

# Queens Child Guidance Center

## 2005 Annual Report



16 Main Street  
Accord, NY 12404  
845-626-2126  
Fax 845-626-3206

**Sacramento**  
24 East Main St.  
Winters, CA 95694  
530-795-3618  
Fax 530-795-3619

**San Diego**  
2772 Wilma St.  
Nat'l City, CA 91950  
619-267-3313  
Fax 619-267-3323

**Memphis**  
1402 Harbert Ave.  
Memphis, TN 38104  
901-725-1334  
Fax 901-725-0071

**St. Louis**  
1121 Olivette  
Executive Pkwy  
St. Louis, MO 63132  
314-432-8113  
Fax 314-432-8999

**New York**  
78 West 131<sup>st</sup> St.  
New York, NY 10037  
212-234-3394  
Fax 212-234-3801

**Pasadena**  
30 N. Raymond Ave.  
Suite 511  
Pasadena, CA 91103  
626-795-3775  
Fax 626-795-3724

## **ACKNOWLEDGEMENTS**

This report was prepared during May 2006 by  
Theresa Cronin *and* Pearila Namerow, Ph.D.  
of Philliber Research Associates.

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# INTRODUCTION

The following report summarizes data concerning two of Queens Child Guidance Center's Preventive Service Programs, located at the Sonia Strumpf and Trude Weishaupt Clinics, for the 2005 calendar year (January 1 through December 31).

This report includes an overview of the general demographics of the 209 families served and a summary of the services provided. This is followed by information regarding program outcomes.

Outcome data are presented first for those served at the Sonia Strumpf Clinic. Comparisons are presented between the 80 families served specifically through the Infant Parent Program (IPP) and the 42 other families served at the Sonia Strumpf Clinic. This section is followed by a summary of the outcome data for the 87 families served at the Trude Weishaupt Clinic.

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Queens Child Guidance Center				
January 1, 2005 through December 31, 2005				
	Sonia Strumpf Infant Parent Program	Other Sonia Strumpf Families	Trude Weishaupt Families	Total Families Reviewed in this Report
FAMILIES	80	42	87	209

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# DEMOGRAPHICS

Queens Child Guidance served 250 adults and 321 children, representing 209 families during this reporting period. More than two-fifths of these families were composed of two parents (i.e. two biological parents or one natural and one step parent) and children and more than half were families with a single parent and his/her children. Half of the families served were Hispanic; 16% were Asian, 11% were White, and the remaining families represented other races/ethnicities. The source of three-fifths of these families' income was earnings, but one-quarter reported that their only source of income was entitlements.

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## *PEOPLE WHO RECEIVED SERVICES*

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<u>Who Received Treatment</u>		<u>Ethnicity of Family</u>	
Adults	250	White	11%
Children	321	African-American	8%
		Hispanic	50%
<i>TOTAL SERVED</i>	571	Mixed	10%
<i>TOTAL FAMILIES</i>	209	Asian	16%
		Haitian	1%
		Other	4%
<u>Family Composition</u>		<u>Source of Family Income</u>	
One Parent	53%	Entitlements	24%
Two Parents	42%	Wage Earnings	62%
Other	5%	Entitlements + Wage(s)	14%

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# SERVICES PROVIDED

Twenty different types of services were provided. The table below summarizes the number of families counseled by Case Planners; the number of families given advocacy by and/or referred to service providers; the number of families who received these services from Queens Child Guidance staff; and the number of families who received each service from a service provider other than the Queens Child Guidance Center. The last column presents the overall number of families who received the listed services at least once during the twelve-month period covered in this report.

The data indicate that services utilized by the greatest number of families include parent aide, education and tutorial services, entitlements, health related services, employment and/or vocational guidance, and socialization.

Type of Service	Counseling By Case Planner	Advocacy /Referral to Service Provider	Directly Provided by PPRS	Received from non-PPRS provider	Number Of Families Served
Day Care	70	15	14	40	93
Homemaker Service	4	1	0	2	5
Parent Training	39	0	49	5	66
Parent Aide	132	0	128	15	185
Transportation	9	3	81	47	89
Clinical Services	59	5	33	27	80
Emergency Cash/Goods	13	2	32	26	55
Emergency Shelter	9	0	0	2	11
Day Services	8	0	1	8	17
Family Planning	42	0	0	1	42
Entitlements	105	16	7	19	116
Legal Assistance	76	13	0	15	85
Health Related Services	107	6	1	17	111
Housing/Subsidy	51	11	1	17	58
Educational/Tutorial	142	32	7	14	145
Employment/Vocational Guidance	109	8	0	4	109
Socialization	91	7	8	27	106
Substance Abuse Services	25	0	0	4	27
Domestic Violence Intervention	80	4	23	0	83
Hotel/Shelter	0	6	0	0	6
Other	0	55	0	0	55

# CASEWORK COUNSELING

Casework counseling was given 4,029 times to at least one member of every family served during this reporting period. In some instances, this service was given exclusively to families (defined as two or more members of a family). However, in 19 cases, only a single family member received this service. Overall, the majority of casework counseling was given to both individuals and to family members as a group.

The table below summarizes these findings.

Casework Counseling Given to:	Times Given	Number of Families
Individuals	333	19
Families	860	43
Both individuals & families	2,836	147
Overall January-December 2005	4,029	209

# CLIENT OUTCOMES

## All Sonia Strumpf Clinic Families

Two-fifths of all Sonia Strumpf Clinic cases were closed during this reporting period. These included 36% of IPP cases and 43% of other Sonia Strumpf cases.

Case Status As of December 31, 2005	IPP Families (N=80)	Other Sonia Strumpf Families (N=42)	Total (N=122)
Open	51 (64%)	24 (57%)	75 (61%)
Closed	29 (36%)	18 (43%)	47 (39%)
Total	80 (100%)	42 (100%)	122 (100%)

The majority (81%) of the case terminations were the result of treatment related goals being achieved or partially achieved.

Reason for Case Termination	IPP Families (N=29)	Other Sonia Strumpf Families (N=18)	Total (N=47)
One or more goals achieved	26 (90%)	12 (67%)	38 (81%)
CWA not needed	0 ( 0%)	1 ( 5%)	1 ( 2%)
Withdrew/refused	0 ( 0%)	2 (11%)	2 ( 4%)
Other	3 (10%)	3 (17%)	6 (13%)

# CLIENT OUTCOMES

## Trude Weishaupt Clinic Families

Forty-five percent of all Trude Weishaupt Clinic cases were closed during this reporting period. The percentage of Trude Weishaupt families (83%) who were referred to Queens Child Guidance to accept services by either the Administration for Children's Services, Queens PINS Diversion Program, Family Court, or the Police was more than four times as high as that for all those served at Sonia Strumpf (20%).

End of Year Case Status	Total	
Open	48	(55%)
Closed	39	(45%)
Total	87	(100%)

Seventy-nine percent of cases terminated during this reporting period were a result of partial or complete achievement of one or more treatment related goals.

Reason for Case Termination	Total (N=39)	
One or more goals achieved	31	(79%)
Transfer to other PPRS program	5	(13%)
Foster care placement	1	( 3%)
Other	2	( 5%)



# RISK ASSESSMENT SCALE SUMMARIES

In contrast to general goal achievement data, which are recorded under the reason for the case being closed, Risk Assessment data are recorded via a much more comprehensive record, which focuses on four areas of risk-related influence. These are:

Caretaker Influence  
 Child Influence  
 Family Influence  
 Intervention Influence

The computation of progress in specific risk areas requires two or more assessments, which can be compared to each other. As shown below, these data were available for the majority of families who received services at Sonia Strumpf or at the Trude Weishaupt Clinic.

Number of Risk Assessment Forms	IPP (N=80)	Other		Trude	
		Sonia Strumpf (N=42)	Weishaupt (N=87)	Total Families (N=209)	
Fewer than two*	17	6	29	52	
Two or more	63	36	58	157	

Program staff initially identify problem areas, called risk elements, and rate them on Risk Assessment scales. In the analyses that follow, changes in the average scale scores between clients' first and last assessments for each risk assessment area are summarized.

\* Assessments are filled out soon after intake, again after 90 days, and every 6 months that follow, until the case is closed. Therefore, some new cases that opened during this reporting period may not have been there long enough to have had a second assessment completed yet.

# RISK ASSESSMENT SUMMARY

## All Open Sonia Strumpf Clinic Cases

Comparative risk assessment data were available for 53 of the 75 Sonia Strumpf families whose cases were still open at the end of December 2005.

Child Influence scale scores were significantly lower when last assessed compared to when first assessed among IPP families. The differences between first and last overall scale scores were also found to be statistically significant for IPP families. These findings reflect a lowering of risk between the first and most recent assessments.

	IPP Families (N=34)			Other Sonia Strumpf Families (N=19)			Total (N=53)		
	<i>first score</i>	<i>last score</i>	<i>p &lt;</i>	<i>first score</i>	<i>last score</i>	<i>p &lt;</i>	<i>first score</i>	<i>last score</i>	<i>p &lt;</i>
<i>Caretaker Influence</i>	.79	.71	<i>NS</i>	.91	1.01	<i>NS</i>	.83	.82	<i>NS</i>
<i>Child Influence</i>	1.61	1.35	<i>.05</i>	1.29	1.53	<i>NS</i>	1.50	1.42	<i>NS</i>
<i>Family Influence</i>	1.42	1.23	<i>NS</i>	1.28	1.41	<i>NS</i>	1.37	1.30	<i>NS</i>
<i>Intervention Influence</i>	1.23	1.25	<i>NS</i>	1.16	1.24	<i>NS</i>	1.20	1.25	<i>NS</i>
<i>Overall Scale Score</i>	1.19	1.07	<i>.01</i>	1.12	1.26	<i>NS</i>	1.16	1.13	<i>NS</i>

\* Statistical significance indicates the extent to which observed improvements may be due to chance factors alone. The alpha level of .05 actually means that the possibility of these results having been due to chance is less than 5 out of 100, and an alpha level of .01 means that the possibility of these results having been due to chance is less than 1 out of 100. *NS* means that the first and last assessment scores do not differ significantly from each other.

# RISK ASSESSMENT SUMMARY

## All Closed Sonia Strumpf Clinic Cases

Comparative risk assessment data were available for 46 of the 47 Sonia Strumpf families whose cases were closed by the end of December 2005.

Among IPP families, other Sonia Strumpf families, and both Sonia Strumpf groups combined, Child Influence and overall scale scores were significantly lower when last tested, reflecting less risk at discharge than at intake.

Caretaker Influence and Family Influence scale scores were also found to be significantly lower at discharge for IPP families and the combined, total group of Sonia Strumpf families.

	IPP Families (N=29)			Other Sonia Strumpf Families (N=17)			Total (N=46)		
	<i>first score</i>	<i>last score</i>	<i>ρ &lt;</i>	<i>first score</i>	<i>last score</i>	<i>ρ &lt;</i>	<i>first score</i>	<i>last score</i>	<i>ρ &lt;</i>
<i>Caretaker Influence</i>	.88	.54	.001	.76	.64	NS	.84	.58	.001
<i>Child Influence</i>	1.93	1.09	.001	1.53	1.03	.01	1.78	1.06	.001
<i>Family Influence</i>	1.37	.91	.01	1.29	.99	NS	1.34	.94	.01
<i>Intervention Influence</i>	1.06	1.20	NS	1.10	1.20	NS	1.07	1.20	NS
<i>Overall Scale Score</i>	1.20	.86	.001	1.10	.90	.05	1.16	.88	.001

## Risk Assessment Scale Summary Trude Weishaupt Clinic Cases

Risk assessment outcomes are presented for both open and closed cases at the end of this reporting period. Comparative data were available for 22 of the 48 open cases, and 36 of the 39 closed cases.

Among open cases at the Trude Weishaupt Clinic, Child Influence and overall scale scores were significantly lower when last assessed compared to when first assessed. Among closed cases, scale scores were significantly lower when last assessed in every area. Lower scores indicate less risk at discharge than at intake in those areas.

	Open Cases (N=22)			Closed Cases (N=36)		
	<i>first score</i>	<i>last Score</i>	$\rho <$	<i>first score</i>	<i>last score</i>	$\rho <$
<i>Caretaker Influence</i>	.67	.55	NS	.66	.35	.001
<i>Child Influence</i>	1.35	.90	.05	1.18	.66	.001
<i>Family Influence</i>	.91	.69	NS	1.00	.63	.001
<i>Intervention Influence</i>	.96	.85	NS	1.03	.75	.05
<i>Overall Scale Score</i>	.91	.71	.05	.92	.55	.001

## RISK ASSESSMENT COMPARISONS BY TIME IN PROGRAM

The following tables explore differences in risk assessment outcomes among families who received services for varying periods of time.

Intervention Influence scale scores were significantly higher when last assessed for the families who participated in the program for six or fewer months. This indicates a greater risk in this area at discharge. Caretaker Influence, Child Influence, Family Influence, and overall scale scores were significantly lower when last assessed for the families who were in the program for six months or longer. These results reflect reduced risk in these areas at discharge.

### All Closed Sonia Strumpf Clinic Cases (N=46)

Time in Program:	6 months or less (N=13)			More than 6 months (N=33)		
	<i>first score</i>	<i>last score</i>	<i>p &lt;</i>	<i>first score</i>	<i>last score</i>	<i>p &lt;</i>
<i>Caretaker Influence</i>	.97	.83	NS	.79	.48	.001
<i>Child Influence</i>	1.86	1.35	NS	1.74	.95	.001
<i>Family Influence</i>	1.63	1.32	NS	1.22	.79	.01
<i>Intervention Influence</i>	1.15	1.47	.05	1.04	1.10	NS
<i>Overall Scale Score</i>	1.24	1.16	.NS	1.13	.77	.001

Next we computed the amount of change between first and last scale scores for those who participated in the program 6 months or less and compared that to the amount of change between first and last scale scores for those who participated more than six months. None of the differences between these two groups were found to be statistically significant.

	Change Between First And Last Scale Scores		
	<i>6 months or less (N=13)</i>	<i>More than 6 months (N=33)</i>	<i>p &lt;</i>
<i>Caretaker Influence</i>	-.14	-.31	NS
<i>Child Influence</i>	-.51	-.79	NS
<i>Family Influence</i>	-.30	-.43	NS
<i>Intervention Influence</i>	.32	.06	NS
<i>Overall Scale Score</i>	-.08	-.36	NS

The five Trude Weishaupt Clinic families whose cases had closed and whose program participation was shorter than six months showed non-significant increases between initial and final assessments in scale scores in three of the four assessment areas and overall. Lower scale scores were observed in Child Influence scale scores. Among Trude Weishaupt Clinic families whose duration of program participation was more than six months, scale scores were significantly lower when last assessed in every area, indicating less risk at discharge than at intake.

### Closed Trude Weishaupt Clinic Families (N=36)

Time in Program:	6 months or less (N=5)			More than 6 months (N=31)		
	<i>first score</i>	<i>last score</i>	<i>p &lt;</i>	<i>first score</i>	<i>last score</i>	<i>p &lt;</i>
<i>Caretaker Influence</i>	.35	.39	NS	.71	.35	.001
<i>Child Influence</i>	1.31	1.17	NS	1.16	.58	.001
<i>Family Influence</i>	.69	.80	NS	1.05	.60	.001
<i>Intervention Influence</i>	.61	.84	NS	1.09	.74	.01
<i>Overall Scale Score</i>	.68	.73	NS	.95	.52	.001

# IMPROVEMENTS AT DISCHARGE

## IPP Participants

Twenty-nine IPP families were discharged between January 1 and December 31, 2005. Overall, 71% of their presenting problems had been improved by discharge. Ten of these families improved 100% of their problems and stayed in the program an average of 11.4 months. In contrast, it was found that the remaining families experienced improvement in an average of 60% of their presenting problems and stayed in the program for an average of 12.2 months.

Presenting Problem	Number of Problems	Number Improved
<b>CHILD:</b>		
Symptoms related to sexual abuse of child	0	0
Symptoms related to physical abuse of child	0	0
Symptoms related to neglect of child	5	5
Truancy	1	1
Substance abuse	0	0
Behavior conduct disorder	10	8
Academic problems	4	2
Problems with peers	7	6
Sexual acting out	0	0
Antisocial behavior	2	2
Criminal activity	0	0
Attachment problems	10	8
Separation problems	11	11
Mood disorder	2	1
Thought disorder	3	2
Medical problems	2	0
Developmental problems	14	5
Bereavement issues	1	1
<i>TOTAL PROBLEMS:</i>	72	52
<i>AVERAGE PROBLEMS PER FAMILY:</i>	2.48	1.79
<i>PERCENT IMPROVED:</i>		72%
<b>PARENT:</b>		
Criminal activity	3	2
Vocational problems	14	10
Parenting problems	23	17
Mood disorder	11	8
Thought disorder	1	1
Substance abuse	3	3
Medical problems which impair parenting	3	2
Bereavement issues	1	1
<i>TOTAL PROBLEMS:</i>	59	44
<i>AVERAGE PROBLEMS PER FAMILY:</i>	2.03	1.52
<i>PERCENT IMPROVED:</i>		75%
<b>FAMILY:</b>		
Parent/child conflict	10	7
Domestic violence (spouse abuse)	9	8
Marital problems	15	10
Problems related to separation/divorce	10	6
Homelessness/shelter	0	0
Financial problems	24	13
Acculturation	8	8
<i>TOTAL PROBLEMS:</i>	76	52
<i>AVERAGE PROBLEMS PER FAMILY:</i>	2.62	1.79
<i>PERCENT IMPROVED:</i>		68%
<b>OVERALL:</b>		
<i>TOTAL PROBLEMS:</i>	207	148
<i>AVERAGE PROBLEMS PER FAMILY:</i>	7.14	5.10
<i>PERCENT OF PROBLEMS IMPROVED:</i>		71%

# IMPROVEMENTS AT DISCHARGE

## Other Sonia Strumpf Clinic Families

Eighteen families not participating in the IPP concluded their association with Sonia Strumpf Clinic during this reporting period. Sixteen of these families made improvements in at least some areas after having stayed in the program an average of 15.3 months. In contrast, the two families who experienced no improvement stayed in the program for an average of 25.2 months.

Presenting Problem	Number of Problems	Number Improved
<b>CHILD:</b>		
Symptoms related to sexual abuse of child	0	0
Symptoms related to physical abuse of child	1	1
Symptoms related to neglect of child	2	1
Truancy	0	0
Substance abuse	0	0
Behavior conduct disorder	12	5
Academic problems	3	2
Problems with peers	4	4
Sexual acting out	0	0
Antisocial behavior	2	1
Criminal activity	0	0
Attachment problems	6	5
Separation problems	5	5
Mood disorder	5	3
Thought disorder	1	1
Medical problems	4	4
Developmental problems	6	4
Bereavement issues	1	1
<i>TOTAL PROBLEMS:</i>	52	37
<i>AVERAGE PROBLEMS PER FAMILY:</i>	2.89	2.06
<i>PERCENT IMPROVED:</i>		71%
<b>PARENT:</b>		
Criminal activity	0	0
Vocational problems	5	2
Parenting problems	15	4
Mood disorder	6	0
Thought disorder	1	0
Substance abuse	1	1
Medical problems affecting parenting	1	0
Bereavement	1	1
<i>TOTAL PROBLEMS:</i>	30	8
<i>AVERAGE PROBLEMS PER FAMILY:</i>	1.67	.44
<i>PERCENT IMPROVED:</i>		27%
<b>FAMILY:</b>		
Parent/child conflict	9	5
Domestic violence (spouse abuse)	5	5
Marital problems	4	2
Problems related to separation/divorce	7	4
Homelessness/shelter	1	0
Financial problems	10	4
Acculturation	5	4
<i>TOTAL PROBLEMS:</i>	41	24
<i>AVERAGE PROBLEMS PER FAMILY:</i>	2.28	1.33
<i>PERCENT IMPROVED:</i>		59%
<b>OVERALL:</b>		
<i>TOTAL PROBLEMS:</i>	123	69
<i>AVERAGE PROBLEMS PER FAMILY:</i>	6.83	3.83
<i>PERCENT OF PROBLEMS IMPROVED:</i>		56%



# SUMMARY OF IMPROVEMENTS AT DISCHARGE

## All Sonia Strumpf Clinic Families

The tables below summarize the outcomes presented on the preceding pages. There is no clear correlation between the length of program participation and the percentage of improvement achieved regarding presenting problems. Those who stayed between seven and 12 months improved the most. Those leaving the program after 13 months or longer did not attain as much improvement, perhaps because they comprised clients with the most intractable types of problems.

<b>Percent of Presenting Problems Improved</b>			
<b>Months in Program</b>	<b>IPP Families (N=29)</b>	<b>Other Sonia Strumpf (N=18)</b>	<b>Total (N=47)</b>
1-6	65.9% (N=8)	51.6% (N=6)	59.8% (N=14)
7-12	89.3% (N=10)	81.3% (N=2)	87.9% (N=12)
13+	65.4% (N=11)	47.3% (N=10)	56.8% (N=21)

Overall, 66% of presenting problems had been improved during this reporting period. Comparisons between IPP and other Sonia Strumpf families are presented below.

<b>Presenting Problems</b>	<b>IPP Families (N=29)</b>	<b>Other Sonia Strumpf (N=18)</b>	<b>Total (N=47)</b>
<b>CHILD:</b>			
Average per Family	2.48	2.89	2.64
Percent Improved	72%	71%	69%
<b>PARENT:</b>			
Average per Family	2.03	1.67	1.89
Percent Improved	75%	27%	60%
<b>FAMILY:</b>			
Average per Family	2.62	2.28	2.49
Percent Improved	68%	59%	60%
<b>OVERALL:</b>			
Average per Family	7.14	6.83	7.02
Percent Improved	71%	56%	66%

# IMPROVEMENTS AT DISCHARGE

## Trude Weishaupt Clinic Families

Outcomes regarding the improvement of presenting problems are presented below for the 39 Trude Weishaupt families discharged during this reporting period. Overall, 61% of these families' presenting problems had been improved by the time they left.

Presenting Problem		Number of Problems	Number Improved
<b>CHILD:</b>	Symptoms related to sexual abuse	3	1
	Symptoms related to physical abuse	13	4
	Symptoms related to neglect	14	10
	Truancy	12	9
	Substance abuse	3	1
	Behavior/conduct disorder	20	13
	Academic problems	21	9
	Problems with peers	9	6
	Sexual acting out	5	4
	Antisocial Behavior	2	1
	Criminal activity	0	0
	Attachment problems	5	3
	Separation problems	15	10
	Mood disorder	5	2
	Thought disorder	2	0
	Medical problems	1	1
	Developmental problems	4	3
Bereavement issues	2	2	
<i>TOTAL PROBLEMS:</i>		136	79
<i>AVERAGE PROBLEMS PER FAMILY:</i>		3.49	2.03
<i>PERCENT IMPROVED:</i>			58%
<b>PARENT:</b>	Criminal activity	0	0
	Vocational problems	2	1
	Parenting problems	38	22
	Mood disorder	8	3
	Thought disorder	1	0
	Substance Abuse	2	0
	Medical problems which impair parenting	3	3
	Bereavement	2	2
<i>TOTAL PROBLEMS:</i>		56	31
<i>AVERAGE PROBLEMS PER FAMILY:</i>		1.44	.79
<i>PERCENT IMPROVED:</i>			55%
<b>FAMILY:</b>	Parent/child conflict	27	18
	Domestic violence (spouse abuse)	7	6
	Marital problems	14	11
	Problems related to separation/divorce	18	11
	Homelessness/shelter	0	0
	Financial problems	8	5
	Acculturation	10	8
<i>TOTAL PROBLEMS:</i>		84	59
<i>AVERAGE PROBLEMS PER FAMILY:</i>		2.15	1.51
<i>PERCENT IMPROVED:</i>			70%
<b>OVERALL:</b>	<i>TOTAL PROBLEMS:</i>	276	169
	<i>AVERAGE PROBLEMS PER FAMILY:</i>	7.08	4.33
	<i>PERCENT OF PROBLEMS IMPROVED:</i>		61%

# SUMMARY OF IMPROVEMENTS AT DISCHARGE

## Trude Weishaupt Clinic Families

The tables below summarize the outcomes presented on the preceding page. Those families with seven to 12 months of participation made the most improvement.

Months in Program	Percent of Presenting Problems Improved
1-6	61.4% (N=8)
7-12	66.2% (N=12)
13+	63.1% (N=19)

Overall, 61% of Trude Weishaupt Families' presenting problems had been improved during this reporting period.

Presenting Problems	Trude Weishaupt Families (N=39)
<b>CHILD:</b>	
Average per Family	3.49
Percent Improved	58%
<b>PARENT:</b>	
Average per Family	1.44
Percent Improved	55%
<b>FAMILY:</b>	
Average per Family	2.15
Percent Improved	70%
<b>OVERALL:</b>	
Average per Family	7.08
Percent Improved	61%

# Improvements at Discharge by Selected Characteristics IPP Participants

In addition to describing overall improvements, we assessed the extent to which improvement of presenting problems varied by selected characteristics. The table below summarizes the findings. We found that the percentage of Child Presenting Problems improved was significantly higher among IPP families who consisted of dual parents, who were referred by ACS, or who had substance abuse issues.

(n=29) <sup>1</sup>	CHILD			PARENT			FAMILY			TOTAL		
	Average N Problems	Percent Improved	P <	Average N Problems	Percent Improved	P <	Average N Problems	Percent Improved	P <	Average N Problems	Percent Improved	P <
Length of time in program												
Less than 6 months (n=6)	2.67	80%		1.33	92%		2.33	45%		6.33	66%	
6 months or more (n=23)	2.43	70%		2.22	78%		2.70	67%		7.35	76%	
# of presenting problems												
Five or more (n=22)	3.18	74%		2.23	76%		2.81	59%		8.23	72%	
Four or fewer (n=7)	.29	50%		1.43	93%		2.00	71%		3.71	80%	
Client receives entitlements												
Yes (n=13)	2.08	52%		2.38	78%		2.62	65%		7.08	72%	
No (n=16)	2.81	84%		1.75	82%		2.63	60%		7.19	75%	
Family Structure			.05									
Single parent (n=15)	2.53	51%		2.23	75%		2.60	57%		7.40	70%	
Dual parent (n=14)	2.43	87%		1.79	85%		2.64	68%		6.86	78%	
Family referred by ACS			.01									
Yes (n=5)	1.80	100%		3.00	78%		3.20	51%		8.00	76%	
No (n=24)	2.63	68%		1.83	80%		2.50	64%		6.96	73%	
Client has substance abuse issues			.01									
Yes (n=3)	1.67	100%		3.33	93%		2.67	56%		7.67	87%	
No (n=26)	2.58	68%		1.88	78%		2.62	63%		7.08	72%	
Client is a recent immigrant												
Yes (n=7)	3.29	76%		2.57	90%		3.00	73%		8.86	80%	
No (n=22)	2.23	70%		1.86	76%		2.50	59%		6.59	72%	

<sup>1</sup> The smaller the number of people in each group being compared, the less likely it is to conclude that any difference between those groups is statistically significant. Consequently, despite the fact that the differences in the percentage of problems that had been improved may appear large, the fact that most of these comparisons involved a group consisting of only two or three clients, makes attaining statistical significance unlikely.

# Improvements at Discharge by Selected Characteristics Other Sonia Strumpf and Trude Weishaupt Participants

Families who were referred by ACS were found to have improved on a significantly higher percentage of Parent Presenting Problems.

(n=57)	CHILD			PARENT			FAMILY			TOTAL		
	Average N Problems	Percent Improved	P <	Average N Problems	Percent Improved	P <	Average N Problems	Percent Improved	P <	Average N Problems	Percent Improved	P <
Length of time in program												
Less than 6 months (n=11)	3.73	64%		1.55	36%		2.82	55%		8.09	53%	
6 months or more (n=46)	3.20	61%		1.50	53%		2.04	67%		6.74	62%	
Number of presenting problems												
Five or more (n=44)	3.93	66%		1.64	47%		2.48	68%		8.05	63%	
Four or fewer (n=13)	1.15	40%		1.08	58%		1.23	53%		3.46	50%	
Client receives entitlements												
Yes (n=20)	3.95	58%		1.80	40%		1.90	54%		7.65	54%	
No (n=37)	2.95	63%		1.35	55%		2.35	70%		6.65	64%	
Family Structure												
Single parent (n=33)	3.36	59%		1.61	48%		2.33	63%		7.30	58%	
Dual parent (n=23)	3.22	62%		1.39	50%		2.00	65%		6.61	61%	
Family referred by ACS						.01						
Yes (n=38)	3.29	62%		1.47	63%		2.08	67%		6.84	65%	
No (n=19)	3.32	60%		1.58	21%		2.42	59%		7.32	51%	
Client has substance abuse issues												
Yes (n=6)	5.67	39%		2.33	25%		2.67	46%		10.67	39%	
No (n=51)	3.02	64%		1.41	53%		2.14	67%		6.57	63%	
Client is a recent immigrant												
Yes (n=7)	3.71	61%		1.14	36%		2.14	82%		7.00	65%	
No (n=50)	3.24	61%		1.56	52%		2.20	62%		7.00	59%	

## THE YEAR AT A GLANCE

- ◆ Twenty different types of services were given to 571 people from 209 families.
- ◆ Casework counseling was given a total of 4,029 times.
- ◆ The majority (81%) of Sonia Strumpf and 79% of Trude Weishaupt Clinics' terminated cases were a result of treatment goals being met or partially achieved.
- ◆ Analyses of risk assessment data for IPP Sonia Strumpf families whose cases were still open at the end of this reporting period reveal significant improvement of Child Influence and overall scale scores. IPP, other Sonia Strumpf clinic families, and both groups combined whose cases were closed were found to have significantly lower scale scores in the areas of Child Influence and overall, reflecting lower risk at discharge than at intake. Among IPP families and the total group of Sonia Strumpf families whose cases were closed by the end of this reporting period, significantly lower scale scores were seen in Caretaker Influence and Family Influence scale scores, reflecting lower risk at discharge than at intake.
- ◆ Open cases at Trude Weishaupt had significantly lower scale scores in Child Influence and overall scale scores when last assessed than when first assessed. Closed cases at Trude Weishaupt were found to have significantly lower scale scores when last assessed in every area.
- ◆ Risk Assessment comparisons by time in program revealed a statistically significant increase between first and last assessments in Intervention Influence for families who participated in the programs at the Sonia Strumpf Clinic for six months or less. Those participating for more than six months were found to have significantly lower scale scores in every area except Intervention Influence when last assessed.

- ◆ At the Trude Weishaupt Clinic, families who remained in the program for more than six months had significantly lower scale scores in every area at case closing than at intake, again reflecting less risk at discharge than an intake.
- ◆ Among Sonia Strumpf Clinic families, overall, 66% of presenting problems were improved. Sixty-one percent of Trude Weishaupt families' presenting problems had also been improved.
- ◆ Families who improved the most on their presenting problems participated in the program for seven to 12 months compared to those who stayed for six months or less or for 13 months or longer.
- ◆ Among IPP participants, the percentage of Child Presenting Problems improved was significantly higher among dual-parent households, those referred by ACS, or those with substance abuse issues.
- ◆ Among Other Sonia Strumpf and Trude Weishaupt Clinic families, those who were referred by ACS were found to have improved on a significantly higher percentage of Parent Presenting Problems.