Computer Use in Social Services Network Winter 84/85

Networking: The Linking of People, Resources and Ideas

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About the Network

Computer Use in Social Services (CUSSN) Intwork is a nonprofit association of professionals interested in exchanging information and experiences on

- Using computers in the social services. Members participation in the Network by:
 Sending materials for the CUSSN Newsletter, such as: (1) member needs, interests, hardwaret of tware use, activities, etc.; (2) information on resources; and (3) longer or ortis/articles on inferences, surveys, vendor products, ideas, experience, computer applications, and event. Those lighting longer pieces to be anonymously reviewed by CUSSN advisory board members, should so indicate.
- · Participating in the skills bank, software clearinghouse and SIGs.
- Distributing Newletters to friends and at workshops and conferences. If you're
 attending a conference where participants may be interested in the CUSSN,
 let me know and I will send news effers to Estribute or place on a resource
 table.
- Referring vendors. If you think a vendor/consultant could benefit by exposure to CUSSN members, tell them, so they can advertise their services and products in the CUSSN Newsletter.
- Holding local CUSSN meetings. Local meetings in Dallas/Ft. Worth, Chicago and Baltimore have been successful. For those in a foreign country, Floyd Bolitho's (below) work in Australia offers a model to follow.

The CUSSN Newsletter is published approximately 4 times a year and is sent free to all network members. Institutional and library subscriptions are available for \$15 a year. For overseas air mail, add an additional \$5 for postage. All prices are in U.S. dollars. Back issues of the newsletter are available for \$2.50 each. Volume 1 has 2 issues;

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The CUSS Skills Bank allows members to locate or share specific knowledge, skills and experiences. At present the skills bank permits searches by state or geographic area, by information systems experience and by application, all for the total cost of providing information about yourself. Suggestions on applications and expansion of the skills inventory are solicited. For more information contact Gunther R. Geiss, Adelphi U., School of Social Work, Garden City, NY 11530, (516) 288-7915

The CUSSN Software Clearinghouse offers a computerized inventory of commercial and public domain available human service software, a software review file, and a software exchange. For more information, write Walter LaMendola, Professor, School of Social Work, U. of Denver, Denver, CO 80208

Special Interest Group (SIGs) are subgroups of network members where significant networking is occuring on a special topic. *Educators S/G*, write Wallace Gingerich, School of Social Welfare, U of Wisconsin-Milwaukee, Milwaukee, WI 53201. *Hospital Social Services S/G*, write Mike King, Director, Social Work Services, The Staten Island Hospital, 475 Seaview Avenue, Staten Island, NY 10305

Network Dues: See back cover.

CUSSN Newsletter Editors: Dick Schoech, and Lynn Harold Vogei (see below).

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Notes from the Editors

The CUSS Network is pleased to announce the addition of a Special Interest Group in Hospital Social Services Computing coordinated by Mike King, D.S.W., Dept of Social Work Services, Staten Island Hospital, 475 Seaview Ave., NY, NY 10305, (718) 390-9198. There have been numerous requests for information on hospital social service hardware and software and Mike has agreed to pull this information together and provide it to those interested. Anyone interested in hospital social service computing, should contact Mike.

The new year brings a few new members to the CUSS Network board. Appreciations go to those who have served in the past, and we look forward to the input from the new members.

By now you have received the survey on your perceptions of an Electronic CUSS Network. If you have not already done so, please fill it out and send it in. Your help will guide the board in its decisions on how to approach moving into an electronic network.

> Dick Schoech & Lynn Harold Vogel, Editors January 1985

Services Available

Vendor/Consultant	Contact Person	Services
California		
Applied Humanomics 1421 Chapala Santa Barbara, CA 93101	Mike Herron (805) 965-0555	A computer telecommunication system, called neXus, which can be custom designed for networking nonprofits, human service organizations, and individuals; fund accounting soft- ware developed especially for nonprofits for use on micros; other software for nonprofits.
Illinois		
E&P Associates, Inc. 664 N. Michigan Ave. Chicago, IL 60611	Lynn Harold Vogel, Ph.D. (312) 962-1429 or 984-1815	Specialists in the provision of consulting and data processing services to the human services, health care, and insurance in- dustries; Staff has average of over 14 years experience in assisting Fortune 500 & small organizations in addressing computer related & other managerial needs.
OUTPST, Inc. 119 Wilson Park Forest, IL 60466	F. Dean Luse, Ph.D., ACSW President, (312) 748-3854	Consultation: Training, Forms design & management, Ac- countability, Information & Decision Systems; Simulations for Human Service Training.
SPSS, Inc. 444 North Michigan Ave. Chicago, Illinois 60611	John Gayton, Marketing, (312) 329-3500	SPSS, Inc. provides software for human services survey and data analysis, tabulation and report-writing for mainframes, IBM PC, DEC Pro 350.

Synergistic Office Systems (SOS) 510 N. Lake St. Mundelein, IL 60060	Joseph Zefran, MSW, (312) 738-8545; David Kropp, ACSE, (312) 949-0100	Full-service vendor to human service agencies; consultation, systems analysis, training, hardware, software, and services.
Iowa		
Human Services Computer Systems 14 S. Dubuque Iowa City, Iowa 52240	Lucy Luxenburg, MSW Human Services Consultant (319) 354-7327/351-3956	Consultation for Human Service and other nonprofit organiza- tions; software customized to meet individual needs.
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KBL Group, Inc. 'Knowledge Based Living' 808 Pershing Drive #100 Silver Springs, MD 20910	Karen Levitan, Ph.D., President, (301) 588-4633	Services to help you use information, technology, and systems as professional resources. We work for you; we work with you; we help you do it yourself.
New York		
Gunther R. Geiss, Ph.D. 8 Meadowlard Ln. Huntington, NY 11743	(516) 692-5414 or 489-2000	Consultation and Training (from executive to operators) Emphasizing Microcomputer Systems for Human Service Providers.
King Associates 215 Shoreward Drive Great Neck, NY 11021	Michael A. King, D.S.W. (516) 487-5995	Microcomputer applications for social work and hospital dicharge planning—customizing available—IBM, Apple.
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RFM/Associates, Inc. One Bridge Plaza, Suite 400 Ft. Lee, NJ 07024	Rod Monger, PhD, (201) 592-5895	A consulting and training firm whose associates are aca- demics and experienced professionals. Services include pro- gramming, management development and training, systems design techinical writing, planning, security audits, and per- sonnel searches. Write for brochure with full description of services. No charge for initial consultation. Micro specialization.
Texas		
Dick Schoech, Ph.D. 1311 W. Lavender Ln. Arlington, TX 76013	(817) 265-0459	Consultation and training on information systems feasibility, design, implementation and evaluation. Access to varied technical expertise of University setting.
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Gibson-Hunt Associates Suite 700 1331 H St., NW Washington, DC 20005	Gail Gibson Hunt, President (202) 737-5008	Planning and implementation support to health and human services organizations in the areas of program and project management, program evaluation, delivery system design and the application of information systems and computer technology.
Australia		
Human Services Information Systems 6 Chapman Blvd Glen Waverly Victoria 3150	Floyd Bolitho, Ph.D., (03) 687-6790, (03) 459-1806	Consultation for Human Services, feasibility studies, training, systems design and implementation. Software Development and hardware vendor.
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Advertisers must furnish a copy ready ad. If the ad will be run for four issues, a 25% reduction in cost is granted.

Mailing Labels:

Mailing labels are available at the cost of 5 cents per label.

Articles, Reviews and Reports

Enhanced Case Planning and Assessment System by Lynn Harold Vogel, Assistant Professor, U. of Chicago, School of

Social Service Administration, 969 E. 60th St., Chicago, IL 60637. The Illinois Department of Children and Family Services (IDCFS) in cooperation with the National Opinion Research Center (NORC) and the School of Social Service Administration (SSA), with support from the Edna McConnell Clark Foundation, is developing an Enhanced Case Planning and Assessment System (ECAPS) using computer technology in a variety of new ways. In most public (and many private) child welfare agencies, professional staff perform case assessments based largely on intuitive understandings of client behavior. Diagnostic tools are often limited to sets of questions designed to establish whether the client is

appropriate for the agency's particular service offerings. The worker's base of information on which to make an assessment—and hence make a decision what to do—is thus quite limited. Computer-based information systems in child welfare have historically focused on "client-tracking" and management control—keeping a record of where clients are in the system, and ensuring that workers perform a series of expected activities (e.g., case reviews) at specified time intervals. But workers have generally felt very little investment in such systems—they are more often viewed as *management* tools rather

than as support systems for the professional service delivery staff. In addition, current computer-based systems focus on collecting and reporting largely *historical* data.

ECAPS is being designed primarily for the professional services worker—to support the decision making process on the "front lines" of child welfare. It is being designed to provide historical data in a form that can assist workers to monitor case progress and to make predictions about the likelihood of service outcomes that are a major concern to child welfare agencies—foster placement "turnovers", client recidivism, and extended lengths of stay in placements outside the natural home. In addition, ECAPS will support the ongoing decisionmaking processes of the professional service staff by demonstrating the feasibility of automating the documents currently used in Client Services Planning.

The development of ECAPS has involved several specific phases: 1) The creation of a single, extracted longitudinal data base from existing IDCFS data bases, which includes client information on all clients ever having been in IDCFS' care since 1976.

2) Since the original IDCFS data bases were written (and are currently structured) in COBOL, the data base must be converted into a file format readable by non-COBOL programs. This is accomplished through SIR (Scientific Information Retrieval) software.

 Geographically relevant segments of this data base are then downloaded to microcomputers located in local field offices using KER-MIT communications software.

4) At the local office level, the professional services staff are being trained to use IBM PC/XT microcomputers to access this data base using programs written in dBASE II, and to use SPS/PC and Lotus 1-2-3 for analytic support. The data bases are expected to be updated on a monthly basis, so the caseworkers will have data on all cases who have ever been assigned to their field offices, current as of the previous month.

A series of predictive models of important relationships is being developed using life-table methods of analysis to assist the caseworkers in understanding how to use the data base. For example, the longevity of substitute care for different children entering placement can be predicted using variables such as age of child at placement, race, sex, and reason for case opening. Using the prediction as a baseline, caseworkers will be able to make decisions regarding a current case in the context of the experience of similar cases which have been seen by the Department since 1976. In addition, workers can examine the historical experience of any current case in their caseload in regard to length of stay in various types of care since the initial case opening. Special alerts have been built into the system to signal placement turnovers (3 in any 3 month period, or 5 in any single year), recidivism and runaways.

dBASE II is also being used to demonstrate the feasibility of automating the documents used in the case review process. The IDCFS production computer support system has been designed primarily for the monitoring of client/agency contacts in relation to specific legal mandates, and therefore does not capture much of the case-level data which workers find important in the case planning and placement decisionmaking processes. ECAPS is being designed to support these important decision making processes by providing online access to data previously buried in case record files.

Finally, the ECAPS project is beginning to explore the feasibility of developing an automated child and family assessment instrument, using models from rule-based expert systems as a guide. Preliminary work has been started in this area using LISP, an artificial intelligence programming language.

The ECAPS project is being directed by Dr. Mark Testa, Assistant Professor at SSA and Co-Director of the Children's Policy Research Project at NORC. He is being assisted by Dr. Eddie Lawler, Dr. John Schuerman, and Dr. Lynn Harold Vogel, all of whom are on the faculty at SSA, with appointments as Research Associates at the Social Policy Research Center at NORC. The ECAPS project is located at the National Opinion Research Center, 6030 South Ellis, Chicago, Illinois 60637.

The Case Decision Project of the TX Department of Human Resources—Beginning Report, by David Sheets,

TX Department of Human Resources, POB 2960, Austin, TX 78769.

Background

In Texas the need for services to families and children exceeds the Department of Human Resources' ability to provide them in a timely manner. The causes of this situation include population growth, migration into the state from Mexico and other states, the high level of unemployment in Texas, and a reduction in state revenues. In 1983, the reported incidence of child abuse or neglect in Texas increased by almost 9 percent over 1982. This increasing demand for benefits and services comes at a time when the resources available for child protective services are shrinking.

Shrinking resources and increased caseloads limit the time available for workers to give to each case, and it is more difficult to make decisions efficiently, accurately, and consistently. As a result, there is a possibility that inappropriate services will be offered to families, the possibility of inappropriate foster care placements increases, and a child may have to wait longer for a decision about the need for placement in an adoptive home.

The Case Decision Project will develop, pilot test and evaluate a method to combine microcomputer tools and practice expertise to help CPS field workers improve their ability to make sound judgments about case management decisions. The method will demonstrate automated data collection for investigation and assessment which will provide a foundation for case planning.

Data collection elements for investigation and assessment will be specified and standarized to ensure that core data are available on every case. Simple prompting sequences will be designed to collect data and assist the worker in making eligibility determinations and in identifying service needs. Software will be developed to organize and present data in specific configurations that address possible actions to be taken. This process will result in a core body of data consistent across cases that will facilitate case planning by ensuring that basic case data are available for decision-making in each case. The process will document the information a worker actually uses to make case decisions.

Streamlining the service delivery system with the aid of computer technology will support workers who make difficult decisions every day and will ensure that all workers and supervisors are reviewing the same variables on all cases. The soundness of case management decisions by all staff members is likely to increase. This system should also result in more systematic organization of case information, more thorough preparation for court appearances, and better decisions about removal or replacement of children.

The major product of the project will be an automated investigation and assessment format. The format will assist in the assessment of family unit's immediate social environment with special emphasis on the family support system.

Goal

The goal of the Case Decision (CD) Project is to develop a method to provide efficient and effective program management in child protective services at the Texas Department of Human Resources (DHR). The target population for the project consists of children, youth, and families—specifically, abused and neglected children and their families.

Objectives

- Three objectives have been established to meet the project's goal:
- provide methods to improve the consistency and accuracy of decisions determining the existence of abuse or neglect and eligibility for child protective services;

- provide methods to improve the assessment of need for continued services to remedy problems contributing to child abuse or neglect;
- provide methods to improve the identification of the most effective ways to deliver needed services.

Major Activities and Accomplishments

Major activities and accomplishments for this reporting period are summarized below by tasks included in the project work plan.

Task

- 1.0 Hire staff. The project director was hired and personnel procedures were initiated to establish the programmer's position.
- 2.0 Standardize data collection elements for investigation, assessment, and case planning. A first draft of the investigations worksheet was developed and sent to members of an eleven member workgroup. The work group represented service delivery staff from the various DHR regions. The initial meeting was held in Austin, December 10-12 to discuss the draft worksheet and make recommendations for improvements. Revisions were tested against exemplary investigations provided by the group. Further improvements to the worksheet will be made at two meetings planned for January 22-24 and February 26-28.

Decision Support System for Child Placement, by

Michael Bruce, Director, Continuum of Care Study, TX Department of Human Resources, POB 2960, Austin, TX 78769 and James Schwab, U. of Texas at Austin, Graduate School of Social Work, Austin, TX.

The Continuum of Care Study is an inter-agency effort designed to promote the coordination of public and private programs which provide residential care for children who do not live in their own homes with their parents or relatives. The **goal** of this study is to develop decision support systems which assist efforts to plan, organize, operate, and evaluate a continuum of care for these children. A **continuum of care** can be said to exist when, for each child in care, an appropriate placement exists and when funding policies and placement practice result in a child's experiencing a series of increasingly less restrictive placements ending in a permanent home for each child.

The public agencies involved in the study include the Texas Department of Human Resources (TDHR), Mental Health and Mental Retardation (TDMHMR), the Texas Youth Commission (TYC), the Texcas Education Agency (TEA), and the Texas Juvenile Probation Commission (TJPC). Private agencies participating in the study represent the spectrum of private residential programs from least to most restrictive settings.

Methodology

The first phase of the study was completed in July of 1983 through the construction of computer-based mathematical models of the existing system of residential programs for children in Texas. The sixtytwo residential programs now represented in these models are the programs most often used by public agencies as resources for the children whose placements they fund.

The Data Base

The types of programs included in the models range from foster and adoptive families through group homes, half-way houses, basic child care programs, residential treatment centers, psychiatric hospitals, and state training schools (reformatories). The records on the last fifty children admitted to each facility constitute the sample used to represent the types of children each serves, with each child being described by the information known to the staff at a facility at the time of their decision to admit him or her.

The Computer Models

Statistical techniques then are used to model the admissions decision process, by relating the information known to the members of the admissions committee at each facility to the decisions they made—to admit the sample of children studied. The resulting computer models, thus, can predict the probability of any new child's admission to each facility in the models, based upon each facility's pattern of previous admissions decisions. The statistical procedures fundamental to the development of the computer models rely upon discriminant analyses. These procedures have been reviewed by the editorial board of the international journal **Children and Youth Services Review** and accepted for publication therein.

Objectives

Accomplishment of the three objectives of the Continuum of Care Study became possible once the data describing the types of children admitted to different programs was assembled and the computer models, created with that data base, were developed.

Objective #1: To profile the types of children admitted to each residential program in the data base.

Before participating in this study, each facility is asked to agree that data describing the types of children they admit can be shared with other participants; and, to date, all programs approached have agreed to this condition. These agreements make possible the achievement of the first objective through a computer program (software) called PRO-FILE. PROFILE describes the sample of children admitted to each program in the models. It is used, predominantly, to produce reports, for participants in the study which identify key differences among the types of children admitted to different residential programs.

Objective #2: To match an individual child with residential programs to make this decision support system (DSS) available to caseworkers responsible for making child placements.

The software which contains this DDS for caseworkers is called MATCH. The placement recommendations produced by MATCH are calculated by four models. Two of these models predict the probability of a child's admission to each of the sixty-two residential programs now constituting the data base. The other two models predict the degree to which a child in question resembles other children, previously placed in those programs, who were judged by treatment directors to have benefited from their placement experiences.

Objective #3: The final objective of the Continuum of Care Study is to model the consequences of proposed changes to the existing system of residential programs for children.

The software being developed to accomplish this objective is called MODEL. In its current state of development, MODEL answers the question "WHAT IF..." Illustrative of this capability is an analysis done recently for the board and executives of the Texas Youth Commission. They asked, "What if the populations of youth now is state training schools were reduced by one-third; what are the chances that youth diverted from training schools would be admitted to other alternative programs; which programs are the most likely alternatives for these youth; and how many youth would be referred to each?"

Another example of a "WHAT IF..." analysis, this time from the perspective of TDHR, could be proposed hypothetically. TDHR might ask a question such as, "What if the in-home services projects developed in Iowa were replicated in Texas; what percent of children now in institutions or foster families could be maintained at home as a consequence and at what difference in costs?"

Yet to be developed is another feature of MODEL, sometimes called "reverse WHAT IF. . . " or "GOAL SEEKING." In this case, the question posed is: IF one seeks to achieve a stated goal, WHAT preceding steps must be taken to ensure its achievement. In the context of residential child care, the question might be phrased as follows: If the State of Texas seeks to maximize the chances that each child in its conservatorship (or care and custody) will be placed in a residential program from which he or she will be placed in each type of program need to exist; how many children would be placed in each type of program at any given time; and, what budget would be needed to execute this option?

Summary

Where PROFILE and MATCH describe the operation of the existing service system as it is, MODEL has the power to simulate how it could or should be. MODEL is a decision support system for agency administrators, executives, board members, and legislators. It gives them the ability to simulate alternative conception of the "ideal" service system, mathematically. The mathematical project screens for the system models reveal the probable consequences of actually adopting each alternative—in terms of shifts that would occur in the placements selected for actual clients and associated lengths of stay and costs.

The screens for the system follow.

1	The Continuum of Care Study: Matching Children and Programs Developed for the Texas Department of Human Resources Copyright 1983 by A. James Schwab, Jr. Please wait while the program is being called	5	Sex: I Ethnicity: I Date of: (1)Male (3)Minority I (5) Birth: 12 Mar 1969
2	Enter the number in brackets that indicates your terminal type: [1] ACT4 [2] ACT5 [3] MIME [4] HEATH [5] SOROC [6] OTHER 2 Do you wish to skip the instructions? Enter yes or no No	6	Family Descriptions: (25) — Family is poor (18) X-Parental rights terminated (26) — Parental criminal activity (19) — Other unstable relationships(27) — Parent on parole/in prison (20) — Father mentally ill (28) — Family conflict or violence (21) — Mother mentally ill (29) Nbr of older siblings (23) — Mother physically ill (30) Nbr of sibs placed out of home (24) — Parent substance abuser (32) Nbr of sibs to be placed together Directions: This screen is now complete. If you wish to make any changes, enter C and return. If the screen is correct, hit return.
3	This program will provide you with placement recommendations for a child whose characteristics you enter. You may choose recommendations based on one or more of four models of 55 placement alternatives in Texas. The program will guide you through the process of entering the information about a particular child. The directions for responding to any item will be shown below the double-dashed line at the bottom of the screen. For each entry you make, you must hit the key labelled "Return" located on the lower right-hand side of the keyboard. If for any reason you wish to stop at any time, enter Q for Quit followed by hitting the return key. After you have entered all the applicable case information, you will be asked to choose one of four models on which recommendations are based. After the computer displays the results for your first selection, you will be given a chance to make other selections for the same child. It return to continue]	7	Child Descriptors (Screen 1): (18) X-Child has medical problems (1) X-Neglect (19) —Passive aggressive (2) —Emotional abuse (20) —Aggressive or violent (3) —Physical abuse (21) —Aggressive with parents (4) —Sexual abuse (22) —Aggressive with parents (5) —Severe abuse or neglect (23) —Aggressive with parents (6) —Diagnosed as psychotic (24) —Aggressive with others (7) X-Disturbed/non-psychotic (25) —Conflict with siblings (8) —IQ below 70 (26) —Enuretic (9) —Easily influenced/led (27) —Encopretic (10) —Leader/influences others (28) —Inapprop toilet habits (11) —Manipulative, cons others (29) X-Anxious (12) —Passive (30) —Depressed (13) —Hyperactive (31) X-Poor self-esteem (14) X-Isolated, withdrawn (32) —Suicide attempts (15) —Seeks older friends (34) —Self-inflicted abuse (17) —Negative peer pressure (35) X-Runaway
4	The present form of this program is still under development and unan- ticipated problems may occur. Please report any problem encountered or any information which you think has been calculated incorrectly to Michael Bruce at the Austin Regional Office of the Department of Human Resources, Phone: (512) 835-2350. [Hit return to continue]	8	Directions: This screen is now complete. If you wish to make any changes, enter C and return. If the screen is correct, hit return.



Child Welfare Computer Prompted Intake System by

Linda Thompson. TX Department of Human Resources, POB 2960, Austin, TX 78769.

Goals:

Planning for the prompted intake system began in 1983. A test site was in full operation by October, 1984. The goals of the prompted intake system are as follows:

• To standardize procedures for collecting intake information in order to better the quality of the information base from which child welfare investigations can be made.

• To obtain more consistency in the types of information collected throughout the State of Texas.

To more efficiently use the time of intake staff.

• To reduce the cost of performing intake services by reducing the time it takes to transfer information from the intake point to the investigation worker.

 To allow for the possibility of using lower level staff to conduct intake, thus freeing more experienced staff for investigations and other activities.

Structure

1

The Prompted Intake sequence is programmed in modules. The modules are:

- 1. Initial Statement
- 2. Demographics
- 3. Nature of Abuse
- 4. Victim's Condition
- 5. Degree of Protection
- 6. Perpetrator's Behavior
- 7. Closing Questions

The sequence will return to the beginning of the initial statement unless all questions in that module are answered.

The demographics module requires at least a victim with sex, age and relationship entered. There are required items for every individ@al entered. If you have not entered one of the required items, the system will flash a message indicating which item needs to be entered. You will not be able to continue in the sequence until you enter the requested item, unless you activate the escape sequence.

The sequence will move through the last five modules even if the questions are not answered. However, after all the questions have been prompted, the sequence will return to the first module that has unanswered questions and progress through those modules with blank items until the items are answered. If the information to complete those modules is unavailable, activate the escape sequence.

Screen Definition

 The top portion of the terminal screen serves two purposes. The name list of individuals involved in the incident are recorded there and will be visible to you during the referral process.

The top portion of the screen is also the place to record narrative information. The name list will re-appear after the narrative is entered.

- The middle section of the screen contains instructions on which keys do what. If you forget how to move around, check that section. The FS stands for the Front Shift key in the operating instructions. Press the front shift key plus whatever key is indicated to perform the stated operation.
- The bottom portion of the screen contains the prompting questions, answer selections and demographic collection screen.

Note: The following screens are less refined that those currently produced by the system, but the changes are primarily cosmetic.

2.	(What is source of call?) 1. Medical Personnel 2. Law Enforcement	(Flag for questions on N) (Flag for questions on M)	
	3. Other	Go to A3	
1.	(What is the nature of abuse?) Physical Abuse Physical Needs Not Met Lack of Supervision Medical Neglect Educational Neglect	(Worker will indicate to Go to C2 and/or neglect being reported. Go to D1 Computer will flag so Go to E1 that appropratie questions can be Go to F1 asked.) Go to G1 Go to H1	type of abuse
ļ.	(What is the location of the incident?) — Home — Out-of-State — Other	Go to B1 Go to B1 Go to A5	
	(If other, then) ADDRESS:		
	Street		
	City.	State.	Zip Code

1		
	1. Name Last:	First:

		Demographics		
1. Name Last:	First:		. Mid: Role:	
Sex: Age:	Y M DOB:	ETH:	Mar. St:	RELSHP:
Street:				
City: S	St: Zip:	County:	Home Phone: ()
W/S Addr:			_ W/S Phone: ()	
(If Hispanic is entered for ETH	l, prompt with:)	(Set flag if REL	SHP is Day Care Personnel and	role is Perpetrator, so that
Does the family speak English	? Y/N			
2. Complainant:				
Name	Relshp	Sex	Source	
Address			Phone	
3. Collaterals:				
Name		Relsph	Sex	
Address			Phone	
	Natu	re of Abuse (by Victin	1)	
1. (Is the nature of abuse for [nat	me] correct?)			

Yes: (Go to first type of abuse flagged in A3) No: Go to A3 2. No:

2. Physical Abuse 1. What makes you think (name) is being physically abused?

2

3

- 1-Saw or heard incident 2-Saw injuries
- 3-Heard about from victim
- 4-Heard about from witness to incident
- 5-Heard about from others
- 6-Deduction Go to C3
- 3. When did you find out about it? ____
- Does (name) have any physical injuries that you know of?
 a) Yes: (Present injury screen) Go to C5
- 5. How did this happed? (Enter narrative) Go to C6
- 6. When did it happen? a) (If today entered):
 - 1. Is it happening right now? Y/N ____ Go to C7
- 7. How often has (name) been abused?
 - 1-Daily 2-More than once a week 3-Once a week
 - 4-More than once a month 5-Once a month or less 6-One time only

(Go to next victim or next type of abuse and/or neglect flagged in A3. If last victim and no other flags, Go to I)

Go to C4

14	that makes you think (asma) is haire aswelly shored	
M	nat makes you think (name) is being sexually abused?	
-	1-Saw or heard incident 2-Saw iniuries	
-	3-Heard about from victim	
_	4-Heard about from witness to incident	Go to B2 Go to B2
-	6-Deduction	Go to O2
V	/hen did you find out about it?	
M	/hat is the nature of sexual abuse of (name)?	
_	Verbal suggestion	
-	Exposure	
-	Pornographic pictures taken	(Enter as many as apply.)
_	Fondling	
-	Oral sex	
	Prostitution of victim	
	Insertion of objects in vaginal/anal area	
	Go to D4	
Н	ow did this happen& (Enter narrative)	
	Go to D5	
W a	/hen did it happen?	
4	In it happoning right neuro VINI	
1	Go to D6	
V	/as this the first time? Y/N	
	Go to D7	
	oes (name) has physical injuries from sexual abuse?	
D		
Da	Yes: (Present physical injury screen)	(Go to next victim or to next type of abuse and/or neglect, flagged in A3. If last victim and no other flags, Go to I.)
Da	Yes: (Present physical injury screen) Physical What is the condition of the home? (Ask only on first victim.) None reported Insect/rodent infestation	(Go to next victim or to next type of abuse and/or neglect, flagged in A3. If last victim and no other flags, Go to I.) Needs Not Met
Da	Yes: (Present physical injury screen) Physical What is the condition of the home? (Ask only on first victim.) None reported Insect/rodent infestation Garbage and filth Clutter	(Go to next victim or to next type of abuse and/or neglect, flagged in A3. If last victim and no other flags, Go to I.) Needs Not Met
	Yes: (Present physical injury screen) Physical What is the condition of the home? (Ask only on first victim.) None reported	(Go to next victim or to next type of abuse and/or neglect, flagged in A3. If last victim and no other flags, Go to I.) Needs Not Met
	Yes: (Present physical injury screen) Physical What is the condition of the home? (Ask only on first victim.) None reported Insect/rodent infestation Garbage and filth Clutter Animals which pose hazards Lack of utilities Unsafe heaters/fans Unsafe heaters/fans	(Go to next victim or to next type of abuse and/or neglect, flagged in A3. If last victim and no other flags, Go to I.) Needs Not Met
	Yes: (Present physical injury screen) Physical What is the condition of the home? (Ask only on first victim.) None reported Insect/rodent infestation Garbage and filth Clutter Animals which pose hazards Lack of utilities Unsafe heaters/fans Structural hazards	(Go to next victim or to next type of abuse and/or neglect, flagged in A3. If last victim and no other flags, Go to I.) Needs Not Met
	Yes: (Present physical injury screen) Physical What is the condition of the home? (Ask only on first victim.) None reported Insect/rodent infestation Garbage and filth Clutter Animals which pose hazards Lack of utilities Unsafe heaters/fans Structural hazards Other Go to E2	(Go to next victim or to next type of abuse and/or neglect, flagged in A3. If last victim and no other flags, Go to I.) Needs Not Met
	Yes: (Present physical injury screen) Physical What is the condition of the home? (Ask only on first victim.) None reported Insect/rodent infestation Garbage and filth Clutter Animals which pose hazards Lack of utilities Unsafe heaters/fans Structural hazards Other Go to E2 How are (child) physical needs not being met? (Narrative)	(Go to next victim or to next type of abuse and/or neglect, flagged in A3. If last victim and no other flags, Go to I.) Needs Not Met
	Yes: (Present physical injury screen) Physical What is the condition of the home? (Ask only on first victim.) None reported Insect/rodent infestation Garbage and filth Clutter Animals which pose hazards Lack of utilities Unsafe heaters/fans Structural hazards Other Go to E2 How are (child) physical needs not being met? (Narrative) Go to E3	(Go to next victim or to next type of abuse and/or neglect, flagged in A3. If last victim and no other flags, Go to I.) Needs Not Met
	Yes: (Present physical injury screen) Physical What is the condition of the home? (Ask only on first victim.)	(Go to next victim or to next type of abuse and/or neglect, flagged in A3. If last victim and no other flags, Go to I.) Needs Not Met
	Yes: (Present physical injury screen) Physical What is the condition of the home? (Ask only on first victim.) None reported Insect/rodent infestation Garbage and filth Clutter Animals which pose hazards Lack of utilities Unsafe heaters/fans Structural hazards Other Go to E2 How are (child) physical needs not being met? (Narrative) Go to E3 s (name) getting enought to eat? Y/N Go to E3	(Go to next victim or to next type of abuse and/or neglect, flagged in A3. If last victim and no other flags, Go to 1.) Needs Not Met
	Yes: (Present physical injury screen) Physical What is the condition of the home? (Ask only on first victim.) None reported Insect/rodent infestation Garbage and filth Clutter Animals which pose hazards Lack of utilities Unsafe heaters/fans Structural hazards Other Go to E2 How are (child) physical needs not being met? (Narrative) Go to E3 s (name) getting enought to eat? Y/N Go to E4 s (name) dressed appropriately for the weather? Y/N What is the physical appearance of (name)?	(Go to next victim or to next type of abuse and/or neglect, flagged in A3. If last victim and no other flags, Go to 1.) Needs Not Met
	Yes: (Present physical injury screen) Physical What is the condition of the home? (Ask only on first victim.) None reported Insect/rodent infestation Garbage and filth Clutter Animals which pose hazards Lack of utilities Unsafe heaters/fans Structural hazards Other Go to E2 How are (child) physical needs not being met? (Narrative) Go to E3 s (name) getting enought to eat? Y/N Go to E4 s (name) dressed appropriately for the weather? Y/N What is the physical appearance of (name)?	(Go to next victim or to next type of abuse and/or neglect, flagged in A3. If last victim and no other flags, Go to 1.) Needs Not Met
	Yes: (Present physical injury screen) Physical What is the condition of the home? (Ask only on first victim.) None reported Insect/rodent infestation Garbage and filth Clutter Animals which pose hazards Lack of utilities Unsafe heaters/fans Structural hazards Other Go to E2 How are (child) physical needs not being met? (Narrative) Go to E3 s (name) getting enought to eat? Y/N Go to E4 s (name) dressed appropriately for the weather? Y/N Yormal Underweight Pale, listless	(Go to next victim and no other flags, Go to I.) Needs Not Met
	Yes: (Present physical injury screen) Physical What is the condition of the home? (Ask only on first victim.) None reported Insect/rodent infestation Garbage and filth Clutter Animals which pose hazards Lack of utilities Unsafe heaters/fans Structural hazards Other Go to E2 How are (child) physical needs not being met? (Narrative) Go to E3 s (name) getting enought to eat? Y/N Go to E4 s (name) dressed appropriately for the weather? Y/N What is the physical appearance of (name)? Normal Underweight Pale, listless Dirty	(Go to next victim and no other flags, Go to 1.) Needs Not Met
	Yes: (Present physical injury screen) Physical What is the condition of the home? (Ask only on first victim.) None reported Insect/rodent infestation Garbage and filth Clutter Animals which pose hazards Lack of utilities Unsafe heaters/fans Structural hazards Other Go to E2 How are (child) physical needs not being met? (Narrative) Go to E3 s (name) getting enought to eat? Y/N Go to E4 s (name) dressed appropriately for the weather? Y/N Mormal Underweight Pale, listless Dirty Lice/scabies infested Impetigo/skin sores	(Go to next victim and no other flags, Go to 1.) Needs Not Met
	Yes: (Present physical injury screen) Physical What is the condition of the home? (Ask only on first victim.) None reported Insect/rodent infestation Garbage and filth Clutter Animals which pose hazards Lack of utilities Unsafe heaters/fans Structural hazards Other Go to E2 How are (child) physical needs not being met? (Narrative) Go to E3 s (name) getting enought to eat? Y/N Go to E4 s (name) dressed appropriately for the weather? Y/N Mat is the physical appearance of (name)? Normal Underweight Pale, listless Dirty Lice/scabies infested Impetigo/skin sores Severe diaper rash	(Go to next victim and no other flags, Go to 1.)
	Yes: (Present physical injury screen) Physical What is the condition of the home? (Ask only on first victim.) None reported Insect/rodent infestation Garbage and filth Clutter Animals which pose hazards Lack of utilities Unsafe heaters/fans Structural hazards Other Go to E2 How are (child) physical needs not being met? (Narrative) Go to E3 s (name) getting enought to eat? Y/N Go to E4 s (name) dressed appropriately for the weather? Y/N Mormal Underweight Pale, listless Dirty Lice/scabies infested Impetigo/skin sores Severe diaper rash Other	<form>(Co to next victim and no other flags, Go to 1.)</form>
	Yes: (Present physical injury screen) Physical What is the condition of the home? (Ask only on first victim.) None reported Insect/rodent infestation Garbage and filth Clutter Animals which pose hazards Lack of utilities Unsafe heaters/fans Structural hazards Other Go to E2 How are (child) physical needs not being met? (Narrative) Go to E3 s (name) getting enought to eat? Y/N Go to E4 s (name) dressed appropriately for the weather? Y/N Go to E5 What is the physical appearance of (name)? Normal Underweight Pale, listless Dirty Lice/scabies infested Impetigo/skin sores Severe diaper rash Other Possible failure to thrive	(Narrative description (Go to next victim in next type of abuse and/or neglect, flagged in A3. If last victim and no other flags, Go to I.)

How is (name) unsupervised? 1-Caretaker absent 2-Caretaker present, but negligent 3-Caretaker present, but incapacitated 4-Abandonment Go to F2 When was the last time (name) was unsupervised?	
1-Caretaker absent 2-Caretaker present, but negligent 3-Caretaker present, but incapacitated 4-Abandonment Go to F2 2. When was the last time (name) was unsupervised?	
2-Caretaker present, but incapacitated 3-Caretaker present, but incapacitated 4-Abandonment Go to F2 2. When was the last time (name) was unsupervised?	
4-Abandonment Go to F2 2. When was the last time (name) was unsupervised?	
2. When was the last time (name) was unsupervised?	
 When was the last time (name) was unsupervised?	
a) (If today ask:)	
1. Is (name) alone right now? Y/N	
Go to F3	
3 How often is (name) unsunenvised?	
1-Daily4-More than once a month	
2-More than once a week 5-Once a month or less	
Go to F4	
4. How long is (name) unsupervised at a time?	
001075	
5. What time of day is (child) unsupervised?	
AM AM From PM To PM	
Varies Evenings	
Mornings All night	
Afternoons	
Go to F6	
3. Is (name) able to care for self? Y/N	
(Go to next victim or next type of abuse and/or negl	ect flagged in
A3. If last victim and no other flags, Go to (1.)	
Medical Neglect	
Medical Neglect What kind of medical problem does (name) have that is neglected?	
Medical Neglect What kind of medical problem does (name) have that is neglected?1-1-Illness2ubium	
Medical Neglect What kind of medical problem does (name) have that is neglected?1-IIIness2-Injury3-Handicap	
Medical Neglect What kind of medical problem does (name) have that is neglected? 1-Illness 2-2-Injury 3-Handicap 4-Withholding prescribed medication	
Medical Neglect What kind of medical problem does (name) have that is neglected? 1-Ilness 2-Injury 3-Handicap 4-Withholding prescribed medication Go to G2	
Medical Neglect What kind of medical problem does (name) have that is neglected? 1-Illness 2-Injury 3-Handicap 4-Withholding prescribed medication Go to G2	
Medical Neglect What kind of medical problem does (name) have that is neglected? 1-Illness 2-Injury 3-Handicap 4-Withholding prescribed medication Go to G2 How long has this condition been neglected?	
Medical Neglect What kind of medical problem does (name) have that is neglected? 1-Illness 2-Injury 3-Handicap 4-Withholding prescribed medication Go to G2 How long has this condition been neglected? Has (name) been seen by medical personnel for this condition?	
Medical Neglect What kind of medical problem does (name) have that is neglected? 1-Illness 2-Injury 3-Handicap 4-Withholding prescribed medication Go to G2 How long has this condition been neglected? Has (name) been seen by medical personnel for this condition? a) Yes:	
Medical Neglect What kind of medical problem does (name) have that is neglected? 1-Illness 2-Injury 3-Handicap 4-Withholding prescribed medication Go to G2 How long has this condition been neglected? Has (name) been seen by medical personnel for this condition? a) Yes:	
Medical Neglect What kind of medical problem does (name) have that is neglected? 1-illness 2-injury 3-Handicap 4-Withholding prescribed medication Go to G2 How long has this condition been neglected? Has (name) been seen by medical personnel for this condition? a) Yes: 1. When was (name) last seen? 2. (Present collateral demographic screen)	
Medical Neglect What kind of medical problem does (name) have that is neglected? 1-filiness 2-Injury 3-Handicap 4-Withholding prescribed medication Go to G2 How long has this condition been neglected? Has (name) been seen by medical personnel for this condition? a) Yes: 1. When was (name) last seen? 2. (Present collateral demographic screen) 3. Was medical follow-up recommended?	
Medical Neglect What kind of medical problem does (name) have that is neglected? 1-IIIness 2-Injury 3-Handicap	
Medical Neglect Medical Neglect	
Medical Neglect Medical Neglect	
Medical Neglect Medical Neglect 1-Illness 2-Injury 3-Handicap 4-Withholding prescribed medication Go to G2 How long has this condition been neglected? Has (name) been seen by medical personnel for this condition? a) Yes: 1. When was (name) last seen? 2. (Present collateral demographic screen) 3. Was medical follow-up recommended? What will be the result of continued neglect? — Development delayed — Permanent harm Cridition will wursteen	
Medical Neglect Medical Neglect Image: Imag	
Medical Neglect Metical problem does (name) have that is neglected? 1-Iliness 2-Injury 3-Handicap -4-Withholding prescribed medication Go to G2 How long has this condition been neglected? Has (name) been seen by medical personnel for this condition? a) Yes: 1. When was (name) last seen? 2. (Present collateral demographic screen) 3. Was medical follow-up recommended? What will be the result of continued neglect? — Development delayed — Development delayed — Development mam Life threatening — Condition will worsen — Nothing	
Medical Neglect	
Medical Neglect	
Medical Neglect	
Medical Neglect Mat kind of medical problem does (name) have that is neglected? 1-Illness 2-Injury 3-Handicap - 4-Withholding prescribed medication Go to G2 How long has this condition been neglected? Has (name) been seen by medical personnel for this condition? a) Yes: 1. When was (name) last seen? 2. (Present collateral demographic screen) 3. Was medical follow-up recommended? What will be the result of continued neglect? Development delayed Life threatening Life threatening Life threatening Nothing Is (name) not getting medical aid due to religious beliefs? a) Yes: Go to G6 b) No: (Go to next victim or next type of abuse and/or neglect flagged in A3. If last victim and no other flags, Go to 11.)	

Educational Neglect

1. Is (name) enrolled in school? Yes:

Go to H2

No:

8

9

Go to H3

- 2. How often is (name) absent from school?
 - _____ 2-Once a week
 - 3-More than once a month 4-Once a month or less often

Go to H4

3. Is the school aware of (name)? Y/N ____

Go to H4

What action has the school taken to solve the problem?
 1-No action taken
 2-Visited by school official
 3-Parents taken to court

Go to H5

What is the role of the caretaker in this situation?
 1-Keeping child out
 2-Trying to keep child in
 3-No action

Victim's Condition (by Victim)

. (If type of Abuse/Neglect) is Physical or Sexual Abuse):

Centration (had) madiant attention

Go to 12		
Does (name) have any handicaps? No Learning disability Mental retardation Non-ambulatory physical handicap Ambulatory physical handicap Go to 13		Blind Deaf Mute Long-term illness Other
Is (name) a danger to others? No Physical assault Sexual assault Threatened/attempted physical assault Go to 14		Threatened/attempted sexual assault Reckless behavior Adjudicated delinquent Stealing Antagonistic to caretaker
Is (name) a danger to self? No Attempted suicide Threatened suicide Self-mutilation Head-banging Go to 15		Substance abuse Runaway Truancy Sexual promiscuity Overly compliant
Have you noticed any other unusual behavior? No Andrexia/bulimia Hyperactivity Excessive crying Bedwetting Go to 16		Poor self-care Fearful Withdrawn Dev. delayed Child refuses to eat
Is (name) willing to talk to us about what happened?	Yes No	Go to B2 Go to I7
Do you know of a friend or family member that the chi Yes Go to B2 No Go J1 (If yes, prese	ld will be willin	ng to talk with? preen.)
	Go to 12 Does (name) have any handicaps? No Learning disability Mental retardation Non-ambulatory physical handicap Go to 13 Is (name) a danger to others? No Physical assault Sexual assault Go to 14 Is (name) a danger to self? No Attempted suicide Threatened suicide Self-mutilation Head-banging Go to 15 Have you noticed any other unusual behavior? No Andrexia/bulimia Hyperactivity Excessive crying Bedwetting Go to 16 Is (name) willing to talk to us about what happened? Do you know of a friend or family member that the chil Yes Go to B2 No (If yes, prese	Go to 12 Does (name) have any handicaps? No Learning disability Mental retardation No-ambulatory physical handicap Go to 13 Is (name) a danger to others? No Physical assault Sexual assault Go to 14 Is (name) a danger to self? No Go to 14 Is (name) a danger to self? No Go to 14 Is (name) a danger to self? No Attempted suicide Threatened/attempted physical assault Go to 15 Have you noticed any other unusual behavior? No Andrexia/bulimia Hyperactivity Excessive crying Go to 16 Is (name) willing to talk to us about what happened? Yes No Oo you know of a friend or family member that the child will be willing Yes No Do you know of a friend or family member that the child will be willing

1		
	Degree of Protection (If	physical or sexual abuse)
1.	ls (name) with perpetrator now? 1.Yes: Go to J2	
2.	Is (name) in immediate danger of further harm?	
3.	Who is taking care of (name) now? 1-No one 2-Parent 3-Relative 4-Neighbor 5-School/Day care 6-Robustitor	Go to J4 Go to J4 Go to J4 Go to J4 Go to J4 Go to J4
	7-Friend 8-Other responsible person	Go to B2, then J4 Go to B2, then J4
	(If ^a 7 - ^a 8, then present collaterial demographics screen)	
4.	How long can they take care of (name)?	
5.	Where is the perpetrator now? 1-Home 2-Work 3-Other	
6.	How long will perpetrator be there?	
7.	Is there someone who knows the family who can provide protection Yes: Go to B2 No: Go to K1	?
	Perpetra	tors Behavior
	Perpetra Does the perpetrator have any handicap? No Mental Retardation Non-ambulatory physical handicap Ambulatory physical handicap	tors Behavior Blind Deaf Mute Long-term illness
	Perpetra 1. Does the perpetrator have any handicap? No Mental Retardation Non-ambulatory physical handicap Ambulatory physical handicap	tors Behavior Blind Deaf Mute Long-term illness Other
	Perpetra 1. Does the perpetrator have any handicap? No Mental Retardation Non-ambulatory physical handicap Go to K2 2. In the perpetrator a dapage to other?	tors Behavior Blind Deaf Mute Long-term illness Other
	Perpetra Does the perpetrator have any handicap? No Mental Retardation Non-ambulatory physical handicap Go to K2 Go to K2 Sexual assault Sexual assault Sexual assault	tors Behavior Blind Deaf Mute Long-term illness Other Threatened/attempted physical assaut History of violence History of child abuse/neglect
	Perpetra 1. Does the perpetrator have any handicap? No Mental Retardation Non-ambulatory physical handicap Ambulatory physical handicap Go to K2 2. Is the perpetrator a danger to others? No Physical assault Sexual assault Go to K3	tors Behavior Blind Deaf Mute Long-term illness Other Threatened/attempted physical assaut Threatened/attempted sexual assaut History of violence History of child abuse/neglect
	Perpetra 1. Does the perpetrator have any handicap? No Mental Retardation Non-ambulatory physical handicap Go to K2 2. Is the perpetrator a danger to others? No Physical assault Go to K3 3. Is the perpetrator a danger to self? No Attempted suicide Attempted suicide Atoohol abuse Atoohol abuse	tors Behavior Blind Deaf Mute Long-term illness Other Threatened/attempted physical assault Threatened/attempted sexual assault History of violence History of child abuse/neglect
	Perpetra 1. Does the perpetrator have any handicap? NO Mental Retardation Non-ambulatory physical handicap Go to K2 2. Is the perpetrator a danger to others? NO Physical assault Sexual assault Go to K3 3. Is the perpetrator a danger to sell? NO Attempted suicide Threatened suicide Atochol abuse Other drug abuse	tors Behavior Blind Deaf Mute Long-term illness Other Threatened/attempted physical assaul Threatened/attempted sexual assault History of violence History of child abuse/neglect
	Perpetra	tors Behavior Blind Deaf Mute Long-term illness Other Threatened/attempted physical assaut Threatened/attempted sexual assaut History of violence History of child abuse/neglect
	Perpetra 1. Does the perpetrator have any handicap? No Mental Retardation Non-ambulatory physical handicap Go to K2 2. Is the perpetrator a danger to others? No Physical assault Go to K3 3. Is the perpetrator a danger to self? No Attempted suicide Attempted suicide Attempted suicide Attempted suicide Attempted suicide Attempted suicide Cother drug abuse Go to K4 4. Have you noticed any other unusual behavior of the perpetrator? No Sees things Hears voices Believes child possessed Cother emotional disturbance	tors Behavior
	Perpetra	tors Behavior
	Perpetra 1. Does the perpetrator have any handicap? No Mental Retardation Non-ambulatory physical handicap Ambulatory physical handicap Go to K2 2. Is the perpetrator a danger to others? NO Physical assault Go to K3 3. Is the perpetrator a danger to self? NO Attempted suicide Attempted suicide Co to K4 4. Have you noticed any other unusual behavior of the perpetrator? NO Co to K4 4. Have you noticed any other unusual behavior of the perpetrator? Co to K4 4. Have you noticed any other unusual behavior of the perpetrator? Co to K4 4. Have you noticed any other unusual behavior of the perpetrator? Co to K5 5. How does the perpetrator feel about what has happened? 1-Denies incident 2-Has another story 3-Admits incident, shows no remorse	tors Behavior

	If Parent is Calling
Day Ca	are (Licensed) Registered Day Home
. Who took the child to the babysitter this morning?	
Mother	On the EQ, there extrate to 1.0
Other person	Go to L2
. Did the center bring this injury to your attention?	
Yes:	Go to L3
NO	
. Udle?	G0 10 L4
Who told you?	Go to L6
What did they say?	Go to narrative, Go to L7
When did you first potion the inium? Deter	AM Timo: DM
when did you first notice the injury? Date:	· · IIme: Pw
Have you talked to your child?	Gola
No:	Go L9
What did he/she tell you? (Narrative)	
What do you plan to do now? (Narrative)	
Name of day care or babysitter	
Name Name	
. Name:	
Address:	
City/State:	
Zip Code:	
Phone #:	
What type of facility is this?	
Day Care Center	
Dar Care Home	
Who is in-charge?	
INdino	
. How long has your child been there? Months 15. Have you been previously concerned about your Yes: No: Go to O1	Days r child in this quality?
. How long has your child been there? Months 15. Have you been previously concerned about your Yes: No: Go to 01	Days r child in this quality?
. How long has your child been there? Months 15. Have you been previously concerned about your Yes: No: Go to O1	Days r child in this quality?
. How long has your child been there? Months 15. Have you been previously concerned about your Yes: No: Go to O1	Days r child in this quality?
. How long has your child been there? Months 15. Have you been previously concerned about your Yes: No: Go to O1	Days r child in this quality?
. How long has your child been there? Months 15. Have you been previously concerned about your Yes: No: Go to O1	Days r child in this quality?
. How long has your child been there? Months 15. Have you been previously concerned about you Yes: No: Go to O1	Days r child in this quality?
. How long has your child been there? Months 15. Have you been previously concerned about you Yes: No: Go to O1	Days r child in this quality?
. How long has your child been there? Months 15. Have you been previously concerned about you Yes: No: Go to O1	Days r child in this quality? Police - Complainant
How long has your child been there? Months 15. Have you been previously concerned about you Yes: No: Go to O1 The second secon	Days r child in this quality? Police - Complainant
How long has your child been there? Months 15. Have you been previously concerned about you Yes: No: Go to O1 Why are you calling us? Parents in custody Children found	Days r child in this quality? Police - Complainant
How rong has your child been there? Months 15. Have you been previously concerned about you Yes: No: Go to O1 Why are you calling us? Parents in custody Children found Other	Days r child in this quality? Police - Complainant Go to narrative, then back to sequence.
How long has your child been there? Months 15. Have you been previously concerned about you Yes: No: Go to O1 Why are you calling us? Parents in custody Children found Other	Days r child in this quality? Police - Complainant Go to narrative, then back to sequence.
How rong has your child been there? Months 15. Have you been previously concerned about you Yes: No: Go to O1 Why are you calling us? Parents in custody Other 2. Are the parents being held?	Days r child in this quality? Police - Complainant Go to narrative, then back to sequence.
How rong has your child been there? Months 15. Have you been previously concerned about you Yes: No: Go to O1 Why are you calling us? Parents in custody Other 2. Are the parents being held? Yes: No:	Days r child in this quality? Police - Complainant Go to narrative, then back to sequence. Go to M3 Go to M3
How rong has your child been there?	Days r child in this quality? Police - Complainant Go to narrative, then back to sequence. Go to M3 Go to M3 Go to M5
How long has your child been there?	Days r child in this quality? Police - Complainant Go to narrative, then back to sequence. Go to M3 Go to M3 Go to M5
How long has your child been there?	Days r child in this quality? Police - Complainant Go to narrative, then back to sequence. Go to M3 Go to M5
How long has your child been there?	Days r child in this quality? Police - Complainant Go to narrative, then back to sequence. Go to M3 Go to M5
How long has your child been there?	Days r child in this quality? Police - Complainant Go to narrative, then back to sequence. Go to M3 Go to M5
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	Hospital-M	edical Personnel
1.	Will the child(ren) be admitted?	Go to N2
	No:	Go to N3
	(If yes, then):	
2.	What will be the length of stay?	
	Hours	
	Months	
3.	Who brought the child(ren) in?	
	Name	
	Relative	
	Other	(Go to Narrative to specify)
4.	Who is the doctor that saw the child?	Go to B2, then back to sequence.
	(Default to collateral screen)	
5.	Are the parents at the hospital now?	
	Yes:	Go to N6 Go to N9
	HU	
6.	What is the explanation of the injury? (Go to Narrative, then to N7	7)
7.	Is it consistent with the injury?	
8.	Does the behavior of the parents concern you?	
	Yes:	Go to Narrative, then N9
	NO:	GOTONS
9.	Have there been previous admissions of this child?	Co to Norrativo
	Tes	Go to hanalive
/	No:	Go to O1
	No:	Go to O1
	No:	Go to O1
1.	No: No: Gen Are there other children involved?	Go to O1
1.	Are there other children involved? Yes:	Go to O1 eral Ending Go to B1 Go to O2
1.	Are there other children involved? Yes: No:	Go to O1 eral Ending Go to B1 Go to O2
1.	Are there other children involved? Yes: No: Does anyone else have knowledge of the situation? Yes:	Go to O1 eral Ending Go to B1 Go to O2 Go to B2
1.	Gen Are there other children involved? Yes: No: Does anyone else have knowledge of the situation? Yes: No:	Go to O1 eral Ending Go to B1 Go to O2 Go to B2 Go to O3
1.	Gene Are there other children involved? Yes: No: Does anyone else have knowledge of the situation? Yes: No: Do (parents) know that a report is being made?	eral Ending Go to B1 Go to B2 Go to O2
1. 2. 3	Gene Are there other children involved? Yes: No: Does anyone else have knowledge of the situation? Yes: No: Do (parents) know that a report is being made? Yes:	Go to O1 eral Ending Go to B1 Go to B2 Go to O3 Go to O4 Go to O4
1. 2. 3.	No: Are there other children involved? Yes: No: Does anyone else have knowledge of the situation? Yes: No: Do (parents) know that a report is being made? Yes: No:	eral Ending Go to B1 Go to B2 Go to C3 Go to C4 Go to C4
1. 2. 3.	No:	eral Ending Go to B1 Go to B2 Go to O2 Go to O3 Go to O4 Go to O4
1. 2. 3. 4.	No:	eral Ending Go to B1 Go to B2 Go to O2 Go to O3 Go to O4 Go to O4
1. 2. 3.	No:	eral Ending Go to B1 Go to B2 Go to O2 Go to O2 Go to O2 Go to O4 Go to O4
1. 2. 3. 4.	No: No: Are there other children involved? Yes: No: Does anyone else have knowledge of the situation? Yes: No: Do (parents) know that a report is being made? Yes: No: Do (parents) know that a report is being made? Yes: No: No: To whom should this case be routed?	eral Ending Go to B1 Go to B2 Go to 03 Go to 04 Go to 04
1. 2. 3. 4.	No: No: Are there other children involved? Yes: No: No: Does anyone else have knowledge of the situation? Yes: No: Do (parents) know that a report is being made? Yes: No: Do (parents) know that a report is being made? Yes: No: What is the priority of this case? 01 02 03 To whom should this case be routed? Name:	eral Ending Go to B1 Go to B2 Go to 03 Go to 04 Go to 04
1. 2. 3. 4.	No: Are there other children involved? Yes: No: Does anyone else have knowledge of the situation? Yes: No: Do (parents) know that a report is being made? Yes: No: No: What is the priority of this case? 01 02 03 To whom should this case be routed? Name: Address:	Go to O1 eral Ending Go to B1 Go to O2 Go to B2 Go to O3 Go to O4 Go to O4
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1. 2. 3. 4.	No:	eral Ending Go to B1 Go to B2 Go to O2 Go to O3 Go to O4 Go to O4
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Articles, Reviews and Reports, cont.

Improving Computer Control and Security, by Rod F. Monger, Fordham University, Graduate School of Business Administration, Lincoln Center, NY, NY 10023.

Introduction

Tight budgets and demanding implementation schedules often make computer security and control a low priority. The remote possibility of a security breach does not appear to justify the added cost of controls unless high-value financial data are at stake. Losses from control weaknesses seem trivial when compared to the overall benefits expected from automation. Besides, many managers reason, control measures can be added as post-implementation enhancements.

With these arguments and the absence of easily measured benefits, it is no surprise that studies show that computer systems at all levels in government are vulnerable to fraud, wasteful, abusive, and illegal practices. What is more important is that most losses - billions of dollars annually - are not the result of criminal acts but are due to poor systems design and operation. Often making simple control improvements can result in significant cost reductions.

What Increases Risk?

Risk of loss in automated data processing is due to several factors: 1. Computing systems have become increasingly complex resulting in greater opportunity for processing error. Control requirements rise dramatically as the size and complexity of a system increases. Multiuser, multi-use systems, typical of smaller agencies in social services, also create significant risk.

2. Information is increasingly stored in online centralized databases which permit immediate access. The number of employees with direct data retrieval capabilities, primarily through terminals, has increased immensely.

3. Networking and telecommunications increase the intercept possibilities. The system can easily be penetrated, data intercepted, and bogus data inserted for fraudulent purposes.

4. Personal computers, inexpensive communications devices, and the rising level of computer literacy have increased the general public's capability to manipulate systems and data. Often these capabilities are enhanced by organized groups of "hackers" who trade information expressly for the purpose of breaking down a system's security.

Evaluating the Adequacy of Control

Cost-benefit determines the appropriate level of control. The benefit of the control implemented should be highest for the cost incurred and, in any event, the cost should not exceed the benefit. This approach is "managed risk" and recognizes that having a completely impregnable system is impossible. The user must accept some level of risk. Determining what this risk level should be is a process known as risk analysis.

Risk analysis is an inexact procedure and variations occur between agencies depending on their circumstances. However, a typical risk analysis might include the following steps:

1. Determine how sensitive the data is. Financial information is a likely target but there may be others (e.g. information on an adopted child's natural parentage.)

2. Analyze vulnerabilities and specific weaknesses of the computer system. Consider means and methods which might be used to gain access to the systems (e.g. telecommunications interception). Consider also weaknesses in routine processing as well as general control and security awareness.

 Evaluate risk. Based on perceived vulnerabilities and weaknesses, identify specific threats and estimate the probability of their occurrence.
 Identify controls and safeguards that could minimize the threat and determine the cost for each.

5. Select the safeguard which is most cost-effective.

Type of Controls

There are three types of controls: administrative, technical, and physical. Administrative controls establish policies and procedures related to data processing activity, and are important because they set the tone of the control environment. Examples of areas which should be addressed by administrative controls include the use of risk analysis, background checks of job applicants for trustworthiness, training, contractor security clearances, and separation of employee duties.

Technical controls are hardware and software features which help prevent access by unauthorized individuals, limit user privileges, and maintain system integrity. Passwords - a device familiar to most usersare an example. Physical controls limit physical access and provide protection to the computer facility. The latter includes protection from threats such as fire, flood, and other disasters.

Specific safeguards in each of these control categories are numerous. Each may or may not be useful in a given situation. The effectiveness of a control system depends on which controls are selected and how they are used together. It is the combination of safeguards that increases protection. A single safeguard, such as a password, is usually relatively ineffective by itself.

Following are some situations which demonstrate typical vulnerabilities faced by many social services agencies and safeguards used to protect against the threats.

Limiting Access to Databases

One scenario involves the storage of client information in a large centralized data bank which can be accessed through terminals by various users. New York State's Department of Social Services, for example, maintains client eligibility data in its Welfare Management Systems database in Albany for most programs. The database is accessed hundreds of thousands of times daily by thousands of users through telecommunications links with fifty-eight "local districts." The task of insuring access by only authorized individuals is overwhelming. Yet, a relatively effective measure of control is achieved by combining three basic safeguards. First, specific terminals are "isolated". A terminal physically located in Local District A, for example, cannot access data from other local districts even though the data is stored in the same database. Only Local District A terminals can access Local District A data.

Second, specific users are identified with a userid and secret password. The system will permit access to a user only if authorized for the specific terminal through which the request was made. This means that only a designated set of employees can use a given terminal. Passwords are changed frequently. Isolation and identification safeguards are both examples of technical controls.

Finally, access to terminals is restricted in each of the local district offices to only authorized employees - a physical control. The combination of these three safeguards provides reasonable assurance that the system is adequately protected. These safeguards are also effective when a single computer system is a shared resource between agencies (multi-user) or when it is used for various applications (multi-use).

Contingency Planning

As automation increases within an organization so does the dependency upon the computer. Even routine interruptions to data processing can stop normal functioning of the organization as in the case of power blackouts, machine failures, and some system maintenance situations.

A contingency plan provides guidelines to help restore critical computer operations following a disruption. Employees might be trained to refer to hardcopy records rather than an online terminal when answering clients' telephone inquiries during a temporary power failure, for example. Here the success of the contingency procedure is likely to depend on how well trained employees are with respect to its use.

A disaster - fire, flood, bombing - could disrupt operations for months and create financial chaos especially in support programs such as Social Security, Medicaid, welfare, and in payrolls. Yet, studies show that little or no effective planning has been done for most agencies.

Examples of approaches used in disaster planning include the following:

1. Establishing a reciprocoal agreement with another agency using compatible equipment.

2. Negotiating with the equipment manufacturer to provide support in the event of an emergency.

3. Arranging with a local university with compatible equipment to use their system.

4. Contracting with a service bureau or another organization that provides services of this nature.

The difficulty is that most outsiders are reluctant to cooperate fully with the disaster-struck agency during the actual emergency because of conflicts which occur over processing priorities.

Agencies also find that their agreements with the support facility are not sufficient during emergencies. After an agreement has been reached with another group, a detailed plan capable of actually guiding the organization through the critical period must be formulated. It must be detailed enough to minimize confusion by giving step-by-step instructions. Provision should be made for reviewing the plan periodically and updating it since equipment and other changes will occur with time.

Most agencies routinely back-up important data files but store the source and all back-up copies at the same physical location. Since all copies could conceivably be destroyed during a disaster, the plan should include a schedule for routinely copying critical data files and storing them offsite.

Improving Routine Operations

Despite the publicity received by those who commit computer-aided

Articles, Reviews and Reports, cont.

crimes, most losses are the result of inadequate or nonexistent operating procedures which cause errors, and invite fraud and misuse. Operational controls insure that all data flows through the system without loss or unintentional alteration.

Common problems which result from the absence of operational controls include processes which have the wrong data input - perhaps because an outdated rather than current master file is used. Or data is "dropped" because the computer operator inadvertantly fails to load one of a multi-reel tape input file.

Many operational controls can be integrated into software programs. Control totals can be compared automatically to determine whether a correct file has been input. Programs can perform "edit checks" to insure that, among other things, input data is properly sequenced, values for financial transactions are reasonable, and that fields are numeric or alphabetic.

Operational controls should be designed into a system from its inception since, in many cases, they are an integral part of program structures and processing flows. Adding them to existing systems often means making program, forms, and other modifications. However, some of the largest gains come from adding simple, often inexpensive, operating controls which promote orderly and accurate data processing. Even improving the precision of cataloguing procedures in the data library can significantly reduce operational problems in many situations.

Enter Microcomputers

In the early days of computing, access to the machine was limited and control and security was almost as simple as guarding the computer room door. The introduction of direct access to data through terminals and telecommunications presented problems but left the responsibility for control and security with the centralized EDP department which hopefully had accumulated some experience with the issues.

But the increasing use of microcomputers - the distribution of processing capability - throughout the organization places the responsibility under "user managers" who have little, if any experience managing computer resources. Since control and security often appears to be a low priority for centralized EDP management, it is reasonable to expect that the same will be true of these managers as well. Plus, microcomputers are creating new problems.

What are the new problems? First, microcomputer are easily transported and some managers are finding that theft is a major problem. Although other office equipment has been the target of theives, the microcomputer has special value because of the current interest by consumers as well as businesses. Even universities are finding that faculty thefts are on the rise because of the pressure many professors feel to become knowledgeable about these machines. Microcomputers are typically more valuable than other equipment such as typewriters.

Current developments in the use of supermicrocomputers promise to increase the problem. Supermicros have the processing capabilities of a minicomputer although they are roughly the size of a regular micro. However, their value, which is several times that of the average micro, and their transportability will undoubtedly make them desirable targets for theft.

Another problem relates to the downloading of data from a central computer's database onto a microcomputer database. "Ownership" of data becomes an issue. As the central database is updated, data gets out of synch with local databases derived from it. Contradictory analysis of the data begin to appear. Some organizations are beginning to develop policies which govern the responsibility for and use of data.

Microcomputer users should also be aware of the list of "do's and don'ts" which reflect the control and security concerns of the larger mini and mainframe environments. Do back-up diskette files regularly. Don't use magnets around the machine. The failure to back-up a diskette file, for example, can result in a real loss for an office using a microcomputer though it may look insignificant when compared to the mainframe's operations.

Promoting Control and Security

Managers can promote computer control and security in two ways. First, vulnerabilities can be analyzed and specific safeguards selected and set into place. The combination of safeguards selected creates the overall environment and this combination is the key to reducing risk to an acceptable level.

Second, management's attitude towards control and security enforcement is important. The absence of a willingness to enforce policies and procedures is often an integral part of the problem. Those who commit computer-aided crimes more often than not go unprosecuted. Teenagers who break into databases and cause damage are lionized by the press. Employees and outsiders who perceive that control and security is weak, and that there is little commitment to enforcement are unlikely to take the issues seriously themselves.

Survey of Computer Technology in NonProfit

Organizations by Peter Rousmaniere, Rousmaniere Management Associates. New England Medical Center, 111 Harrison Ave., Boston, MA 02111.

The following are selected findings of a survey 500 Northeast non-profits (response rate = 35%) conducted in the Fall of 1983. For the full report, contact Rousmaniere Associates.

- A veritable title wave of automation has engulfed the nonprofit world
- * The trend is likely to accelerate
- 85% had acquired new computers since 1980
 28% purchased their computer in 1982
 33% purchased their computer during the first half of 1983
- 80% indicated the use of computer technology will increase significantly in the next two years
- Most important uses of technology in their organization 69% financial management 62% word processing 46% program or service delivery 34% fundraising 30% membership
 - 22% research 22% executive decision making
 - Most important sources of information
 - 25% fellow professionals
 - 17% consultants
 - 16% professional journals
 - 15% vendors
 - 12% magazines, books, newspapers
 - 11% conferences
 - 3% board members
- * Satisfaction

40% were highly satisfied with their computer technology43% were moderately satisfied17% were low in satisfaction

- Key problems (those experiencing moderate or great difficulty) 83% funding the system
 - 78% finding or developing software
 - 76% documenting costs and benefits
 - 75% comparing computer systems
- * Major dissatisfaction = contracting with vendors (80%)
- Top need was "how to plan for and manage computer technology"

Vision of the Global Information Society by Yonejo Masuda.

Yonejo Masuda is the author of *The Information Society* and President of the Institute for Information Society in Tokyo. In November, 1981, TNI member Yoneji Masuda gave this keynote address

In November, 1981, TNI member Yoneji Masuda gave this keynote address to the European Economics Community Conference on the Information Society held in Dublin, Ireland.

Editors Note: This visionary article is reprinted from Networking Newsletter, Vol 1 No. 3 with permission. The Networking Newsletter is published quarterly for members of the Networking Institute, Inc., POB 66, West Newton, MA 02165 (617) 965-3340. The Networking Institute is a research and publishing organization that supports networks and people who are networking.

The aim of the Information Society is the production of information values as the driving force for societal development, which, in its ultimate stage, will be a Global Information Society (GIS).

In the GIS, all citizens will be linked to each other by a global information and knowledge network, directed toward global consciousness, overriding differences in cultures, interests and nationalities.

The establishment of a global education system will enable the world population to free itself of illiteracy, and the functioning of a global medical care system will eliminate epidemic diseases such as malaria, etc.

The emergency of global informational voluntary communities, such as non-smoking, zero population, anti-nuclear weapon's movements, and others, will wield a strong influence on the preservation of world peace and the attainment of human happiness.

The successful achievement of the GIS will depend greatly on two conditions, viz., information democracy and global intelligence.

Articles, Reviews and Reports, cont.

What is the Information Society?

Humanity is now in the midst of a societal transformation from Industrial Society to that which will succeed it, viz., the Information Society.

There are two historical hypotheses for the Information Society. The first is that societal technology has become the axial force that has brought about the societal transformation of human society. Societal technology is epochal; it is technology that has spread throughout society, and from it a new type of productivity has expanded rapidly and had a deep societal impact, sufficient to bring about the societal transformation of human society. (Historical examples can be found in hunting technology and hunting society, agricultural technology and agricultural society, industrial technology and industrial society.)

The second historical hypothesis is that the basic framework of new human society should be moulded by the fundamental characteristics of the new societal technology. It is precisely this new societal technology that is information technology.

The coming Information Society will be unprecedented compared with traditional society, because information technology is based on computer and communications technology, which is quite unique [and will] embody three special characteristics:

First, information is non-consumable, non-transferrable, indivisible, accumulative, and its more effective processing and distributing system is joint processing and shared utilization by citizens.

Second, the value of information is to eliminate uncertainty and to improve the ability of humanity to make optimum action selection.

Third, the origin of the societal impact of information technology is (1) replacement of mental labor (intelligent automation); (2) amplification of mental labor (knowledge creation, problem solving and opportunity development), and (3) system innovation (transformation of societal system).

The Global Information Society is not a Dream

The Global Information Society is not merely desirable, but a realistic concept of the ultimate stage of the Information Society. There are three powerful bases for this assumption.

The first is that globalism will become the spirit of the times in the future Information Society. This thought is rooted in the global crises of shortage of natural resources, the destruction of the natural environment, the population expansion, and the serious North-South economic and cultural gap.

The second is that the development of a global information network utilizing communications satellites and linked up computers will promote mutual exchanges of information and deepen understanding that will override national, cultural and other differing interests.

The *third* is that the production of information goods will exceed material goods in total economic value, and the economic system will change from a competitive, profit seeking system to a synergistic social contributory system.

Grand Design of the Global Information Society

A desirable and feasible grand design of the Global Information Society can be pictured boldly as follows:

- A. Establishment of a World Information Organization (WIO): the main aims of the WIO will be to ratify an international treaty on the joint utilization of communications satellites, to formulate a long range global information policy, and to promote the standardization of equipment and software.
- B. Formation of Global Information Utility: Any ordinary citizen in the world will be able to obtain all necessary information readily, at a low cost, at any time and at any place in the world. The participation of citizens is originating useful information, and formation of a data bank will be essential.
- C. Development of Global Education System: The level of literacy of the world population will be above 90%, and a universal world language, distinct from Esperanto, would ultimately be developed.
- D. Development of Global Medical Care System: This system would eliminate leprosy, malaria, and other endemic diseases, and the practice of bitth control would become universal.

- E. Simultaneous resolution of industrial and information gap: The simultaneous introduction of sophisticated and carefully thought out industrial and information technologies would narrow this dual gap between North and South, and would contribute indirectly to the emergence of a global eco-system.
- F. Establishment of a Global Watch-Dog Institute: By utilizing inspection satellites and a world simulation model, early warning signs or trends toward global crises of human life would be quickly detected and the information spread accurately to all citizens at once.
- G. Flourishing of Global Voluntary Informational Communities (GVIC): Communities that have information space functionally bound together by voluntary information networks will have an important role in the Global Information Society. The most needed and feasible GVIC would be non-smoking, zeropopulation growth, anti-nuclear weapons, or similar GVICs.

Two Heavy Trails for Human Personality

Human beings must bear and overcome two heavy trails to actualize the grand design of the Global Information Society. One is the battle for Information Democracy, which is the most critical objective condition for avoiding Orwell's 1984, and to enable the desirable Global Information Society Plan to flourish.

Information Democracy consists of four developmental components. The *first*. . . is the protection of privacy. The nature of this is negative; viz., the human right to keep one's private life private from others. The second level is the right to know. This is more positive and it guarantees the right of citizens to know all kinds of governmental confidential information such as would seriously affect the citizens. The *third* level is the right to use. This means that every citizen can freely have access to all Information Utilities and Data Banks, at low cost and from any place, at any time. The *fourth* level is the highest level of Information Democracy; viz., the right to participate directly in the management of the Global Information Infrastructure, such as the World Information Organization, a Global Watch-dog Institute, and critical decision making at all levels: global, governmental, and local.

The successful establishment of these four information rights could pave the way to the most favorable environment for citizens for solving global issues voluntarily, and to enlarge their own opportunity for the potential future for each person.

Another heavy trial for human personality is Global Intelligence, the most critical subjective condition. Global Intelligence means the adaptive capability of citizens against rapidly changing global conditions. Intelligence is the human ability to adapt one's manner to the rapidly changing environment. It is intelligence rooted in and acquired from the accumulation of knowledge and many experiences of failure and success. So intelligence is basically the capability of rational selection of human action in solving problems.

Intelligence starts at the personal level and is leveled up to group intelligence, the higher and wider level. Among a group, personal intelligence will be combined and harmonized toward the common goal of changing the social environment. That is Social Intelligence.

The final development stage of intelligence would be Global Intelligence. This would be acquired on the mutual global understanding, recognition and mission directed toward the solution of global problems. If ordinary citizens living in different states and belonging to different cultures can take the same manner and action for a specific global problem, it means Global Intelligence at work. In a precise case, if many people could quit smoking and eliminate lung cancer by their own selfawareness and self-regulation, rather than enforcement by law and power, this would be the real actualization of Global Intelligence.

In Industrial Society, there is no need for such intelligence, because, fundamentally, material consumption does not need that kind of human ability, which belongs in the realm of social instincts. The one thing that matters is how to develop the purchasing power of the consumer.

The emphasis on the importance of Information Democracy and Global Intelligence cannot be too great for attaining the future desirable and feasible Global Information Society.

Software Reviewers Needed

Anyone willing to review human service software for the new journal Computers in Human Services should send their name, address, equipment available and software areas of interest to Walter LaMendola, U. of Denver, GSSW, Denver, CO 80208. Suggestions for software to review are also welcome.

Members Comments and Activities

Network Activities

Report on CUSS Network Educators SIG, from Wallace J. Gingerich, Educators SIG Coordinator, U. of Wisconsin-Milwaukee, School of Social Welfare, POB 786, Milwaukee, WI 53201.

The Educators' SIG is off to a good start! Twenty educators have submitted information on a total of 23 courses and 27 computer-based teaching aids.

A review of the courses described indicates that 5 are taught at the undergraduate level, 3 at the undergrad/grad level, and 12 at the graduate level.

All of the courses cover multiple applications. The most popular applications taught were client/management information systems (12 courses) and word processing (11 courses). Budgeting and accounting were included in 9 courses, research and statistics in 8 courses, decision support systems in 6 courses, and clinical assessment in courses. Telecommunications and programming languages were included in 4 courses each, and simulations and computer aided instruction were included in 3 courses each.

Most of the teaching aids described by members were commercially available programs used to teach one or more applications. Word processing was the most popular type of teaching aid, with 8 such aids described. Six aids each were described for research and statistics, and client/management information systems. Four teaching aids had to do with clinical assessment, four with budgeting and accounting, two with decision support, and one each in the areas of simulation, and computer aided instruction. Some of the more unique teaching aids described included simulations of a county human services department, a budget development and reduction simulation, a functional skills screening inventory for severely impaired individuals, and a clinical timeseries graphing program.

A complete listing of the courses and teaching aids submitted thus far to the Educators' SIG can be obtained by sending an address label to Wallace J. Gingerich, University of Wisconsin-Milwaukee, School of Social Welfare, P.O. Box 786, Milwaukee, WI 53201.

Plans are underway to send the Educators' SIG Inventory to each undergraduate and graduate social work program in the United States and Canada. This should result in a more complete and potentially useful database. As a special incentive to educators to complete the inventory, The Haworth Press has generously agreed to send complimentary copies of the first issue of **Computers in Human Services** (spring 1985) to the first 100 respondents. Let us hear from you!

Research Projects and Reports

CMHC Simulation Project Status Report, from Gary Cox, Psychiatry, RP-10, U. of Washington, Seattle, WA 98195.

The CMHC Simulation Project is an NIMH funded research project to develop a computer simulation model of community mental health centers. The model is general, in that most, if not all, agencies can be represented by specifying in the data input file the agency's administrative structure, staffing patterns, service mix, fee schedule, client characteristics, etc. The program will then create clients who will be admitted, assigned to service units, scheduled for services, and who may or may not appear for services, be rescheduled, transferred, discharged, or who may drop out of service. Clients will be evaluated for payment source, services will be billed, and revenues estimated. Statistical records of activities will be generated, emphasizing numbers and types of clients served, numbers and types of services provided, numbers of clients on waiting lists and time on waiting lists, and costs and revenues. We expect to present these results at least partly in the form of the Key Performance Indicators being developed by Jim Sorensen.

The model will be useful in two ways. First a user such as an agency administrator can run the model to obtain projected answers to "what if" questions. Such questions would include: "What would be the impact on revenues of reducing our no-show rate for services by 5%?", "What would happen to our waiting lists if one FTE were moved from day treatment to outpatient therapy?", "Would service bottle-necks occur if we increased the numbers of geriatric clients served?", etc. Virtually any decision that involves altering any of the input data described above can be modeled by the program and estimates of impact on output variable (such as performance indicators) provided. These estimates will be of the "other things being equal" variety, that is, since any system change can be expected to induce other system changes not all of which will be represented in our model, we think of our results as estimates to be evaluated in the context of other information, not as literal predictions of what will actually happen. The results should

be thought of as indices of the relative effects of alternative versions of the system.

As a second area of use, the model will serve a number of research functions, for example: a) a model is a judgement about which elements and processes of the system are important in determining system functioning. This is in essence a theory, and although no easier to verify than other theories, it is subject to validation: The performance of the model can be compared to the performance of the agency, and discrepancies tracked to the model component level. This portion of the model can then be modified or elaborated to improve performance, and the process recycled. This should lead to a clearer understanding of how agencies operate; b) the model can be used to perform sensitivity analyses in which input variables are systematically altered to determine the extent to which system performance is affected. If general patterns are found, this information would have applicability to both management practice and MIS development; c) the model serves as a structuring device for both research and communication, and also as a tool for incorporating data, theory and research from many sources over a long period of time. In an application setting, the model requires extensive data from multiple agency sources and therefore faciliates data utilization; d) the model will provide information input to decision processes, and therefore is an opportunity to study management decision-making in human service agencies.

Status of Project

This is a two-year project which began January, 1984. Allowing for start-up lag, as of this writing, we are seven to eight months into the study.

We are working on two fronts: First, we are transporting the data base at the CMHC with which we are working into a standard data base management software package to allow us better access to the data. Loading this new data base is completed, and we are in the process of restructuring the data base to facilitate data analysis. We anticipate several months of analyses in order to understand the behavior of the base rates.

Second, programming on the model itself is proceeding. The major effect has been to develop the structure of the input data file and rules for managing and using this file. To date we have addressed the following: agency structure (cost centers); permissible service modalities per service center; allocation of staff time to the service units and to service modalities; service modality mix per service unit and staff; priorities for staff in delivering services; rescheduling clients for services; and initial assignment of clients to service unit and modality. A working version of the program is imminent, but this has been true for some time.

Currently, both data base management and program development are being done on a DEC10 system , the former in 1022, the latter in SIMULA.

We anticipate making information on the project available from time to time. Please let me know if you would like to have your name added to our mailing list.

CMHC Small Computers Study, from H. Ned Seelye, International Resources Development, Inc., POB 721, Lagrange, IL 60525.

We are conducting a study for NIMH on how small computers can help mental health centers handle their administrative and clinical information needs. We are now trying to identify relevant computer software.

Does anyone have available or are currently using any other software to meet either administrative or clinical needs with which you are reasonably well pleased? We would really like to hear about it.

We would be glad to share our survey findings of available software when it is completed.

Aging Microcomputer Software Study from Pamela J. Larson, National Association of Area Agencies on Aging, 600 Maryland Ave., S.W., #208, Washington, D.C., 20024.

The National Association of Area Agencies on Aging is a private nonprofit membership association serving the needs of 665 Area Agencies on Aging across the country. We have recently begun to collect data on microcomputer software packages which are in use in Area Agencies. We will then be evaluating this software for inclusion in a catalogue of "high priority" application packages for Area Agencies on Aging.

MIS Information vs Reality—A Study, from Jean K. Harrod, 6194 Willow Creek Dr., Canton, MI 48187.

It is time for the field of Child Abuse and Neglect treatment (or prevention) to move from a speculative, armchair art to a professional science with empirically based models, but even the most basic research re-

Members Comments and Activities, cont.

mains to be done yet. Almost all research on CA/N involves a "report" as the beginning of what is assumed to be the universe of "cases." In most states now, this report and case is recorded via some sort of computerized data system. A caseworker somewhere imputs a case to an M.I.System, and from this flows practically all we know about our entire field: who comprises these families and all the demographics about them, all we think about the people and situations which seem to have some connection to abusing or neglecting children.

Practically all the literature I have found which takes an empirical approach to CAN questions relies on the M.I.S. reports of whatever locale is selected as subject area. This is equally the basis of such national statistics as those produced by the National Humane Society, and such recent innovative local information software as KIPCAN (Known Incidence Profile On Child Abuse and Neglect.) All use the M.I.S. case reports, as it is the best (in fact, only) data available. Tremendously important policy planning and funding decisions are currently being made using the same data, for the same reason. Yet the National Incidence Study found the cases reported was a small fraction of the whole of what is out there, and furthermore, a fraction whose reliability varies in a yet undefined manner. I propose the most basic information as reported to M.I.Systems also is as yet undefined in terms of the most fundamental aspects of reliability and validity.

A lot has been written theoretically about why case workers can't, or won't use computerized systems. Models are being developed to enhance their acceptance of such systems as necessary, or even helpful, I plan to look at the state of present information as submitted to an M.I.S. (which is the basis for all the other statistics) as compared to "reality" as nearly as can be gleaned from the case record and worker. I expect to find distortions caused by trying to fit complicated human situations into discrete preordained categories. I think I'll find some worker resistance to computers and administrators. I'm sure the chronic problems of worker overload and paperwork versus service choices will turn up, too. It is my hope to at least provide preliminary information of how much error is common, which areas seem particularly vunerable, and hopefully some suggestions for future research or remedy. I am currently having a most difficult time formulating specific predictions because I can find so little similar research (at least, which is reported anywhere.) If you know of any, past or present, won't you please write or call me. I very much need your guidance and a chance to bounce this around with some others who have done similar research, or have kindred interests.

Computer Networks for Direct Social Work Purposes, from Ellen Stein, U. of Denver, Graduate School of Social Work, University Park, Denver, CO 80208-0274.

I am a graduate student at the University of Denver, Graduate School of Social Work. I am working with Dr. Walter LaMendola on a project to begin to identify computer networks which are serving and involving people encountering a range of social problems and/or deficiencies.

We are interested in any information on computer networks which are providing opportunities for social support, self-help, etc. and are allowing persons involved to directly network and communicate with others in similar situations.

Education/Training

Great Lakes Consortium on Computers in Social Work Education from John P. Flynn, Western Michigan U., School of Social Work, Kalamazoo, MI 49008.

As an outcome of the Silberman Fund's Wye conference held in Spring 1984, Marilyn Flynn (Illinois-Urbana), Harold Lynn Vogel (Chicago) and John Flynn (Western Michigan University) constituted themselves as a steering committee and developed an invitational planning meeting in Kalamazoo at Western Michigan University on November 19, 1984 to explore the usefulness and feasibility of bringing a larger computer users group together in the region. Ten individuals from five universities and one agency were in attendance and others expressed definite interest to be included in the future.

As you can see from the enclosed minutes, we discussed many issues and potential future agenda items at our planning meeting, established ourselves as a "Great Lakes Consortium on Computers in Social Work Education," supported the submission of a project proposal (subsequently written by Lou DiBello and Marilyn Flynn of Illinois-Urbana), and committed ourselves to having a meeting in Chicago on Friday, May 10, 1985. Planning for that meeting will be headed up by Keith Kilty (Ohio State) and Gerald Bostwick (Michigan State).

MINUTES OF THE PLANNING MEETING GREAT LAKES CONSORTIUM ON COMPUTERS IN SOCIAL WORK EDUCATION November 19, 1984 Western Michigan University Kalamazoo, Michigan

Present: Marilyn Flynn, Louis DiBello (University of Illinois-Urbana); John Flynn, Edward Pawlak, Danny Thompson (Western Michigan University); Keith Kilty, Chet Dilday (Ohio State University); Gerald Bostwick (Michigan State University); Michael Schiltz (Loyola University); Herb Yamanishi (Michigan League of Human Services).

The **purposes of the meeting** were (1) to exchange information about current uses of computers in the schools of social work and human service organizations represented; (2) to identify problems and future needs of educators interested in computer applications; and (3) to explore the basis for a continuing regional association.

Problems and future needs of social work educators were identified in four major areas:

- CREATING A COMMUNITY OF INTEREST Those present agreed that they felt isolated on their own faculties in exploring computer applications. The consciousness of colleagues, particularly those in direct service, needed to be raised regarding the potential of new technology. There is currently no mechanism for achieving this objective.
- DEVELOPMENT OF AN APPLICATIONS CLEARINGHOUSE Support must be provided to social service agencies in initiating and extending the uses of computers, including assessment of impacts on job design and work relationships. Software has for the most part been designed with private sector needs in mind and does not adequately respond to public sector requirements. This is particularly true in the area of fiscal packages. An applications clearinghouse would assist agencies in exchange of new knowledge and would be invaluable for social work educators. New developments in MIS, CAI, and multi-user systems could be shared more systematically. Acquisitions strategies for schools of social work could be described and promoted. The applications clearinghouse would fill a major gap in technology transfer.
- ASSESSING CURRENT IMPLICATIONS OF COMPUTER TECHNOLOGY FOR SOCIAL WORK EDUCATION A mechanism is needed for addressing the full range of immediate organizational and educational variables which should be considered in the introduction of computers in schools of social work. Relations with other campus units-e.g., computer science departments-may be affected, or schools of social work may face unexpected political battles over space, hardware, and course offerings. The concept of "computer literacy" must be closely examined for meaning and value to educational objectives. A rethinking of incentives for faculty participation in the design of software or the use of CAI in the classroom is necessary; present reward systems on most campuses doe not reinforce this behavior. The introduction of computers should not be treated as an issue for one or two courses, but rather considered in light of the total curriculumincluding field work. On-line and off-line materials must be thoughtfully integrated. And finally, the responsibility of schools of social work for raising the computer literacy of social services needs continuing emphasis. While the Council on Social Work Education might offer a forum for discussion of these issues, the group agreed that coherence and strength of focus is presently missing
- EVALUATING IMPACTS, FUTURE SCENARIOS AND NEW THEORIES ABOUT TECHNOLOGY

At the most fundamental level, more sophisticated and systematic thinking is needed about the most strategic or appropriate applications of technology in the classroom. The economics of dissemination and software production should be analyzed. Improved understanding of how teaching effectiveness can be developed relative to traditional classroom technologies is essential. More analysis of types of systems (mainframe, mini-, LANS) is crucial, so that trade-offs are understood. The problem of software piracy requires considerable analysis, because of its negative interaction with rewards for production. Private, public, and university roles in the development of software should be analyzed. Barriers to implementation need to be more deeply understood. The composition of the "design team" is another variable which must be more fully considered. Ethics of computer use remains a perennial issue for the field. Construction of future scenarios about computer impacts in social work education and improved theories about the interaction of technology with human service organizations is greatly needed.

Decisions

- In order to address these four problem areas, the planning group decided to formally constitute a new organization, to be called the Great Lakes Consortium on Computers in Social Work Education.
- Membership in the organization would be open to individual faculty members from public and private universities with accredited schools of social work.
- The organization would encompass the states of Michigan, Indiana, Minnesota, Wisconsin, Ohio, Illinois, and Iowa. (Iowa was added because of the interest and activity with computers in that state, as well as its proximity).

Members Comments and Activities, cont.

- A proposal to the Fund for Improvement in Post-Secondary Education would be submitted to Marilyn Flynn and Louis DiBello (Illinois-Urbana) to support some activities of the new organization.
- 5. Keith Kilty and Gerald Bostwick would be responsible for organizing the next meeting of the Consortium, to be held in Chicago, Illinois in late Spring, 1985. It was suggested that a limited number of focused issues panels would be developed, as well as continued open discussion.

(Special thanks to Marilyn Flynn for preparing these minutes).

Merging in Computer Technology, from Elizabeth S. Palazzi, Director of Computer Education Services, Antioch U. Philadelphia, 1881 Spring Garden St., Philadelphia, PA 19130.

Antioch University Philadelphia is currently engaged in a project to devise curriculum strategies to provide students in our B.A., M.Ed. and M.A. programs with access to the technology of the information age. New curriculum in computer technology will merge with the current curricular emphasis of our three degree programs, which includes human services, education, and administration.

Switzerland—Teaching help needed, from Ruck Brack, Vereinigte Schulen Fur Sozialarbein Bern, Falkenplatz 24, 3012 Berne, Switzerland.

I am a member of NASW and on the staff of this School of Social Work.

Computers are lately cutting their way also into the social agencies of this country and therefore teachers of Social Work are called to give some advice and assistance in the new arising problems related to this technique.

I am therefore looking myself for help to gain more knowledge from people with more experience in this "Field".

Health and Mental Health

DSMIII Rating Scale in Apple Pascal, from Anthony Meszaros, M.D., 3815 Boulevard Decarie, Montreal, Quebec, Canada.

I have recently been working with the Diagnostic and Statistical Manual of classification of psychiatric disorders. Lists of symptoms have been abstracted from the Manual and transcribed on a quantitative scale. In recognition of the evidence that most patients have symptoms of more than one diagnosis, the program measures the degree of pathology in different diagnostic entities found to be present at the time of the clinical evaluation. The degree of pathology is expressed as percentage of the possible maximum score in that category. This method of evaluation does not look for a sharp, exclusive diagnosis in a frame of either/or; attention is directed toward grasping the multiplicity of pathological occurences presented by the patient.

The program is written in Pascal for the Apple system; the model could be adapted to other languages and other systems as well.

Disabilities

Networkers using Apples for MR Residential Services Needed, from Matthew Johnson, Executive Director, Associates for Community Living, Inc., 314 R. Court St., Plymouth, MA 02360.

Associates for Community Living is a Human Services Agency that provides residential services to individuals labeled "Mentally Retarded" and family day care services to young children.

We presently have two Apple Computers and a range of accompanying software and peripherals. I am most interested in discovering ways of networking with other organizations with similar equipment.

If anyone has any information about specific hardware or software for accomplishing this goal, please send it along to use.

Welfare

Preventive Services for Families System Being Developed from Rose Anne Pool, Program Analyst, Preventive Services for Families, Department of Social Services, POB 30037, Lansing, MI 49809.

I have been working on developing the information system for the Preventive Services for Families Program, Michigan Department of Social Services.

Any information you can share would be appreciated. Thank you.

General

London Researcher Wishing to Exchange Information on the Use of New Technology for Social Work Records, from Ray Soper, Senior Information Officer, Directorate of Social Services, 91 Clapham High Street, London, England SW4 7TB.

I hope to be spending some time in the USA next year, probably in New York City, and I would like to take the opportunity of meeting people working in the same area as myself - the use of new technology for social work records.

I have been working for the past five years in the Research and Planning Division of Lambeth Directorate of Social Services. Lambeth is an inner-city London borough with a population of about 200,000, and includes the Brixton area of which you may have heard. The Social Services department employs about 3000 people providing a very wide range of services, including: childcare, mental health and mental handicap, residential and home based care of the elderly, and welfare advice.

The Research and Planning Division works across the whole range of services carrying out client surveys, statistical analysis, and the development and monitoring of new policies and projects. I have been involved in a number of these areas over the past five years but my main current (and future) commitment is in the area of new technology and social work records. I am particularly interested in:

- methods of identifying strategic issues in the use of new technology in social work agencies, and in methods of project planning and evaluation,
- 2) data protection and client confidentiality issues,
- any examples of the use of '4th generation' productivity aids in developing large systems in social work agencies,
- examples of the use of agency statistics in policy development or monitoring in social work agencies, and of the ways in which new technology has affected the production and use of such statistics.

I am involved in a number of inter-agency development groups in this field in this country and would be interested in exchanging information with those working in similar areas in the USA.

The use of new technology for social work records is a rapidly expanding field in this country, but one with as yet comparatively little published material. It is for this reason that I believe that informal exchange networks have an important role to play.

I am not sure how long I will be in the USA, probably for several months and possibly up to a year (the maximum leave of absence I can obtain from Lambeth). I would be pleased to make contact and exchange information with those working in similar areas.

Public Interest Computer Association, from Alan Mac Duffie, Executive Director, PICA, 122 Maryland Ave NE, Washington, DC 20002

The Public Interest Computer Association — PICA — was created to help the nonprofit community make effective use of computer technology. We work with organizations in Washington and elsewhere who are concerned with both local and national issues.

PICA provides individual and organizational members with access to expert advice on hardware and software selection, information on new developments in the computer field, and a variety of computeroriented classes and workshops. PICA members make up a central referral network designed to foster the sharing of information in the community.

In addition, members receive PICA's respected newsletter, NEXUS, combining reviews and articles on computer applications with insightful discussions of the implications of this new technology on our culture and society. Group and individual training and consultation are also available to members at a reasonable fee.

Taking advantage of computers can be a difficult and challenging task. Even deciding what computer to buy can throw one into a jungle of conflicting evaluations, recommendations, options, and opinions.

PICA guides its members through that jungle. Drawing on the experience and expertise of others who've already mapped out the territory, PICA gives you the information you need to make sound decisions regarding computer technology.

Our goal is simple: to help our members take advantage of computers in the most efficient and effective way possible, with the smallest expenditure of resources and the least disruption in ongoing activities. Dedicated people working for worthy causes should spend their time on creative, not mechanical, work.

Information Networking Peace Center, from Lanny Cotler, 27240 Oriole Dr., Willits, CA 95490.

I am currently trying to help my local community establish an information-networking-Peace center. We've even rented a tiny store-front on Main Street.

I'm "into" computers, networking, and social services.

Resources and Materials

Electronic Information Utilities and Networks

RRN (Regional Rehabilitation Network) provides practical information about computer applications, school-to-work transition and networking with rehabilitation professionals and consumers interested in these topics. Write or call Ms Betty Sanderson, Project Coordinator, RRN, Human Interaction Research Institute, 10889 Wilshire Blvd., Suite 1120, Los Angeles, CA 90024.

4-Sight Network from Greater Detroit Society for the Blind, 16625 Grand River, Detroit, MI 48222. A news release on the network follows:

The 4-SIGHTS NETWORK brings the first national telecommunication service to work for the blind. This new system is designed to provide persons working with the blind as well as blind persons themselves with immediate access to, and exchange of, timely data pertinent to their personal and professional needs. It is the latest major innovative program to be introduced to the field by the Great Detroit Society for the Blind since the Society's establishment in 1961.

Individual users will be able to access the Network from anywhere in the United States and Canada, using personal computers or terminals equipped with 300-1200 baud moderns.* Upon establishing the initial communication link with the Network, the system will provide the user with all necessary assistance.

Subscription fees and hourly use rates will vary in accordance with subscribers' needs and access systems.

Information pertinent to the vocational, educational, technological and professional disciplines are the four bywords of the new service. The ten categories listed below constitute the major complement of services to be offered:

Teleconferencing
Job Placement Exchange
Specialized Training
Facilities
Vocational Rehabilitation
Resources

Technological Aids & Appliances Software & Hardware Listings, Reviews & Analyses Multiple Handicapped Blind Services Calendar of Events Bulletin Board

Newsletters, Magazines & Journals

Window on Technology A newsletter for people working in Human Service Programs, from the Applied Program Technology Unit, The Ministry of Community and Social Services, Policy Services and Program Evaluation Branch, 6th Floor, 880 Bay St., Toronto, Ontario M7A 1E9.

Office Data Network Report, An independent biweekly news & analysis of integrated office technology, from Capital Publications, 1300 N. 17th St., Arlington, VA 22209.

The Vol 78 #9 (November, 1984) issue of the **Journal of Visual Impairments & Blindness** is devoted to Microcomputers. Write American Foundation for the Blind, 15 W. 16th St., New York, NY 10011. The table of contents appears below:

- Blindness in the Information Age: Equality or Irony
- Computers: Their Genesis, Use and Potential
- Applications of Microcomputers by Visually Impaired Perssons
- Accessible Computers in the University
- The Microcomputer as a Laboratory Aid for Visually Impaired Science Students
- Constraints on Microcomputer Access for Visually Impaired Persons Large-Print Computers: An Evaluation of Their Features

How I learned to Love (and control) the New Technology: The Year of Getting Computerized.

Establishing Computer-Access Centers: Challenge for the 80s Voice-Based Program Editor for Visually Impaired Persons Periodical Literature on Technology and Disability

Articles

The Incredible Shrinking Company: Psych Systems used to grow very fast. But it fell apart even faster, Forbes, October 22, 1984, pp. 122-23.

Psych-Out Software, Datamation, Vol 30 #16, October 15, 1984. pp. 32+.

Dp and the Disabled, Datamation, Vol 31 #1, January 1, 1985, pp. 22+.

Books and Reports

Nonprofits Enter the Computer Age by Marc Rotenbert, from Community Careers Resource Center, 1520 16th St. N.W., Washington, D.C., 20036. \$6.95.

Personal Computers and the Disabled by Peter A. McWilliams, NY: Quantum Press/Doubleday, 1984, \$9.95. This is a popularized, nontechnical introduction which combines several chapters from other McWilliams books with new information on the Disabled.

Microcomputers in Transit: A Software Handbook. Single copies available free by sending a self-addressed mailing label to the Technology Sharing Program (I-30SH), Office of the Assistant Secretary for Governmental Affairs, U.S. DOT, Washington, D.C., 20590.

Ball, M.J., & Hannah, K.J. **Using Computers in Nursing,** Reston, VA: Reston, 1984. Contents are as follows:

Nurses and Computing History of Health Care Computing Anatomy and Physiology of Computers Software Development Computers in Nursing Education Computers and Continuing Nursing Education Implementing Nursing Computer Applications Administrative Applications Computers in Health Care Institutions Computer Support for Nurses in Community Health Settings Computers in Nursing Research Issues in Nursing Informatics Role of the Nurse in Health Care Computing

Zielstorff, R. Computers in Nursing, Rockville, MD., Aspen Systems Corp., 1980. Contents are as follows:

The Planning and Evaluation of Automated Systems: A Nurse's Point of View HISs, MISs, DBMSs: Sorting Out the Letters

Understanding Computers

Management Information Systems for Public Health Nursing Services

A Computerized Health Information Service Ambulatory Pediatric Assessment: A Computerized System for

Nurses

Innovative Methodology Enhances Nurse Deployment, Cuts Costs A Computerized Education and Training Record Changing to an Automated Information System Automating the Nursing History and Care Plan Requirements for Computerized Patient Monitoring Systems

Computer-based Monitoring in an Intensive Care Unit (ICU): Implications for Nursing Education

Computers	in	Psychiatry/Psychology	

The essential quarterly for clinicians using computers Featuring articles and software reviews on diagnosis, testing, research, office management, and therapy.	(add \$10 for outside USA & Canada)
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All five volumes: \$170 Volume VI (quarterly commencing January 1984): \$40	Name
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26 Trumbull Street New Haven, CT 06511	CityStateZip

Resources and Materials, cont.

Developing the Complete Computer-based Information System A Highly Automated Hospital Medication System: Five Years' Experience and Evaluation

Computers in Mental Health: Where Are We Now?

Automating Nurses' Notes

The Computerized Medical Record System: Meeting the Challenge for Nursing

"Bodycheck"—The Assessment of Lifestyle Risks Using Computer Technology

Patient Responses to Computer Counseling

Using a Computer to Teach Nursing

Computer-Assisted Instruction and the Teaching-Learning Process Application of Computer-Assisted Instruction to Continuing Education

in Nursing: Review of the Literature

Nursing and the Technetronic Age

Computers in Clinical Medicine, A Clinical Review

Software Announcements and Catalogues

Software for muscle control disorders, from Harding & Harris, Inc., POB 1599, Orem, UT 84057

Upcoming Events, Conferences and Meetings

Computers in Aging: The New Frontier is the theme of the Western Gerontological Society March 16, 1985 meeting in Denver CO. Write WGS, 833 Market St., Suite 516, San Francisco, CA 94103, (415) 543-2617.

Automation Programs for Nonprofits, a ½ day hands-on introduction to microcomputers for agency staff who will be using them, March 29 and April 26, 1985 (\$35). Contact Ellen Gouldner, CWIS/AIMS, 17 Lexington Ave., POB 520, NY, NY 10010 (212) 725-3156.

Technology—A Bridge to Independence is the focus on RESNA's 8th Annual Conference on Rehabilitation Technology to be held in June 24-28, 1985, at Memphis, TN. Contact RESNA, Suite 700, 1101 Connecticut Ave., N.W., Washington, D.C., 20036.

CUSS member informal gathering at the Western Psychological Association Meeting, April 18-21, 1985, at San Jose, CA. Contact James Gardner, Fairview State Hospital, 2501 Harbor Blvd., Costa Mesa, CA 92626 for information and with any suggestions about the type of activities which should occur.

National Conference on Special Education Software, May 2-3, 1985,

PSYCOMP Self-Help Software, a series of inexpensive self-help therapy programs for the PC, from 22055 Clarendon St., Suite 101, Woodland Hills, CA 91367.

The Lyon Large Print Program, an assembly language program for obtaining large print on a terminal or printer. It works on most hardware and software. Write Computer DiskCourse, 4546 John St., Vancouver, B.C. V5V 3X2, Canada.

Expand-A-Vision, PC Lens, and PC Voice, for viewing and hearing the IBM PC screen, from ARTS Computer Products, Inc., 145 Tremont St., Suite 407, Boston, MA 02111.

Orion, the biofeedback system from Self Regulation Systems (SRS), 14770 N.E. 95th St., Redmond, WA 98052.

at Alexandria, VA. Contact Elizabeth Glassman, Council for Exceptional Children, 1920 Association Dr., Reston, VA 22091 (703) 620-3660.

American Association for Medical Systems and Informatics (AAM-SI). May 20-22, 1985, San Francisco, CA. Write AAMSI, Suite #402, 4405 East-West Highway, Bethesda, MD 20814.

National Association for Welfare Research and Statistics Workshop, July 21-24, 1985, Lincoln, Nebraska. Contact State Dept. of Social Services, 301 Centennial Mall South, 5th Floor, Lincoln, NE 68509.

Urban and Regional Information Systems Annual Conference, July 28-August 1, 1985, Ottawa, Ontario, Canada. Contact URISA, 1340 Old Chain Bridge., #300, McClean, VA 22101.

World Conference on Computers in Education/85, July 29-August 2, 1985. Norfolk, VA. Paper deadline is August 1, 1985. Write John McGregor, Computer Science Dept. Christopher Newport College, Newport News, VA 23606.

Conference on Engineering in Medicine and Biology, Sept. 30-Oct. 2, 1985, Chicago, IL. Contact ACEMB, 4405 East-West Highway #402, Bethesda, MD 20814.

A Special One Time Introductory Offer to CUSS Network Members from Haworth Press

For a limited time, Haworth Press is offering individual CUSS members a remarkably reduced rate when subscribing to Haworth's new journal **Computers in Human Services**.

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Note: You must use the form below (or copy) for this special offer.

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Enclosed is \$25.00 payable to the Haworth Press, Inc.

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State:

23

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Late arriving information

Funding Sources

DHHS, Public Health Service, Small Business Innovation Research Grants, due April 15 and August 15, 1985. Contact James Moyniham, NIMH, Parklawn Bldg., Rm 10-99, Rockville, MD 20857 (301) 443-3107. Grants are available to small businesses (under 500 employees) to develop mental health applications such as the following

* "software to improve and facilitate (a) management of a clinical trial, (b) clinical data collection (input and editing) during a clinical trial, (c) data management, (d) data display and analysis.

* "software for use with microcomputers for sequencing the test items to the patient and for scoring these tests, including the derivation of factor scores.

* "hardware to provide visual display of the test. . ."

* "software-hardware configurations for research on mental health administration, management and planning.

* "research on institutional, organizational and structural factors. . . which influence the acceptance and usefulness of computers by clinicians,

administrators and managers."

* "software and hardware to facilitate the transfer of mental health data between micro, mini and mainframe computers.

* "computer assisted ways. . . to screen patients with mental disorders, to determine patient need, to provide cost effective clinical and other services. .

Other resources

Lotus 1-2-3/Symphony public domain templates, programs, macros and text files for \$10 for each disk. For listings, write Symphony Disks, 163 Joralemon St., Suite 1102, Brooklyn, NY 11201.

Directory of Microcomputer Software/Hardware in the Human Services, available March 15, 1985, \$25, 200pp. Write Computer Consulting & Programming Associates, 7553 Canal Plaza, Portland, ME 04112

Note: The date of your last paid issues is On Your Mailing Label. Check it to make sure your membership is current. Other codes are as follows:

Due means you requested to be billed, your bill has been sent and CUSSN is waiting for your payment.

Ex means you receive the CUSSN Newsletter because of your position or in exchange for services. However, dues are still welcome.

I wish to join the CUSS Network. Send to:

Dick Schoech, UTA, POB 19129, Arlington, TX 76019.

In Australia, send to Floyd Bolitho, La Trobe U, Social Work, Bundoora, Victoria, Australia 3083.

- In England, send to Lawrence Mosley, Computer Science Dept., University College, Singleton Park, Swansea, United Kingdom SA2 8pp. In France, send to Alain Mazet, 10, Boulevard Gambetta, 87000 Limoges, France
- In Israel, send to Menachem Monnickendam, Deputy Director, Dept. of Development of Local Social Services, Ministry of Labor and Social Affairs, POB 1260, Jerusalem, Israel 9100

Name	Title/Occupation	
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