



UNITED STATES GENERAL ACCOUNTING OFFICE

WASHINGTON, D.C. 20548

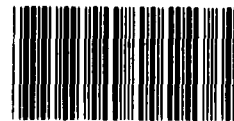
116403
~~19486~~

HUMAN RESOURCES
DIVISION

B-197055

SEPTEMBER 18, 1981

The Honorable Austin J. Murphy, Chairman
Subcommittee on Select Education
Committee on Education and Labor
House of Representatives



116403

Dear Mr. Chairman:

Subject: Followup Review to Determine the Extent to Which
the Department of Health and Human Services Has
Implemented the Recommendations in Our Report:
"Increased Federal Efforts Needed to Better
Identify, Treat, and Prevent Child Abuse and
Neglect" (HRD-80-66, Apr. 29, 1980)
(HRD-81-153)

On December 2 and 4, 1980, the Subcommittee held oversight
hearings on title I of the Child Abuse Prevention and Treatment
and Adoption Reform Act of 1978. That legislation amended and
extended the provisions of the Child Abuse and Treatment Act of
1974. The 1974 act established the National Center on Child Abuse
and Neglect to provide Federal leadership and assistance in iden-
tifying, treating, and preventing child abuse and neglect. The
Center is located in the Children's Bureau, within the Department
of Health and Human Services' (HHS') Administration for Children,
Youth, and Families, Office of Human Development Services.

The Center has been mandated to

- annually summarize research on child abuse and neglect;
- develop and maintain an information clearinghouse on all
programs (including private programs) designed to prevent,
identify, and treat child abuse and neglect;
- publish training materials on child abuse and neglect;

(104128)

018620

- assist public and nonprofit private agencies in planning, improving, developing, and carrying out child abuse and neglect prevention, identification, and treatment programs and activities;
- research the causes, prevention, identification, and treatment of child abuse and neglect;
- study the national incidence of child abuse and neglect;
- fund demonstration programs and projects to develop and support multidisciplinary training programs and to support services related to abuse and neglect; and
- provide grants to States meeting certain eligibility requirements.

During the December hearings, we testified on our report, "Increased Federal Efforts Needed to Better Identify, Treat, and Prevent Child Abuse and Neglect" (HRD-80-66, Apr. 29, 1980). Representative Paul Simon, then Subcommittee Chairman, asked us to (1) make a followup investigation to determine the extent to which HHS has implemented the recommendations in our report and (2) report our findings in writing to the Subcommittee. Representative Mario Biaggi asked us to include in our report an analysis of the child abuse and neglect demonstration grants awarded by HHS.

We agreed to report on (1) the actions that have been taken or are underway to implement the recommendations in our report and (2) the recommendations on which no action has been taken. In addition, we agreed to analyze the grants and contracts awarded by the Center from fiscal year 1978 through February 1981.

To determine the action taken on our recommendations, we reviewed the testimony of the Assistant Secretary of Human Development Services at the Subcommittee's December 1980 hearings. His statement included an appendix setting forth the actions HHS had taken. Also, we interviewed officials in the Center to determine what actions it had taken on our recommendations since the December 1980 hearings. We contacted officials in HHS' Office of the Inspector General to find out what followup work they had done on our report. We did not verify the accuracy of their statements. Our followup work was performed during the period March to June 1981.

HHS has implemented 8 of our recommendations (see enc. I) and is in the process of implementing 15 others. It has not implemented the other eight recommendations. Of the 15 recommendations being implemented, 6 should be completed in 1981, 5 others depend on the completion of various demonstration and service improvement grants over the next 3 years, and the other 4 require ongoing program monitoring or data collection (see enc. II).

We determined that HHS had not implemented eight of our recommendations although in its comments in our April 1980 report it agreed (at least in part) with seven of them. The status of these eight recommendations is discussed more fully in enclosure III.

Concerning the request that we analyze child abuse and neglect awards, we (1) determined, from a list of child abuse and neglect awards the Center provided to the Subcommittee, the number and amount of grants and contracts the Center awarded from fiscal year 1978 through February 1981, (2) analyzed the list by fiscal year and type of award (i.e., research, demonstration, service improvement, information analysis and dissemination, training and technical assistance, and State grants), (3) determined the frequency of awards to each grantee/contract recipient, and (4) analyzed the distribution of awards by State (see enc. IV). We also reviewed the process the Center follows in awarding grants, but we did not review individual grant or contract files.

From fiscal year 1978 through February 1981, the Center made 447 awards totaling \$58.3 million--311 awards, valued at \$42.2 million, went to organizations, and 136 grants, valued at \$16.1 million, went to the States. The 311 awards to organizations were made to 139 recipients, while the 136 grants were made to 41 States, the District of Columbia, Puerto Rico, American Samoa, the Virgin Islands, and Guam. Most of the recipients received several awards during the period as part of a single grant/contract with portions of the total funding allocated to several fiscal years. Although several grantees received more than one grant during the period under review, we found no evidence of duplication of projects in the awards.

Of the 311 awards, 152 (49 percent) were demonstration grants and contracts. They represented 66 grants and contracts with a value of \$18.8 million. Enclosure V contains our analysis of the Center's awards by type, from fiscal year 1978 through February 1981.

B-197055

As requested by your office, we did not obtain HHS comments on this report.

We are sending copies of this report to Congressmen Paul Simon and Mario Biaggi; the Director, Office of Management and Budget; the Secretary of HHS; and other interested parties. Copies will also be available to others who request them.

Sincerely yours,

Edward A. Mansmore

for

Gregory J. Ahart
Director

Enclosures - 5

REPORT RECOMMENDATIONS IMPLEMENTED BY HHS

We recommended that the Secretary of HHS require the Center to take the following actions. In each instance, appropriate steps were taken to implement our recommendations.

1. Identify problems that hinder certain professionals from reporting and attempt to resolve them by such means as working through the Federal agencies most closely associated with the particular profession.
2. Help the States obtain additional treatment services, by such means as identifying potential sources of Federal, State, and private funding for child abuse and neglect cases.
3. Emphasize to States the importance and benefits of using central registers for case management to ensure that prompt and effective services are provided in abuse and neglect cases.
4. Emphasize to States the importance of sufficient legal assistance for child protective staff working on child abuse and neglect cases.
5. Expedite efforts to inform States of all Federal programs relating to child abuse and neglect.
6. Refer to the Secretary of HHS, in conjunction with the Advisory Board, any programs that appear to be duplicative or undertaken unilaterally.
7. Resolve any problems referred by the Center regarding duplicative programs or problems that otherwise restrict effective coordination.
8. Increase its assistance to States and localities by providing information on how to establish preventive programs.

REPORT RECOMMENDATIONS BEING IMPLEMENTED BY HHSA. RECOMMENDATIONS THAT SHOULD BE IMPLEMENTED IN 1981

We recommended that the Secretary of HHS require the Center to:

1. Help States assess how much professionals are or are not reporting so that appropriate steps to increase reporting can be taken.
2. Encourage the use of definitions and standards for community education and for decisions on what constitutes child abuse and neglect.
3. Emphasize the importance of investigating all child abuse and neglect reports within 24 hours and encourage States and localities to incorporate this requirement into their policies and procedures.
4. Emphasize to States the contributions multidisciplinary case consultation teams can make in dealing with child abuse and neglect cases and provide technical assistance on how to use teams.
5. Emphasize to States the importance of developing and using written treatment plans for all abuse and neglect clients.
6. Reassess its position on the need to follow up on closed child abuse and neglect cases. If the Center concludes that followup is essential, it should emphasize the benefits of such followup to States.

B. RECOMMENDATIONS WHOSE IMPLEMENTATION DEPENDS ON THE COMPLETION OF DEMONSTRATION AND SERVICE IMPROVEMENT GRANTS

We recommended that the Secretary of HHS require the Center to:

1. Encourage State and local agencies to increase their minimum qualifications for child protective services investigative staff to meet those recommended by the Center.
2. Identify specific alternatives that can be used to increase treatment staff or otherwise deal with excessive caseloads within staffing constraints.

3. Encourage State and local agencies to increase their minimum qualifications for child protective services treatment staff to meet those recommended by the Center.
4. Ensure that adequate criteria or appropriate methods are developed to measure the effectiveness of prevention programs and disseminate such information to States and localities for their use.
5. Inform States and localities, as information becomes available, on the types of programs or approaches that are practical and show promise in preventing child abuse and neglect.

C. RECOMMENDATIONS WHOSE IMPLEMENTATION REQUIRES ONGOING PROGRAM MONITORING OR DATA COLLECTION

We recommended that the Secretary of HHS require the Center to:

1. Obtain and share information on the plans, budgets, and activities of all Federal agencies operating such programs.
2. Provide better leadership and guidance by adopting more of a policy formulation role and clearly identifying the programs or program components that show promise of success or appear to be unsuccessful.
3. Establish and operate a monitoring program to the extent necessary for maintaining awareness of State and local progress and problems in dealing with abuse and neglect.
4. Assure that the results of the monitoring program are considered and incorporated into the process for planning the Center's future direction and activities.

ANALYSIS OF REPORT RECOMMENDATIONSNOT IMPLEMENTED BY HHS

1. The Center should clarify who is responsible for training and educating professionals on how to recognize and report abuse and neglect

HHS agreed with our recommendation in the April 1980 report and said that one of the Center's immediate priorities was to work with States to clarify that responsibility. In our discussions with Center officials, however, we found no indication that HHS was working with the States in this regard.

2. The Center should help resolve disagreements about who should develop definitions and standards on child abuse and neglect

HHS disagreed with our recommendation in the April 1980 report. It said that States have the final authority for legal definitions of abuse and neglect and that practicing professionals and the community, using the legal framework provided by State law, must be involved in developing operational definitions for maximum effectiveness in guiding actual case decisionmaking. In addition, it said that the conceptual framework for developing definitions and the refining of program standards is reflected in the Draft Federal Standards for Child Abuse and Neglect Prevention and Treatment Programs, which the Center has widely distributed for public review and comment. During our followup review a Center official said he believes that it is better for communities to develop their own definitions of child abuse and neglect because each community has its own ideas on the subject.

3. The Center should ensure that meaningful evaluations can be made of all future projects

From 1974 through September 1979, the Center funded 21 research and 78 demonstration projects at a cost of about \$40 million, and independent evaluations for 56 of the 78 demonstration projects for about \$2.5 million. When we did our earlier review, the Center had not adequately informed States and localities on the chances for success on any of the program approaches or techniques used in various projects. In addition, several weaknesses and limitations precluded the Center from determining which programs work best for purposes of replication or policy formulation. A Center official acknowledged that some weaknesses existed.

We recommended that the Secretary require the Center to incorporate into the design of all future projects the necessary provisions to assure that meaningful evaluations can be made, including

clear project and evaluation objectives, an acceptable number of project variables, and adequate controls over implementation. In its comments included in our April 1980 report, HHS agreed with the need for evaluation and said it had implemented evaluation research that seeks to validate program designs and to measure the effects of specific treatment approaches. It did not agree, however, that meaningful evaluations could be incorporated into the design of all future projects because an academic approach is not always practical. While we agree that an academic approach may not always be practical, we nevertheless believe some form of evaluation is necessary. During our followup review a Center official reiterated HHS' position to us.

4. The Center should help States and localities identify alternatives to increase their staffs and deal with excessive workloads

HHS agreed in principle with our recommendation, but it did not see any appropriate or effective role for the Center in this matter because State legislatures decide how to allocate resources and the process of convincing them to increase resources involves documenting needs. HHS has not changed its viewpoint regarding this recommendation since the April 1980 report.

We still believe, however, that the Center should help States and localities in this matter even though documenting needs is involved.

5. The Center should finalize the Model Child Protection Act and the Federal Standards for Child Abuse and Neglect Prevention and Treatment Programs and Projects

The Federal Standards for Child Abuse and Neglect Prevention and Treatment Programs and Projects, which the Center considers its primary guidance to States and localities, have existed in draft form since March 1978 and are annotated "For Review Purposes Only." The Center's Model Child Protection Act, in development for several years, is also in draft form. Because both documents had been in draft form for a long time, we recommended in our April 1980 report that the Secretary require the Center to finalize them.

In providing comments on our April 1980 report, HHS agreed with our recommendation and said it planned to have these documents finalized in 1980. In his December 2, 1980, testimony before the House Subcommittee on the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978, the Assistant Secretary for Human Development Services stated that the Department had deferred approving the two documents pending final regulations for the newly enacted Adoption Assistance and Child Welfare Amendments of 1980 (Pub. L. No. 96-272, June 17, 1980). HHS believes that the

draft documents should not conflict in any way with the final regulations for the Child Welfare Services program. As of August 1981 the regulations had not been issued, and the two documents had not been finalized.

6. The Center should encourage professional organizations to report suspected cases of child abuse and neglect

HHS agreed with our recommendation and listed a number of influential organizations that the Center is encouraging to report suspected cases of child abuse and neglect. Nevertheless, we noted that many professionals were not reporting suspected cases and the Center could encourage greater reporting by working more closely with professional organizations.

During our followup review a Center official told us that the Center doesn't encourage professionals to report child abuse and neglect because the quality of treatment is poor and there is an overload of treatment cases. Although we stated in our April 1980 report that child abuse and neglect treatment programs were inadequate, we believe that professionals need to increase their reporting of suspected child abuse and neglect. The Center should encourage professional organizations to emphasize to their members the importance of reporting such cases because:

1. State laws require certain groups of professionals to report suspected child abuse and neglect cases to child protective service agencies.
2. Reports from professionals are more likely to be substantiated.
3. Increased reporting will help identify the actual incidence of child abuse and neglect.

The National Study of the Incidence and Severity of Child Abuse and Neglect was scheduled to be published and distributed in July 1981; however, because of a moratorium on publications, the report has not been printed. The study was performed under contract for the Center. The study indicates that only one out of three cases of child abuse and neglect is ever reported. If the Center would do more to encourage responsible professional organizations to report suspected child abuse and neglect, it could better document the extent of the problem.

7. The Center should use information on projects funded by others

According to the Child Abuse Prevention and Treatment Act, the Center is required to develop and maintain an information clearinghouse on all programs (including private programs) showing promise for preventing, identifying, and treating child abuse and neglect. During our earlier review a Center official told us that useful information is probably available on projects and studies funded by sources other than the Center but the Center had not analyzed such information because of a lack of staff and funding. We recommended in our April 1980 report that the Secretary require the Center to identify and use available information on projects funded by other sources.

HHS agreed with our recommendation and said the Center already conducts, and plans to continue, an annual survey and analysis of some 2,868 child abuse and neglect programs across the country. The Center's annual analysis, however, consists of descriptions of programs used in the Nation. We stated in our April 1980 report that the Center needed to do more to analyze these programs and inform States and localities of the most promising programs or approaches. The Center has not done so because of a lack of staff and funding, a matter we addressed in the next recommendation.

8. HHS should consider furnishing the staff and resources necessary for the Center to adequately carry out its program responsibilities

Center officials have frequently cited a lack of staff as a reason for shortcomings in the Center's operations. The staff shortage was listed as a cause for the lack of coordination of Federal programs, the inability to monitor progress and problems of States and localities, the lack of monitoring of contractors' and grantees' performance, and the lack of emphasis on prevention programs. The 1978 amendments to the Child Abuse Prevention and Treatment Act require the Secretary of HHS to make sufficient staff available to the Center to carry out its functions effectively. In our April 1980 report, we recommended to HHS that, if it finds that the Center does not have enough resources, it should consider furnishing the staff and resources necessary for the Center to adequately carry out its program responsibilities, to provide effective leadership and guidance, and to assist States with the major problems encountered in dealing with child abuse and neglect.

The size of the Center's staff has remained relatively constant since 1976. In January 1976, the staff size was 16; in December 1979, almost 4 years later, the staff size was 15, even though the Center's responsibilities had been expanded.

In providing comments for our April 1980 report, HHS said that it would take on as a priority this role of coordination and leadership and would consider increasing the size of the Center's staff. Particular focus was to be on the labor-intensive activities involved in managing the coordination of Federal programs. HHS has not increased the size of the Center's staff or the resources available to it. As of August 1981, the Center still had 15 professionals.

AWARDS MADE BY THE NATIONAL CENTER ON CHILD ABUSE AND NEGLECT, BY TYPE AND
STATE/TERRITORY, DURING THE PERIOD FISCAL YEAR 1978 THROUGH FEBRUARY 1981

<u>State/ territory</u>	<u>Research</u>	<u>Demonstration</u>	<u>Service improvement</u>	<u>Information analysis and dissemination</u>	<u>Training and technical assistance</u>	<u>State grants</u>	<u>Total</u>
Alabama			\$ 271,600			\$ 337,488	\$ 609,088
Alaska			263,793				263,793
Arizona		\$ 280,000	351,000				631,000
Arkansas		370,404				232,878	603,282
California	\$ 533,951	2,824,647	1,757,799		\$ 1,097,553	1,483,774	7,697,724
Colorado	199,217	1,244,436			2,057,396	267,628	3,768,677
Connecticut		368,490				275,940	644,430
Delaware			217,078			126,352	343,430
District of Columbia	50,000	1,494,339	50,000		1,391,930	128,075	3,114,344
Florida			324,531			588,557	913,088
Georgia		169,824	240,000		1,041,976	440,827	1,892,627
Hawaii			275,997			150,044	426,041
Idaho			225,298				225,298
Illinois	200,000	1,105,905	220,045			817,967	2,343,917
Indiana	158,462	220,000					378,462
Iowa			225,460		776,579	275,615	1,277,654
Kansas			50,000			235,142	285,142
Louisiana		377,926	80,000			379,972	837,898
Maine		387,000				160,697	547,697
Maryland	946,000	241,950	251,212				1,439,162
Massachusetts	477,612	289,978	253,000		777,031	438,274	2,235,895
Michigan		549,517	67,000			711,124	1,327,641
Minnesota		605,086	275,738			354,137	1,234,961
Missouri		371,568				283,607	655,175
Montana		148,257	129,871			101,104	379,232
Nebraska		253,988				190,685	444,673
Nevada			248,890				248,890
New Hampshire			315,991			145,526	461,517
New Jersey		1,029,522				543,317	1,572,839
New Mexico		377,801				128,383	506,184
New York	159,666	1,114,127			792,593	1,120,848	3,187,234
North Carolina		50,000	349,108			454,482	853,590

<u>State/ territory</u>	<u>Research</u>	<u>Demonstration</u>	<u>Service improvement</u>	<u>Information analysis and dissemination</u>	<u>Training and technical assistance</u>	<u>State grants</u>	<u>Total</u>
Ohio	\$ 157,464		\$ 402,765			\$ 784,855	\$ 1,345,084
Oklahoma		\$ 450,000	287,989			272,376	1,010,365
Oregon			276,268				276,268
Pennsylvania	326,787	1,225,591	249,017				1,801,395
Rhode Island	51,320		276,000			145,037	472,357
South Carolina			80,000			293,160	373,160
Tennessee	50,000	752,702				370,662	1,173,364
Texas		1,106,350	356,000		\$ 874,348	995,302	3,332,000
Utah		234,687				198,987	433,674
Vermont			285,842			121,075	406,917
Virginia		169,977	170,000			417,031	757,008
Washington		996,294			718,552	331,610	2,046,456
West Virginia			240,000			209,335	449,335
Wisconsin			319,222		1,135,207		1,454,429
North Dakota						132,764	132,764
South Dakota						135,241	135,241
Kentucky						323,210	323,210
Mississippi						269,130	269,130
Wyoming						118,543	118,543
Puerto Rico						364,838	364,838
Virgin Islands						96,510	96,510
American Samoa						91,790	91,790
Guam						99,218	99,218
Total	<u>\$3,310,479</u>	<u>\$18,810,366</u>	<u>\$9,386,514</u>	0	<u>\$10,663,165</u>	<u>\$16,143,117</u>	<u>\$58,313,641</u>

AWARDS MADE BY THE NATIONAL CENTER ON CHILD ABUSE AND NEGLECT, BY TYPE
AND FISCAL YEAR, DURING THE PERIOD FISCAL YEAR 1978 THROUGH FEBRUARY 1981

<u>Type of award</u>	<u>Fiscal year 1978</u>		<u>Fiscal year 1979</u>		<u>Fiscal year 1980</u>		<u>Fiscal year 1981</u> <u>(through February)</u>		<u>Total</u>	
	<u>Num- ber</u>	<u>Amount</u>	<u>Num- ber</u>	<u>Amount</u>	<u>Num- ber</u>	<u>Amount</u>	<u>Num- ber</u>	<u>Amount</u>	<u>Num- ber</u>	<u>Amount</u>
Research	5	\$ 1,065,796	6	\$ 770,204	11	\$ 1,035,311	5	\$ 439,168	27	\$ 3,310,479
Demonstration	37	4,520,104	52	6,170,392	47	6,853,056	16	1,266,814	152	18,810,366
Service improvement	30	3,526,569	30	3,056,192	36	2,803,753	0	0	96	9,386,514
Information analysis and dissemination	0	0	0	0	0	0	0	0	0	0
Training and technical assistance	12	3,239,275	12	3,619,415	12	3,804,475	0	0	36	10,663,165
State grants	44	4,532,717	46	4,732,000	46	6,878,400	0	0	136	16,143,117
Total	<u>128</u>	<u>\$16,884,461</u>	<u>146</u>	<u>\$18,348,203</u>	<u>152</u>	<u>\$21,374,995</u>	<u>21</u>	<u>\$1,705,982</u>	<u>447</u>	<u>\$58,313,641</u>