9. I have a hard time controlling my child	_____	_____	_____
10. My child interferes with my activities	_____	_____	_____
11. I resent my child	_____	_____	_____
12. I think my child is terrific	_____	_____	_____
13. I hate my child	_____	_____	_____
14. I am very patient with my child	_____	_____	_____
15. I really like my child	_____	_____	_____
16. I like being with my child	_____	_____	_____
17. I feel like I do not love my child	_____	_____	_____
18. My child is irritating	_____	_____	_____
19. I feel very angry toward my child	_____	_____	_____
20. I feel violent toward my child	_____	_____	_____

	Rarely or None of the time	Some of the time	Most of the time
21. I feel very proud of my child	_____	_____	_____
22. I wish my child was more like others I know	_____	_____	_____
23. I just do not understand my child	_____	_____	_____
24. My child is a real joy to me	_____	_____	_____
25. I feel ashamed of my child	_____	_____	_____

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Monitoring and Evaluation
for Protective Services

FOURTH QUARTERLY REPORT

PROJECT DESCRIPTION

The Monitoring and Evaluation for Protective Services Project is developing a regionally based, automated information system for monitoring and evaluating protective services in Region 10 of the Texas Department of Human Resources (DHR).

GOAL

The project's goal is to develop a system that monitors case activities and, with supplemental information provided directly by the client, results in a comprehensive evaluation of (1) the protective services provided to children in Region 10's conservatorship, of (2) ongoing cases, and of (3) protective services as a whole. The project will develop a plan for expanding the information system to other services and will make suggestions for implementation in other regions.

STATUS OF OBJECTIVES

Objective One

The project's first objective is to expand the regionally based information system to provide both monitoring and evaluation information about ongoing cases and about protective services as a whole at minimal cost to a variety of decision makers. Efforts focused on continuing to get the large volume of ongoing cases onto the system. Entry of all ongoing cases from the two pilot units was completed in June. At that point, project staff assessed the value versus the work/time involved in going back to January on the remaining cases and decided it would be more prudent to use a later date, April 1, 1982. Thus, all cases in an open status on or after April 1 are being entered. The project was unable to achieve its goal of having all ongoing cases on the system by August 31 because of frequent sick

leave by a data entry operator and because of the time required to make presentations on the project to visitors.

As of August 31, slightly more than 4,000 ongoing clients, of an estimated 6,000, were on the system. Entry is complete on 8 of the 11 supervisory units and partially completed on the remaining 3. All data have been collected, and entry is being done on a daily basis. Since November 1981, the region has donated to the project the services of a data entry operator, who remains as a permanent employee with the information system. The temporary operator paid from project funds terminated on August 31.

The project began to generate case load analyses on ongoing as well as conservatorship cases (see Appendix 3-A). Workers and supervisors believe automation of the case load analyses will be one of the major cost-saving features of the information system.

The project continues to enter data on worker contacts from the narrative report. Output reports on contacts have been developed and programmed to provide feedback to worker and administrative staff (see Appendix 3-B). Among other uses, these data may have future implications for studies in work load measures. Two regional administrators, Nathan Martin and June Klein, who are on a committee to study and recommend child welfare work loads, attended the project's presentation in August, which provided a visualization of the data being stored on the system.

The most troublesome part of meeting project deadlines was collecting and entering foster care payment information on the system. Staff could not foresee all of the problems that would be encountered, but the problems have definitely reinforced the conviction that having foster care payment data on the system and generating the ledgers for the bookkeepers will result in badly needed uniformity in bookkeeping and will provide important data on the cost of delivering services to foster children. Most of the data have been collected on all the counties except Jefferson. Jefferson County data from January 1 through July 1981 have been collected, and collection continues. Entry of the data is being delayed until entry of the remaining ongoing cases is completed. The information system is being absorbed financially and continued by the region. Project staff will be setting new priorities and guidelines for completing this portion of the system.

Objective Two

The project's second objective is to explore the perceptions of active-case clients and to examine the changes in their perceptions after cases are transferred to contracted delivery with DHR case management. The eighth draft of the Worker Assessment Form was distributed in July for regionwide piloting (Appendix 3-C). The assessment is done in supervisory conference on each case--ongoing or conservatorship (CVS)--at the time the plan of service or reassessment is due. The assessment form serves as the plan of service in ongoing cases. In CVS cases, additional documentation is required to comply with the Minimum Standards for Child-placing Agencies. In each instance, a copy of the assessment is filed in the case record and a copy forwarded to the information system office.

Preliminary decisions have been made by administrative staff regarding the feedback they want from the worker assessments. Output reports have been drafted (Appendix 3-D) and are being reviewed for final administrative approval before being programmed.

Objective Three

The project's third objective is to evaluate the information system after one year of use and determine costs and benefits, difficulties in implementation, and suggestions for implementation in other parts of the State. Staff members from the Office of Research, Demonstration, and Evaluation (ORDE) have had preliminary contacts with project staff concerning a process evaluation that ORDE will conduct. The region has engaged a private consultant (Judith Birmingham, assistant dean, School of Social Work, University of Texas at Arlington) to do an in-depth evaluation for its own management needs, which will be shared with other appropriate staff. Ms. Birmingham is already involved in the evaluation process, having met with regional staff in late July and again in August. Her evaluation will be completed in early or mid-October.

Meanwhile, the project's staff collected some cost/benefit information, which was used in presenting the project at the regional directors' meeting in August, and copies of this information are attached (Appendix E). The attachments reflect the budget and expenditures for fiscal years 1981 and 1982; an estimate of savings in

protective services staff time; and impact on accuracy in meeting minimum standards and in reducing error rates.

The information system has now been shared with all regions within the State. Most regions have requested and received copies of all input-output documents; information on how the system was developed; how the advisory committee was used throughout the process; how each step of the process was piloted and refined before regionwide implementation; how each region's information needs will vary; and how a replication of Region 10's system would not necessarily meet the specific needs of another region. Region 10 expects and encourages further dialogue with other regions regarding the system in the coming year.

OTHER ACCOMPLISHMENTS FOR THE QUARTER

The value of the information system for meeting regional information needs on a timely basis is being demonstrated frequently. On several occasions during the quarter, specific data on CVS children have been needed by program directors, the regional attorney, the State-agency certification team specialist, and others; the data were pulled from the system in a matter of minutes. The attached report on CVS children (Appendix 3-F) is an example of the types of data available. For the months of May, June, and July, Region 10 has had 0.0 percent error rate in foster care payments and continues to have the lowest Form 2001 error rate in the State.

PROBLEM AREAS AND NEEDS OF THE PROJECT

The system continues to need printing capabilities in the region; the possibilities still are being explored. The project needs to pursue the exchange of computer tapes with the Data Control and Analysis Division (DCAD). This subject was discussed with staff from the Office of Information Systems (OIS) when they visited the region on August 18; the discussion is being followed up. As of August 31, with project funding ended, the big problem is to keep the information system operating and expanding as planned with only regional resources.

ACTIVITIES SCHEDULED FOR NEXT QUARTER

The following major activities will take place next quarter:

1. absorb system totally to use of regional staff and resources; and
2. in time for inclusion in the fourth quarterly report, complete in-depth evaluation and consider any recommendations made by the evaluator for changes in the system.

YEARLY EVALUATION REPORT

BACKGROUND

Local management information systems for child protective services traditionally have been kept on a manual basis. Because of increasing information requirements throughout the Texas Department of Human Resources (DHR), this practice has created problems for workers, supervisors, and regional administrators. Information--such as the number of clients served, the manner in which funds are used, and the patterns of service provided--is often inaccessible, incomplete, or inaccurate. Assembling needed information usually proves time-consuming. Problem detection becomes difficult because information typically is neither centralized nor maintained uniformly, and timely information is rarely available for decision makers. While the DHR Social Services Management System (SSMS) is available throughout the agency, it cannot provide immediate information at the local and regional level.

The Monitoring and Evaluation for Protective Services Project was designed to create a regionally based information system in DHR's Region 10, in order to provide both monitoring and evaluation information for a variety of local and regional decision makers. The project was initiated to develop a comprehensive and uniform approach to monitoring and evaluating conservatorship cases. It was anticipated that once the system was developed it could be expanded to include other types of protective services and be applicable Statewide. The project's aims are specified in three objectives:

1. to expand the regionally based information system to provide both monitoring and evaluation information about ongoing cases and about protective services as a whole at minimal cost to a variety of decision makers;
2. to explore the perceptions of active-case clients and to examine changes in client perception after cases are transferred to contracted delivery with DHR case management; and
3. to evaluate the information system after one year of use and determine costs and benefits, difficulties in implementation, and suggestions for implementation in other parts of the State.

PURPOSES OF THE EVALUATION

Because the main impact of this project is expected to occur beyond the project time frames, the evaluation focused on an examination of project activities and an assessment of the extent to which project objectives were met. The major purposes of the evaluation were--

- o to determine the extent to which project objectives were met within the time frames established by the project;
- o to provide summary data and information on project activities; and
- o to provide a report on the findings for the National Center on Child Abuse and Neglect (in the Department of Health and Human Services' Office of Human Development Services) and for DHR Protective Services for Children Branch.

RESULTS/STATUS OF OBJECTIVES

Objective One

Expand the regionally based information system to provide both monitoring and evaluation information about ongoing cases and about protective services as a whole at minimal cost to a variety of decision makers.

Description of the System. The information system was expanded this year to include information about ongoing protective services. This system is a data base of information from which various kinds of reports can be developed. The major input sources are Form 2001; Form 2000; Form 2202-A, Narrative Report; the Income/Expense Form; and the Worker Assessment Form. Form 2001 is completed for all children in conservatorship. It contains client identifying information and legal, eligibility, and placement information. Form 2000 is completed on all out-of-town inquiries (OTIs) and court-ordered studies and is also used as a means of updating or transferring client information in ongoing cases. Form 2202-A is completed on reported abuse/neglect cases and contains client identifying information and information about the abuse or neglect. Only statistical data are entered into the system on "unfounded" reports. Another input document is the income/expense form, which includes income and disbursements for each DHR child. Another source of information is the Tickler Form--a form devised for this system. Relevant casework dates are recorded, reminders for renewals are generated by the computer, and workers update them by a simple turnaround procedure. Workers also complete an assessment form on each case.

Information on workers is also entered into the data base, including items such as name; budgeted job number (BJN); tenure (months); protective service experience (months); educational background; Social Security number; sex; age; ethnicity; type worker (ongoing, foster care); case load; pay level; supervisor name; and supervisor BJN. This information is kept in a separate file so that later it can be coordinated with success data. Names, addresses, and activity status regarding foster homes are also entered on the system.

This year over 4,000 open and closed ongoing child protective cases were entered. As of August 1982 ongoing cases from only two units in the region remained to be entered. Entry from all units would have been completed this year except that Stephen F. Austin

State University converted to a new computer system, and data could not be entered during the conversion. A second terminal was installed in the project office, which greatly helped in processing cases once the university computer was on line.

Reports Produced. A series of output reports have been developed and provided to appropriate staff and administrators.

- o A tickler form reminds workers when critical items are due and aids in scheduling and case management.
- o An earlier report that generated a case load analysis of conservatorship cases has been combined with the reference form into a single output report. This report provides workers with status information on each child in their case load along with frequently requested data on each child. The report also includes the most recent contact with the child.
- o A supervisor's case load analysis provides the program director and the supervisor with a case load analysis for each unit. This is a statistical count for each unit.
- o An administrative case load analysis provides a case load analysis for use by program directors and the regional director for Services to Families and Children.
- o An exception list identifies excessive movement--children who are moved three or more times in one month or four or more times in three months.
- o A six-month report is used to give a worker information for writing a court report on a child. This report includes the child's name, legal information, placement data, and a list of contacts within the past six months.
- o A permanent planning report gives a program director the names of children who have been in foster care or conservatorship for six months (indicating need for permanent planning).
- o Ledger reports include client ledger, facility ledger, and general ledger reports.

Examples of all these forms were appended to the evaluation report submitted in October 1981.

Six new reports (included as Appendix 3-D) based on the worker assessment input have been drafted because it was felt they would be useful to decision makers. The reports, called assessment summaries, cover the following areas:

- o general;
- o child safety;
- o child safety (without DHR);
- o child problems (ongoing);
- o parent problems (ongoing); and
- o overall parenting, obstacles to closing.

These data have many potential uses for administrators. In combination with other information already in the system, the new reports will make it easy to identify units or counties where certain types of problems are concentrated. The information also will facilitate decisions on the deployment of staff and other resources. Administrators can begin to identify what kinds of protective cases seem to result in successful closure and relate such outcomes to specific worker information (tenure, education, etc.) and to the worker's involvement in the frequency and type of case contact.

In addition to the monthly output reports, the monitoring and evaluation system can be used to provide demographic and management data. Examples of this type of data (shown in Appendix 3-F) include average age of children, ethnic breakdown of children by unit, and number of placements per child. The system also can break down closed cases to show (1) the percentage of total cases closed for each unit and (2) percentage of children in each unit whose permanent plans are (a) return home, (b) adoption, or (c) pending.

Cost Information. In an effort to develop a monitoring and evaluation system as economically as possible, a contract was effected with Stephen F. Austin State University in Nacogdoches, Texas, to use the university computer via a direct line and two terminals at the DHR office. Using the university's computer, its library of computer programs, and its staff as consultants has enabled DHR to minimize the cost of the system.

The project director reported that project expenditures for 1982 were \$99,346.17 (see table 3-1).

TABLE 3-1
Expenditures for FY 1982

Item	Amount
Salaries	\$49,392.00
Fringe	12,743.13
Travel	2,178.04 *
Overhead	4,298.00
Contractual	17,416.00 *
Other	13,319.00 *
Total	\$99,346.17

*Includes estimate for August 1982.

Analysis of savings in staff time (and costs) was made by the project director. It was found that there was a yearly savings of \$130,518.40. (Table 3-2 shows the derivation of this amount.)

A comparison of expenditures and savings shows a net yearly saving of \$31,172.23. This saving is directly reflected in the increased availability of staff time for performance of their mandated responsibilities.

An indirect cost saving results from the region's low error rate in successfully entering Form 2000 and Form 2001 in the main computer in Austin. Less correction time is necessary; staff time is saved. Region 10 has continued to have the lowest error rate in the State.

Objective Two

Explore the perceptions of active-case clients and examine changes in client perceptions after cases are transferred to contracted delivery with DHR case management.

TABLE 3-2
Savings in Staff Time and Cost

	Annual Savings in Dollars
<u>Six-months Report:</u>	
1 hr worker time saved per report 413 CVS children x twice per year = 826 reports hourly cost per worker \$10.96 x 826	\$ 9,052.96
<u>Narrative Recording</u>	
4 hrs worker time saved per month 63 workers x 4 x \$10.96/hr = 2761.92/month	\$33,143.04
4 hrs worker clerical typing time/month 18 clerical x 4 x \$6.28 = 452.16/month	\$ 5,425.92
<u>Case load Analysis</u>	
Supervisor (11) 2 hrs/mo @ 13.47/hr = 296.34 x 12 =	\$ 3,556.08
Workers (63) 6 hrs/mo @ 10.96/hr = \$4,142.88 x 12 =	49,714.56
Unit stenos (11) 6 hrs/mo @ 7.31/hr = 482.46 x 12 =	5,789.52
Worker clerical - 1 hr/worker/month @ 6.28 = 395.64 x 12	4,747.68
Program dir. (2) 1 hr/mo @ 18.04 = 36.08 x 12 =	432.96
PD clerical (2) 6 hrs/mo @ 7.38 = 88.56 x 12 =	1,062.72
Asst. to RD (1) 1/2 hr/mo @ 18.49 = 9.25 x 12 =	111.00
Clerical to Asst. (1) 1 hr/mo @ 6.13 = 6.13 x 12 =	73.56
	\$65,488.08
<u>Tickler Form</u>	
One full-time CSA in sub. care unit 1030.40 x 12 =	\$12,364.80
Worker clerical 1 hr/worker/mo @ 6.28 = 395.64 x 12	4,747.68
Foster care eligibility worker 1 hr/mo @ 12.10 x 12 =	145.20
FC elig. clerical 2 hrs/mo @ 6.28 = @ 12.56 x 12 =	150.72
	\$17,408.40
	\$130,518.40

NOTE: All salary figures are based on average salary plus longevity pay and fringe benefits of current staff.

This objective was first intended to be a study of client opinion as it related to case success. Because of severe staff cuts expected in FY 82, Region 10 planned to implement a case management system for in-house (ongoing) cases. Workers in selected counties would no longer provide direct services but would act as case managers and use purchased resources such as counseling units, parenting and homemaker units, and the like to deliver focused, measurable services. The region would then be in a position to examine changes in client perceptions about service benefit after delivery changed from direct to contracted.

The expected staff cuts did not occur, and the region as a whole did not go to the case management system, although it is used to some extent in Jefferson County, the one urban area in the region.

When it came time to begin the client study, the region did an extensive review of work that had been done on the subject, visited others who had worked in the field, and talked extensively with State office personnel also working on the subject. There was a problem with the definition of success, and the region elected to begin from scratch in defining what factors lead to success or its absence. A group of "experts"--staff who make decisions about case success on a regular basis--was selected to identify, narrow, and refine criteria they used to judge success and causal factors and to draft scales for measurement. Collection instruments were drafted (the Worker Assessment Form), pilot-tested, and revised a total of seven times. The eighth draft (Appendix 3-C) is being field-tested regionwide. After the region has a satisfactory process to ensure success, it will select or design an instrument to collect data that relate to success from clients.

In a separate demonstration project (Management Information System for Purchased Services), Region 10 is developing a service-specific tracking system to be utilized in purchased services, which will include pre- and post-assessments by the worker; an assessment by the provider concerning the client's use of service; and a self-assessment by the client. This information will interface with data on the Protective Services Information System and will be a part of the overall study of impact of services on the client.

Objective Three

Evaluate the information system after one year of use, determining costs and benefits, difficulties in implementation, and suggestions for implementation in other parts of the State.

An outside consultant has been employed by Region 10 to make this overall evaluation. It was felt that an outside consultant would be more objective and better able to evaluate the system. The work has begun and is expected to be completed within the next two months.

LIMITATION

The most important limitation of the evaluation is that it primarily addresses the project's process. The lasting and long-range impact of the project on the administrative and management aspects of the Protective Services for Children Program in this region can only be determined over a lengthy period of time and, therefore, is not appropriate for the present evaluation.

SUMMARY

The Monitoring and Evaluation for Protective Services Project was designed to create a regionally based information system in DHR's Region 10. The project was to provide both monitoring and evaluation information to a variety of local and regional decision makers. The project expanded the system this year to include data on ongoing clients and to become a regionwide system. The number and types of output reports were expanded, thereby providing increased data to workers and administrators.

APPENDIX 3-A
Case Load Analysis

CASE LOAD ANALYSIS

306020

TEXAS DEPARTMENT OF HUMAN RESOURCES - HACOGDCHES TEXAS
Case Load Analysis
Ongoing Cases

PAGE 16
08-27-82

Worker: [REDACTED] EIN: [REDACTED]
SUN: 101-14-C [REDACTED] 401-195-1
Supervisor: WIVIFRED WASHBURN
ALL data refers to activity from 07-01-82 thru 08-27-82
FORM SET MONTHLY TO: WORKER SUPERVISOR

Case Name	# of chl/yrn	Date Intk comp	date oneneJ	Client number	type case	date last contact	date of POS	date of CW cont
*** CASES SAME ***								
[REDACTED] DORETHA MILLARD	3	04-16-82	12-15-80	[REDACTED]	Neglect			
[REDACTED] LENA		07-15-82	04-16-82	[REDACTED]	Neglect			
[REDACTED] PEARLIVE BRIDGETT	1		09-16-81	[REDACTED]	Abuse/Neglect	06-28-82		
[REDACTED] JRLIN	5	06-07-82	05-24-82	[REDACTED]	N/A			
[REDACTED] JAMES	4	04-28-82	04-28-82	[REDACTED]	Abuse/Neglect			
[REDACTED] FLOYD	4		03-01-82	[REDACTED]	Abuse			
[REDACTED] MARY	5		09-09-81	[REDACTED]	Abuse/Neglect	06-17-82	01-15-82	
[REDACTED] EVELYN	5		05-26-82	[REDACTED]	N/A	05-18-82		
[REDACTED] JOHN	5		08-23-79	[REDACTED]	Abuse	08-11-82		
[REDACTED] MARY			12-03-81	[REDACTED]	Neglect			
[REDACTED] RMITTIE			01-29-81	[REDACTED]	Abuse	07-02-82	10-13-81	
[REDACTED] ALLEY	7	06-18-82	10-27-81	[REDACTED]	Neglect	07-06-82	03-25-82	
[REDACTED] RICHARD	1		04-07-82	[REDACTED]	Neglect	06-18-82	06-29-81	
[REDACTED] LINDA	2		08-06-81	[REDACTED]	Neglect	07-01-82	03-01-82	
[REDACTED] ROBERT	1		06-16-82	[REDACTED]	OTI			
[REDACTED] RICHARD	1		02-08-82	[REDACTED]	Neglect	05-01-82	02-08-82	
[REDACTED] JOHN	1		10-09-81	[REDACTED]	Neglect	07-27-82	07-09-82	
[REDACTED] JOHN			12-15-80	[REDACTED]	Soc Study-C O	07-08-82		

3-A-1

*** CASES CLOSED ***

[REDACTED] ROBERT	1		10-29-81	[REDACTED]	Neglect			
[REDACTED] KATHY			04-09-82	[REDACTED]	OTI	06-22-82	06-21-82	

*** CASES OPENED ***

[REDACTED] WILLIAM			08-20-82	[REDACTED]	Soc Study-C O	08-23-82		
--------------------	--	--	----------	------------	---------------	----------	--	--

*** WORKER TOTALS ***

# Active cases beginning month	21	# Active Caris	6
# Cases opened during month	1	# Inactive Caris	
# Cases transferred in			
# Cases served	22	# OTI's active, end of month	1
# Cases closed during month	2	# OTI's closed during month	1
# Cases transferred out			
# Cases active, end of month	20	# Social studies active, end of month	2
		# Social studies closed during month	

TOTAL CONSERVATORSHIP, ONGOING AND INTAKE CASES

	Ongoing/Intake	Conservatorship	** Total **
# Active cases beginning month	21	10	31
# Cases opened during month	1		1
# Cases transferred in			
# Cases Served	22	10	32
# Cases closed during month	2		2

APPENDIX 3-B

Output Reports on Contacts

3CM400

TEXAS DEPARTMENT OF HUMAN RESOURCES - NACORDOCHES TEXAS
Worker Conservatorship Contracts
JUN, JUL & AUG '82

page 1
08-13-82

WORKER: PENN, BARBARA
BJN: 101-14-C-03-401-195-1
Supervisor: WASHBURN, WINIFRED

3-B-1

	Worker Contacts w/parent/crtr child or family	Other contacts	Total completed contacts	Home visits	Other visits	Phone/ letter	# Attempted contacts	% of all CVS completed contacts
██████████, DANNY	3	2	5	2	1	2		X
██████████, DARLA L	3	2	5	2	1	2		X
██████████, FRANKLIN E	5	2	7	3	1	3		1 X
██████████, JOHNNY P		1	1			1		X
██████████, MERCY A	2	1	3	1	1	1		X
██████████, STEPHNIA R	1	4	5			5		X
██████████, KEVIN D	2		2	1		1		X
██████████, ROBIN	3		3			3		X
██████████, MARGARET L	4		4		3	1		X
** WORKER TOTALS	23	12	35	7	7	19		6 X

Administrative Report: Regional Contacts

Person Contacted

Jun '82

	Worker Contacts w/parent/cntkr child or family		Worker Contacts with contracts & other resources		Worker Contacts with others		Contacts without worker		Total completed contacts		Attempted contacts		***** *** total ** *****	
	cvs	ong	cvs	ong	cvs	ong	cvs	ong	cvs	ong	cvs	ong	cvs	ong
=====														
U N I T 13	=====													
Total Contacts	75	1	37		35	4	1		147	5	7		154	5
Cases													24	2
Cases reporting	17		3		7	2			23	2	1		24	2
Workers	2				1	1			3	1	2		5	1
Avg/Worker	17.5				35.0	4.0			49.0	5.0	3.5		30.8	5.0
Avg/Case (rpt)	5.7		12.3		5.0	2.0			6.3	2.5	7.0		6.4	2.5
=====														
U N I T 14	=====													
Total Contacts	58	22	19	41	31	81	3	7	108	204	12		108	216
Cases													19	57
Cases reporting	13	23	2	9	4	23	1		19	55	2		19	57
Workers	3	1	1	1	1	3			5	5			5	5
Avg/Worker	17.3	82.0	19.0	41.0	31.0	27.0			21.6	40.8			21.6	43.2
Avg/Case (rpt)	4.4	3.5	9.5	4.5	7.7	3.5	7.0		5.6	3.7	6.0		5.6	3.7

3-B-2

S

Worker Name _____ Case Name _____
Worker EIN _____
Date _____ Client Number _____

A. We would like your opinion of how safe you think the child is at the present time in his current placement. On the following scale, place an X in the most appropriate blank. (Choose only one. If two situations apply, choose most serious.)

- 1. The child died. 1) _____
- 2. The child was seriously injured in the last month or is considered to be in a life endangering situation. 2) _____
- 3. a) The child is in danger of serious injury. 3a) _____
b) The child needs immediate medical attention. 3b) _____
c) The child lacks basic physical necessities. 3c) _____
d) A child under twelve is in danger of sexual abuse. 3d) _____
- 4. a) The child is currently being abused. 4a) _____
b) The child is currently seriously neglected. 4b) _____
c) An adolescent is in danger of sexual abuse. 4c) _____
- 5. The child is in danger of abuse or neglect. 5) _____
- 6. The child's physical needs are being met in a manner less than acceptable by community standards, but it appears the child is not in immediate danger. 6) _____
- 7. The child's needs are being met adequately, but adolescent child is in conflict with authority (truancy, runaway, other teenage problems). 7) _____
- 8. The child's needs are being met adequately; there is no apparent danger of abuse/neglect. 8) _____
- 9. The child is thriving, becoming healthier, is in above average living conditions. 9) _____
- 10. The child is in excellent living situation. 10) _____

B. If, for some reason, DHR stopped involvement with this case today, how safe do you think the child would be in six months? Please take into consideration where the child would be placed if DHR were not involved. (Choose number from above scale.) B) _____

C. Please rate the severity of each potential problem area for this child by circling the appropriate number: 1=minor problem; 2=medium problem; 3=major problem. Leave blank if area is not a problem.

- | | | Min. | Med. | Max. |
|---|-----|------|------|------|
| 1. Child's general physical health. | 1) | 1 | 2 | 3 |
| 2. School attendance/complaints from school authorities. | 2) | 1 | 2 | 3 |
| 3. Grades. | 3) | 1 | 2 | 3 |
| 4. Appearance or personal hygiene. | 4) | 1 | 2 | 3 |
| 5. Emotional problems. | 5) | 1 | 2 | 3 |
| 6. Ability to make/keep friends. | 6) | 1 | 2 | 3 |
| 7. Fighting with other children. | 7) | 1 | 2 | 3 |
| 8. Discipline problems at home (or current living situation). | 8) | 1 | 2 | 3 |
| 9. Child's abuse of alcohol or drugs. | 9) | 1 | 2 | 3 |
| 10. Child's involvement with the law (stealing, etc.). | 10) | 1 | 2 | 3 |
| 11. Runaway. | 11) | 1 | 2 | 3 |
| 12. Child's sexually acting out. | 12) | 1 | 2 | 3 |
| 13. Delayed physical development in pre-school child (sitting alone, crawling, walking, etc.). | 13) | 1 | 2 | 3 |
| 14. Delayed social/emotional development in pre-school child (smiling, relating to others, etc.). | 14) | 1 | 2 | 3 |
| 15. Delayed intellectual development in pre-school child (talking, problem-solving, etc.). | 15) | 1 | 2 | 3 |
| 16. Bedwetting/night trauma. | 16) | 1 | 2 | 3 |
| 17. Child abandoned. | 17) | 1 | 2 | 3 |

APPENDIX 3-C

Worker Assessment Forms

- D. Do you think this child could function adequately in a home environment? (Please circle.)
- If not, would any of the following enable him to function adequately? (Put X in appropriate blank.) 1=Institution; 2=Treatment Facility; 3=Foster Group Home; 4=Therapeutic Foster Home; 5=Other (Specify) _____
- E. 1. Do you think the original caretaker(s) will ever be able to adequately care for the child so as not to require DHR's Protective Services? (Please circle.) Yes Maybe No
2. Within one year? (Please circle.) Yes Maybe No
3. Within six months? (Please circle.) Yes Maybe No
- F. Is adequate foster care available, if necessary, for this child? (Please circle.) Yes No
- G. Which of the following are currently obstacles to successful closure of this case? (Put an X in all appropriate blanks.)
- Court. 1) _____
 - Child's problems. 2) _____
 - Parent's problems. 3) _____
 - Lack of adoptive homes. 4) _____
 - Lack of caseworker time. 5) _____
 - Red tape in placing in institution. 6) _____
 - Parent(s) can't be located. 7) _____
 - Lack of resources. 8) _____
 - Other. (Specify) _____ 9) _____
- H. Please complete 1-3 by choosing from the following categories: (Place appropriate number in space.) 1=own home; 2=relative home; 3=foster home; 4=institution; 5=adoption; 6=other (Specify) _____
- Where is the child currently placed? 1) _____
 - What is the intended placement in six months? 2) _____
 - What is the intended permanent placement? 3) _____
 - How would you rate the current placement? 1=excellent; 2=adequate; 3=inadequate 4) _____
 - Do you think the current foster parents have formed a close relationship with this child? (Circle One.) Yes Maybe No NA

Worker Signature _____ Date _____ Supervisor Signature _____ Date _____

Worker Name _____ Case Name _____
Worker EIN _____
Date _____ Client Number _____

- A. We would like your opinion of how safe you think the child(ren) is at the present time in his current placement. On the following scale, place an X in the most appropriate blank. (Choose only one. If two situations apply, choose most serious.)
- The child(ren) died. 1) _____
 - The child(ren) was seriously injured in the last month or is considered to be in a life endangering situation. 2) _____
 - a) The child(ren) is in danger of serious injury. 3a) _____
b) The child(ren) needs immediate medical attention. 3b) _____
c) The child(ren) lacks basic physical necessities. 3c) _____
d) A child(ren) under twelve is in danger of sexual abuse. 3d) _____
 - a) The child(ren) is currently being abused. 4a) _____
b) The child(ren) is currently seriously neglected. 4b) _____
c) An adolescent(s) is in danger of sexual abuse. 4c) _____
 - The child(ren) is in danger of abuse or neglect. 5) _____
 - The child(ren)'s physical needs are being met in a manner less than acceptable by community standards, but it appears the child(ren) is not in immediate danger. 6) _____
 - The child(ren)'s needs are being met adequately, but adolescent child(ren) is in conflict with authority (truant, runaway, other teenage problems). 7) _____
 - The child(ren)'s needs are being met adequately; there is no apparent danger of abuse/neglect. 8) _____
 - The child(ren) is thriving, becoming healthier, is in above average living conditions. 9) _____
 - The child(ren) is in excellent living situation. 10) _____
- B. If, for some reason, DHR stopped involvement with this case today, how safe do you think the child(ren) would be in six months? Please take into consideration where the child(ren) would be placed if DHR were not involved. (Choose number from above scale.) B) _____
- C. Please rate the severity of each potential problem area for this child(ren) by circling the appropriate number: 1=minor problem; 2=medium problem; 3=major problem. Leave blank if area is not a problem.
- | | Min. | Med. | Max. |
|--|-----------|----------|----------|
| 1. Child(ren)'s general physical health. | 1) _____ | 2) _____ | 3) _____ |
| 2. School attendance/complaints from school authorities. | 2) _____ | 1) _____ | 3) _____ |
| 3. Grades. | 3) _____ | 1) _____ | 2) _____ |
| 4. Appearance or personal hygiene. | 4) _____ | 1) _____ | 2) _____ |
| 5. Emotional problems. | 5) _____ | 1) _____ | 2) _____ |
| 6. Ability to make/keep friends. | 6) _____ | 1) _____ | 2) _____ |
| 7. Fighting with other children. | 7) _____ | 1) _____ | 2) _____ |
| 8. Discipline problems at home (or current living situation). | 8) _____ | 1) _____ | 2) _____ |
| 9. Child(ren)'s abuse of alcohol or drugs. | 9) _____ | 1) _____ | 2) _____ |
| 10. Child(ren)'s involvement with the law (stealing, etc.). | 10) _____ | 1) _____ | 2) _____ |
| 11. Runaway. | 11) _____ | 1) _____ | 2) _____ |
| 12. Child(ren)'s sexually acting out. | 12) _____ | 1) _____ | 2) _____ |
| 13. Delayed physical development in pre-school child(ren) (sitting alone, crawling, walking, etc.). | 13) _____ | 1) _____ | 2) _____ |
| 14. Delayed social/emotional development in pre-school child(ren) (smiling, relating to others, etc.). | 14) _____ | 1) _____ | 2) _____ |
| 15. Delayed intellectual development in pre-school child(ren) (talking, problem-solving, etc.). | 15) _____ | 1) _____ | 2) _____ |
| 16. Bedwetting/night trauma. | 16) _____ | 1) _____ | 2) _____ |
| 17. Child(ren) abandoned. | 17) _____ | 1) _____ | 2) _____ |

CONTINUED

1 OF 3

D. Please describe the kinds of problems that the original caretaker(s)/parent(s) are now facing (original indicates the person(s) with legal responsibility for the child(ren), either now, or before DHR received legal responsibility). Please rate the relative severity by circling the appropriate number for each potential problem.

	Min.	Med.	Max.
1. Methods of discipline.	1)	1	2 3
2. Showing affection to child(ren).	2)	1	2 3
3. Housekeeping skills.	3)	1	2 3
4. Alcohol/drug abuse.	4)	1	2 3
5. Employment/financial.	5)	1	2 3
6. Intellectual ability.	6)	1	2 3
7. Psychological/emotional problems.	7)	1	2 3
8. Involvement with the law.	8)	1	2 3
9. Physical health.	9)	1	2 3
10. Attention to child(ren)'s medical/physical needs.	10)	1	2 3
11. Supervision/protection of child(ren).	11)	1	2 3
12. Housing.	12)	1	2 3
13. Ability to make decisions/initiate action.	13)	1	2 3
14. Attention to child(ren)'s educational needs.	14)	1	2 3
15. Sexually abuses child(ren)/sexually acts out to child(ren).	15)	1	2 3
16. Verbally or psychologically abuses child(ren).	16)	1	2 3
17. Marital strife.	17)	1	2 3
18. Cooperation with DHR.	18)	1	2 3
19. Parent missing/unable to determine problems (check if applicable).	19)	_____	

E. 1. Do you think the original caretaker(s) will ever be able to adequately care for the child(ren) so as not to require DHR's Protective Services? (Please circle.) Yes Maybe No

2. Within one year. (Please circle.) Yes Maybe No

3. Within six months? (Please circle.) Yes Maybe No

F. Considering the parenting contributions of the primary caretaker and/or others who contribute significantly to the parenting of the child(ren), please rate the total parenting: 1=very poor; 2=poor/unacceptable; 3=fair/acceptable; 4=good; 5=excellent. F) _____

G. Which of the following are currently obstacles to successful closure of this case? (Put an X in all appropriate blanks.)

1. Court.	1) _____
2. Child(ren)'s problems.	2) _____
3. Parent's problems.	3) _____
4. Lack of adoptive homes.	4) _____
5. Lack of caseworker time.	5) _____
6. Red tape in placing in institution.	6) _____
7. Parent(s) can't be located.	7) _____
8. Lack of resources.	8) _____
9. Other (Specify) _____	9) _____

Worker Signature _____ Date _____ Supervisor Signature _____ Date _____

Please Note that this section "APPENDIX 3-D: WORKER ASSESSMENT
FEEDBACK REPORTS" is Unavailable
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United States Department of Justice
Washington, D. C. 20531

APPENDIX 3-E
 Cost-Benefit Information

Cost-Benefit Information

Monitoring and Evaluation System - Protective Services - Region 10

FY 1981 Budget:			
	<u>Total</u>	<u>Federal</u>	<u>DHR</u>
Salaries	\$36,202.00	\$24,970.00	\$11,232.00
Fringe	8,880.40	6,154.00	2,726.40
Travel	4,820.00	4,820.00	--
Supplies	1,800.00	--	1,800.00
Equipment (lease or purchase)	3,025.00	3,025.00	--
Other	<u>36,770.63</u>	<u>27,120.00</u>	<u>9,650.63</u>
	\$91,498.03	\$66,089.00	\$25,409.03

FY 1981 Expenditures:			
Salaries	\$34,814.20	\$20,174.20	\$14,640.00
Fringe	8,444.33	4,902.33	3,542.00
Travel	2,100.30	2,100.30	-0-
Supplies	1,200.00	-0-	1,200.00 (est)
Equipment (terminal lease, computer time)	4,442.96	4,442.96	-0-
Other	<u>19,920.89</u>	<u>15,920.89</u>	<u>4,000.00 (STS, etc.)</u>
	\$70,922.68	\$47,540.68	\$23,382.00

Cost-Benefit Information

FY 1982 Budget

	<u>Total</u>	<u>Federal</u>	<u>DHR</u>
Salaries	\$42,444.00	\$28,044.00	\$14,400.00
Fringe	10,960.37	7,413.37	3,547.00
Travel	4,237.50	4,237.50	-0-
Overhead	7,284.00	-0-	7,284.00
Contractual	17,500.00	17,500.00	-0-
Other	12,625.00	12,625.00	-0-
	<u>\$95,050.87</u>	<u>\$69,819.87</u>	<u>\$25,231.00</u>

FY 1982 Expenditures

	<u>Total</u>	<u>Federal</u>	<u>DHR</u>
Salaries	\$49,392.00	\$24,044.00	\$25,346.00
Fringe	12,743.13	6,203.35	6,539.78
Travel	2,178.04	2,021.62*	156.42
Overhead	4,298.00	-0-	4,298.00
Contractual	17,416.00	17,416.00*	-0-
Other	13,319.00	13,319.00*	-0-
	<u>\$99,346.17</u>	<u>\$63,003.97</u>	<u>\$36,342.20</u>

*Includes estimates for August

Cost-Benefit Information

Savings in Staff Time

(All salary figures based on average salary plus longevity and fringe of current staff.)

Six-months Report:

	<u>Annual</u>
1 hour worker time saved per report	
413 CVS children X twice/year = 826 reports	
hrly cost per worker \$10.96 X 826	9,052.96

Narrative Recording

4 hours worker time saved per month	
63 workers X 4 X \$10.96 hrly = 2761.92 per month	\$33,143.04
Worker clerical - 4 hrs typing time per mo.	
18 clerical X 4 X \$6.28 = 452.16 per month	\$5,425.92

Caseload Analysis

Supervisor (11) 2 hrs month @ 13.47 hr. = 296.34 X 12 =	\$ 3,556.08
Workers (63) 6 hrs month @ 10.96 hr. = \$4,142.88 X 12 =	49,714.56
Unit Stenos (11) 6 hrs month @ 7.31 hr. = 482.46 X 12 =	5,789.52
Worker Clerical - 1 hr per worker/month @ 6.28 = 395.64 X 12	4,747.68
Program Dir (2) 1 hr per month @ 18.04 = 36.08 X 12 =	432.96
PD Clerical (2) 6 hrs/month @ 7.38 = 88.56 X 12 =	1,062.72
Asst to RD (1) 1 hr/month @ 18.49 = 9.25 X 12 =	111.00
Clerical to Asst (1) 1 hr/month @ 6.13 = 6.13 X 12	73.56
	<u>\$65,488.08</u>

Tickler Form

One full time CSA in sub-care unit 1030.40 X 12 =	\$12,364.80
Worker clerical 1 hr per worker/month @ 6.28 = 395.64 X 12 =	4,747.68
Foster Care Eligibility Wkr one hr per month @ 12.10 X 12 =	145.20
FC Elig clerical 2 hrs month @ 6.28 = 12.56 X 12 =	150.72
	<u>\$17,408.40</u>

Total Annual Savings \$130,518.40

Cost-Benefit Information

Regulatory Visits - State Agency Certification Team

May 26-28, 1981:

SACT Representative examined
 8 foster home records
 32 foster children records

4 children - no documentation that dentist office had been contacted
 within 60 days of placement to make initial appointment
 1 child - annual dental had not been obtained
 2 children - annual medical had not been obtained

May 17, 1982:

SACT Representative examined
 1 adoption record
 5 foster children's records
 4 Agency Foster Home records

All staff records

All were in 100% compliance with exception of one foster care record where
 the qualified person (Program Director) had not signed off on the intake study
 within the 30 day time requirement.

Form 2001 Error Report

<u>Month</u>	<u>Region 10</u>	<u>Statewide</u>
February, 1981	24%	33.6%
July, 1981	12.2%	26.8%
June, 1982	6.5%	15.3%

Foster Care Force Paid & Line Item Reject Error Summary

<u>Region 10</u>			
	<u>% Error Rate</u>		<u>% Error Rate</u>
November, 1980	20.75%	September, 1981	0%
December, 1980	22.33	October, 1981	.26
January, 1981	26.25	November, 1981	4.32
February, 1981	19.12	December, 1981	.35
March, 1981	9.34	January, 1982	.29
April, 1981	8.25	February, 1982	3.05
May, 1981	11.27	March, 1982	0
June, 1981	6.81	April, 1982	.29
July, 1981	11.87	May, 1982	0
August, 1981	6.55	June, 1982	0

APPENDIX 3-F

Sample Report Based On
 Information System Data

The following report is based on information received in the Management Information System since its initiation in April, 1981, through May 17, 1982. It is organized according to conservatorship cases now open and conservatorship cases closed during this time period. The purpose is to provide background information about child welfare cases and to highlight any significant differences found by unit. In addition, some statistics reported may prompt further analysis of the data currently on the system. A great deal of additional information is available.

I. Open Cases - 413

The average age of children currently with open conservatorship cases is 10; the oldest was born in 1961 (21 years) and the youngest in 1982 (infant) (Table I). There are nearly as many black children (40%) as white (54%), while only 4% of the children are from other minority groups. (Tables IIA and IIB).

11 children are blind, 20 physically handicapped, 34 mentally retarded and 26 emotionally disturbed. There are no deaf children in conservatorship. Half the children have siblings in conservatorship. A little over one-half of the children are part of a sibling group as indicated on the SSMS tracking form (Form 2001). There is some confusion over the term sibling group: some believe it to indicate a group of children for whom conservatorship was obtained at one time, however, the item is supposed to be used to indicate that the child is to be placed with his/her siblings in their substitute care arrangement or adoption. This definition needs to be clarified with the workers if we are to be assured of obtaining correct data.

Two-thirds of the cases are Priority I cases, with the remaining one-third Priority II. There is only 1 child currently in conservatorship who is listed as a Priority III. Nearly one-fourth of the cases are client

type abuse, one-fourth abuse/neglect and nearly one-half neglect with a small percentage of children in protective placement. There are no children considered by workers on SSMS to be in the following client types: truant, runaway, CHINS-adjudicated, CHINS-non-adjudicated, and adjudicated delinquent.

The most frequent permanent plan is for the children to return home (32%) followed by adoption (22%) and permanent foster care (11%) for 83 cases (20%) the plan is still pending. (Table III).

For the average case, the first legal action was taken in 1979 (probably coinciding fairly closely with the date the case was opened). Only 12% of the cases had legal action before 1975, with the first legal action taken in 1966. The county of conservatorship for 42% of all cases is Jefferson County; Orange and Nacogdoches Counties hold conservatorship for 10% and 9% of the cases respectively, Hardin 8% and Angelina 7%. The remainder is divided among the other counties.

Contacts data at the time of the May 17th run was still unreliable, particularly because the adoption workers were not yet using the Narrative Form from which the data is pulled. At this time, 14% of the cases showed no contacts reported, but there were major variations among units.

There may be some question about the data on the system for the number of workers, but if it is correct, the average case has had 3 different workers, with one case having 30. 89 cases (11%) have courtesy workers, most of which (53%) have their courtesy worker in Unit 12, the adoption unit. The remaining courtesy supervision is spread throughout the region. There are no courtesy workers in Units 17 and 20, primarily intake units for Jefferson County.

The 413 children have been placed a total of 1,481 times for an average of 3.6 placements per child. One child was placed 33 times. However, 76% had 4 or fewer placements and 89% had less than 7. (Table IV)

Unit 12 (1 case)

Unit 12 is the adoption unit for Region 10 and the foster home unit for the northern part of the region. Since the data is arranged by primary worker, and most adoption cases are handled by courtesy workers, only 1 case is listed in Unit 12's primary care.

Unit 13 (47 cases)

This unit is a generic unit covering Nacogdoches and Shelby Counties. The children average 12 years, slightly older than the region's average of 10. The cases also appear to have older legal action (the average date of the first legal action is 1977 for Unit 13, with 28% having their first legal action before 1975 - over 7 years ago), while the average for the region is 1979, with only 12% before 1975. A higher proportion of children (72%) have siblings in conservatorship than the rest of the region, though only 53% seem to have been taken into care in a sibling group. This unit also has the highest percentage of children for whom the plan is to return home (68%) with only 6% with plans for adoption.

Unit 14 (39 cases)

Unit 14 is a generic unit covering Newton, Jasper, and Tyler Counties. Unit 14 has a much higher percentage of white children in conservatorship (82% as opposed to 54% regionally). It also appears to have a larger share of children with handicaps (34%), and children taken into care a Priority II (47% as opposed to 32% regionally). 46% of the children have adoption as their permanent plan (22% regionally).

Unit 15 (40 cases)

This unit is the generic unit covering Polk, Trinity, San Jacinto, and Houston Counties. The unit has the highest percentage of Priority I cases, 98% and also appears to have slightly newer cases with only 3% having their first legal action before 1975 (as opposed to the regional

average of 12%). There appear to be slightly more placements per child (4.3 as opposed to 3.6 regionally), and a larger proportion (55% vs. 32% regionally) of children for whom the plan is to return home.

Unit 16 (36 cases)

Unit 16, a generic unit, covers Angelina, Sabine, and San Augustine Counties. As with Unit 13, the children average 12 years old, 2 years older than the regional average. There is a larger proportion of white children (75% as opposed to 54% regionally). This unit has the lowest percentage of children taken into care as a sibling group (28% - 53% regionally) and a lower than average percentage of children with siblings in conservatorship (39% vs. 49% regionally). The children in this unit average being placed 4.6 times vs. 3.6 regionally.

Unit 17 (5 cases)

Unit 17, an intake unit covering North Jefferson County, has too few cases for which it still has primary care to be compared with regional statistics.

Unit 18 (52 cases)

Unit 18 is a substitute care and foster home unit in Jefferson County. It has the youngest children, averaging 7 years old, a low percentage of white children (31%) and higher percentage of black children (65%) vs. 54% white and 40% black regionally. It also appears to have only a small percentage of handicapped children (8%). The children have been placed fewer times, 2.7 times per child. This may partially be due to the younger age of the children. 39% have permanent plans still pending (vs. 20% regionally).

Unit 19 (26 cases)

Unit 19 is a generic unit covering Hardin County, and an ongoing unit covering North Jefferson County. This unit has a high percentage of white

children (85%) and the highest percentage of children taken into conservatorship as a sibling group (69%). 36% of the cases have no contacts yet reported.

Unit 20 (7 cases)

Unit 20, an intake and ongoing unit for South Jefferson County has too few conservatorship cases for which it has primary responsibility to analyze..

Unit 21 (41 cases)

Unit 21 is a generic unit covering Orange County. With only 4 (9%) minority clients, it has the largest racial difference from the regional average. It also has the highest rate of placement per child (6.0) and the highest number of workers (3.7), although data from the first legal action indicates that the children have been in conservatorship no longer than children in other units (fairly close to the average). 42% have adoption listed as their permanent plan (vs. 22% regionally).

Unit 22 (112 cases)

Being a substitute care unit, this unit has by far the most conservatorship cases in the region, in fact, nearly one-fourth of the region's cases, and the highest percentage of minority clients (76% vs. 46% regionally). Other statistics conform to the regional proportions. However, considering the unit weighs so heavily in the regional average by contributing one-fourth of the cases, this fact is not surprising.

II. Closed Cases - 377

Of the 790 cases handled by the system, 48% were closed during the year. The highest percentage of those closed were in the intake and adoption units, those with too few conservatorship cases for analysis. Of the remaining units, Units 16 and 19 closed the highest percentage (57%

and 56% respectively), while Unit 22 closed the lowest percentage (30%).

(Table V).

Those cases closed over the last year conform surprisingly with those that have been opened or remain open. I had expected to see some variation in the length of time the cases had been open, with older cases closed more frequently. In fact, while 12% of the open cases had their initial legal action before 1975, only 9% of the closed cases had legal action dates before 1975. The only statistic that appears markedly different is ethnicity; closed cases include 71% white children and 22% black, while open cases include 54% white children and 40% black. This difference results from case closures in Units 15, 17, and 18. The following brief chart shows the proportional differences in these units between open cases and closed cases.

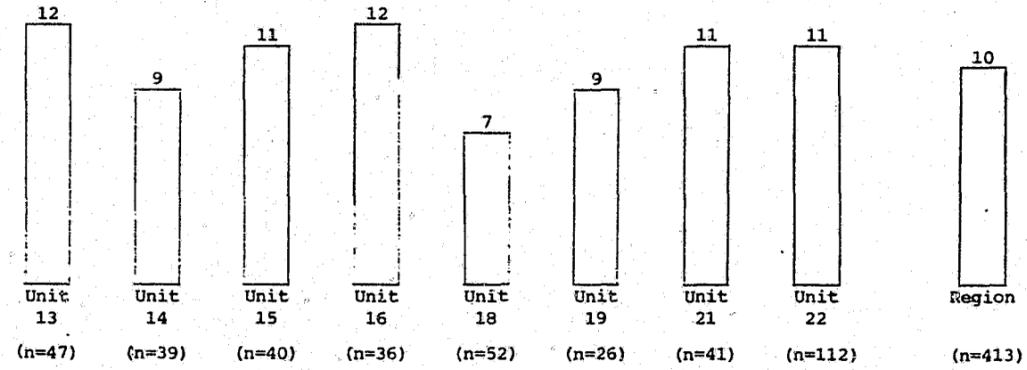
% Of White Children In Conservatorship Caseload

	Open	Closed
Unit 15	63%	87%
Unit 17	60%	72%
Unit 18	31%	65%

Although there was only a minor difference in priorities between open and closed cases, Units 14 and 22 closed significantly more Priority II cases than the proportion that remained open in those units (Unit 14 had 47% Priority II open, 74% Priority II closed; Unit 22 had 37% Priority II open, 52% closed).

TABLE I

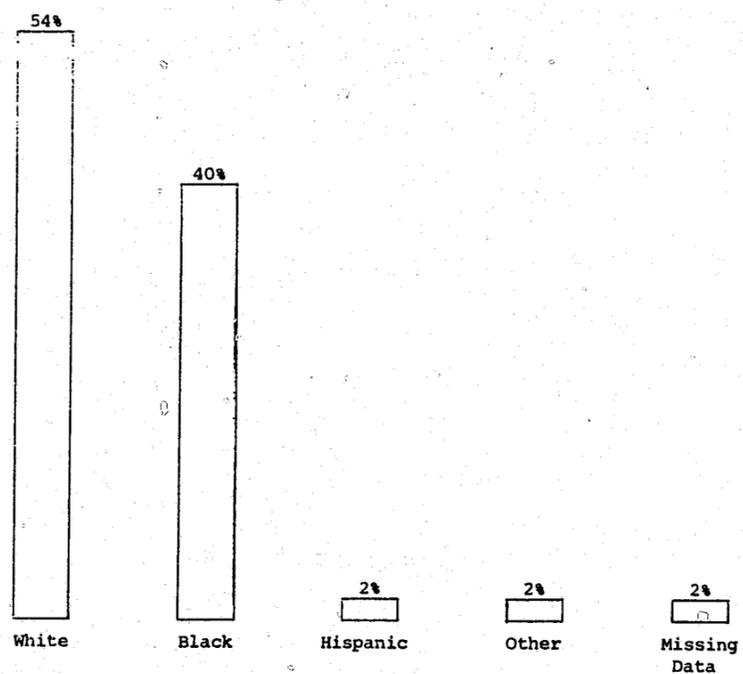
Average Age of Children



3-F-7

TABLE II-A

Race

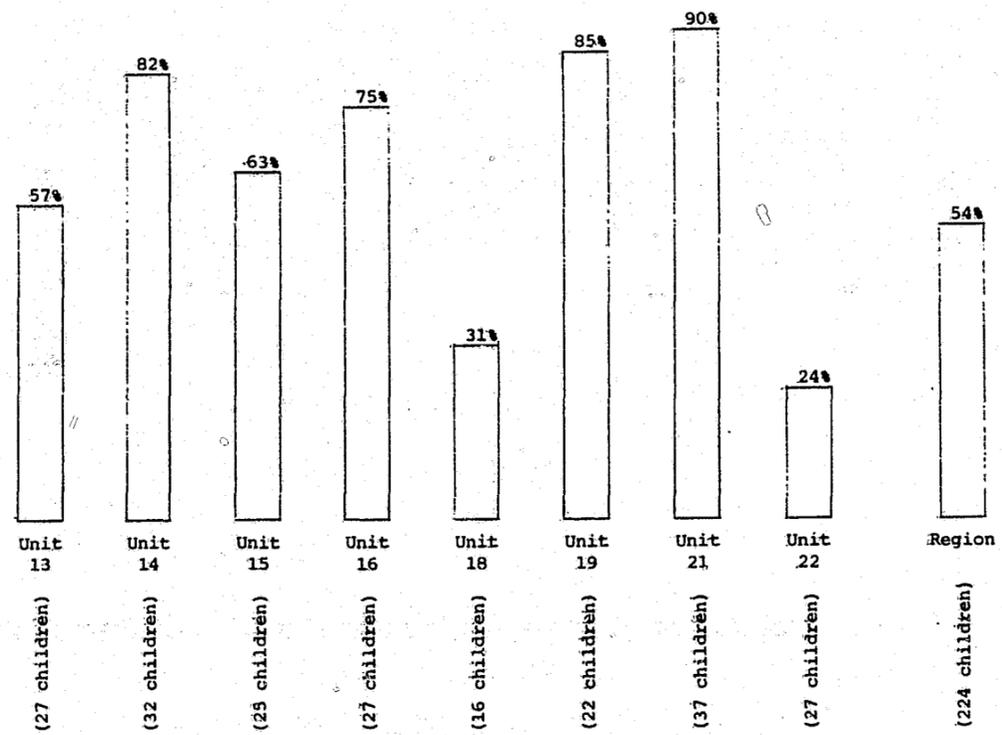


(Regional; n=413)

3-F-8

TABLE II-B

Percentage By Unit Of Children Who Are White



6-I-C

TABLE III

Percent of Children Whose Permanent Plans are Return Home, Adoption, or Pending

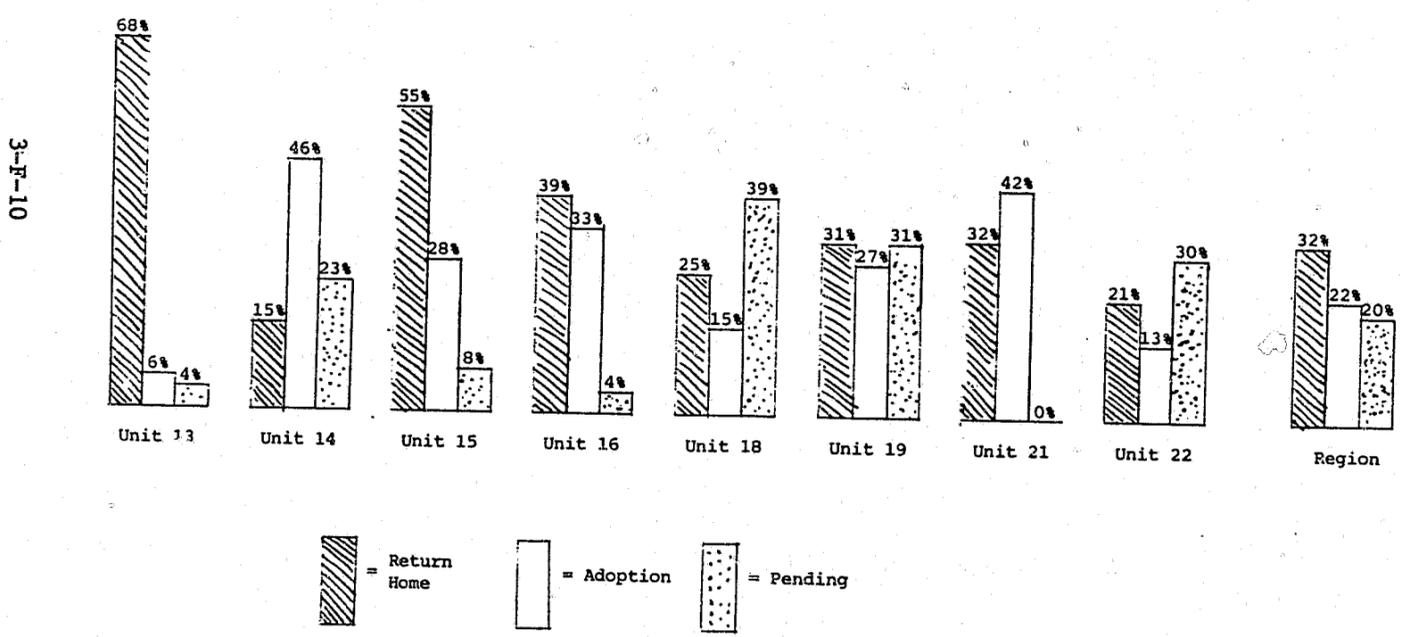
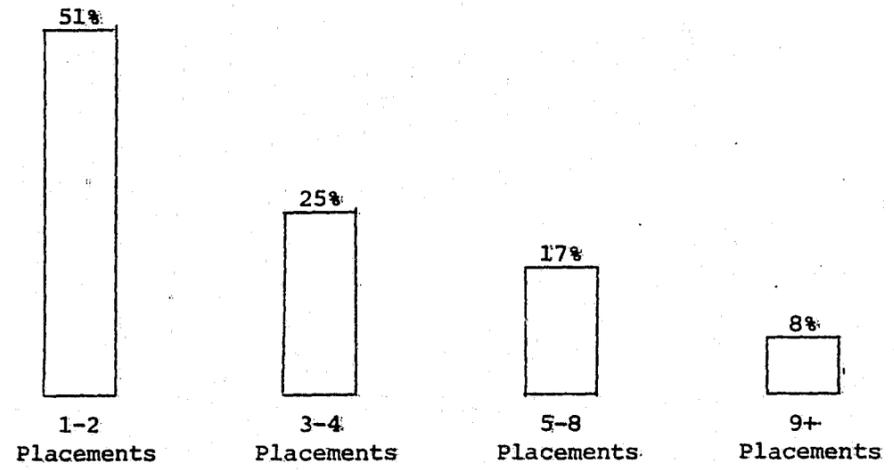


TABLE IV

Number of Placements per Child

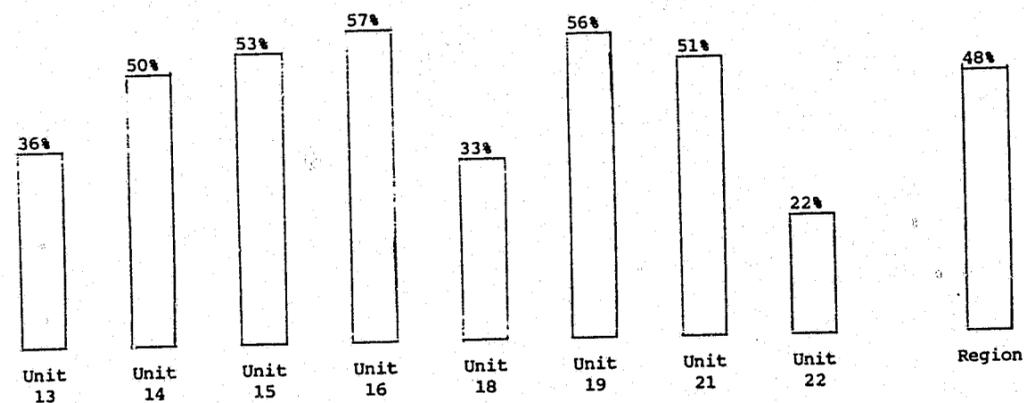
3-F-11



(Regional: n=412)

TABLE V

Closed Cases - Percentage of Total Cases



(Regional: n=790)

3-F-12

4
**Rural Sexual Abuse
Services Project**

FOURTH QUARTERLY REPORT

PROJECT DESCRIPTION

A Model of Practice for Services to Sexually Abusive Families in a Rural Area was proposed by the Texas Department of Human Resources (DHR) for a resource-poor, eight-county, rural area of East Texas that showed (1) a high incidence of sexual abuse reports and (2) a large number of ongoing cases involving sexual abuse.

The project has three parts:

1. implementing a specialized treatment unit;
2. mobilizing community support and coordination by use of a team approach that includes law enforcement, medical, legal, and social work professionals in the investigation and provision of services to sexually abusive families; and
3. conducting a research analysis in order to pinpoint why there is a disparity in reporting and possible needs for services or treatment objectives.

GOAL

The project's goal is to develop a model of practice for investigating and treating sexual abuse of children in the eight-county area.

STATUS OF OBJECTIVES

Objective One

The project's first objective is to continue to implement a specialized protective services unit to handle all referred sexual abuse cases in an eight-county area for the prevention of sexual abuse. Referrals of sexual abuse cases rose during the month of

July. Protective services staff continue to handle all referrals in the eight-county area. The project's consultant, Dr. Wayne Duehn, who teaches at the University of Texas at Arlington, met with project staff during the quarter to staff cases.

Objective Two

The project's second objective is to continue to develop a model of casework practice for the prevention of sexual abuse. Dr. Duehn met with the staff to discuss cases and conduct training in group work. One of the workers attended a Child Welfare League of America workshop in San Antonio and participated in a panel with Dr. Duehn. All project staff members attended a two-day meeting to discuss continued implementation of the project after funding is terminated on August 31. Project staff will continue to handle all sexual abuse cases in the area when possible. When this is not possible, these specialized staff will act as consultants to other staff who might handle the cases.

Objective Three

The project's third objective is to develop community support for the unit and its goal by encouraging cooperation between DHR staff and local agencies/entities (legal, law enforcement, medical, and school) to work as a team in sexual abuse investigations and planning for services. Project staff members continued to work closely with local agencies/entities in order to coordinate efforts.

Objective Four

The project's fourth objective is to develop a knowledge base through research on sexual abuse in order to better serve this group of clients. The instrument to gather data/information from the case records was completed, printed, and forwarded to staff. The instruments were completed in July and sent to Dr. Duehn for analysis of data. A copy of Dr. Duehn's report was scheduled for transmittal at a later date.

Objective Five

The project's fifth objective is to collect, evaluate, document, and disseminate information as required. Questionnaires were sent to public officials in the project area by State office evaluation staff according to the evaluation plan. Workers in the 13-county area completed instruments on all sexual abuse cases opened since December 1980.

OTHER ACCOMPLISHMENTS FOR THE QUARTER

In addition, the project carried out several other activities.

- o A project worker attended the Child Welfare League of America workshop.
- o Plans were made to continue specialized handling of sexual abuse cases after project funding is terminated.
- o Staff completed research instruments on all cases in the eight-county project area and the five-county control area and forwarded the material to Dr. Duehn.
- o State office evaluation staff mailed evaluation questionnaires to public officials. Regional staff completed evaluation questionnaires on all sexual abuse cases since December 1980.
- o The final evaluation plan for the project was approved.

PROBLEM AREAS AND NEEDS OF THE PROJECT

No problems were encountered during this period.

ACTIVITIES AND TASKS SCHEDULED FOR NEXT QUARTER

The project has been completed; special handling of sexual abuse cases will continue as reported under the subhead "Objective Two."

YEARLY EVALUATION REPORT

BACKGROUND

In the past in rural east Texas, child sexual abuse and subsequent family disintegration often went untreated because of lack of knowledge about mandatory reporting and because of the lack of intervention and treatment resources for such cases. Social service staff were undertrained in juvenile sexual abuse intervention and had large case loads. The problem of family disintegration was further compounded in this area because of a lack of treatment resources and foster care homes. Medical providers, police, district attorneys, and Texas Department of Human Resources (DHR) staff who respond to sexual abuse reports needed more coordination.

In the fall of 1980, the Rural Sexual Abuse Services Project was established to remedy this situation. Funds for the project were made available through P.L. 93-247 administered by DHR's State office.

The Rural Sexual Abuse Services Project serves eight target counties in rural east Texas--Hardin, Houston, Jasper, Newton, Polk, San Jacinto, Trinity, and Tyler. These counties were selected because, compared to other counties in the region, they showed a particularly high incidence and large number of ongoing cases of sexual abuse.

To address the problem of child sexual abuse, the project and regional staff developed a model of practice for investigating and treating sexual abuse in rural areas. The major components of the model included--

- o the development of a specialized treatment unit of social workers extensively trained in sexual abuse treatment;

- o the development and mobilization of a community support team of law enforcement, medical, legal, and social work personnel to investigate and deliver services to sexually abusive families; and
- o a demographic investigation of sexual abuse incidence in the eight-county target area and five neighboring counties. (This study has been conducted by a contracted consultant to the project.)

The project employed two full-time social workers and three part-time supervisory personnel. The specialized workers provided treatment for sexually abusive families and coordinated methods of investigating and handling these abusive families. Resources for coordination included medical service providers, district attorneys' offices, law enforcement agencies, the Kilgore Police Academy (first project year) and the DHR investigation unit. A major component of the project was the mobilization and coordination of law enforcement, medical, legal, and social work personnel to investigate and deliver services to sexually abusive families; however, the project's main focus was on protection of the child and maintenance of family integrity by keeping families together when appropriate.

PURPOSES OF THE EVALUATION

The primary goal of the evaluation is to determine the extent to which the project met its stated objectives. Specific evaluation aims include--

- o the determination of whether the development of a specialized protective services treatment unit was effective in treating sexual abuse cases;
- o an assessment of the attitudes of the law enforcement and judicial communities toward the activities of the specialized protective services treatment unit; and

- o the preparation of a report on the findings of the project for HHS/OHDS National Center on Child Abuse and Neglect (NCCAN), DHR Protective Services for Children Branch, and the Office of Research, Demonstration, and Evaluation.

EVALUATION QUESTIONS

The project's goals and objectives have been operationalized into a set of evaluation questions.

- o What effect did the development of a specialized treatment unit have on recidivism (i.e., another confirmed report of sexual abuse)?
- o Were alleged perpetrators in project counties more or less likely to acknowledge sexual abuse than those in control counties, and was the acknowledgment of sexual abuse more or less likely to occur at intake?
- o What were the effects of the specialized treatment unit on maintaining the integrity of the family?
 - Were children more or less likely to be removed from the home?
 - Was the alleged perpetrator more or less likely to be removed from the home?
 - Was the family more or less likely to relocate to be away from the alleged perpetrator?
- o How successful were staff members of the specialized treatment unit in making the project known to the law enforcement and judicial communities?
- o Was the specialized treatment unit considered helpful by the law enforcement and judicial communities in the areas of investigation and criminal prosecution of child sexual abuse offenders?

- o Were any of the tasks performed by DHR staff during civil investigations considered by the law enforcement and judicial communities to have improved because of the specialized treatment unit?
- o Do the law enforcement and judicial communities report that the public awareness efforts of the specialized treatment unit had an effect on the number of sexual abuse cases reported?

METHODOLOGY

The evaluation contains two components:

1. examination of the project's effectiveness by comparing case data from the project counties with case data from counties not served by the project and
2. examination of the law enforcement and judicial communities' attitudes toward the activities of the specialized protective services treatment unit.

Design and Data Sources

Project Impact. A quasiexperimental nonequivalent control group research strategy was used to assess project effectiveness. The control counties--Angelina, Nacogdoches, Sabine, San Augustine, and Shelby--were selected because of similar socioeconomic conditions and sexual abuse patterns. In both experimental and control counties, case data were collected by project staff or DHR regional personnel on cases opened between December 1, 1980, and May 15, 1982. Case activity was recorded through June 30, 1982. (The case survey instrument can be found in the revised evaluation plan, submitted on July 8, 1982.)

Law Enforcement and Judicial Attitudes. An assessment instrument was developed to determine the attitudes of the law enforcement and judicial communities toward the project. Attitude surveys were mailed to all county and district attorneys, district

judges, county sheriffs, and chiefs of police in the eight counties where the project operated. (The attitude survey instrument can be found in the revised evaluation plan, submitted on July 8, 1982.)

RESULTS AND DISCUSSION

Project Impact

Case Characteristics. The incidence of confirmed child abuse was four times greater in the project counties than in the controls. A total of 82 cases of confirmed child sexual abuse were reported to DHR. Sixty-six were in project counties and 16 were in control counties. This substantial difference between project and controls suggests that project activities may have resulted in a greater number of cases being brought to the attention of DHR. At the end of the data collection period, 34 cases were still open; 45 were closed; and 3 were closed because of transfer (see table 4-1). There were no significant differences in the distribution of open and closed cases between the project and control counties.

TABLE 4-1
Project Impact: Case Characteristics

		Case Frequency		
Project Counties		66		
Control Counties		16		
		82		
		Case Status*		
		Open	Closed	Total
Project Counties		29	37	66
Control Counties		5	11	16
		34	48	82

* As of June 30, 1982

Overall, 77 percent of the alleged perpetrators lived in the home when DHR began providing services to the family. Seventy-seven percent of project cases and 75 percent of control cases reported having the alleged perpetrator in the home. Using chi-square analysis, this difference was found not to be statistically significant. Among closed cases, 34 percent of the alleged perpetrators remained in the home, and 23 percent left either voluntarily or involuntarily. In 14 percent of the cases, the alleged perpetrator left the home and subsequently returned. Among closed cases, charges were filed against 29 percent of the alleged perpetrators. A detailed breakdown of criminal status can be found in table 4-2.

TABLE 4-2
Project Impact:
Criminal Status of Perpetrator*

Status	Case Frequency	
	Project	Control
No charges filed	25	7
Charges filed and dismissed	3	2
Awaiting trial	2	0
Convicted and given probation	2	2
Sentenced to prison	2	0

*Closed

Project Results. Eighty-two case instruments were returned from project and control field staff. A disproportionate percentage (81 percent) were from the project counties.

Were children of project families more or less likely to be removed from the home than those of control families?

Children of project families were neither more nor less likely to be removed from the home than control families. Within the project population 17 cases (26 percent) had at least one child removed from the home, compared to 2 control cases (13 percent). Although the difference was not statistically significant, the data suggest a trend toward project success. Typically, the judicial system is less than responsive to DHR's concerns for the safety of the child because of concerns for the integrity of the family. In spite of judicial reluctance to disrupt the family, in 26 percent of the cases a child was removed.

Of the 19 families who had had a child removed, 14 (13 project and 1 control) had a child still out of the home. Among the 14 cases in which a child was still out of the home, termination of the parent-child relationship was indicated in 5 cases, not indicated in another 5, and no response in 4 (no statistics were computed because of the small number of cases).

In 77 percent of all cases, no children were removed from the home, although DHR staff report that they would have preferred for the court to grant removal of the child in 20 percent of those cases. There were no significant differences between project and control cases with regard to this preference.

Were alleged perpetrators in the project counties more or less likely to acknowledge sexual abuse than those in the control counties, and was the acknowledgment of sexual abuse more or less likely to occur at intake?

Alleged perpetrators in the project counties were neither more nor less likely to acknowledge sexual abuse than alleged perpetrators in control counties. Among project alleged perpetrators, 43 percent acknowledged sexual abuse, and 40 percent of control alleged perpetrators made such an admission--not a statistically significant difference. Of all alleged perpetrators, 38 percent acknowledged sexual abuse at intake. There were no significant differences between project and control cases. Of the 34 cases in which sexual abuse was acknowledged, 30 of the cases (80 percent) acknowledged sexual abuse at intake.

What effect did the specialized treatment unit have on recidivism?

Recidivism was suspected in 11 cases (17 percent) in the project counties and suspected or confirmed in 5 cases (31 percent) in the control counties. This difference, while not statistically significant, suggests a trend away from recidivism in the project counties.

Was the family more or less likely to relocate to be away from the alleged perpetrator?

Relocation was not affected by project participation. Overall, 26 percent of the cases relocated. Twenty-seven percent of the project cases relocated, and 25 percent of control cases relocated. This difference was not statistically significant.

In summary, these data suggest that, by the preceding measures, the project case activities did not produce significantly different results than DHR activities in the control counties.

Law Enforcement and Judicial Attitudes

Respondent Characteristics. Forty-two law enforcement and judicial surveys were mailed in the eight-county project area. Twenty-five (60 percent) of the instruments were returned. Return rates varied among the various groups who were sent surveys. Among judicial officials, 50 percent of the county or district attorneys and 31 percent of judges returned the instruments. Overall, return rates were higher among law enforcement officials. Fifty percent of sheriffs and 70 percent of police chiefs responded.

An average of 13.4 cases of child sexual abuse involving families were either investigated by the respondent's office or appeared before the respondent's court since September 1980. (All of the above data and additional demographic analyses are presented in table 4-3.)

Survey Results. Only 25 persons responded to the survey. Therefore, hypothesis testing using inferential statistics was not performed, and the data will be presented descriptively. Further,

TABLE 4-3
Law Enforcement and Judicial Survey:
Respondent Demographics

Profession	N Responding	N Mailed	Percent Returned
County/district attorney	9	18	50.0
District judge	5	16	31.3
Sheriff/sheriffs office	4	8	50.0
Chief of Police	<u>7</u>	<u>10</u>	<u>70.0</u>
TOTAL	25	42	59.5

Attorney Case Type*	Frequency
Civil only	0
Criminal Only	6
Civil and Criminal	2
No response	<u>1</u>
TOTAL	9

Number of sexual abuse cases involving families to come to the attention of respondent's agency*	Frequency**
0-9 families	13
20-19 families	8
20-29 families	1
30-39 families	1
No response	<u>2</u>
TOTAL	25

* Respondents only
**Mean = 13.4 families

the descriptions will be simplified by collapsing the four professional categories into two: judicial officials (civil/district attorneys and judges) and law enforcement officials (sheriffs and chiefs of police).

How successful was the staff of the specialized treatment unit in making the project known to the law enforcement and judicial communities?

The project had greater success in making itself known to law enforcement officials than to judicial officials. Of all those responding, 72 percent were aware of the project. Among judicial officials, only 64 percent knew of the project. Project awareness was higher, however, among law enforcement officials. Eighty-two percent knew of the project.

Did the law enforcement and judicial communities report that the public awareness efforts of the specialized treatment unit had an effect on the number of sexual abuse cases reported?

The project was considered by the respondents to have had a direct and positive effect on the number of sexual abuse cases reported in their jurisdiction. In response to a statement that the project activities led directly to an increase in the number of sexual abuse cases reported, 33 percent of those responding strongly agreed, 50 percent agreed, and 17 percent neither agreed nor disagreed. No respondents disagreed.

Was the specialized treatment unit considered helpful by the law enforcement and judicial communities in the areas of investigation and criminal prosecution of child sexual abuse offenders?

The project staff was perceived by both professional groups as having improved the investigation and criminal prosecution of offenders. The response pattern to this question was similar for both the law enforcement and judicial officials. Thirty-nine percent of those aware of the project strongly agreed that the unit had improved investigation, 44 percent agreed, and 17 percent neither agreed nor disagreed. In response to the statement that

the activities of the project staff improved criminal prosecution of offenders, 39 percent strongly agreed, 50 percent agreed, and 11 percent neither agreed nor disagreed.

When asked about the length of time it took for the respondent's agency to be notified of a report of sexual abuse, there were differences in the response patterns of the two professional groups. All respondents reported that the project staff's notification time was at least acceptable. However, 89 percent of law enforcement officials indicated that they were notified by the project staff immediately.

Were any of the tasks performed by DHR staff during civil investigations considered by the law enforcement and judicial communities to have improved because of the specialized treatment unit?

Both law enforcement and judicial personnel reported noticeable improvements in DHR's civil investigations as a result of the project. Specifically, the greatest consensus among respondents was shown in two activities affecting the child: reducing the emotional trauma of a child who discloses sexual abuse and protecting the child.

Of those respondents who were aware of the special treatment unit, 58 percent considered the timeliness of civil investigation to have improved as a result of the specialized unit. Seventy-six percent of respondents indicated that the unit was successful in reducing the emotional trauma of children who disclose sexual abuse. Fifty-three percent reported that obtaining a written statement from the child improved with the new unit; however, only 6 percent indicated that securing a written statement from the offender improved. Approximately 47 percent of respondents thought that the unit better prepared the child for court testimony, but 88 percent indicated that the unit was better at protecting the child (see table 4-4).

TABLE 4-4
Law Enforcement and Judicial Survey:
Improved Civil Investigation Features

Improved Investigation Feature	Percent of Respondents
Timeliness of DHR's civil investigation	58.8
Reducing the emotional trauma of a child who discloses sexual abuse	76.5
Obtaining a written statement from the child	52.9
Obtaining a written statement from the offender	5.9
Preparing the child for court testimony	47.1
Protecting the child	88.2

LIMITATIONS

Project Impact. None of the comparisons between project and control county cases showed any statistically significant differences. While these results suggest that the project failed to show improvement in case performance, this interpretation should be made cautiously. Several limitations of the study must be acknowledged. First, because of the small number of cases in the control counties, statistical differences between the project and control counties would be difficult to demonstrate. Second, despite the fact that DHR staff in the control counties did not have the same training and consultation available to them as project staff, they were supervised by personnel from project counties and were aware of project activities. Therefore, similar intervention strategies may have been used inadvertently in control counties as well.

Finally, the measurement instruments may also have contributed to the paucity of the results. The assessment tools were designed to measure gross changes in case status. It is possible that the changes were too subtle to be tapped by the assessment instruments. In addition, it is highly likely that project effects

may be most strongly evidenced beyond the final measurement period, and consideration should be given to an evaluation of the project's long-term effects.

Law Enforcement and Judicial Survey. The data from the law enforcement and judicial survey suggest that the project was perceived favorably by those who responded. Since the respondents were more likely to be law enforcement personnel, the results probably reflect their perceptions more reliably than those of the judicial community. Therefore, the overall success of the project in making itself known remains unclear because the large number of nonrespondents limits the generalizability of the results.

SUMMARY

The Rural Sexual Abuse Services Project began operating in the fall of 1980 under the auspices of the Texas Department of Human Resources with funds from P.L. 93-247. The project was developed to address the problem of child sexual abuse in rural east Texas. The specific project aims included (1) the development of a specialized treatment unit of social workers who were trained extensively in sexual abuse treatment and (2) the mobilization of community support including the law enforcement and judicial communities. Two aspects of the project were evaluated--project impact (second year only) and attitudes of the law enforcement and judicial communities toward the project. While the project's long-term effects could not be fully gauged, evaluation of the two-year period established several results.

- o The incidence of confirmed child sexual abuse was four times greater in project counties than in control counties.
- o The judicial system appeared more responsive to DHR's concerns for the safety of the child.
- o A trend toward reduced recidivism that appeared in project counties was not statistically significant.

- o Law enforcement and judicial personnel reported that the project had a positive effect on the number of cases reported and that the investigation and criminal prosecution of offenders had improved.
- o Both law enforcement and judicial personnel reported noticeable improvement in DHR's civil investigation as a result of the project in the following features:
 - timeliness of civil investigation;
 - reducing the emotional trauma of a child who discloses sexual abuse;
 - obtaining a written statement from the child;
 - preparing the child for court testimony; and
 - protecting the child.

5
**Sexual Abuse Prevention
and Treatment Project**

FOURTH QUARTERLY REPORT

PROJECT DESCRIPTION

In recent years the problem of child sexual abuse has become more visible, but the resources to deal with this problem effectively are usually limited and sometimes inaccessible. The Sexual Abuse Prevention and Treatment Project, directed by the Texas Department of Human Resources, deals with the problem of sexual abuse through education, prevention, and treatment. Services are provided through a contract with the Abilene Regional Mental Health/Mental Retardation Center.

GOAL

The project's goal is to increase knowledge and awareness among community, families, and professionals about sexual abuse problems and their treatment.

STATUS OF OBJECTIVES

Objective One

The project's first objective is to continue the child protection team (CPT) for sexually abused children. Because the project ends this quarter the CPT was phased out.

Objective Two

The project's second objective is to increase the number of individuals and/or families in treatment from 35 to 65. A total of 102 individuals and/or families were served during this year. Objective Two has been met.

Objective Three

The project's third objective is to provide educational opportunities to school personnel and mental health professionals by conducting a minimum of four workshops during the project year. One workshop was conducted during the first quarter, two during the second quarter, and the final workshop during the third quarter--for graduate students in education at Abilene Christian University. These students were also teachers in the public school system. The three-hour workshop was designed to increase the teachers' knowledge about the dynamics of incest and ways to identify incest victims. Objective Three has been met.

Objective Four

The project's fourth objective is to develop three educational modules for training DHR staff--in the areas of treatment, school presentations, and assessment and intake--and one educational module for training foster parents. These modules have been developed, and Objective Four has been met.

Objective Five

The project's fifth objective is to provide a minimum of three workshops for DHR staff and one workshop for foster parents. No additional workshops have been conducted this quarter. The project provided three workshops for DHR staff and foster families this year.

Objective Six

The project's sixth objective is to provide a minimum of 10 educational presentations to parent groups. Two presentations were made this quarter. Due to lack of community response, this objective was not met.

Objective Seven

The project's seventh objective is to increase from the previous project year the number of educational presentations to elementary, junior high, and high school students. A total of 88 presentations were made to 2,628 students during this project year. Objective Seven has been met.

Objective Eight

The project's eighth objective is to maintain relationships with referral sources and to coordinate services to families. Ongoing coordination with DHR and other agencies has continued throughout the project period. Project staff members had regular contact with the Abilene Independent School District, Big Brothers/Big Sisters Program, family outreach, juvenile probation, adult probation, and Abilene Police Department. Project staff members belonged to the National Association of Social Workers and the Taylor County Juvenile Justice Association, where ongoing contacts also were maintained.

OTHER ACCOMPLISHMENTS FOR THE QUARTER

The project coordinator and the project supervisor attended a training session with Tom Burditt. Project staff provide support services and consultation to the County Health Department and to Dyess Air Force Base mental health practitioners.

PROBLEM AREAS AND NEEDS OF THE PROJECT

None

ACTIVITIES SCHEDULED FOR NEXT QUARTER

The project has been completed.

YEARLY EVALUATION REPORT

BACKGROUND

Taylor County, located in north central Texas, has a population of approximately 130,000. Several years ago, there was a dramatic increase in the number of reported child sexual abuse incidents within the county, which received much attention from the press. These events and subsequent investigations resulted in the identification by the Texas Department of Human Resources (DHR) of four distinct sexual abuse problem areas in the community. First, it became clear that very few community resources were available to deal effectively with the problem of child sexual abuse. Second, there was a lack of awareness among some professional groups of the problems of sexual abuse. Third, the needs of the child sexual abuse victims required an intervention strategy apart from other child abuse/neglect intervention or treatment strategies. Finally, for many adults, the experience of being sexually abused as a child remained unresolved. As a result, with funds provided through P.L. 93-247, DHR funded a project in Taylor County (in DHR's Region 4) to directly address the problems of child sexual abuse.

The Sexual Abuse Prevention and Treatment Project began operating in the fall of 1980. Project activities were designed to increase awareness of the problem of sexual abuse, develop the resources available in the community, and bring those resources to bear against incidences of abuse. Specific project activities included--

- o the development of an educational program for school-age children, professionals, and the general community;
- o the development of a child protection team to coordinate medical, legal, and/or mental health services; and
- o the provision of treatment for incest victims, alleged perpetrators, and other family members.

The intended results of the treatment interventions were to reduce the generational pattern of abuse, reestablish healthy behavior patterns in abusive families, and increase the ability of family members to function productively in society.

PURPOSES OF THE EVALUATION

The primary goal of this evaluation was to determine whether the project achieved the functional objectives established at its outset. More precisely, the evaluation was designed with the following purposes:

- o to determine whether the development of a specialized treatment unit within Taylor County was effective in treating sexual abuse cases;
- o to determine whether an attempt to coordinate and mobilize community law enforcement, legal, and medical entities was effective in changing the rates of criminal prosecution of sexual abuse; and
- o to prepare a report on the project's findings for HHS/OHDS National Center on Child Abuse and Neglect (NCCAN), DHR Protective Services for Children Branch, and the Office of Research, Demonstration, and Evaluation.

EVALUATION QUESTIONS

The goals of the evaluation were operationalized into a set of evaluation questions.

- o What effect did the development of a specialized treatment unit have on recidivism (i.e. another confirmed report of sexual abuse)?
- o Were alleged perpetrators in the project county more or less likely to acknowledge sexual abuse than those in a control county, and was the acknowledgement of sexual abuse more or less likely to occur at intake?
- o What were the effects of the specialized treatment unit on maintaining the integrity of the family? Specifically:
 - Were children more or less likely to be removed from the home?

- Was the alleged perpetrator more or less likely to be removed from the home?
- Was the family more or less likely to relocate to be away from the alleged perpetrator?
- o Was the educational program provided in the schools successful in increasing school children's knowledge of sexual abuse issues (first year only)?
- o How successful were the clients in attaining goals established at the outset of therapy?
- o Did the client's level of functioning improve as a result of therapy?
- o What were the perceptions and attitudes of therapy clients in the project county toward their treatment?

METHODOLOGY

Four aspects of the project were identified and provided the organizing structure for the evaluation. These included project impact, educational outreach, therapeutic success, and client satisfaction. Where possible, comparisons were made between project participants and clients in a control area. Briefly, the evaluation components included the following:

- o Assessment of the project's impact on the incidence and characteristics of sexual abuse by comparing the project county to a control county (second year only).
- o Assessment of the educational component by comparing the knowledge of junior and senior high school students who received some classroom instruction about sexual abuse with a control group who did not receive the instruction (first year only).

- o Assessment of treatment success by measures of client level of functioning and measures of therapeutic goals attained.
- o Assessment of the attitudes toward therapy of individuals in families where sexual abuse has occurred (second year only).

Design

Project Impact. A quasiexperimental nonequivalent control group research strategy was used to assess project impact. Case data from Taylor County (and a few cases from Jones and Callahan, surrounding counties) were compared to data from Wichita, the control county. (The case survey instrument can be found in the revised evaluation plan, submitted July 8, 1982.) Wichita County served as the control only during the second project year. During the first project year, Tom Green County had served as the control. However, the decision was made to select another control area for the second year because Tom Green County implemented its own sexual abuse treatment project in the fall of 1981.

Sexual Abuse Education. A pretest/posttest control group design was used during the first project year to assess the effect of classroom instruction, developed to increase high school and junior high school students' knowledge of sexual abuse issues. A sexual abuse cognitions instrument was administered to the students both before and after classroom instruction, and a follow-up instrument was administered 90 days after posttest to assess the long-term retention of the instructional material. The control group was administered the cognitions instruments concurrently with the treatment group but received no classroom instruction.

Treatment Success. A pretest/posttest design (without a control group) was used to assess treatment success with clients. Level of function, as measured by the Children's Level of Functioning Scale and the Adult Level of Functioning Scale, was determined at both intake and at case closure. The difference score between these two measures was taken as the indication of success.

At the outset of therapy, the client and therapist jointly determined the goals to be reached by the completion of therapy. Treatment success was also measured by the proportion of therapeutic goals attained by the client at the end of therapy compared to goals desired at therapy outset.

Some clients were still in therapy at the final data collection. For those cases, final assessments were conducted in June and July 1982.

Client Satisfaction. All project clients who received therapy in the second year were sent a survey instrument that assessed their satisfaction with therapy. (The satisfaction survey instruments can be found in the revised evaluation plan.)

Data Source/Sample

The data set for the project impact component was derived from cases opened between July 1, 1981, and May 15, 1982, in both project and control counties. Case status was evaluated through June 30, 1982. Data for the educational component were obtained from all junior and senior high school classes receiving the sexual abuse curriculum during the 1980-1981 academic year. Control data were collected on classes equivalent to the treatment group in terms of class level, student composition, and primary classroom topic area. The analysis was restricted, however, to those classes that received the educational program before March 1, 1981. This restriction assured a 90-day follow-up before the close of school. Second-year data reflecting participation in the educational component were submitted by project staff. Data for evaluation of the client satisfaction and treatment success components were collected from all project clients who received treatment during the second year.

RESULTS AND DISCUSSION

Project Impact

Case Characteristics. Forty cases of sexual abuse were reported during the second year to the project staff by DHR. Of these 40 cases, 38 participated in the project, 2 did not. Among

project cases, 32 were from Taylor County and 6 were from Jones and Callahan Counties. Twenty-six cases from Wichita County served as control cases. In total, 66 cases were included in the analysis (see table 5-1).

TABLE 5-1
Project Impact: Case Characteristics

	Project Case	Nonproject Case	Case Status*		
			Open	Closed	Totals
Taylor County	32	2			
Wichita County	--	26			
Jones or Callahan Counties	<u>6</u>	<u>--</u>			
	38	28			
Project case			16	22	38
Control case			<u>11</u>	<u>17</u>	<u>28</u>
			27	39	66

*As of June 30, 1982

Twenty-seven of the 66 cases remained open at the end of the data collection period. There were, however, no significant differences between project and control cases in the distribution of open and closed cases.

In 76 percent of the cases, the alleged perpetrator lived in the home at the time DHR began providing services to the family. Among closed cases, 39 percent remained in the home, and 31 percent left either voluntarily or involuntarily. In 5 percent of the cases, the alleged perpetrator left the home but subsequently returned. Among closed cases, charges were filed against 32 percent of the alleged perpetrators. However, of the 12 cases in which

charges were filed, 11 were project cases and 1 was a control case. A detailed breakdown of criminal status can be found in table 5-2.

TABLE 5-2
Project Impact:
Criminal Status of Alleged Perpetrator

	Case Frequency			
	Project		Control	
	Open	Closed	Open	Closed
No charges filed	6	11	8	15
Pending	3	1	1	0
Waiting indictment	4	0	2	0
Charges dismissed	1	0	0	0
Waiting trial	1	3	0	1
Convicted/given probation	0	4	0	0
Sentenced to prison	2	2	0	0

Project Results. The project received referrals of 40 confirmed cases. Of those, 2 cases were not served by the project. Data from these 2 cases were incorporated with the Wichita County data. Results will be presented by evaluation question.

Were children from project families more or less likely to be removed from the home than those from control families?

Children of project families were neither more nor less likely to be removed from the home than control children. Approximately 45 percent of project cases had at least one child removed compared to 36 percent of control cases, although this difference was not statistically significant. Of the 27 families who had had

a child removed, 17 were still out (10 project, 7 control). Again, the difference between project and control cases was not significant. Permanent removal was part of the case plan for 10 percent of project cases and for 14 percent of control cases in which a child had been removed. In 60 percent of all cases, no children were removed from the home. For both project and control counties, it did not appear necessary for child welfare or project staff to recommend to the courts removal of children from their homes.

Were alleged perpetrators in the project area more or less likely to acknowledge sexual abuse than those in the control area, and was the acknowledgment of sexual abuse more or less likely to occur at intake?

Within the social work community, acknowledgment of sexual abuse by the alleged perpetrator is considered an important first step in treatment. Alleged perpetrators in the project cases were significantly more likely to acknowledge sexual abuse than those in the control cases; however, they were no more likely to acknowledge sexual abuse at intake than control alleged perpetrators. Sixty-one percent of project alleged perpetrators acknowledged sexual abuse to someone while only 29 percent of control alleged perpetrators made such an admission, a highly significant difference ($\chi^2 = 6.70$, $df = 1$, $p < .01$, see figure 5-1). Only 27 percent of all alleged perpetrators acknowledged sexual abuse at intake, and there were no significant differences between project and control alleged perpetrators. Of the 30 cases in which sexual abuse was acknowledged, 17 (57 percent) acknowledged at intake.

What effect did the development of a specialized treatment unit have on recidivism?

In both project and control cases recidivism was very low. There were only two cases (3 percent) of confirmed recidivism. In an additional three cases (5 percent) recidivism was suspected. There were no significant differences between project and control cases.

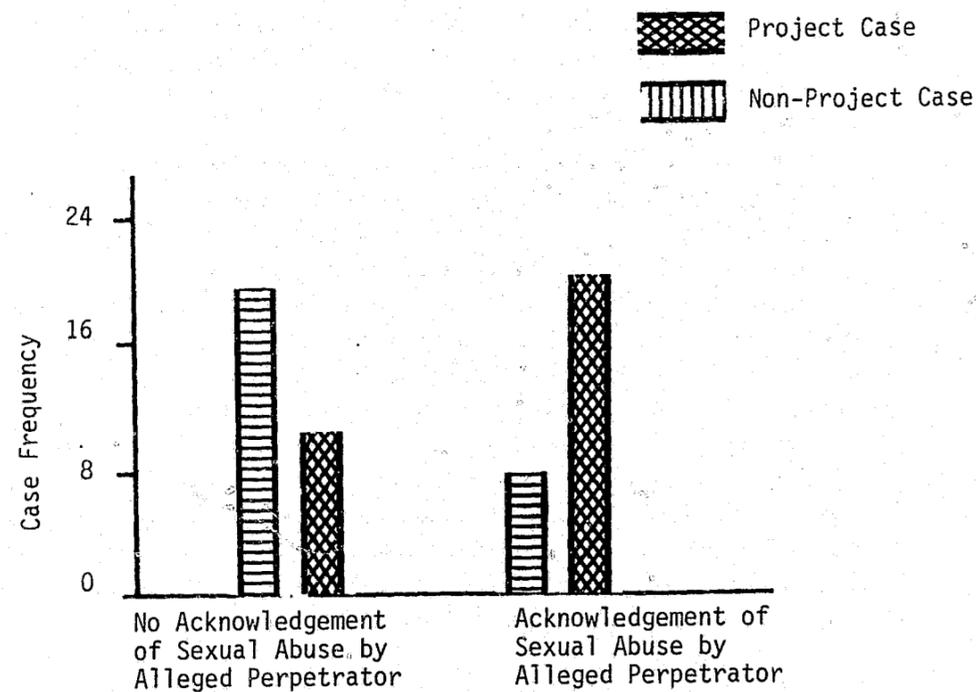


Figure 5-1. Project impact: sexual abuse acknowledgment by alleged perpetrator

Was the family more or less likely to relocate to be away from the alleged perpetrator?

Relocation to be away from the alleged perpetrator was not affected by project participation. Overall, 34 percent of the cases relocated, 29 percent of project cases and 41 percent of control cases. This difference was found not to be significant.

Sexual Abuse Education

Effectiveness of Classroom Instruction. The pretest/posttest control group design used to test the effectiveness of classroom instruction was implemented in the first year only. A description of the results of that study was originally presented in the first-year evaluation report (Innovations in Protective Services, Final Evaluation Report, September 20, 1981) and is summarized here.

Was the educational program provided in the schools successful in increasing school children's knowledge of sexual abuse issues?

Two sets of analyses were performed on data in the education component, one between the first pretest and posttest scores (to measure knowledge acquisition) and the other between the second pretest and posttest scores (to measure knowledge acquisition and retention across time).

The comparison between the junior high experimental and control groups' pretest data was not significant, meaning that both groups scored approximately the same on a test of sexual abuse knowledge before hearing the project presentation. Comparing the experimental group's scores on the pretest to their scores on the first and second posttests produced statistically significant differences in both cases. That is, the junior high students who heard a presentation on sexual abuse increased their scores significantly both on an immediate posttest (knowledge acquisition) and also on a delayed posttest (knowledge acquisition and retention).

The same result was found for the senior high group. Analysis showed that the first posttest scores differed significantly from the first pretest scores, indicating knowledge acquisition, and that the second posttest scores differed significantly from

pretest scores, indicating acquisition and retention of knowledge over time. For both groups of students, the first posttest scores did not differ significantly from the second posttest scores, showing that knowledge was retained extremely well over time.

School Presentations. The Sexual Abuse Treatment and Prevention Project staff gave school presentations during both project years. One hundred sixty-six presentations were made to a total of 4,942 children. (These data are further detailed by both project year and school group in table 5-3.)

TABLE 5-3
Sexual Abuse Education: School Presentations

	# of Presentations	# of Children
First Year		
Elementary school	43	1,195
Junior high school	25	930
Senior high school	10	212
Subtotal	78	2,337
Second Year		
Elementary school	40	1,245
Junior high school	42	1,284
Senior high school	6	76
Subtotal	88	2,606
TOTAL	166	4,942

The results of the educational component suggest that the junior and senior high school presentations succeeded in increasing the students' knowledge of sexual abuse issues and that this newly acquired knowledge was retained for at least three months. The above results suggest that school presentations may be an extremely effective method of educating school children about sexual abuse issues.

Treatment Success

Client Characteristics. Eighty-nine clients received some therapy during the second year of the project. At the end of the data collection period (July 15, 1982), 43 clients were still receiving therapy and 46 were not. Of the 89 clients, 52 were sexual abuse victims, 12 were offenders, and 29 were family members of sexually abused children. (Additional demographic information can be found in table 5-4.)

TABLE 5-4
Treatment Success:
Average Therapy Length (sessions)
by Client Type for Closed Cases*

Client Type	Mean Number of Sessions
Victims	12.21
Family members	12.97
Alleged Perpetrators	8.07

*Excluding intake only cases

Success. In measuring the success of treatment, two indices were used: level-of-functioning difference scores and proportion of goals met. Both indices were subjected to multiple regression analysis using case status (open or closed); client type (victim, offender, or family member); and number of sessions attended (intake, 1-6, 7-12, 13-20, 21-29, 30-38, 39-50, or 51+) as indicator variables.

Did the client's level of functioning improve as a result of therapy?

Among the three indicator variables used in the level-of-functioning regression analysis, the only variable that accounted for a significant portion of the variance was the number of sessions attended ($F(1,85)=23.417, p<.001$). These data suggest that those individuals who attended more sessions had a significant

improvement in level of functioning at reassessment than those who attended fewer sessions. The data are presented in figure 5-2. Neither case status nor the client type significantly affected improvement in level of functioning.

How successful were the clients in attaining goals established at the onset of therapy?

Proportion of goals attained was subjected to regression analysis using case status, client type, and number of sessions attended as indicator variables. As with level of functioning, the only indicator that accounted for a significant portion of the variance was the number of sessions attended ($F(1,85)=17.933$, $p<.001$). These data suggest that the proportion of goals attained increases significantly with the number of sessions (see figure 5-2). Again, case status and client type failed to account for a significant portion of the variance.

Overall, these results suggest that clients were more likely to achieve the therapeutic goals that were established at the beginning of therapy if they remained in therapy for some period of time. This statement is also true for changes in level of functioning. The longer clients remained in therapy, the more likely they were to increase level of functioning. Inspection of figure 5-2 suggests that changes in both level of functioning and increases in goals attained occur some time after having participated in at least 13 sessions.

Client Satisfaction

Respondent Characteristics. Survey instruments were sent to all clients who received some therapy during the second project year. Excluded from the mailing were children under eight years of age, clients seen only at intake, and clients who were either committed to a hospital or incarcerated. In total, 80 surveys were mailed.

Forty-six questionnaires (58 percent) were returned. Twenty-six clients (74 percent) who were currently in therapy responded, while 20 (44 percent) of those not currently in therapy returned the survey instruments. Of those responding, 28 (61 percent) were children and 18 (39 percent) were adults. Seventeen respondents

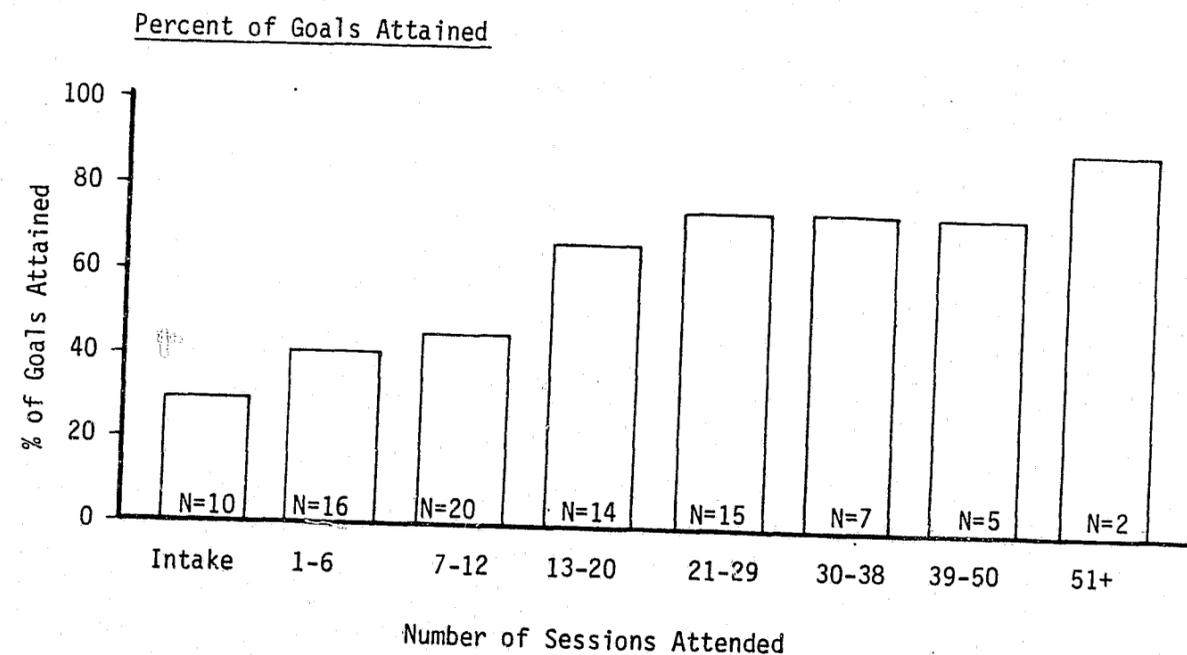
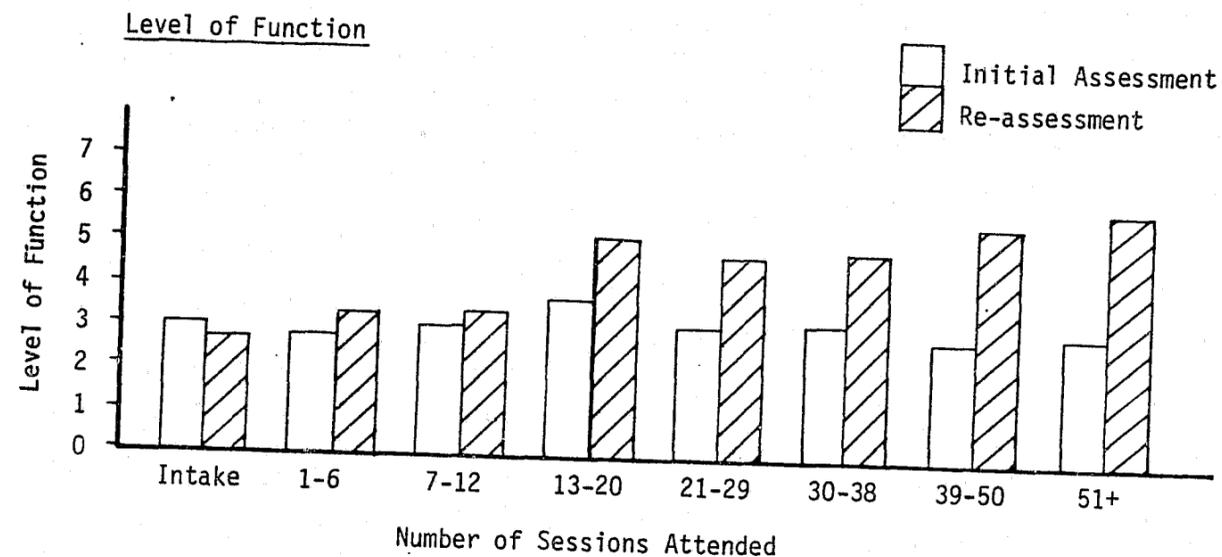


Figure 5-2. Treatment component: measures of success

(37 percent) were in individual therapy, 25 (54 percent) were in group therapy, and 4 (9 percent) were receiving marital counseling. Additional demographic characteristics can be found in table 5-5.

TABLE 5-5
Client Satisfaction:
Demographic Analysis of Respondents*

	Case Status			
	Open	Closed	Total	
Child	9 (25)	19 (25)	28 (50)	
Adult	11 (20)	7 (10)	18 (30)	
TOTAL	20 (45)	26 (35)	46 (80)	

	Treatment Modality			
	Individual	Group	Marital	Total
Child	12 (21)	16 (29)	0 (0)	28 (50)
Adult	5 (9)	9 (17)	4 (4)	17 (30)
TOTAL	17 (30)	25 (46)	4 (4)	45 (80)

* Numbers in parentheses indicate number of surveys distributed

Survey Results. As previously mentioned, only 58 percent of those receiving questionnaires returned them. Results are presented by evaluation question.

What were the perceptions and attitudes of therapy clients in the project county toward their treatment?

The responses to the various questionnaire items were extremely positive. In fact, the results were sufficiently homogeneous to preclude an analysis by demographic subdivision.

- o Ninety-eight percent of respondents were either satisfied or very satisfied with their therapist.
- o Ninety-one percent of respondents were either satisfied or very satisfied with their therapy.
- o Ninety-five percent of respondents acknowledged a discussion of goals with their therapist at some point in the therapy.
- o Ninety-three percent of respondents were satisfied or very satisfied with the discussion topics pursued during therapy.
- o Ninety-eight percent of respondents thought that the therapist maintained confidentiality concerning their therapy.

Fifty percent of the responding clients were in group therapy. Of those,

- o 87 percent considered coleaders helpful or very helpful;
- o 96 percent considered leader comments helpful or very helpful; and
- o 83 percent considered the comments by group members either helpful or very helpful.

Group size ranged from 3 to 8 with a mean of 5.3. Eighty-three percent of respondents considered their group size just right, and 9 percent considered group size unimportant.

In summary, these data suggest that an overwhelming majority of the respondents were satisfied both with the treatment modality in which they participated and with the person conducting the

therapy. Likewise, group therapy participants were satisfied with all aspects of the treatment.

LIMITATIONS

Project Impact. The only significant difference between project and control cases was found in the measure of acknowledgment of sexual abuse by the alleged perpetrator. Alleged perpetrators in the project cases were more likely to admit sexual abuse than those not served by the project. The paucity of significant case results is not surprising, however, given the time constraints on data collection. Often the effects of a project do not become evident until after the final measurement period; this is particularly true of impact measures. Therefore, the data reported in the impact section should be considered conservative estimates of the project's probable impact. An additional factor may be the experimental design. While care was taken to choose as comparable a control site as possible, unforeseen and undetected differences in the incidence or characteristics of sexual abuse may account for the lack of significant findings.

Sexual Abuse Education. Project staff members were successful in reaching a large number of school-age children and informing them about the nature of sexual abuse. The evaluation data from the first year indicate that they achieved their goal of increasing knowledge about sexual abuse for junior and senior high school students. While a significant number of presentations were made in the second year, no studies were conducted to determine whether the presentations were effective. Without empirical data, however, the effectiveness of those presentations can only be inferred from the successes of the first-year study.

Treatment Success. Both level of functioning and proportion of goals attained increased with the number of therapy sessions attended. These data are encouraging and suggest that the therapy was successful. However, the data should be treated cautiously since all client assessments were conducted by project staff who also provided the therapy. Assessment by nonproject staff would have been a more objective procedure.

A second note of caution should be stated. There was no control group against which the clients could be compared. While unlikely, the improvements in both level of functioning and proportion of goals attained may have resulted simply by the passage of time since the first assessment.

Client Satisfaction. The client satisfaction data showed a uniform and positive response by clients toward their therapy as well as their therapists. These data reflect positively on the project staff. However, it is not assured that these results indicate therapeutic success. They simply reflect the attitude of the client toward the activity. While a positive client attitude may facilitate the therapeutic process, no attempt was made in this evaluation to assess that relationship.

SUMMARY

The Sexual Abuse Prevention and Treatment Project began operating in the fall of 1980 in DHR's Region 4 with funds from P.L. 93-247. The project was designed to address the problem of child sexual abuse in Taylor County, Texas. Specific goals included the development of an educational program for school-age children; the development of a child protection team; and the provision of treatment to incest victims, alleged perpetrators, and family members of sexually abused children. Four aspects of the project were evaluated: project impact (second year only), sexual abuse education (first year only), treatment success, and client satisfaction. The following results were obtained:

- o Alleged perpetrators in project cases were more likely to acknowledge sexual abuse than those in control cases.
- o Presentations about sexual abuse were made by project staff in 166 schools to approximately 4,900 students.
- o Junior and senior high school students who attended a presentation scored higher on a sexual abuse cognitions task than a comparable control group.

- o Level of functioning improved in project clients after participating in therapy.
- o Therapeutic goals attained increased in project clients after participating in therapy.
- o There was a uniform and overwhelming satisfaction by project clients with the therapeutic experience and with the therapists.

FOURTH QUARTERLY REPORT

PROJECT DESCRIPTION

The need for closer involvement of the law enforcement community in responding to victims of child abuse and neglect has become increasingly apparent over the past several years. In response, Texas Department of Human Resources (DHR) has developed a demonstration system for coordinating investigative services with the Tarrant County District Attorney's Office in Fort Worth, Texas.

The Special Investigative Services Project includes the hiring of three certified law enforcement officers by the Tarrant County District Attorney's (DA) Office. They assist child protective staff of DHR and other law enforcement offices in Tarrant County in pursuing criminal cases of child abuse and neglect and provide specialized investigative assistance on civil investigations. In addition to paid staff under the project, in-kind assistance is provided through the DA's office in the form of civil and criminal assistant district attorneys' time for special consultation and special prosecution on civil and criminal cases. In addition the three investigators screen new cases involving child abuse and neglect for appropriateness of criminal prosecution. The project coordinator is also the intake supervisor for Tarrant County Child Welfare, thus ensuring that all cases are reviewed for possible criminal prosecution.

GOAL

The project's goal is to integrate expertise in the fields of enforcement and protective services to ensure the protection of children and their families. The mechanism selected to achieve this goal is to have all cases suitable for criminal prosecution reviewed by certified law enforcement officers under the direct supervision of the DA's office. Such a procedure assures that discretionary prosecution decisions are made at the most appropriate level on all cases involving possible criminal offenses.

STATUS OF OBJECTIVES

Objective One

The project's first objective is to develop and implement a system of criminal case review/investigation by the DA's office of suspected child abuse. The objective was completed in November 1981.

Objective Two

The project's second objective is to increase the number of criminal case reviews/investigations by the DA's office of suspected child abuse. During the quarter the investigators made 1,904 contacts on 875 cases. They filed or assisted in filing 65 criminal cases and provided assistance on other criminal investigations to other agencies in 121 cases.

OTHER ACCOMPLISHMENTS FOR THE QUARTER

During the quarter the chief of the criminal section in the District Attorney's office and the investigators presented a training session on when to report the results of investigations to law enforcement agencies. It is hoped that regular meetings of the three investigators with DHR child protective field staff will help clarify questions that may exist between the two types of staff.

There was a considerable increase in the number of cases filed. The majority involved the investigators assisting local police departments with the filing and investigation of cases. The project director feels that this is a strong step in the acceptance of the investigators and the investigation system in Tarrant County by local law enforcement agencies.

The sexual abuse committee has continued to be active. The investigators are working with other members of the committee in developing protocol for handling sexual abuse investigations by local law enforcement agencies.

The renewal contract for the project was submitted to the Tarrant County Commissioner's Court for approval and was well re-

ceived. The grant has been renewed to cover cost-of-living increases for the three investigators.

The investigators have continued to increase their credibility with local law enforcement agencies. Recently a local law enforcement agency requested one the investigator's assistance on a raid not related to child welfare. The investigator agreed to help on his own time and was instrumental in the arrest of 40 people. The investigators have strengthened their contacts with other law enforcement agencies immeasurably by offering and providing sensitive assistance on all cases related to abuse of children whether related to child protective services or not.

The investigators are members of the sexual abuse committee that recently submitted a grant application for the United Services for Sexually Abusive Families Project, which will bring all sex abuse treatment services under one roof. The initial application was accepted, and the formal application has been submitted. The investigators have been working on a subcommittee of this group to establish a countywide protocol for law enforcement entities to follow in investigating, interviewing, and reporting sex crimes that involve children.

Data for the evaluation of the first year's project were submitted to DHR's Office of Research, Demonstration, and Evaluation (ORDE) for review and compilation.

The investigators are working with the local police department in obtaining crime-scene equipment and special identification devices for use in criminal investigations. The level of cooperation they have achieved with the local law enforcement community is excellent.

A special evaluation component for long-term effects of this project has been initiated. DHR and the Research Evaluation Department of Texas Christian University have jointly submitted a grant request to the Hogg Foundation. This project is designed to take a long-range look at the effect of increased involvement by the law enforcement community on families of sexually abused children.

PROBLEM AREAS AND NEEDS OF THE PROJECT

None.

ACTIVITIES AND TASKS SCHEDULED FOR NEXT QUARTER

The upcoming quarter will see several major activities.

- o The first year's evaluation is scheduled for completion in September in time to be included in the fourth quarterly report.
- o A review of available training for project staff is underway, and a training agenda will be developed for the coming year.
- o A status report on results of the project's first year is planned for submittal to other regions for information purposes.

YEARLY EVALUATION REPORT

BACKGROUND

The Special Investigative Services Project was devised as an attempt to integrate the expertise of law enforcement and the Texas Department of Human Resources (DHR) protective services to ensure the protection of children and their families. Specialized investigative services were purchased through the Tarrant County District Attorney's Office. Services included a review of every case in which a possible criminal offense has occurred, investigation of criminal cases, and consultation for DHR protective services workers in the areas of specialized interviewing and investigative techniques. Implementation of the project was intended to ensure that discretionary prosecution decisions were made at the level of the district attorney's office. Contracts and cooperative agreements concerning jurisdiction were established with the Tarrant County District Attorney's Office and with incorporated areas within the county.

The focus of the project was the perceived need for closer involvement of the law enforcement community in responding to victims of child abuse and neglect. To this end, a system of coordination was devised between the district attorney's office and DHR's protective services staff in Fort Worth, Tarrant County, Texas.

Coordination of services was thought necessary because, although DHR is legally required to protect children by investigating all child abuse and neglect cases, an estimated 90 percent of the cases are investigated initially by DHR child placement workers who have an average of only two years' experience in the social work field and little or no experience in law enforcement. Project planners felt that without adequate investigations children would not be likely to receive adequate protection. Thus the goal of the project was to integrate expertise in the fields of law enforcement and protective services to ensure the protection of children and their families.

DHR is responsible for receiving all referrals of child abuse and neglect in Tarrant County, and the Tarrant County District Attorney has discretion over prosecution of all criminal and civil cases. The district attorney's office regularly uses certified law enforcement officers who are well trained in the use of the criminal code and accepted investigative techniques to investigate various categories of cases. These investigations are then used by the district attorney's office to prosecute both criminal and civil cases. Thus project planners decided that the logical way to work within this system was to contract for law enforcement officers in the district attorney's office who would specialize in investigations of child abuse and neglect. Three officers were hired, trained, and housed in DHR offices in order to work closely with child placement workers assigned to cases. The law enforcement officers were responsible for leading criminal investigations and supplementing civil investigations. In working together, the child placement worker has responsibility for decisions affecting the removal of a child from the home, and the investigator has final responsibility for the decision to pursue criminal prosecution. The investigators were given responsibility for interviewing, investigating the case background, securing evidence, and providing other general investigative assistance. Through this cooperative and complementary process, project planners reasoned, the number of cases reviewed and/or investigated by the district attorney's office would increase and thus lead to increases in the number of criminal cases of suspected child abuse filed and brought to trial. By quickly and effectively pursuing cases against persons responsible for child abuse and neglect and by removing children from their homes when necessary, child safety could be expedited; and

therapeutic intervention for the perpetrator, the victim, and the family could be provided.

In addition to benefits anticipated from protecting victims of child abuse and neglect, planners thought the project would offer protection of the child placement worker from criminal prosecution resulting from discretionary prosecution decisions in child abuse cases. In a landmark case in El Paso, Texas, child placement workers were indicted for negligence in fulfilling their duties when they failed to recommend removal from the home in a case that eventually led to a child's death. The presence of trained law enforcement investigators would likely have served both to protect the caseworkers and--more important--might have prevented the death of the child.

To serve these various ends, the project established four objectives:

1. to develop and implement a system of criminal case review/investigation by the district attorney's office of suspected child abuse;
2. to increase the number of criminal case reviews/investigations by the district attorney's office of suspected child abuse;
3. to increase the number of criminal cases of suspected child abuse filed; and
4. to increase the number of criminal cases of suspected child abuse brought to trial.

PURPOSES OF THE EVALUATION

The evaluation presents information concerning the extent to which the project was implemented according to the project's plan for activities. In addition, the report addresses the extent to which project objectives were met and the extent to which project outcomes reflect project objectives.

EVALUATION QUESTIONS

Two evaluation questions address the project's impact.

- o Was the number of civil and/or criminal investigations of child abuse and neglect increased as a function of project operation?
- o Was the number of cases filed, convictions received, and probations granted increased as a function of project operation?

METHODOLOGY

The evaluation methodology employed a pretest/posttest control group design to determine the effects of the project. A three-month pretest measurement period (July through October 1981) was to provide baseline data for the project's treatment county (Tarrant County, Texas) and a control county (Travis County, Texas). Measures were to be taken during successive three-month periods (October-December 1981, January-March 1982, and April-June 1982) to allow comparison with the baseline period and with the control group. Because project start-up was delayed due to funding difficulty, hiring and installation of investigators occurred in mid-November. In view of this delay, project effects could not be anticipated during the first quarter (October-December 1981). Thus the measurement periods were revamped: information for 1981 served as pretest data, and data collected for the period January through June (second and third quarter) served as posttest data for the project and control county.

The variables that were examined included the number of--

- o criminal cases reviewed,
- o criminal cases investigated,
- o cases filed in civil and in criminal court,
- o criminal cases indicted,
- o criminal cases brought to trial,
- o criminal case convictions, and
- o criminal convictions resulting in probation.

Components of the project amenable to process evaluation (see Objective One) were examined to determine the extent to which the objectives were met during the project's time frame.

RESULTS

Implementation

The project was initiated on October 1, 1981, following a one-month delay due to uncertainty about funding. The three certified law enforcement officers were hired by the district attorney's office in mid-November from among 96 applicants. Because the officers hired had considerable law enforcement experience, little training in investigative techniques or casework processes was considered necessary. Training in issues of sexual abuse was provided in November 1981. During the second quarter of the project, officers received additional training on sexual abuse and child molestation at the National Criminal Justice Institute's seminar in San Marcos, Texas. Basic project implementation was considered complete by December 1, 1981.

Additional implementation features of the project included the formation of a sexual abuse advisory committee during the first project quarter. Representation on the committee included the district attorney's office, the school district, the local mental health and mental retardation center, the Tarrant County Adult Probation Department, the University of Texas at Arlington, The Tarrant County Child Welfare Board, the Fort Worth Police Department, and DHR. The purpose of the committee was to coordinate efforts in approaching sexually abusive families, with coordination to include initial contact; civil and/or criminal investigation; and treatment, probation, or incarceration.

Special project activities occurring during the project year included a presentation to the grand jury of problems associated with child abuse cases, especially sexual abuse. This activity, during the second quarter, led to a videotape presentation to the grand jury in the third quarter. The videotape presentation featured a child who had been molested and showed a detailed interview between the child protective worker and the abused child. Coupled with the tape, a training session was presented by a special investigator and a child protective services worker. The

presentation was sufficiently successful to result in a decision by the district attorney's office to include this presentation as a regular part of the initial education process for each grand jury impaneled.

Other special activities included the implementation of a countywide meeting of all law enforcement agencies during the third quarter. Other county law enforcement agencies were invited and represented. Attendance was approximately 120 persons. The district attorney's office and special investigators explained laws and procedures for handling physical and sexual abuse cases.

Taken collectively, the reports of project activities suggest that Objective One was met. The project was successful in developing and implementing a system of criminal case review and investigation of suspected child abuse using special investigators supervised by the district attorney's office.

Project Outcomes

Examination of the outcome data bearing on Evaluation Question One revealed that 1,150 cases were reviewed by the special investigators during the period November 1981 to June 1982. For the six-month period of January through June 1982 a total of 1,099 cases were reviewed, and this number, doubled to project a total of 1,982 case reviews, suggests that 2,198 cases will be reviewed by district attorney's special investigators in 1982. During 1981, before the project began, detailed records of case reviews were not maintained. Project staff, however, estimate that approximately 240 cases were reviewed (40 per month) during the comparable 1981 six-month period. Even if twice as many cases were reviewed (480), allowing for project error in estimation, the increase to 1,099 would represent a significant improvement ($G^2(1) = 233.6, p < .001$). This evidence would appear sufficient to conclude that a significant increase in case reviews occurred as a consequence of project installation.

Among the 1,099 cases reviewed, 218 cases received additional attention and were investigated for civil or criminal charges by the project-hired special investigators. The project staff estimates that 30 cases (5 per month) were investigated during the comparable 1981 six-month period. Doubling the 1981 estimate to account for error in estimation, the change from 60 to 218 cases

investigated is statistically significant ($G^2(1) = 91.0, p < .001$). For Travis County, the control group, a district attorney's office representative estimated that no more than five cases were investigated between January 1 and June 30, 1982. Quadrupling the estimate to allow for error, a comparison between the counties leads to the conclusion that significantly more cases were investigated in the project county ($G^2 = 87.2, p < .001$). The results of these comparisons, both for case reviews and investigations, suggest that project Objective Two has been met and answers affirmatively the first evaluation question. The project was successful in increasing the number of criminal investigations of child abuse and neglect by representatives of the district attorney's office.

An examination of the number of cases filed in civil court for the project and control counties, before and after project implementation, revealed no significant differences. For the period from January 1 through June 30, 1981, the estimated number of cases filed per 100,000 adult population was 13.2 for Tarrant County and 8.9 for Travis County (the control). During the same six-month period in 1982, 14.4 cases per 100,000 adult population were filed in Tarrant County contrasted with 13.2 cases per 100,000 in Travis County. These differences are not sufficiently large to reach statistical significance; thus, there is no evidence that the project was successful in increasing the number of civil cases filed.

For criminal cases filed in the project county, conclusions are made difficult by the fact that 1981 records are available only as a summary for the year. During 1981, 208 criminal cases were filed (33.0 cases per 100,000 adult population); for the first six months of 1982, there were 107 criminal cases. This number, relative to the estimated 1982 adult population, yields 16.5 cases per 100,000 adult population. The protective services staff indicates that 49.68 percent of all cases in the Child Abuse and Neglect Report and Inquiry System (CANRIS) are filed between January 1 and June 31. Assuming this percentage is applicable to the filing of criminal cases, the projected number of 1982 cases filed is 33.3 per 100,000 population in Tarrant County. Comparison of the values for 1981 and 1982 (respectively 33.0 versus 33.3 cases per 100,000 population) leads to the conclusion that there has been no increase in the number of criminal cases filed in the project county following installation of the project.

Comparison of the number of criminal cases filed in the project county versus the control (Travis County) resulted in significant differences favoring the project. During the first six months of 1982, seven criminal cases are known to have been filed in Travis County. This number, quadrupled to account for potential reporting error and projected for the total 1982 year, results in an estimated 16.7 cases filed per 100,000 population. The values for the two counties (33.3 versus 16.7) differ reliably ($G^2(1) = 5.11, p = .02$).

In summary, although significantly more criminal cases were filed in the project county than in the control county, there is presently no direct evidence that project installation (1981 pre-project versus 1982 project periods) resulted in significant increases. This finding may, in part, reflect factors operating early in 1982--the effects of project start-up and policy establishment. It is equally possible, however, that the major effects of project activities lay not in the number of cases filed but in the quality of investigative services applied in each case.

There appears to be evidence that case quality has improved. Table 6-1 presents the judicial activity of cases for 1982 in the project county.

TABLE 6-1
Judicial Activity in Criminal Cases Filed
(in Tarrant County, 1981 and 1982)

Judicial Activity	1981	1982	1982
	Full Year	Jan-June	Total Projected
Cases filed in criminal court	208	107	215.4
Cases cleared, not filed	---	111	223.4
Criminal cases indicted	61	48	96.6
Criminal cases no-billed	27	6	12.1
Criminal cases brought to trial	82	13	26.2
Criminal cases dismissed	28	8	16.1
Criminal cases convicted	81	13	26.2
Convicted cases given probation	46	10	20.1
Cases pending	10	32	64.1

Inspection of table 6-1 reveals that a considerable percentage of 1982 cases are pending (32 of 107 cases filed, or 30 percent). A more important statistic, however, is the 1981 ratio of cases no-billed (27) to cases indicted (61), or 0.44. During 1982, the ratio (6 no-billed to 48 indicted) was 0.13, a significantly lower value ($G^2(1) = 7.39, p = .01$). Similar evidence exists for dismissals. During 1982, 13.5 percent of the cases filed were dismissed (28 out of 208); in 1981 only 7.5 percent were dismissed (8 out of 107 cases). This lower percentage of dismissals is statistically significant ($G^2(1) = 4.07, p = .04$).

Finally, evidence from table 6-1 suggests that the project has been successful in its stated intent to increase convictions resulting in probation. During 1981, 56.7 percent of convictions were probated (46 of 81); in the first half of 1982, 76.9 percent resulted in probated sentences (10 of 13 convictions). This increase is statistically significant ($G^2(1) = 3.56, p = .05$). The purpose of efforts to increase the number of convictions, particularly convictions resulting in probation, was to mandate therapy for these offenders. Project records indicate that project staff members themselves filed 55 criminal cases and, for these cases, 17 families have received or are receiving treatment.

Taken collectively, there appears to be considerable affirmative evidence for evaluation question 2 concerning increases in cases filed, convictions received, and probations granted. There was no evidence through the first half of 1982 of increases in civil or criminal cases filed; however, there was a significantly lower ratio of cases no-billed to cases indicted, a significantly lower percentage of case dismissals, and a significantly higher percentage of probated sentences for those convicted. These last three indices suggest that quality of case preparation, due to project installation, has improved.

LIMITATIONS

The primary limitations to the inferences reached in the evaluation are those created by the necessity for projections of numerous variables such as cases reviewed, cases investigated, and cases filed. Because the judicial system does not operate rapidly, many cases remained in a pending status at the termination of the data collection time frame. Thus conclusions on case disposition

were made without the benefit of knowledge about the outcome of these pending cases. Similarly, unavailability of 1981 records by quarter made direct comparisons impossible. These limitations probably have more effect on numerical precision than on the nature of the inferences and conclusions.

SUMMARY

The Special Investigative Services Project was devised to integrate the expertise of law enforcement and DHR protective services to ensure protection of children and families. Specialized investigations under supervision of the Tarrant County District Attorney's Office were contracted to assist in the investigation of criminal cases of child abuse and neglect and to ensure that discretionary prosecution decisions were made at the level of the district attorney's office.

The results of the project indicated that significantly more cases were reviewed and investigated relative to either a preproject baseline or to a control (Travis County). No effects were found on the filing of civil cases. For criminal cases, there was no evidence of increases in the number of cases filed; however, evidence of improved casework quality was demonstrated by a smaller ratio of cases no-billed to cases indicted and by a lower percentage of dismissals. Similarly, the percentage of convictions resulting in probation was found to have increased, with a resultant larger number of families now receiving treatment and/or therapy.

7
Waco Center for Youth
Liaison Project

FOURTH QUARTERLY REPORT

PROJECT DESCRIPTION

The Waco Center for Youth Liaison Project was designed to facilitate involvement by the Texas Department of Human Resources (DHR) in the Waco Center for Youth (WCY), the first State-operated residential treatment center for emotionally and/or behaviorally disturbed adolescents. WCY is operated by the Texas Department of Mental Health and Mental Retardation (MHMR) and was conceived as a joint venture between DHR and MHMR to address the special needs of children in the conservatorship of the State of Texas.

The goals for the second year of the project support operational systems and procedures developed during the first year of the project. In addition, the project will focus on aftercare/permanency planning and on designing a method to evaluate the program, which will include emphasis on successful aftercare placements for children upon completion of residential treatment at the center.

GOALS

The project's second-year goals are (1) to facilitate availability of WCY services to DHR field staff seeking placement for children in DHR conservatorship who need residential treatment; (2) to assure maintenance of certain services supporting residential treatment at WCY for children in DHR conservatorship; and (3) to coordinate permanency planning and aftercare planning services for children in DHR conservatorship placed in WCY. From these goals, nine objectives have been identified and put into operation.

STATUS OF PROJECT OBJECTIVES

Objective One

The project's first objective is to receive, review, and present DHR referrals to the WCY admissions committee and make formal recommendations to the WCY director. In the fourth quarter, 17 referrals were received by the DHR liaison office at WCY. Prior to presentation, two of the children were withdrawn and placed elsewhere. Six referrals have yet to be presented to the admissions committee, pending receipt of the required information to complete the admissions packet. Thirteen referrals were presented to the admissions committee: five were accepted for admission; two are pending a preplacement evaluation; one is on hold; and five were rejected (IQ too low). Two are in placement at WCY and three are waiting for placement dates.

Objective Two

The project's second objective is to provide current information to DHR regional staff about WCY policies, procedures, and programs. During the fourth quarter, information about the WCY program was given to DHR caseworkers upon request. When DHR caseworkers placed children in WCY, the caseworkers were oriented to the facility and to DHR's use of it. Memoranda regarding policy changes were drafted to reflect a shift towards admitting children on voluntary admission status and to acquaint DHR staff with new procedures regarding case staffings.

Objective Three

The project's third objective is to file mental health commitment applications for children in DHR conservatorship in placement at WCY. During the reporting period, six applications for recommitment were filed in McLennan County. All commitments filed in McLennan County were granted. Four children were placed on voluntary admission status during the quarter.

Objective Four

The project's fourth objective is to represent DHR regional interests by coordinating WCY progress reports. Fifteen comprehensive case staffings were held in the quarter, of which eight were attended by the DHR placement coordinator. One comprehensive case staffing report was forwarded to a DHR caseworker by the DHR placement coordinator. In addition, four psychiatric and six social histories were sent out.

Objective Five

The project's fifth objective is to advocate for the needs of children in DHR conservatorship while they are in placement at WCY. The DHR placement coordinator continued to advocate for timely receipt from the home counties of childrens' allowances and clothing adequate for a stay in residential treatment. Requests were made to DHR caseworkers for increased attendance at case staffings and for visits with children in treatment. Individual work was done with two children concerning changes in their DHR caseworkers.

Objective Six

The project's sixth objective is to develop a permanent plan for every child in DHR conservatorship at the time they enter WCY. Permanent plans were written for each of the two children admitted to WCY during the fourth quarter. The DHR caseworker and the placement coordinator kept copies of the plan, and the information was shared with the WCY treatment team leaders.

Objective Seven

The project's seventh objective is to facilitate after-care/permanency planning by providing consultation and alternate placement resources. Seven children were discharged from the facility during the fourth quarter, four to a less restrictive setting. Two children were discharged while on unauthorized departure (UD) status because their mental health commitment expired. One child

was transferred to a State hospital setting due to WCY's inability to offer the structure needed. Three children were discharged after receiving maximum benefit to less restrictive, planned settings. Active aftercare plans were started for an additional six children.

Objective Eight

The project's eighth objective is to negotiate for follow-up services, represent the interests of children in conservatorship, and communicate their needs to WCY's administration. Two requests were made during the fourth quarter for WCY community-based services funds to pay for community care for children who will be discharged in the near future.

Objective Nine

The project's ninth objective is to begin development of an instrument to evaluate treatment results. Project staff reviewed an evaluation methodology and decided that it was inappropriate.

OTHER ACCOMPLISHMENTS FOR THE QUARTER

In addition, project staff members--

- o attended a WCY utilization review committee meeting,
- o visited three area residential treatment facilities, and
- o attended the Child Welfare League of America regional conference.

PROBLEM AREAS AND NEEDS OF THE PROJECT

No problem areas were identified during the fourth quarter.

ACTIVITIES AND TASKS SCHEDULED FOR NEXT QUARTER

Activities and tasks related to the project's nine objectives will continue as in the fourth quarter.

YEARLY EVALUATION REPORT

BACKGROUND

The Waco Center for Youth Liaison Project was designed to ensure effective services for emotionally and behaviorally disturbed children in the managing conservatorship of the Texas Department of Human Resources (DHR). The services are provided at the Waco Center for Youth (WCY) in Waco, Texas, the first State-operated residential treatment center. The client population consists of children who can benefit from residential treatment services other than inpatient hospital care or outpatient mental health services. The Waco Center for Youth is a joint endeavor of DHR and the Texas Department of Mental Health and Mental Retardation (MHMR).

The Waco Center for Youth Liaison Project sponsors a DHR liaison worker, whose office is located at the facility. The worker acts as a liaison between DHR and MHMR and facilitates a positive ongoing relationship between DHR field staff, who place children needing residential treatment, and WCY staff, who provide the necessary treatment. The project's full-time liaison worker carries out both direct service delivery and administrative functions in order to meet established project objectives. The activities and tasks of project staff will be discussed by objective.

The goals for the second year were generalized into three areas:

- o facilitate availability of WCY services to DHR field staff seeking placement for children in DHR conservatorship who need residential treatment;

- o assure maintenance of certain services supporting residential treatment at WCY for children in DHR conservatorship; and
- o coordinate permanency planning and aftercare planning services for children in DHR conservatorship placed at WCY.

To achieve these goals, nine objectives were identified:

1. receive, review, and present DHR referrals to WCY admissions committee and make formal recommendations to WCY director;
2. provide current information to DHR regional staff regarding WCY policies, procedures, and programs;
3. file mental health recommitment applications for children in DHR conservatorship placed at WCY;
4. represent DHR regional interests by coordinating WCY progress reports;
5. advocate for children in DHR conservatorship while they are in placement at WCY;
6. develop a permanent plan for every child in DHR conservatorship at the point of entry into WCY;
7. facilitate aftercare/permanency planning by providing consultation and alternate placement resources;
8. negotiate for follow-up services, represent children's interests, and communicate their needs to WCY's administration; and
9. begin development of an instrument to evaluate treatment results.

PURPOSES OF THE EVALUATION

Because the main impact of this project is expected to occur beyond the project time frames, the evaluation was focused on an examination of the project's activities and a determination of the extent to which project objectives were met. The major purposes of the evaluation were--

- o to determine the extent to which project objectives were met within the time frames established by the project;
- o to provide summary data and information on project activities; and
- o to prepare a report of the findings for the National Center on Child Abuse and Neglect (a part of the Department of Health and Human Services, Office of Human Development Services) and DHR Protective Services for Children Branch.

A discussion follows regarding the extent to which each project objective has been met.

RESULTS/STATUS OF OBJECTIVES

Objective 1: Receive, review, and present DHR referrals to WCY admissions committee and make formal recommendations to WCY director

The project director received 76 referrals from DHR field staff during the first 11 months of this project year. Although admission policies and procedures have been revised this year in an effort to shorten the process, the admission process still takes more time and effort than that of some other child treatment facilities. Regional DHR staff will frequently apply to several institutions for admission of the same child in order to get the quickest possible placement and to offset the possibility of an institution rejecting the application. This may partially account for 35.53 percent of the applications being withdrawn before WCY could complete the application process (see table 7-1). Applica-

tions accepted for admission made up 35.33 percent of those submitted, 11.84 percent were denied, and 13.16 percent were still being processed and were awaiting disposition pending receipt of social and medical information.

TABLE 7-1
Applications for Admission

Status	Number
Referral withdrawn	27
Accepted for treatment	30
Not accepted for treatment	9
Disposition pending	9
Total applications	76

Objective 2: Provide current information to DHR regional staff regarding WCY policies, procedures, and programs

The project director undertook a series of activities to provide DHR regional staff members with information on WCY policies and procedures. He worked with the WCY administration and staff to arrange a new schedule of comprehensive case staffings for children in DHR conservatorship; the purpose was to increase the quality and promptness of reports on these staffings. The changes made will be discussed under Objective Four. These procedures were shared with DHR staff in an effort to improve communication between DHR and WCY. The project director also participated in the development of procedures for transferring children in DHR conservatorship between MHMR's state hospitals and WCY.

Project activities were directed toward helping DHR staff understand the WCY program. At intake the child's caseworkers were oriented to the WCY facility and policies, and their responsibilities while the child was at WCY were clarified. This year DHR institutional placement coordinators were provided information about the WCY program. The project director was also called on to provide WCY information to numerous regional staff members throughout the year.

Objective 3: File mental health recommitment applications for children in DHR conservatorship placed at WCY

The project director filed 21 applications for court recommitment this year. All but one of the applications were filed in McLennan County. The McLennan County Court approved all of the recommitments, but the one application submitted outside McLennan County was denied. It was planned to submit most recommitment applications in McLennan County because of past problems in getting courts outside McLennan County to approve recommitment applications.

Most children in WCY require a court recommitment for successful treatment. The role of the project director in filing these recommitment applications is vital to the treatment process since WCY cannot file these applications.

Objective 4: Represent DHR regional interests by coordinating WCY progress reports

The project director served as liaison between WCY and DHR for reports going to DHR staff concerning children in WCY. This year there were 86 reports sent to various DHR personnel (see table 7-2). Early in the year there were problems in receiving complete comprehensive case staffing reports from the WCY staff within a reasonable period of time. Through the efforts of the project director, an agreement was reached on how to overcome the problem. The WCY staff felt overburdened by the frequency of these case staffings and the reports required. It was agreed to change the frequency of these staffings from every two months to having the first one two months after the child arrived and thereafter every six months. This agreement apparently resolved the problem, and comprehensive case staffing reports were received promptly and forwarded to regional staff.

CONTINUED

2 OF 3

TABLE 7-2
Reports Sent to DHR Staff

Type of Report	Number of Reports
Comprehensive case staff report	27
Psychological report	25
Psychiatric report	16
Social history	18
Total	86

Table 7-2 reveals that 31.40 percent of the reports were comprehensive case staffing reports. The others were psychological reports (29.07 percent), psychiatric reports (18.60 percent), and social histories (20.93 percent).

Objective 5: Advocate for children in DHR conservatorship while they are in placement at WCY

The project director undertook the following activities in an effort to meet this objective:

- o arranged for children in DHR conservatorship to receive monthly allowances and adequate clothing;
- o secured part-time employment for one child;
- o sought music lessons for one child;
- o arranged for a grandmother to visit a child;
- o arranged for several children to receive services from volunteers and surrogate parents;
- o arranged for two children to maintain contact with their natural parents;
- o systematically requested that each child's caseworker visit the child regularly.

Objective 6: Develop a permanent plan for every child in DHR conservatorship at the point of entry into WCY

The project director reports that at intake a permanent plan was developed for each child in DHR conservatorship admitted to WCY. He also undertook to provide at every comprehensive case staffing a report from the child's caseworker on the progress made on the aftercare plan.

Objective 7: Facilitate aftercare/permanency planning by providing consultation and alternate placement resources

As mentioned earlier, the project director has a twofold liaison role: (1) he interprets the WCY program to community placement resources; and (2) he informs WCY staff about the strengths and limitations of these placement resources. This exchange of information helps WCY staff know what community-based services are available to a child who is ready to leave WCY.

During this past year 29 children in DHR conservatorship were discharged from WCY. Table 7-3 reveals that 75.86 percent were planned discharges, and 20.69 percent were unplanned. Unplanned discharges included those children who were not recommittable because of a court decision or because the child refused to sign a voluntary commitment. Some of these had a history of running away from WCY. One child was discharged because the commitment was found to be inappropriate from the beginning.

TABLE 7-3
Discharges

Type of Discharge	Number of Children
Planned	22
Unplanned	6
Other	1
Total	29

Table 7-4 reveals where the children went who were discharged from WCY. Foster homes and foster group homes accounted for 24.14 percent and 20.69 percent went to their parents' home. Basic care institutions, emergency shelters, and a TRC facility (halfway house) accounted for 29.70 percent. State hospitals and residential treatment centers were sent 20.69 percent. Those who were discharged without indication of a specific location accounted for 13.78 percent and were primarily children whose court commitment expired and who had run away from WCY, so discharge plans could not be made.

TABLE 7-4
Type of Facility to Which Child Was Transferred

Type of Facility	Number of Children
Foster home	4
Foster group home	3
Basic care institution	2
Emergency shelter	1
Residential treatment center	2
State hospital	4
TRC facility or halfway house	3
Parent's home	6
Other	4
Total	29

Objective 8: Negotiate for follow-up services, represent children's interests, and communicate their needs to WCY's administration

The project director has made three requests this year for WCY community-based service funds to help pay aftercare placement costs where no other funds were available. WCY honored these requests and provided the necessary funds.

Objective 9: Begin development of an instrument to evaluate treatment results

The project director undertook a search of the literature on evaluation of children's treatment programs as the beginning step for the development of an evaluation tool. Time restraints prevented further activity on this objective.

LIMITATIONS

The primary limitation on the evaluation is that it addresses only the process of the project. The lasting and long-range impact of this project on these youths can only be determined after a longer period of time has elapsed and, therefore, is not appropriate for the present evaluation.

SUMMARY

The Waco Center for Youth Liaison Project was designed to ensure effective services for emotionally and behaviorally disturbed children in the managing conservatorship of the Texas Department of Human Resources. The liaison worker facilitated a positive ongoing relationship between DHR field staff and the WCY staff. He facilitated the availability of WCY services to DHR field staff seeking placement for DHR conservatorship children needing residential treatment. He arranged for supporting services for DHR children from WCY and coordinated the permanency planning and aftercare services for them. The liaison role played an important part in this cooperative program. During this project year there were 76 applications for admissions, 30 children accepted for treatment, and 29 discharged.