Title IV-E Child Welfare Waiver Demonstration
Kentucky Interim Evaluation Report
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1. EXECUTIVE SUMMARY

The purpose of Kentucky's Title IV-E waiver demonstration project is to further the state's progress toward the Child and Family Services Review (CFSR) outcomes by reducing the need for out-of-home care (OOHC) placements and shortening the duration of necessary OOHC placements. These aims are being addressed through the implementation of a new intensive in-home service program, Kentucky Strengthening Ties and Empowering Parents (KSTEP) and the expansion of an existing service, Sobriety Treatment and Recovery Teams (START). Both interventions utilize evidence-based practices and evidence-informed strategies. The focus of Kentucky's demonstration project is on the complex needs of families experiencing challenges with substance abuse in Kentucky's child welfare system. Overall, Kentucky seeks to engage and assess all families giving them a voice and to empower them with ownership in services that impact their family and children.

Sobriety Treatment and Recovery Teams-START

The specific objectives of the START program are: to improve child well-being, family functioning, and recovery; reduce recurrence of child abuse; provide comprehensive support services to families; insure quick access to substance abuse treatment; improve treatment completion rates; and increase the county, region, and state's capacity to address co-occurring substance abuse and child maltreatment. Families are served through a partnership between the CHFS Department for Community Based Services (DCBS) and the CHFS Division of Behavioral Health Developmental and Intellectual Disabilities (DBHDID).

The START evaluation was initiated in 2008 and is assessing outcomes for families with co-occurring child abuse/neglect (CA/N) and substance use, who have children under age six. Data for the evaluation of START comes from primary and secondary sources. Evaluation applies to START programming in Jefferson, Fayette, Kenton, and Boyd Counties. No major changes have occurred to the START evaluation since the approval of the initial plan. Results will be used to monitor and oversee START operations in all START sites, guide program decision making, refine the START service model, and to document and disseminate outcome findings.

As of May 7, 2018, 228 families have been accepted and served in START waiver sites. In Jefferson County, 150 families and 258 children have received START services. Fayette County START began enrolling families in January 2017, and has served 35 families with 61 children. Kenton and Boyd Counties both began using IV-E funds on July 1, 2017. Since that time, 32 families and 49 children have been served by START in Kenton and 11 families with 24 children were served in Boyd County.

The START outcome evaluation includes a randomized controlled trial (RCT) as well as a strong quasi-experimental design (QED) featuring propensity score matching (PSM). The evaluation of the first IV-E waiver START expansion site, in Jefferson County, utilizes an RCT. The remaining expansion sites will be evaluated using a QED featuring propensity score matching. Because the QED sites are earlier into implementation, few cases have been closed in these sites; thus, the interim evaluation report will focus mainly on outcomes from the RCT in Jefferson County.

Subsequent reports of maltreatment and rates of entry into state custody did not differ substantially between focal children served by START and children receiving usual services in Jefferson County. However, it should be noted that the rate of entry into state custody for START children is consistent with previous studies of the program, and this rate is considered to represent an improvement over rates typically found among families who enter the child welfare system with substance use disorders. Additionally, children who were removed from the home and served by START were reunited with their parents more often than children receiving usual services, though this finding should be considered preliminary.

Kentucky Strengthening Ties and Empowering Parents

Kentucky currently provides numerous programs and services aimed at strengthening families. There is a need, however, for more accessible interventions to keep children safely in their homes in cases of parental substance abuse. KSTEP is an evidence informed intervention that will stabilize and support families by providing intensive, strengths based, in-home services that will intervene with appropriate evidence-based practices (EBPs). KSTEP began implementation July 1, 2017.

Using the framework of the evidence-based model that is Solution-Based Casework (SBC), KSTEP emphasizes collaboration between families, DCBS, and the provider community to achieve positive outcomes. The basic tenets of KSTEP include case coordination services, partnership with the family, and rapid access and provision of clinical services including substance use treatment. KSTEP will facilitate family engagement and involvement in the assessment and case planning processes, which leads to the empowerment of families and a reduction in high risk behaviors.

As of May 7, 2018, 109 families with a total of 213 children were referred to KSTEP services. There were 13 (11.9%) of the referred families who either did not meet the intensity for KSTEP services or declined participation. Of the remaining service recipients 20.8% (20) cases were closed due to successful completion of the intervention.

2. INTRODUCTION AND OVERVIEW

Kentucky's Title IV-E waiver demonstration project aims to further the state's progress toward the CFSR outcomes of safety, permanency, and well-being of families and children involved in the child welfare system. While Kentucky has provided numerous programs and services aimed at strengthening families, the need was identified for a more targeted approach focused on prevention and early intervention. Through the waiver, Kentucky specifically aims to reduce the need for OOHC placements and shorten the duration of necessary OOHC placements. Kentucky's demonstration project further focuses on addressing the complex needs of families experiencing challenges with substance abuse. These goals are being approached through the implementation of KSTEP and the expansion of START. The ultimate hope for this initiative is that Kentucky's child welfare services will improve in engagement and assessment, increase their positive impact on children and families, and empower families.

2.1 BACKGROUND AND CONTEXT

The overall population of focus originally conceptualized for the waiver included children under ten years of age who are at moderate or imminent risk of entering OOHC, and whose parents have risk factors of substance use and/or family violence. Kentucky's DCBS uses an assessment tool to identify the families and children that fall within these categories. Using this tool during waiver planning, it was established that between January 22nd and December 31st of 2014, 57% (N=12,429) of children under the age of ten who were involved in reports of child abuse/neglect, through which there were either findings of substantiation or services needed, had substance abuse and/or family violence as a contributing risk factor. Among children under the age of six, 47% of the 8,380 substantiated or services needed reports indicated substance abuse as a contributing risk factor. These data demonstrated that there was considerable need among Kentucky's families for services to address substance abuse and family violence issues and this informed the selection of the population intended to be served through this waiver. The necessity to develop and train for adequate interventions for family violence where few existed coupled with the already delayed implementation of the KSTEP intervention resulted in the waiver steering committee eliminating the requirement of family violence as a contributing risk factor in order to better focus resources on substance affected families given limited capacity. However, the waiver steering committee did agree that during implementation of KSTEP, attention would still be given to the identification of resources for those families affected by family violence. The flexibility of funding provided by the waiver allows Kentucky to address the unique needs of these children and families through the specialized services of either KSTEP or START.

Through the waiver, the START program has been expanded in Jefferson, Fayette, Boyd, and Kenton Counties based on needs assessment and available resources. Within these counties, the START demonstration program focuses on children under six years of age, who have a parent with a substance abuse problem, and are at moderate or imminent risk of entering foster care, or are already in out-of-home care. START emphasizes quick access to substance use treatment and regular and intensive casework from both a social worker and a family mentor.

After rigorous planning, KSTEP was implemented July 1, 2017 in four counties located in the Northeastern service region (Carter, Greenup, Mason, and Rowan). Families in these counties with at least one child under the age of 10 who has a parent with a substance abuse problem and are at moderate or imminent risk of entering foster care are eligible to receive KSTEP services. Similar to START, the emphasis is on quick access to intensive in-home services, assessment, and linkage to treatment. All contracted in-home service providers working with KSTEP have been trained and are becoming certified in the use of the family driven, evidence-based model known as Solution Based Casework (SBC). Through the certification process, each provider submits data to the purveyor and coaches relevant to the tenants of SBC. Many have reached 100% adherence to the model (Appendix E) and are ready to train others in the state with high fidelity.

2.2 PURPOSE OF THE WAIVER DEMONSTRATION

The purpose of Kentucky's child welfare demonstration project is to address the complex needs of families experiencing challenges with substance abuse who are involved in the child welfare system. Kentucky's waiver project has the following goals:

- Reduce the number of children entering OOHC through the implementation of the KSTEP program and expansion of the existing START program.
- Reduce the amount of time children in the target population spend in OOHC through access to the KSTEP and START programs.
- Increase permanency for all infants, children, and youth by reducing the time in foster placements when possible.
- Increase positive outcomes for infants, children, youth, and families in their homes and communities, including tribal communities, and improve the safety and well-being of infants, children, and youth.

2.3. EVALUATION FRAMEWORK

2.3.1 Overview of the Evaluation

The state is conducting an evaluation to test the hypothesis that the flexible use of Title IV-E funds to increase START services available to families with co-occurring child maltreatment and substance use will result in improved safety, permanency, and well-being outcomes for targeted children. This evaluation serves multiple purposes during the course of the waiver period and beyond. First, evaluation efforts guide early decision-making through the assessment of agency capacity/readiness, monitoring of program implementation, and informing program improvements. Second, evaluation efforts examine program effectiveness by defining and measuring anticipated program outcomes as well as identifying factors associated with positive outcomes. Lastly, evaluation efforts provide information on program costs and future (long-term) cost avoidance realized through the achievement of anticipated program outcomes. The evaluation for the IV-E Waiver consists of three components: an outcome evaluation, a process evaluation, and a cost analysis. An overview of each is provided in this report.

While the START program can be described as a promising practice with four published manuscripts (Hall et al., 2015; Huebner, Willauer, & Posze, 2012; Huebner, Willauer, Posze, & Hall, 2015; Huebner, Willauer, Posze, Hall, & Oliver, 2015), describing the program's outcomes, the evaluation plan outlined for the IV-E waiver represents the most rigorous test of the START program to date. Specifically, the outcome evaluation includes a randomized controlled trial as well as a strong quasi-experimental design featuring propensity score matching. The evaluation of the first IV-E waiver START expansion site, in Jefferson County, utilizes a randomized controlled trial (RCT). Evaluation for the remaining expansion sites consists of a quasi-experimental design (QED) utilizing propensity score matching (PSM). Both the RCT and QED are described in more detail below. Within the START evaluation, three program specific hypotheses are being tested:

> Hypothesis 1: By increasing services to families experiencing co-occurring child maltreatment and substance abuse through the START program, children will experience a lower rate of entry into OOHC.
>
> Hypothesis 2: Participation in START will result in increased family functioning and child and adult well-being.

Hypothesis 3: By decreasing the rate of entry in OOHC through START, expenditures associated with OOHC will decrease.

2.3.2 Theory of Change/Logic Model

The theory of change that informs this waiver project includes the expansion of in-home and community-based services through the creation of KSTEP and the expansion of the START program. This will result in more families receiving substance use prevention, early intervention and treatment services, more families stabilizing with increased family functioning, and a decrease in families experiencing initial and repeat maltreatment. By providing reunification and aftercare services to families of children returning home, reunifications will not be disrupted. The results will be a decrease in children returning to care. The theory of change model for START is illustrated in Figure 1 and KSTEP is illustrated in Figure 2. Both have been updated to reflect the short, immediate, and long-term outcomes as well as those reflected in the terms and conditions. Figure 3 and Figure 4 present the logic models for START and KSTEP which cover the intended and anticipated background, inputs, activities outputs, and outcomes for the interventions.

Figure 1. START Theory of Change

Figure 2. KSTEP Theory of Change

Figure 3. START Logic Model

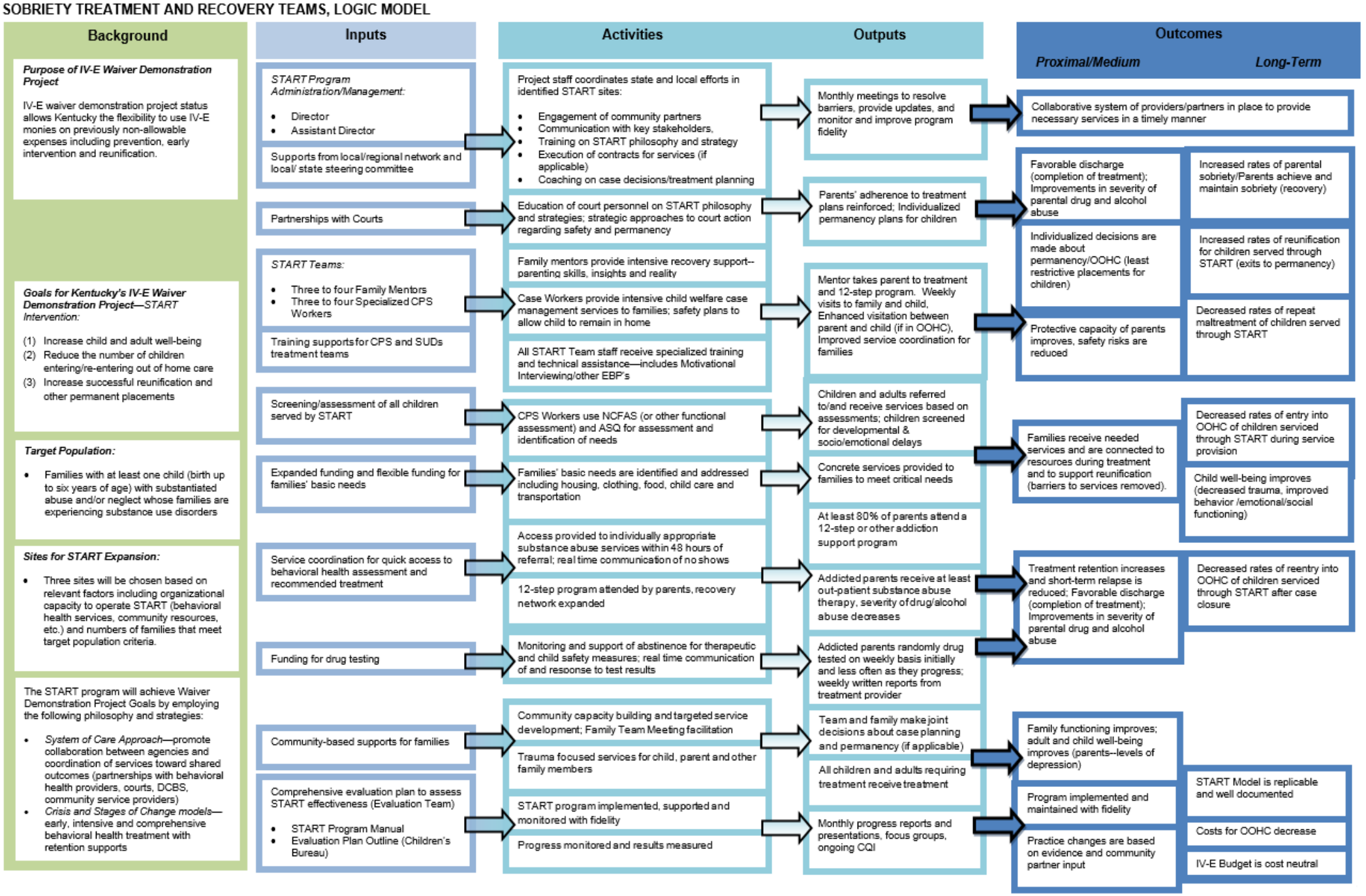
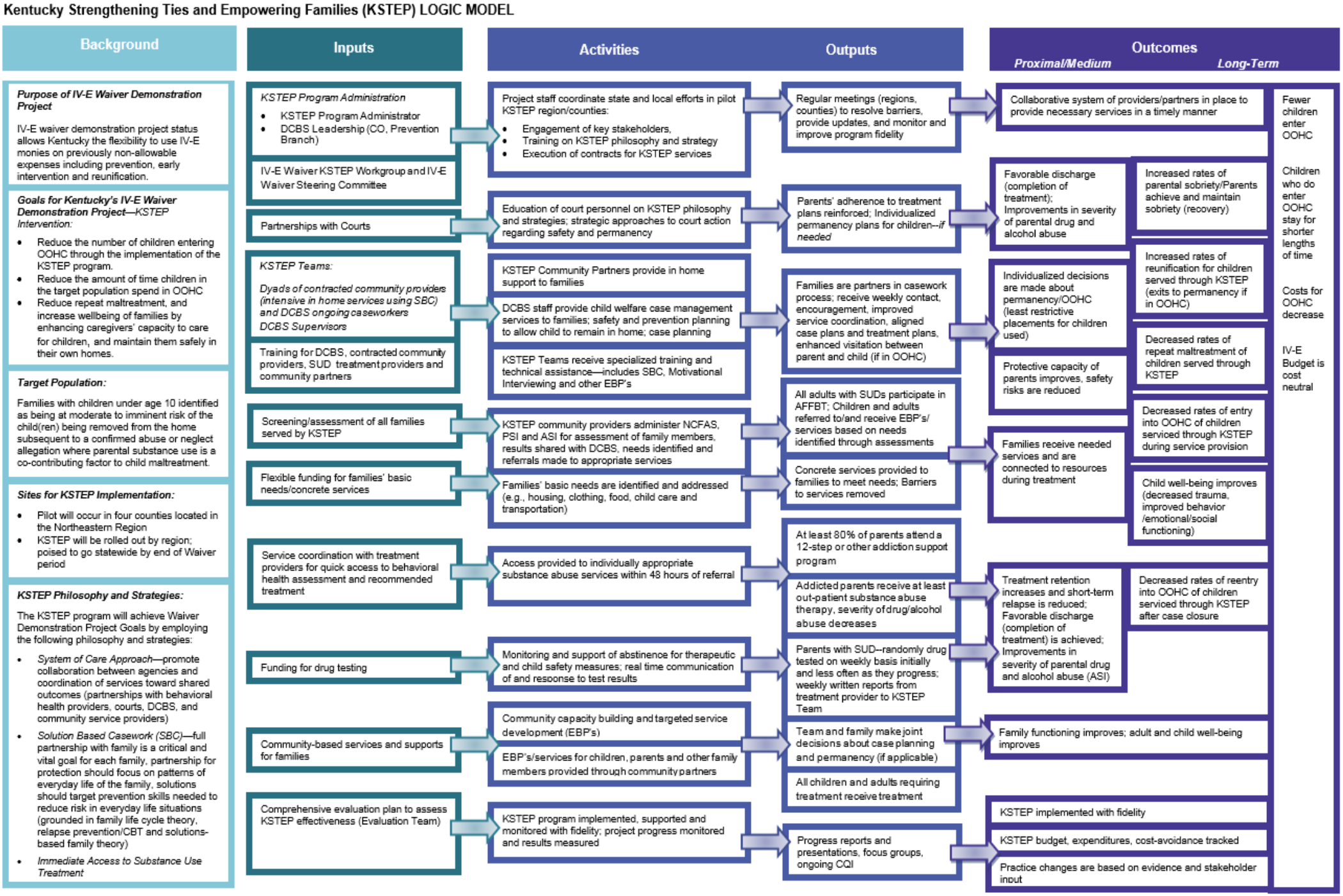


Figure 4. KSTEP Logic Model



2.3.3. Data Sources and Data Collection Methods

The START outcomes evaluation will utilize both primary and secondary data collection. Primary data will be collected by trained interviewers in all START waiver sites. These interviews will consist of baseline and 12-month follow-up interviews that focus on a range of relevant outcomes including substance use, psychological distress, legal problems, and criminal activity. Additionally, interviews will collect data from parents about children's behavior and health. In Jefferson County, both START and control families will be recruited to complete primary data, whereas primary data will be completed only by START participants in the remaining START waiver sites.

Secondary data will be collected on all families receiving START (both adults and children) through two sources: the State Automated Child Welfare Information System (SACWIS), The Workers Information SysTem (TWIST) and the START program's START Information Network (START-IN). TWIST will provide data that will be used to establish a matched comparison group for the non-RCT START sites. Additionally, TWIST will provide safety and permanency data for all families in the START control and comparison conditions.

2.3.4 Sampling Plan

Families are eligible for the START program when they meet the following conditions: (a) have a current finding of substantiated ca/n; (b) substance use as a primary child safety risk factor; (c) at least one child under six years of age; (d) prior CPS cases (if applicable) are closed at the time the present case is referred to START; and (e) cases are referred to START within 10 days of the initial CPS report. In the Jefferson County START site, once a family is determined to meet these conditions, the family will be randomly assigned to either START or a standard child welfare services using the biased coin randomization process (i.e., there will be increased odds of being assigned START; this process is described in detail below).

In other waiver sites, the evaluation team will use TWIST data to establish a matched comparison group for families receiving START in those sites. Propensity Score Matching techniques will be used to ensure that START and comparison families are comparable.

2.3.5 Data Analysis Plan

Data analysis will consist of descriptive statistics, comparative analysis, and cost-benefit analysis. Data will be analyzed using statistical software such as STATA 14.0 and IBM SPSS software and includes testing of differences between experimental and control/comparison groups.

Outcomes for experimental and control groups will utilize chi-square for categorical variables and t-tests for continuous measures. The evaluation is guided by an intent-to-treat analysis, in that all families who enroll in the evaluation, regardless of treatment completion, are included in the analysis. However, additional approaches that incorporate amount of treatment actually received will also be integrated.

The waiver sites being evaluated through the QED will also have outcomes compared using chi-square for categorical variables and t-tests for continuous measures. Additional details for each design are provided in subsequent sections.

2.3.6 Limitations

The most significant logistical challenge to the START evaluation has been a lower number of referrals than expected to START and subsequently low numbers of enrollment to the evaluation. These challenges are likely due in part to significant organizational issues including high turnover in the Jefferson County among the START team as well as other units (i.e., investigations). These changes make educational efforts and cross-team efforts difficult to sustain over time. Additionally, the Kentucky child welfare system as a whole has experienced considerable challenges including administration changes within the START program. Counties such as Jefferson have experienced additional burdens including assisting with the county level need to close outstanding investigations and wrap up ongoing non-START cases.

Despite these challenges, the START evaluation team has been engaged alongside START leadership in the brainstorming and implementation of numerous possible solutions and improvements to the START referral system and evaluation enrollment processes. This has included visiting investigative teams in Jefferson County to describe the importance of the evaluation and to clarify referral processes. The evaluation team also participates in regular check-in calls with START leadership and START supervisors, and makes efforts to have representation at many of the local county steering committee and team meetings in order to maintain ongoing communication regarding issues and barriers to implementation, both of the START model and the evaluation.

Finally, the evaluation team experienced an unanticipated delay in receiving safety and permanency data for START and control group families from the state. A 6-week delay was anticipated, however, due to an unusually high workload in the unit, the data were returned closer to 8 weeks after the request was made. This left only two days to analyze and report on safety and permanency outcomes for the RCT before the report was to be submitted to DCBS; therefore, some of the planned analysis could not be completed before the deadline.

2.4 EVALUATION TIMEFRAME AND IMPLEMENTATION STATUS

The evaluation team continues to make significant strides alongside the implementation and expansion of START services in Kentucky. The team now has data collectors in Kenton, Jefferson, and Kenton Counties to recruit evaluation participants and to administer and manage primary measures. Data collectors, alongside the research manager and primary investigator, also work with each local site to streamline referral processes, troubleshoot challenges, and to discuss ways to improve other aspects of both program and evaluation implementation. This ongoing communication is also available to Boyd County despite having no primary data collection activities there. As the project has progressed, this ongoing communication has improved our systems and lessons learned have been translated to new sites and teams. Regular updates to START leadership at all levels is also an important part of the implementation of the evaluation including for the purposes of monitoring fidelity to the START model.

All sites have now been trained in the basic use of START-IN and other procedures that facilitate the evaluation team's access to up to date data. While ongoing challenges with data entry have occurred, the evaluation team's regular communication with local sites and supervisors has proved to be invaluable to making progress in this regard.

With regard to primary data collection, the evaluation will stop enrolling new families in November of 2018. This will allow a time for a 12-month follow-up before the waiver ends in October of 2019.

3. THE PROCESS STUDY START AND KSTEP

The process evaluation for the KSTEP and START programs is informed by research in the areas of empowerment evaluation (Barbee, Christensen, Antle, Wandersman, & Cahn, 2011), Fetterman, Deitz, & Gesundheit, 2010), implementation science (Mowbray, Holter, Teague, & Bybee, 2003; Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005; Durlak & DuPre, 2008; Fixsen, Blasé, Naoom, & Wallace, 2008, Wandersman, Katz & Chien, 2012), and organizational change/development (Glisson & Hemmelgarn, 1998; Glisson & Green, 2010; Aarons, Hurlburt, & Horowitz, 2010).

Accordingly, the process evaluation continues to engage key stakeholders throughout the evaluation process to assess the community context in which Kentucky's IV-E waiver is implemented, core intervention components (KSTEP and START essential components) and core implementation components (implementation drivers), and each set of components' impact on implementation and program outcomes.

The structure of the process evaluation, variables assessed, and outputs tracked are intended to provide the necessary information for which stakeholders can make decisions. The process evaluation is designed to provide the necessary data, to the necessary stakeholders, in a usable manner to effectively make decisions for the each program's successful implementation and sustainability.

Through the ongoing engagement and involvement of key stakeholders, incorporation of implementation science principles, and attention to organizational change and development theory, the process evaluation provides insight to the following:

- Description of the context (system and organization) in which the interventions are being implemented.
- Operationalize and refine core intervention components and indicators.
- Monitor and report key aspects of the implementation process.
- Monitor and report progress toward the achievement of benchmarks and progress toward achieving anticipated program outcomes.
- Determine the impact of community context, intervention core components and implementation core components on program implementation and outcomes.

Assessing Organizational Readiness for Change

From July 19, 2016 through Aug 9, 2016 DCBS invited 2,199 employees within the Division of Protection and Permanency (DPP) to complete an online organizational readiness assessment that resulted in 801 valid responses or a 36.4% response rate. The survey and scoring methodology were a modified version of the Texas Christian University *Institute of Behavioral Research 4-Domain Assessment for Organizational Readiness for Change* (TCU ORC-D4) and maintained a focus on important implementation drivers including self-efficacy, organizational support, and physical work environment. Internal consistency testing was performed on all survey domains resulting in 24 items being removed from analysis due to low internal consistency as measured by Cronbach's alpha.

An initial examination of the data revealed strengths in the domain of self-efficacy while highlighting areas of concern within organizational support and staffing (Appendix A). Although findings are not START or KSTEP specific, they do provide insight into employee perceptions within the DCBS division that START and KSTEP are being implemented. Open-ended comments, of which 284 DCBS DPP staff provided as part of the survey, have validated the quantitative data and support several key themes—*areas for improvement*. These include (but are not limited to) levels of staffing, workload demands, turnover, organizational support, resources, communication, training, performance evaluation criteria, and work-related stress. Respondents' comments were grouped by theme with all identifying information removed and were reported to the Cabinet for Health and Family Services and DCBS leadership on December 1, 2016.

Comment themes included:

- Insufficient staffing levels
- Lack of organizational support
- Lack of resources necessary to do job
- Disconnect between DCBS management and the field staff
- Personal health concerns related to job stress
- Work/family life balance
- Lack of employee voice in decision-Making
- Dissatisfaction with amount/quality of communication coming from management
- Unmanageable caseloads/workloads
- Training/new employee preparation
- Concerns over quality of work/ethical issues
- Currently looking for other employment
- Performance evaluation criteria
- State/DCBS hiring process
- Employee compensation and benefits
- Inadequate physical office facilities

Statewide Focus Groups on Staff Challenges

At the request of DCBS leadership, EKUs Facilitation Center conducted focus groups with DCBS staff (frontline workers, supervisors, and office support staff) in each of the nine regions during

the Winter/Spring of 2017 guided by data obtained from the organizational readiness assessment. A total of 1,322 staff (DPP and Division of Family Support) participated in a focus group. The purpose of the focus group was to gather information from staff regarding the "challenges" they are currently facing in their jobs, as well as what staff felt were priorities for leadership to address. For DPP staff, key challenges included high caseloads, organizational inefficiencies, high staff turnover, worker safety, and training. An executive report was produced, as well as regional reports, and shared with DCBS leadership on July 17, 2017. A copy of the executive report is included in Appendix B.

New Annual Employee Engagement/Satisfaction Survey

In collaboration with DCBS, revisions to the DPP readiness assessment administered in 2016 led to the development of an annual employee engagement/satisfaction survey. A unique link to the survey was sent via email to 4,751 DCBS employees from all DCBS divisions on October 15, 2017 and remained active through November 24, 2017. After subtracting the 125 employees who "opted out" (actively declined) and removing the 294 partial responses caused by participants opening a survey link, answering at least one demographic question, but not providing a response to any other survey item (passive decline) an analyzable sample of 2,171 DCBS employees was obtained. The resulting 46.9% response rate (includes those who passively declined) was substantially larger than the prior year. Additional survey items were specific to ongoing training and supervision needs with specific items added that would be recognizable by individuals working within the DCBS Division of Family Support (44.8%, 956) and those working within the DPP (50.6%, 1078). Although all data were collected anonymously through Qualtrics Survey software, flyers advertising an anonymous link, and QR code were also distributed and displayed in all DCBS offices providing additional options for those DCBS employees that may not have trusted the link provided by email.

Analysis is currently underway with planned dissemination at the end of June 2018. A comparison of data collected from the 2016 DPP organizational readiness assessment will be completed using results from the 2017 DPP sample allowing exploration of change in strengths, areas of improvement, and any areas of concern related to key implementation drivers.

Client Satisfaction with Services

To assist with measuring the impact of START and KSTEP services, the evaluation team in collaboration with program staff created a survey using modified items from the Youth Services Survey for Families (YSS-F). The YSS-F has been widely used to measure client satisfaction with services in behavioral health settings including Kentucky's Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID). Given the collaboration with behavioral health substance use, in-home service, and peer support (family mentor) providers the modified YSS-F (Appendix F) was essentially a great fit.

Once approved by the CHFS IRB, staff from KSTEP and START began to provide a copy of the survey to program participants as they exit from services along with a self-addressed postage paid envelope for anonymous completion and return. In addition the front page of survey allows for participants with a computer or smart phone to take the survey without completing it on paper. As

the START expansion implemented prior to the survey creation, surveys were also mailed to the last known address of all former START clients who received services from Oct 1, 2015 to the launch of the survey. At the time of this report, there have been 17 completed surveys for START and only 3 surveys completed for KSTEP. Results of the survey are reported in "real-time" for START program partners and staff (Combined Results- https://ql.tc/pz51nw , Site Breakdown- https://ql.tc/aZX7cy).

The majority of survey responses are positive and respondents feel as if their needs are being met by the services provided. One major limitation is that the surveys are only given at the completion of services and, therefore, may likely be affected by a response bias if consideration is given to the absence of responses given from families who abruptly stop services or can no longer be located.

As both KSTEP and START continue to collect data from clients leaving services and if a potential response bias becomes more evident, it may warrant discussion with program staff about some alternate methods of administration that will allow voice to those individuals who abruptly leave or can no longer be located.

KSTEP/START Partner Communication and Collaboration

In September 2017 all program staff, partners, administrators, and service providers were invited via email to complete either the KSTEP or START Communication Collaboration Survey. The survey, a modified version of the *Wilder Collaboration Factors Inventory* (Mattessich.et. al, 2001), was completed by 35 individuals from KSTEP and 39 individuals from START. Results were shared during Direct Line or Provider meetings for both programs (Appendix C) and generated strong conversation related to collaboration factors that were highlighted as strengths and concerns in the reports. There will be another administration of the survey in the Fall of 2018 were we will determine if any change has occurred in perceptions of collaboration and communication, two very important drivers for implementation.

START Specific Process Evaluation Activities:

START Program Communication and Collaboration

Members of the evaluation team continue to participate in various START meetings. These meetings are regularly occurring and serve a purpose in supporting the START teams and families with which they work. Regular meeting attendance by members of the evaluation team provides an ongoing platform for reviewing START fidelity and other process evaluation data with team members, behavioral health providers, and program administrators (Table 1).

Table 1: START Program Meetings

Meeting	**Frequency**	**Stakeholders Involved**	**Purpose/Topics/Agenda Items**
START supervisor meetings	Monthly	START supervisors, START assistant directors, START director	Updates on START team staffing, HR related issues, trainings, START_IN, case related documentation, tips with staff for working with families

			(safe sleep, supporting relatives, etc.).
Direct line meetings	Monthly	All direct line staff, supervisors and regional management	Discussions of service delivery, communication, data, reviews, clarification of roles/protocols, case consults and model fidelity.
START Jefferson County expansion meetings	Every two months	Jefferson Co. START supervisors, START assistant directors, START director, DCBS service region administrator, DCBS service region staff, evaluation team	Updates on implementation of START expansion in Jefferson County, identification of barriers, proposed solutions, and action steps.
START provider meetings	Quarterly	Behavioral health providers, START assistant directors, START director, START supervisors	Updates, review of evaluation data, barriers, and solutions.
START statewide meeting retreats	Annually	All START staff	Updates, professional development for staff.

START Family Mentor and START Caseworker Occupational Analyses (DACUM)

Eastern Kentucky University's (EKU) Facilitation Center conducted a Developing a Curriculum (DACUM) for the START family mentor position on March 29-30, 2016. The DACUM process was described in the April 2-16 semi-annual progress report. The eight-member panel of high performing START family mentors created a job definition, "A START family mentor provides peer support to help families navigate through the Department for Community Based Services (DCBS) and other systems to promote recovery in order to keep children safe and families together. A START family mentor serves families referred by child protective services (CPS) due to abuse or neglect with substance abuse being the primary cause with at least one child age five or under". The panel identified seven duties which comprise the majority of their job. Duties include: conduct face-to-face visits, manage recovery self-care, provide client transportation, coordinate client services, participate in START meetings, perform administrative tasks, and perform other duties as assigned. Each duty contained multiple tasks with associated knowledge and skill requirements (Appendix G).

EKUs Facilitation Center conducted a DACUM for the START caseworker position on April 18-19, 2017. A panel of six high performing START caseworkers served on the two-day panel and through a facilitated group process, identified the major duties, tasks, knowledge, skills, and traits necessary for a successful START caseworker. Nine major duties were identified including: assess child safety, conduct home visits, conduct family team meetings, complete required paperwork, locate missing clients, complete case investigations, manage parent/child visitation, participate in case consults with supervisor and treatment coordinator, and complete other tasks as assigned. Through a "dotting" process, START caseworkers identified the tasks that (1) consumed

the majority of their time, (2) were the most critical, and the tasks, knowledge, and skills that (3) were training needs for new workers, and (4) were training needs for tenured workers.

START Training Program Updates

During this reporting period, additional web-based trainings were identified for the START family members to complete before attending START and the child welfare system training. Motivational Interviewing was also identified as a required training for START leadership, supervisors, and caseworkers. The following chart describes the updated required training that START family mentors, START caseworkers, and START family service office supervisors (FSOSs) must attend through the DCBS Training Branch.

Table 2: START Training Program

Training Program (updated 10.27.16)	Family Mentors	START Case-workers	START Super-visors	START Leader-ship
New Employee Orientation (1 day), New Employee Orientation (NEO) is familiarizes new DCBS Staff with the many aspects of Protection and Permanency and Family Support. Classroom training components include: Administrative Information, Harassment Prevention, Introduction to the Region, Professional Development and Training, Technology and Information Management. Web-Based training components include: Americans with Disabilities Act, Equal Employment Opportunity, Health Insurance Portability and Accountability Act (HIPAA), Kentucky Health Benefit Exchange and Medicaid Expansion, Preventing Disease Transmission, Providing Language Access to Limited English Proficient Persons, Random Moment Sampling, Safety First, Targeted Case Management, and Understanding Substance Abuse Disorders in Kentucky Families.	X	X	X	
Introduction to DCBS (7.5 hours), This training targets new employees in the month of hire. Training content will target cross-functional components such as maltreatment, poverty, reporting laws, safeguarding information, and customer service skills. This training will introduce employees to all DCBS program areas. A brief overview of Comprehensive Family Services (CFS) will be provided.	X	X	X	
Pre-Work Protection & Permanency Academy Web-Based Trainings (4.25 hours): Child Development in Child Welfare (1 hour), History and Laws of Child Welfare (.75 hours), Indian Child Welfare Act (.5 hours), Engaging Families Through Genograms and Ecomaps (.5 hours), Dynamics and Indicators of Child Abuse and Domestic Violence (1.5 hours)	X	X	X	
Protection & Permanency Academy/Foundations Core (26.5 hours), First week of the Protection & Permanency Academy--This training provides an overview of the core principles used to engage families and children. This overview includes basic interviewing skills, family solutions, strength-based perspective, cultural awareness, family team meetings and a walk through of an in-home child protective	X	X	X	

services case. Participants will also practice introducing themselves to a family, discussing progress on the Case Plan and writing case contacts. Entry of case contacts into TWIST system will be taught in the next section once the Introduction to the system has been given.				
START and the Child Welfare System (19 hours), This training prepares mentors and other members of the Sobriety Treatment and Recovery Team (START) to work with families that have substance abuse issues and a child under the age of 6. This training begins by teaching skills to engage, empower and build rapport with the family. The participants discuss various traditions, roles, specific questions and other pieces of culture that must be understood and/or used to gain an accurate assessment. Participants are given an overview of the Assessment and Documentation Tool (ADT) and gain a closer look at the 4 areas they will help assess (Family Developmental Stages and Tasks, Family Choice of Discipline, Individual Adult Patterns and Family Support). Participants will review the In-Home Case Planning process and forms used to document the family plan. Participants will read and discuss several scenarios to aid in the understanding of the Standard of Practice 1.1 Ethical Practice.	X			
Protection & Permanency Academy (213.5 hours) prepares new employees with the necessary knowledge and skills to perform their job, as well as a structure through which the knowledge and skills are applied in the field. The P & P Academy is mandatory for all new P&P employees and consists of four trainings/graduate level social work courses. *Detailed course descriptions have been obtained.*		X	X	
Advanced Supervisory Series (69 hours over six months)- This training series provides child welfare leadership with proven strategies and tools that support supervisors as they carry out their diverse activities. The trainings present an integrated framework consisting of three components that will empower supervisors and management to effectively carry out their Administrative, Educational and Supportive functions. Supervisors will practice strategies to ensure strength-based approaches are systemically applied for both employees and families. Topics include critical thinking, ethical decision making, cultural competencies, coaching and mentoring strategies, solution-based casework, community collaboration and engagement skills.			X	
Motivational Interviewing (MI)		X	X	X

START Program Training Evaluation

START staff training attendance/completion is currently being tracked through the Training Record Information System (TRIS). START staff (DCBS and EKU) dates of hire and dates of training initiation/completion are being tracked and reported as process/fidelity measures. Eighteen (18) START family mentors completed the START and the child welfare system training between October 1, 2015 and April 30, 2018.

All DCBS trainings (face-to-face and web-based) continue to be evaluated for participant satisfaction (Level 1), with questions specific to relevance of learning objectives, organization of the training, opportunities for practice, instructional methods, etc. Copies of Level 1 evaluations for START and the child welfare system are included in the appendices.

A pre/posttest (Level 2) has also been developed to assess knowledge gained from participation in the START and the child welfare system training for START family mentors. The pre/posttest was launched in March 2016 and is administered online through TRIS. Participants receive a link to the pretest via email upon registration for the training. The posttest is conducted in the classroom on the last day of the training. Examples of items included on the test include:

10. Which of the following is an indication of family strength?
    - **A. The identified abuse or neglect is associated with a specific adult behavior stressor or crisis, which may subside or can be resolved and/or prevented in the future.**
    - B. The parent's own history of severe sexual or physical abuse resembles the allegations of the current abuse
    - C. The family has been referred to income assistance programs (TANF, Food Stamps) multiple times, although they have never followed through enough to receive benefits
    - D. The custodial parent has received treatment for substance abuse, but quickly relapsed

11. Which strategy encourages you to connect with families?
    - **A. Engagement strategy**
    - B. Empowerment strategy
    - C. Assessment strategy
    - D. Planning strategy

12. Knowledge of the values and customs of a culture is helpful for making
    - A. Decisions about whether to interview the father first
    - B. Decisions about when to bring grandparents into the casework process
    - C. Decisions about when to bring religious or community leaders into the casework process
    - **D. All of the above**

START Fidelity Data (START-IN)

To date, automated fidelity reports were created to pull key indicators from the START-IN database. The following fidelity indicators are now being captured in automated reports (some cleaning of data is necessary):

- # days between DCBS intake and referral to START by statewide/county/year
- #days from referral to START to first FTM by statewide/county/year
- #days from first face-to-face contact (by a START team member?) to the CMHC assessment by gender/statewide/county/year
- # of visits per case per month by Family Mentor by START site
- Average # of days/months START cases are open/families receiving START services

- Average domain scores for NCFAS conducted at intake by county
- Average domain scores for NCFAS conducted at case closure by county

KSTEP Specific Process Evaluation Activities

KSTEP Training Evaluation

During the reporting period, three trainings related to KSTEP implementation took place: (1) Solution Based Casework Initial Training (private providers), March 1-3, 2017; (2) Solution Based Casework for Supervisors (private providers), March 21-22, 2017, and (3) Solution Based Casework Overview (DCBS staff), March 20, 2017. Training evaluation results were reported to the trainers and training mangers as well as the KSTEP project administrator.

Level 1 evaluation data was collected from training participants who attended KSTEP related training programs during the reporting period. The trainings were evaluated using the standard DCBS Level 1 tool which includes items related to trainees' satisfaction with various aspects of the programs including content, instructors, facilities, etc., as well as open ended items asking about their perceptions of the most important things they learned in the training and what other topics or information would help them do their job more effectively.

Below are highlights from the Level 1 training evaluations for each KSTEP training that has taken place (Appendix D)

Solution Based Casework Initial Training (private providers), March 1-3, 2017 (20 responses)

90% of respondents either 'Strongly Agreed' or 'Somewhat Agreed' with the statement, "I was able to relate each of the learning objectives to the learning I achieved."
90% of respondents either 'Strongly Agreed' or 'Somewhat Agreed' with the statement "I will be able to apply what I learned during this session on the job."

What were the three most important things you learned from this training?

- Breakdown of each component, how each component worked and how each step impacts the family.
- Division of family and individual problems, how information gathered, normalizing and exception and intentions affect family buy-in, documentation ideas, How to document client success in a more efficient way.
- Identifying problems within the home, action plans.
- Importance of building support, understanding family situations, and documentation. Interviewing skills, the four milestones, consensus building.
- Milestones, the importance of gaining detailed information, and proper documentation. Model concepts, approach, techniques.
- New skills for interviewing and talking with clients. New skills for working/interviewing families.
- New style for gathering same/similar information, developing family and individual level objectives, PIE strategies. New therapy interventions/techniques.

- Practice model, collaboration, family engagement.
- Safety being most important reason to stay, and not get caught up in day to day. That you focus on safety of the children, you build a good rapport with the family.
- The four interviewing techniques, the milestones, how the family consensus is developed. What SBC is and how to utilize, ways to utilize technology, the importance of this model. What solution based case work is, how to implement SBC, documentation techniques.

What other topics or information might help you more effectively perform your job?

- Better preparation and understanding of the program (KSTEP) and how we are implementing it. Difficult to begin implementing skills effectively based on program start-up.
- Discuss more regarding motivation; specifically with substance abuse. How this will work for our agency.
- Love the trainer.
- More discussion on how to implement in different settings. More practice on techniques introduced.
- More time on documenting and celebrating. More training on application.
- Refresher course on SBC further down the road. This was the best training presentation I have ever attended. Somewhat agree that my questions and concerns were adequately addressed - not trainers fault.

Solution Based Casework for Supervisors (private providers), March 21-22, 2017 (8 responses)

100% of respondents either 'Strongly Agreed' or 'Somewhat Agreed' with the statement, "I was able to relate each of the learning objectives to the learning I achieved."
87.5% of respondents either 'Strongly Agreed' or 'Somewhat Agreed' with the statement "I will be able to apply what I learned during this session on the job."

What were the three most important things you learned from this training?

- Being aware and reminded that safety is first, not to fall into traps and/or other distractions when safety isn't being addressed, there are no stupid questions. Case consult, action plans.
- How to apply, how to teach, how to use tools of model.
- Learning how to gather information from the genogram and gathering a consensus.
- Proficient genogram, how to determine safety risk, how to supervise and use case consultation agenda.
- That supervision and casework can be a parallel process using SBC, improved my ability to write consensus statements, FLO's, ILO's, etc. How to lead an SBC case consultation.

What other topics or information might help you more effectively perform your job?

- How to implement SBC specific to agency policy/protocol.
- I thought the materials were adequate.
- Lisa is "the bomb.com" aka best trainer ever.

Solution Based Casework Overview (DCBS staff), March 20, 2017 (35 responses)

97% of respondents either 'Strongly Agreed' or 'Somewhat Agreed' with the statement, "I was able to relate each of the learning objectives to the learning I achieved."
97% of respondents either 'Strongly Agreed' or 'Somewhat Agreed' with the statement "I will be able to apply what I learned during this session on the job."

What were the three most important things you learned from this training?

- Action plan, family level objectives/individual level objectives, documentation.
- Action plan, heart of case work, ILO and FLO.
- Action planning, normalizing, partnering/engaging with clients and families. Be specific, address, (prev/interrupt/escape).
- Being specific.
- Case planning, specific goods, celebration. Celebrate the small things, make it specific. Documentation techniques, writing objection. Everything was helpful/useful.
- How to develop an action plan, ILO's and FLO.
- Implementing new plans, interacting with the family and indirect in developing their plan. KSTEP will focus prevent, interrupt, and escape.
- Personalize, document, celebrate change.
- Solution based practices, action plan, ILO and FLO.
- Talk to family more, point out strong, document how completed. Tasks need a way to be documented, focus on ever day life events.
- To be client specific, relapses offer opportunities, measurable progress.

What other topics or information might help you more effectively perform your job?

- Action plan. More one on one. Addiction.
- Differences of family level objectives and individual level objectives. Documenting. More examples.
- Everything was good-easy to understand. Houser training.
- Learning more/communication.
- More time hands on working through the material. Transportation to service sight. Better tech workings

4. THE OUTCOME STUDY START

4.1 Key Questions

The state will conduct an evaluation of the use of Title IV-E funds to test the hypothesis that the flexible use of Title IV-E funds to increase services available to families with co-occurring child maltreatment and substance use will result in improved safety, permanency, and well-being outcomes for targeted children. Within this overall goal, the evaluation of the START program is guided by the following key questions and hypotheses.

Question 1: By increasing services to families experiencing co-occurring child maltreatment and substance abuse through the START program, will children experience a lower rate of entry into OOHC?

Hypothesis 1: By increasing services to families experiencing co-occurring child maltreatment and substance abuse through the START program, children will experience a lower rate of entry into OOHC.

Question 2: Will participation in START result in increased family functioning and child and adult well-being?

Hypothesis 2: Participation in START will result in increased family functioning and child and adult well-being.

Question 3: By decreasing the rate of entry in OOHC through START, will expenditures associated with OOHC also decrease?

Hypothesis 3: By decreasing the rate of entry in OOHC (START), expenditures associated with OOHC will decrease.

4.2 Comparison/Cohorts

Expansion Site 1, Jefferson County: Randomized Controlled Trial Design

Jefferson County was chosen as the site for implementing an RCT for a number of reasons. First, there was evidence of an expanding service array, including recovery mentors, a key component of START, available to control group participants. Additionally, START in Jefferson County is located away from most ongoing services, thus reducing the risk of contamination. Finally, Jefferson County includes Louisville, Kentucky's largest city, and the existing START team in the county has historically received a far greater number of referrals than it could serve.

Random assignment of families to experimental and control groups occurs according to the following protocol in Jefferson County (see Figure 5):

1. Jefferson County investigative workers refer family to START by contacting START supervisor.
2. START supervisor determines START program eligibility. START selection criteria include that families: (a) have a finding of substantiated CA/N on this report; (b) substance use as a primary child safety risk factor; (c) at least one child is under six years of age; (d) prior CPS cases (if applicable) are closed at the time the new case is referred to START; and (e) cases had to be referred to START within 10 days of the report.
3. If the START supervisor determines the family is eligible, the supervisor will utilize the randomization feature built into the START-IN database.
4. If the family is randomized to START, the START supervisor notifies the investigative worker and planning begins immediately for a family team meeting

(FTM).

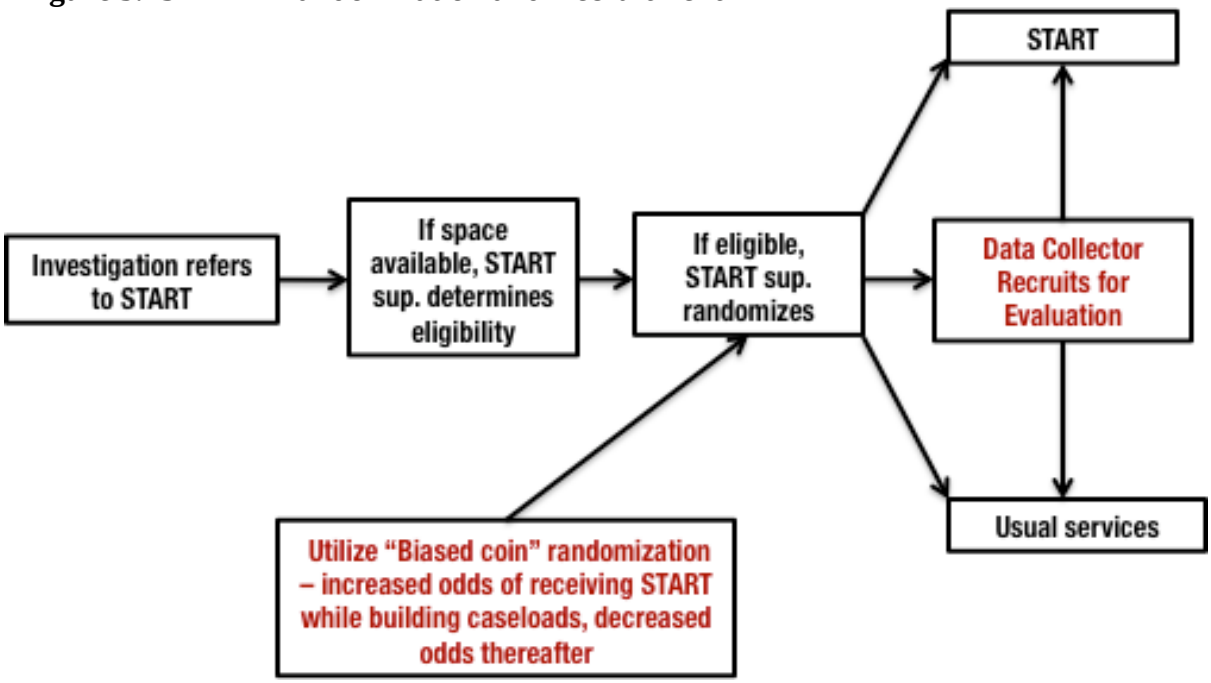
5. If the family is randomized to services as usual, the START supervisor notifies the investigative worker and the case is transferred to a regular on-going unit.
6. The data collector monitors START-IN daily during business days for START-eligible families.
7. When a new family is entered into START-IN, the data collector contacts the START supervisor to obtain family name and contact information.
8. The data collector then contacts the family (families randomized to START and services as usual) to participate in the evaluation. The data collector utilizes an IRB-approved recruitment script to obtain initial consent and schedule an appointment for the family to obtain written consent and complete baseline measures.

Randomization utilizes an adaptive randomization method referred to as "biased coin" random assignment (Efron, 1971). The control: treatment randomization ratio was set at 1:2 so that there are increased odds of each eligible referral being randomly assigned to START. This process ensures that caseloads are filled more quickly than a 1:1 control: treatment ratio. Using these ratios, a randomization feature built into START-IN is used to randomize all cases.

The consequence of this approach is unbalanced sample sizes in the treatment and control groups. To date, referrals to START have remained lower than anticipated. This, in addition to issues of turnover and retention among staff, has resulted in the program never quite reaching capacity. For these reasons, the control: treatment ratio has been kept at 1:2 in hopes of filling caseloads. However, should caseloads reach capacity and there is gradual attrition from the program through case closures, there will then be many more eligible families than program openings. At this time, the control: treatment ratio will be reversed to 2:1, helping balance sample sizes in the control and treatment groups.

As noted above, the randomization happens within the START-IN database. All START staff regularly enter data into START-IN and are familiar with the system. Additionally, the evaluation team maintains access to START-IN and ensures the integrity of the assignment process.

Figure 5. START Randomization and Recruitment



Expansion Sites Utilizing a Quasi-Experimental Design with Propensity Score Matching

For the evaluation of START in Fayette, Kenton, and Boyd counties, the evaluation attempts to minimize selection bias through the use of PSM techniques (Rosenbaum & Rubin, 1983, 1985; Rubin & Thomas, 1996). PSM techniques provide researchers the tools to develop quasi-experimental designs from observation data (i.e., data not collected as an experiment but in other ways). Specifically, the QEDs that come from PSM techniques are contrasts between treatment and comparison groups that show the likelihood of experiencing the treatment based on observed characteristics (Rosenbaum & Rubin, 1983, 1985; Rubin & Thomas, 1996). Becker and Ichino (2002) argued that results that came from quasi-experiments using PSM matching techniques closely approximate those obtained from RCTs. Please see the Data Analysis section below for greater detail on the PSM process.

At this point, it is difficult to estimate whether all of the individual waiver sites in the QED will have a sufficient number of cases to conduct a PSM; it is possible that some sites may need to be grouped together due to their low enrollment and the time in which they initiated services relative to the end of the waiver. However, a review of the application of PSM in clinical settings found that the number of treatment group participants was sometimes as few as 61 (Sturmer, Joshi, Glynn, Avorn, Rothman, & Schneeweiss, 2006).

4.3 Sample

Table 3 provides enrollment data for START participation in the Title IV-E waiver overall and by site. Family and individual site data and overall totals were calculated based upon the periods wherein each site began participating in the waiver. Beginning with overall numbers, 340 individuals have received START services under the Title IV-E waiver, as of May 1, 2018. Of these, 60% are female and 40% are male. Over half (67%) of participants are Caucasian. Jefferson County was the first of Kentucky's START sites to participate in the waiver. Beginning in October of 2015, Jefferson County has enrolled 211 adults. Boyd and Kenton Counties began using IV-E funds in July of 2017 and have enrolled 29 and 49 adults, respectively. In Fayette County, START was initiated in October of 2017 and now has a total of 51 adults who have been served as part of this expansion. Looking at gender and race data by site, percentages appear consistent with the overall number, with the exception that Kenton and Boyd County totals have relatively higher numbers of Caucasian adults enrolled. This is to be expected based upon differences in the demographic makeup of each county.

Table 3. Demographic Data for Individuals Enrolled in START

	Total N (%)	Boyd n (%)	Fayette n (%)	Jefferson n (%)	Kenton n (%)
Families Enrolled	228	11	35	150	32
Adults Enrolled	340	29	51	211	49

Gender					
Male	139 (40%)	13 (45%)	20 (39%)	90 (43%)	16 (33%)
Female	201 (60%)	16 (55%)	31 (61%)	121 (57%)	33 (67%)
Race					
Caucasian	229 (67%)	21 (72%)	35 (69%)	128 (61%)	45 (92%)
African American	64 (19%)	3 (10%)	9 (17%)	49 (23%)	3 (6%)
Hispanic	13 (4%)	1 (3%)	0 (0%)	11 (5%)	1 (2%)
Other	9 (3%)	0 (%)	3 (6%)	6 (3%)	0 (0%)
No Data	25 (7%)	4 (14%)	4 (8%)	17 (8%)	0 (0%)

4.4 Data Sources and Data Collection

The START evaluation covers five domains of primary outcomes including: 1) child well-being, 2) family functioning, 3) recovery, 4) safety, and 5) permanency. Primary data is collected with START families in the domains of child well-being, family functioning, and recovery; administrative data will be used to assess safety and permanency outcomes. All START families in Jefferson, Fayette, and Kenton Counties are invited to participate in the evaluation. For all participants, two evaluation interviews are conducted to collect primary data. One interview occurs at program entry, and a second 12 months later. The content of the interviews consists of the use of several established measures which assess child well-being, family functioning, and recovery (each measure is described in detail below). Interviews take approximately 65 minutes to complete and are conducted by a trained data collector assigned to the county.

Measures covering outcomes in child well-being, family functioning, and adult recovery are included in the primary data collection for START families in Jefferson, Fayette, and Kenton Counties. In each of these, a primary child within each family is identified by DCBS staff and data is collected only on that child. No children are interviewed, tested, or observed for this evaluation; all child information is obtained from parents or caregivers, and the measures vary to be appropriate for the primary child's age. Participants receive a $25 Visa gift card upon completion of each interview.

The following standardized instruments are used to measure child well-being outcomes for START:

- *Trauma Symptoms Checklist for Young Children* (TSCYC; Briere et al. 2001): The TSCYC is the first fully standardized and normed trauma measure for children ages 3 to 12 who have been exposed to traumatic events, such as child abuse, peer assault, and community violence.
- *Child Behavior Checklist-Preschool Form* (CBCL; Achenbach and Rescorla 2000): The CBCL uses information collected from parents to assess the behavior and emotional and social functioning of children.

To measure family functioning outcomes, the START evaluation uses a single measure:

- *Center for Epidemiologic Studies-Depression Scale, 12-Item Short Form* (CES-D; Radloff 1977): The CES-D will be used to assess primary caregiver depression.

Finally, the START evaluation team administers the following measure to assess adult recovery outcomes:

- *Addiction Severity Index, Self-Report Form* (ASI Self-Report Form; McLellan et al. 1992) The ASI Self-Report Form will be utilized to assess the severity of parental drug and alcohol abuse.

The three outcome domains and corresponding measures, the appropriate age range for each measure, and estimated completion time is summarized below in Table 4.

Table 4. Selected Instruments for the Outcome Domains of Child Well-Being, Family Functioning, and Recovery

Instrument	Recommended Age Range for Children of Primary Caregivers	Estimated Administration Time
Child Well-Being		
TSCYC	3 to 12 years	15 to 20 minutes
CBCL	18 to 60 months (CBCL)	15 to 20 minutes
Family Functioning		
CES-D	Birth to 18	5 to10 minutes
Recovery		
ASI	Birth to 18	10 to15 minutes

In Kenton, Fayette, and Boyd Counties, the program evaluation will use a matched comparison group of non-START clients drawn from TWIST. Matching variables are drawn from the *Assessment and Documentation* (ADT) tool available through TWIST. This includes many matching variables used in a previous study that utilized PSM to establish treatment effects of substance use services for families involved in the child welfare system (Guo, Barth, & Gibbon, 2006).

The following secondary data is available for all START sites**:**

- TWIST; A data submission is required every six months for the RPG grant.
- START Information Network (START-IN), which includes:
  - START Family Information Form;
  - START Adult Caretaker Information Form;
  - Adult Progress Form;
  - Child Information Form;
  - Child Progress Screen;
  - Family Mentor Contact Form;
  - North Carolina Family Assessment (General and Reunification Scales);
  - The Substance Abuse Provider Initiative website housed in the CHFS and managed by DBHDID
- Cost data provided by the Division of Administration and Financial Management on costs of the program.

In addition to the client outcomes evaluated, the START evaluation team also assists in the monitoring of fidelity to the START model throughout implementation. This activity assists the START team and leadership in adjusting their practices to insure that the model is being implemented as designed and that clients are receiving appropriate and comparable standards of services. Data collection for fidelity monitoring is comprised of extracting data entered by START team members at each county child welfare office, as well as data entered by substance use treatment providers. This data includes factors such as dates of services, which can be computed and compared to the START model's implementation timeline. Data sources for fidelity reporting include days between DCBS intake and referral to START, days from referral to START, and first family team meeting (FTM), and days between FTM and community mental health center (CMHC) assessment.

4.5 Data Analysis

Data analysis for the RCT will consist of descriptive statistics and comparative analysis. Data will be analyzed using statistical software such as STATA 14.0 and IBM SPSS software and includes testing of differences between experimental and control/comparison groups. Outcomes for experimental and control groups will utilize chi-square for categorical variables and t-tests for continuous measures. The evaluation is guided by an intent-to-treat analysis, in that all families who enroll in the evaluation, regardless of treatment completion, are included in the analysis. However, additional approaches that incorporate amount of treatment actually received will also be integrated.

Data for the PSM will be drawn from TWIST. Possible comparison families in TWIST consist of families within a START county who were referred to START, but could not be accepted due to capacity, as well as families living in counties contiguous to a START program. PSM takes place in two steps. The first step utilizes a logistic regression model to calculate individuals' propensity for being in the START program. The basis of this logistic regression analysis is as follows: participation in the START program serves as the dependent measure and the measures of an individual's child, family, and case-level characteristics serve as the independent measures. The algebra for the propensity score is as follows (Rosenbaum & Rubin, 1983):

$$p(T)=pr\{T=1 \mid S\}=E\{T \mid S\},(1)$$

Here, p(T) is the propensity score for participating in START or ESP, T indicates that an individual is a particular participant, and S is the vector that contains the covariates, pr stands for the probability, and E refers to error. A logistic regression model is used to adjust the propensity score for the participation in START.

The covariates for the logistic regression are as follows: the presence of at least one child under 6 years of age, the same time frame for the referral (within the same calendar year), a substantiated finding, overall risk rating, the presence of substance abuse as a risk factor, mental health, poverty, and a report from the same or an contiguous county. These covariates consist of START eligibility criteria (age; substance use as a risk factor; substantiated finding) and other individual/contextual (risk rating; mental health; poverty), historical (same time frame as START referral), and geographic (same or contiguous county) factors to ensure a good match.

The second step of the PSM process is the matching procedure. A number of matching procedures are available to researchers to use. Each provides a different set of assumptions, but they potentially arrive at the same outcome—a balanced data set. This study will use a 1-to-1 nearest-neighbor matching procedure. This procedure is used because it provides a balanced data set that closely mimics a randomized controlled trial. Further, the nearest-neighbor will put individuals that are close to one another in the dataset together and provide quick convergence of the matching process. To avoid introducing bias using nearest neighbor, individuals will be randomized in the data. Relying only on the nearest-neighbor will not provide the proper results because the matching algorithm will only look for propensity scores that are exact. Austin (2008) suggested using a caliper (i.e., standard deviation of the propensity score) of 0.20 to avoid this problem. This process will eliminate individuals that are not alike based on the propensity score, but retain only those individuals that are similar to one another across the two programs based on a 0.20 caliper of the propensity score.

When this step is complete, the bias in the covariates should be small. The calculation of the standardized bias provides an assessment of the overall bias in the covariates. Rosenbaum and Rubin (1985) argued that standardized bias that is below 10 indicates the proper matching has occurred. After propensity score matching has taken place, a number of regression analyses are performed to determine the effectiveness of the programs. For those items that are dichotomous, logistic regression analysis will be performed. In addition, for the items that are count, poisson or negative binomial analysis will be performed. The production of PSM and the different forms of regression that need to be performed may indicate specialized software. All of the analyses will be performed using STATA 14.0, which will allow for seamless movement of the data between PSM and regression.

4.6 Results

We will first describe the results for primary data collection related to adult and child well-being, followed by results for safety and permanency. As the sites that fall under the QED evaluation are recently established and have few completed START cases, only safety and permanency data for the RCT in Jefferson County is reported.

Primary Data on Adult and Child Well-Being

With regard to primary data collection, a total of 80 families, most from Jefferson County, have enrolled in the evaluation and completed baseline measurements at this time. One adult in each family – the *focal adult* – completes the measures related to adult well-being. All 80 (100%) participants are the female biological parent of the focal child identified in the evaluation. Of these 80, 66 (82.5%) were receiving START in Jefferson, Fayette, or Kenton counties, and 14 (17.5%) were assigned to the control group in Jefferson County. Table 5 provides additional demographic data for these participants.

Table 5. Demographic Data for Focal Adults in START Evaluation, Primary Measures

Variable	Total N (%)	START n (%)	Comparison n (%)
Female	80 (100%)	66 (100%)	14 (100%)
Biological Parent	80 (100%)	66 (100%)	14 (100%)
Race			
Caucasian	57 (71%)	48 (73%)	9 (64%)
African American	20 (25%)	16 (24%)	4 (29%)
Other	3 (4%)	2 (3%)	1 (7%)
Hispanic/Latino	5 (6%)	4 (6%)	1 (7%)
Current Residence			
Primary Residence	58 (73%)	48 (73%)	10 (71%)
Treatment Facility	16 (20%)	14 (21%)	2 (14%)
Homeless Shelter	1 (1%)	1 (1%)	0 (0%)
Other	5 (6%)	3 (5%)	2 (14%)
Relationship Status			
Single	46 (58%)	36 (55%)	10 (71%)
Married to focal child's biological parent	9 (11%)	8 (12%)	1 (7%)
Cohabitating with focal child's biological parent	9 (11%)	8 (12%)	1 (7%)
Cohabitating with other individual	2 (3%)	2 (3%)	0 (0%)
Divorced, separated, or widowed	13 (16%)	11 (17%)	2 (14%)
Income			
$0-9,999	63 (79%)	53 (80%)	10 (71%)
$10,000-19,000	1 (1.25%)	1 (1.25%)	0 (0%)
$19,001-24,999	10 (13%)	9 (14%)	1 (7%)
$25,000+	4 (5%)	1 (1.25%)	3 (21%)
Income Source			
Wages	20 (25%)	18 (27%)	2 (14%)
Public Assistance	24 (30%)	20 (30%)	4 (29%)
Disability	3 (4%)	3 (5%)	0 (0%)
Other	29 (36%)	24 (36%)	5 (36%)
None	20 (25%)	15 (23%)	5 (36%)

Similar to the racial pattern observed in Table 3 for all START families served under the waiver, participants who have completed primary data collection are predominantly Caucasian (71.25%). Most primary data collection thus far has occurred in Jefferson County, and the racial status of individuals who have completed primary data collection is similar to the county itself, which is 72.7% Caucasian (U.S. Census Bureau, 2018).

At baseline, the majority of participants (72.5%) were living in a primary residence associated with the case, with comparable percentages of START (73%) and comparison group (71.4%)

participants reporting this status. An additional 20% of the overall sample reported current residence in a treatment facility, 5 (6.25%) individuals were living in other locations such as with friends or family, and one individual (1.25%) completed baseline measures while residing in a homeless shelter.

Among the women in this sample, 46 (57.5%) were single. The remaining participants were either married to the other biological parents of the focal child (11.25%), cohabitating with this other parent (11.25%), cohabitating with another individual (2.5%) or remained divorced, separated, or widowed (15.25%). Overall, the largest difference between the comparison and treatment group with regards to relationship status, was within the single status, with observed percentages being higher for the control (71.4%) versus the comparison group (55%).

With regards to employment, no women participating at baseline were employed full-time. Among the group receiving START services, 14% were employed part-time, while 7% of the comparison group were similarly employed. The majority of participants (78.5%) reported annual incomes of less than $10,000, with similar figures observed for both START and comparison group participants. Overall, reported sources of incomes included wages (25%), public assistance (30%), disability (4%), and other (36%), with relatively similar distributions across income sources for each of the two groups. A quarter (25%) of baseline participants at this stage report having no source of income; 23% of START participants and 35% of the comparison group.

In addition to demographic data, the primary measures administered through the START evaluation include the Addiction Severity Index (ASI) and the Center for Epidemiologic Studies Depression Scale Short Form (CES-D). Table 4 shares select findings from these scales as administered to the evaluation participants described above at baseline. Scores are based on 76 completed instruments currently available for analysis.

Beginning with the ASI, participants' reported past 30-day drug use at the time of baseline administration. Overall, participants report having used a wide variety of substances. The most often reported substances in descending order included cannabis, heroin, barbiturates, other opiates/analgesics and amphetamines. Also included is a report of the average number of days in which participants used alcohol for the past 30 days. On the whole, the sample reported using alcohol an average of 6 days in the past 30 days, with the START group reporting a somewhat higher number of days (7 days) versus the comparison group (3 days).

Table 6. Results from Baseline Administration of ASI and CES-D

Item	Total (N = 76)	START (n = 62)	Control (n = 14)
ASI-Past 30 Day Drug Use, n (%)			
Heroin	11(14%)	9 (15%)	2 (14%)
Methadone	3 (4%)	3 (5%)	0 (0%)
Opiates/Other Analgesics	9 (12%)	8 (13%)	1 (7%)
Barbiturates	1 (1%)	1 (2%)	0 (0%)
Sedatives/Hypnotics/Tranquilizers	5 (7%)	5 (8%)	0 (0%)
Cocaine	9 (12%)	7 (11%)	2 (14%)
Amphetamines	8 (11%)	6 (10%)	2 (14%)

Cannabis	13 (17%)	12 (19%)	1 (7%)
Hallucinogens	0 (0%)	0 (0%)	0 (0%)
ASI –Presently Awaiting Charges, Trial, or Sentence	12 (16%)	8 (13%)	4 (3%)
ASI – Past 30 Days Alcohol Use, Mean (Range)	6 (0-20)	7 (0-20)	3 (0-2)
ASI – Past 30 Days Experiencing Medical Problems, Mean (Range)	4 (0-30)	2 (0-14)	5 (0-30)
ASI – Past 30 Days Serious Family Conflict, Mean (Range)	2.5 (0-30)	4 (0-30)	2 (0-30)
CES-D Depression Symptoms	12 (0-34)	12 (0-34)	12 (0-26)

Difficulties within the past 30 days were also reported with regards to medical problems and serious conflicts with family. On average, participants reported experiencing medical problems 4 days in the past 30 days; an average of 2 for START participants and 5 for the comparison group. Serious conflicts with family were reported at an average of 2.5 days for the same period, with the START group reporting a higher average of 4 days relative to the 2 days on average reported by the comparison group. In terms of legal issues, 16% of the sample reported that they were currently awaiting charges, trials, or sentencing; 13% of the START sample and 3% of the comparison group.

With regard to CES-D depression results, we report the averages and range of scores reported on the scale for START, comparison, and the total evaluation group. The CES-D version used in this study presents participants with the option to report how often they experience 12 different symptoms of depression. For each item, possible responses include: Rarely/Never (0), Some or a little (1), Occasionally (2) and Most or all of the time (3). For both START and comparison groups, the average total score was 12, suggesting some depressive symptoms were being experienced by many participants at baseline. The range of scores varied from 0 or no experience of symptoms, to 34, which suggests some participants were experiencing significant depression most or all of the time.

Measures assessing child well-being are only completed for one child in each family, designated as the *focal child*. If more than one child in a family is aged 0 to 5, the focal child is the child closest to 3 years old. This decision was made to increase the sample for the child well-being measures. Unfortunately, data collection on child well-being has been very limited for two main reasons. First, the majority of children in families who have been recruited for primary data collection are too young to be assessed with the selected measures. The TSCYC is standardized for children aged 3 to 12 years old, and the CBCL for children who are at least 18 months old. Second, some families recruited for primary data collection had already experienced a removal – the child well-being measures assess *current* functioning and are not appropriate when children have not been in the care of their biological parent. Thus, at this time, results from the TSCYC child measure of trauma symptoms are not reported. However, we do report results from the CBCL in Table 7, for which we have 8 completed baseline responses to date. Two measures were excluded at this time due to missing age and gender data required to assess normality on various domains.

The CBCL asks caregivers to report on the behaviors and development of the child of focus and the measure takes these into account providing an assessment of whether the child is performing normally on various domains or presents borderline clinical or clinical concerns in various areas. Similar assessments are also made for a number of DSM-Oriented scales including whether the child's behavior and development present concerns with regards to such conditions as autism spectrum conditions and anxiety. Results below indicate the number and percentage of respondents who reported borderline clinical or clinical concerns with regards to internalizing problems (e.g. somatic complaints, withdrawn), externalizing problems (aggressive behavior, attention problems), stress problems (e.g. nervousness, mood changes), and the DSM-Oriented Scales. Of the eight respondents in this report, all clinical indicators were seen among the START group, with 14% of caregivers reporting child symptoms consistent with borderline clinical or clinical levels for internalizing problems, externalizing problems, and DSM-Oriented scales. Additionally, 29% reported borderline clinical or clinical levels for externalizing problems in the focal children of START families.

Table 7. Borderline Clinical and Clinical Results from Baseline Administration of CBCL

ITEMS	TOTAL (N=8) n (%)	START (n=7) n (%)	CONTROL (n=1) n (%)
Internalizing Problems	1 (12.5%)	1 (14%)	0 (0%)
Externalizing Problems	2 (25%)	2 (29%)	0 (0%)
Stress Problems	1 (12.5%)	1 (14%)	0 (0%)
DSM-Oriented Scales	1 (12.5%)	1 (14%)	0 (0%)

Secondary Data on Safety and Permanency

The waiver was initiated in Jefferson County in October of 2015. Between that time and January of 2018, a total of 248 families met apparent eligibility criteria and were randomized. Thus, the names and TWIST IDs of 248 focal children (if multiple children under 5 were in the family, the focal child was the one closest to age 3) were submitted to DCBS in a request for safety and permanency data.

With regard to the group assignment status of the 248 families, 170 (68.5%) were randomly assigned to START and 78 (31.5%) to usual services. Thus, the biased coin assignment ratio worked as expected. However, based on notes in START-IN, 39 of the 170 families randomized to START did not receive the service for a number of reasons, including: the family did not attend initial scheduled staffing; the investigative team did not complete the referral in time, or in some cases, ever; or the START supervisor determined that the family did not to meet eligibility criteria *after* randomization (e.g., after the family was randomized, it was determined the family lived in another county; adult did not have substance use problem; or the investigative team decided not to transfer the case for ongoing services). To address this issue, results are reported on the main outcomes by conceptualizing treatment conditions in three ways. First, results are reported comparing families randomized into START versus all other families. Second, results are reported based strictly on randomization status (i.e., regardless of STARTs ability to initially engage the family, or whether the family was subsequently determined to be ineligible). Third, results are

reported for three groups – families randomized to START, families randomized to control, and families randomized to either condition but subsequently determined ineligible.

DCBS returned a file that included safety data on 231 children. It is unclear why 17 children included in the request did not have safety data in the DCBS system – this may be due to a data entry error in START-IN, a lag in the safety and permanency database, or another reason. Due to the tight timeline between the day the data were received and the due date for the report, this issue could not be resolved prior to the completion of the report; however, the evaluation team will work with DCBS to resolve clarify this issue prior to the final evaluation.

With regard to recurrence of child maltreatment, we examined subsequent reports to child protective services within 18 months of the referral to START. Since START cases often last longer than cases receiving usual services, using a standardized follow-up period may be preferable to evaluating subsequent referrals based on date of case closure. Additionally, examining subsequent reports to child protective services 18 months after the referral to START should closely approximate referrals 6 months after closure for START participants, as cases tend to be open for approximately 1 year in Jefferson County. In the final evaluation, subsequent referrals received 24 months after the initial referral to START will be examined.

Of the 231 records returned by DCBS, 134 children were referred to START at least 18 months ago. Table 5 reports subsequent reports and subsequent substantiated reports for focal children from families referred to START. As noted previously, outcomes are reported by three different conceptualizations of treatment condition.

Table 8: Recurrence of Maltreatment by Treatment Condition, START Jefferson County

	Accepted to START		Randomization Status		Treatment Received		
	Yes n = 77	No n = 57	START n = 94	Control n = 40	START n = 77	Control n = 31	Ineligible n = 26
Subsequent reports, 18 or more months, post-referral	26 (33.7%)	21 (36.8%)	35 (37.2%)	12 (30.0%)	26 (33.7%)	10 (32.3%)	11 (42.3%)
Substantiated reports, 18 or more months post-referral	15 (19.5%)	11 (19.3%)	18 (19.1%)	8 (20.0%)	15 (19.4%)	6 (19.4%)	5 (19.2%)

Note. There were no statistical differences between groups on subsequent reports or substantiations, regardless of the way treatment conditions were operationalized.

As shown in Table 8, rates of subsequent reports and substantiated reports did not differ considerably between children in families served by START and children receiving usual services. Notably, since the evaluation is focused on child outcomes, children may have had subsequent reports with non-START-referred families. For example, a child's mother might have received START in 2015, but in 2017, the child might have been found to be neglected by a step-mother.

Though this substantiated report did not involve the mother who received START, it is technically subsequent maltreatment. In fact, one child referred to START had reports of maltreatment with three different families.

With regard to children entering state custody, the evaluation team examined whether children had been removed from the home within a year of their referral to the START program. For this analysis, only families that had been referred to START between October of 2015 and April 1, 2017 were used, thus allowing a full year after referral to START. This resulted in a sample of 182 families. Among these families, 37 focal children had been removed within a year of referral to START. Table 6 displays removals by condition. A slightly higher rate of children receiving START entered state custody compared to children who did not receive the program, though this difference was not statistically significant. Importantly, the rate of children entering state custody in this evaluation is similar to a previous evaluation of START by Huebner and colleagues (2012), which found 21% of children in families receiving START entered state custody. What is surprising is that children in families not served by START had a similar rate of out of home placement in this study. In contrast, 42% of the matched group receiving usual services in Huebner's study were found to enter state custody. However, the children in Huebner's (2012) study who were *referred to START* also had a similar rate of entry into state custody as those actually served. Huebner (2012) postulated that components of the intervention had spread to non-START CPS workers – perhaps a similar phenomenon was experienced in Jefferson County.

Table 9: Children Entering State Custody by Treatment Condition, START Jefferson County

	Accepted to START		Randomization Status		Treatment Received		
	Yes n = 102	No n = 80	START n = 128	Control n = 54	START n = 102	Control n = 47	Ineligible n = 33
Children placed in state custody within 12 months of referral to START	23 (22.5%)	4 (17.5%)	27 (21.1%)	10 (18.5%)	22 (21.5%)	10 (21.3%)	5 (15.2%)

Note. There were no statistical differences between groups on children entering state custody, regardless of the way treatment conditions were operationalized.

Length of time in out-of-home placement was calculated as the total number of days from beginning to end of each placement. Selecting only cases that were removed within 1 year of referral to START, the average length of each placement for children receiving START was 150 days compared to 123 days for children not receiving START. This difference was not statistically significant.

Of cases that had been placed in out of home care, 30 had been resolved as of the time the data were provided. Table 10 reports the location of the focal children at the resolution of placement across treatment conditions. Half of children served by START were reunited with their parents

at case closure, compared to a third of those receiving usual services. Though numbers are small at this point in the evaluation, this represents a promising finding.

Table 10: Permanency Status at Case Closure by Treatment Condition, START Jefferson County

	Accepted to START		Randomization Status		Treatment Received		
	Yes n = 18	No n = 12	START n = 23	Control n = 7	START n = 18	Control n = 6	Ineligible n = 6
Children reunified with parent(s)	9 (50.0%)	4 (33.3%)	9 (39.1%)	4 (57.1%)	9 (50.0%)	3 (50.0%)	1 (16.7%)
Children placed with other family	9 (50.0%)	8 (66.7%)	14 (60.9%)	3 (42.9%)	9 (50.0%)	3 (50.0%)	5 (83.5%)

Note. There were no statistical differences between groups on permanency status, regardless of the way treatment conditions were operationalized.

5. THE OUTCOME STUDY KSTEP

Evaluation associated with KSTEP will monitor outcomes in three overarching areas: safety, permanency, and child/adult well-being. These outcomes will be assessed via the collection and rigorous evaluation of primary and secondary data sources, from both the KSTEP and comparison groups.

This outcome report is limited to the interim time parameters delineated above. Since implementation, approximately 13.73% of the 102 families enrolled in KSTEP have completed the program. This completion is NOT indicative of the success of KSTEP, but rather, is a product of the time since implementation (e.g., families have not had time to complete the program). Please note that whilst the evaluation plan entails comparing outcomes by groups that are matched via PSM, this interim report does not include a matched component. This is due to the limited data collected to this point, which is associated with the limited time since program implementation.

In summary, this interim report focuses ONLY on evaluation of outcomes related to the safety and child/adult well-being based on primary data collected at the intake point and aspects of Phase II of the program implementation.

5.1. Outcome Measures

The primary, overarching measures that KSTEP seeks to impact are safety, permanency, and child/adult well-being. These outcomes are congruent with foci of the CFSR. For the purpose of this interim report, safety and child/adult well-being are operationalized in the following ways:
Child Safety. Several data measures are used to assess safety. Environmental, Parental Capabilities, and Family Safety domains of the *North Carolina Family Assessment Scale* (NCFAS; Reed-Ashcraft, Kirk & Fraser, 2001) are analyzed. Improvements on these domain scores will be

deemed as an improvement in familial safety. The NCFAS is administered to families upon entry into KSTEP and upon completion of the eight month KSTEP service period. Additionally, child domains of Distractibility, Hyperactivity, Adaptability, Reinforces Parent, Demandingness, Mood and Acceptability and parent domains of Competence, Isolation, Attachment, Health, Role Restriction, Depression and Spouse/Parenting Partner Relationship of the Parenting Stress Index (PSI) are also used to assess safety. The PSI is administered upon entry into KSTEP, four (4) months after entry into KSTEP, and at the conclusion of the eight month KSTEP service period. Again, improvements on these domain scores will be deemed as an improvement in familial safety.

Lastly, the *Addiction Severity Index, Self-Report Form* (ASI Self-Report Form; McLellan et al., 1992) is employed as a safety metric. Improvements on this metric will be considered an improvement in familial safety.

Child Well-being. KSTEP evaluators also assess child(ren) and adult well-being. Child well-being is operationalized using scores on the child well-being domain of the *North Carolina Family Assessment Scale* (NCFAS; Reed-Ashcraft, Kirk & Fraser, 2001). This measure has been used in a myriad studies and has been observed to have appropriate psychometric properties. The NCFAS is administered at entry into the KSTEP program, and again at the completion of the eight month KSTEP service period. An increase in child well-being as evidenced by improvements on the child well-being domain score of the NCFAS will be deemed as an improvement.

Adult Well-being. Adult well-being will be assessed using three measures. First, the Environment, Parental Capabilities, Family Interactions, and Family Safety domains of the *North Carolina Family Assessment Scale* (NCFAS; Reed-Ashcraft, Kirk & Fraser, 2001) are analyzed. The NCFAS is administered at entry into the KSTEP program, and again at the completion of the eight month KSTEP service period. Improvements on these domain scores will be deemed as an improvement in adult well-being.

Second, the *Addiction Severity Index, Self-Report Form* (ASI Self-Report Form; McLellan et al., 1992) is employed to assess the severity of parental drug and alcohol abuse. A reduction in addiction severity, as evidenced by this metric, will be deemed an improvement for the purposes of this evaluation. The ASI is administered upon entry into KSTEP, four (4) months after entry into KSTEP, and at the conclusion of the eight month KSTEP service period.

Third, Parenting Stress Index (PSI), parent domains of Competence, Isolation, Attachment, Health, Role Restriction, Depression, and Spouse/Parenting Partner Relationship are utilized to assess adult well-being. The PSI is administered upon entry into KSTEP, four (4) months after entry into KSTEP, and at the conclusion of the eight month KSTEP service period. Improvements on these domain scores will be deemed as an improvement in adult well-being.

5.2 Data Sources and Collection Procedures

To assess the interim program impact of KSTEP, primary data are collected from KSTEP families at a variety of intervals throughout the life of the case. Indubitably, the length of time a case will remain open will vary. The following paragraphs tersely outline what measures will be administered at what interval, and by whom.

The NCFAS will be administered to KSTEP families by the private providers upon entry into KSTEP and upon completion (at the end of eight months). The NCFAS will be administered to KSTEP families by contracted private service providers.

The ASI will be administered to primary caretaking adults (indicating substance misuse) residing in the home at the time the case is accepted to KSTEP. As indicated above, the ASI will be administered upon entry into KSTEP, four (4) months after entry into KSTEP, and at the conclusion of the eight month KSTEP service period. For KSTEP families, the ASI will be administered by contracted private service providers.

Similar to the ASI, the PSI will be administered to all primary caretaking adults residing in the home at the time of the maltreatment report is substantiated. The instrument will be administered at the outset of acceptance in KSTEP, at the end of the fourth month in KSTEP, and at the conclusion of KSTEP services. For KSTEP families, the PSI will be administered by contracted private service providers.

All individuals (i.e., contracted private providers) involved in collecting primary data, no matter the measure, will be trained in appropriate data collection procedures. Data collection occurrences are expected to take between one (1) and two (2) hours. Please note that these times may vary depending on factors such as the size of the family, etc.

5.3 Data Analyses

For this interim evaluation, data were analyzed using IBM SPSS software and included exploratory analyses based on the intake test results of various scales and mean comparisons between different administrations of the tests for some KSTEP families (e.g., those with available data). Additional details for each design are provided below.

Safety. As indicated, safety was measured by primary data collected from (a) the *North Carolina Family Assessment Scale* (NCFAS; Reed-Ashcraft, Kirk & Fraser, 2001), (b) the Parenting Stress Index (PSI), and (c) the *Addiction Severity Index, Self-Report Form* (ASI Self-Report Form; McLellan et al., 1992).

First, data in the Environmental, Parental Capabilities, and Family Safety domains (score ranges from -3 to 2, where -3 = serious problem, -2 = moderate problem, -1 = mild problem, 0 = baseline/adequate, 1 = mild strength, and 2 = clear strength) of the NCFAS scale were analyzed. Matched NCFAS data (e.g., pre and the conclusion of the eight month) were available for 38 out of 74 KSTEP families.

Mean NCFAS scores for pre- and post (e.g., data observation taken at the end of the eight month) were compared for these families using paired samples *t* test for possible significant differences in the above-listed 3 NCFAS domains (See Table 11 below).

Table 11 *Descriptive Statistics and t-test Results for Environmental, Parental Capabilities, and Family Safety*

	Pretest		Posttest			95% CI for Mean			
Outcome	*M*	*SD*	*M*	*SD*	*n*	Difference	*r*	*t*	*df*
Environmental	-1.00	1.54	-.24	1.50	38	-1.07, -0.45	.81*	**-4.99***	37
Parental Capabilities	-1.68	1.38	-.76	1.75	38	-1.25, -0.59	.82*	**-5.70***	37
Child Well-being	-0.71	1.59	-.34	1.74	38	-0.88,-0.14	.57*	-1.47	37
Family Interaction	-0.95	1.45	-.61	1.55	38	-0.73, 0.04	.70*	-1.80	37
Family Safety	-1.26	1.43	-.61	1.76	38	-0.36, -4.46	.86*	**-4.46***	37

* $p < .01$.

As shown in Table 11, results of the paired-samples t-test suggested that the mean scores in the Environmental domain differ significantly before KSTEP (M = -1.00, SD = 1.54) and after eight months in KSTEP (M = -.24, SD = 1.50) at the .05 level of significance (t = -4.99, df = 37, n = 38, p < .01). On average the Environmental scores were about 0.76 points higher after participating in the KSTEP program. Likewise, regarding the Parental Capabilities domain, the mean scores differ significantly before (M = -1.68, SD = 1.38) and after the KSTEP program (M = -.76, SD = 1.75) at the .05 level of significance (t = -5.70, df = 37, n = 38, p < .01), showing an average increase of 0.92 points. Finally, for the Family Safety domain, significant differences also appeared in the mean scores before (M = -1.26, SD = 1.43) and after the KSTEP program (M = -.61, SD = 1.76) at the .05 level of significance (t = -4.46, df = 37, n = 38, p < .01), implying an average improvement of 0.65 points.

Secondly, data from the child domains of Distractibility, Hyperactivity, Adaptability, Reinforces Parent, Demandingness, Mood and Acceptability and the parent domains of Competence, Isolation, Attachment, Health, Role Restriction, Depression, and Spouse/Parenting Partner Relationship on the Parenting Stress Index (PSI) are also analyzed to assess safety. The PSI is administered upon entry into KSTEP and at the completion of the fourth (4) month, and at the conclusion of the eighth month in KSTEP.

Since KSTEP implementation, only 11 out of 58 parents received more than one PSI score observation, evaluators deemed it inappropriate to derive any statistical comparative inferences associated with these data. Rather, descriptive statistics were calculated using the PSI intake test results.

According to the PSI scoring manual, the PSI raw scores were transferred into percentile scores based on the provided standard rubric. Scores that fall within 16^{th} to 84^{th} percentiles are considered normal; scores from 85^{th} to 89^{th} percentiles are considered high, and those above 90^{th} percentiles are flagged for clinically significant parental stress (See details in Tables 12 and 13).

Table 12: *Descriptive Statistics for the PSI Percentile Scores*

	N	Range	Minimum	Maximum	Mean	Std. Deviation
DI Pct	69	100	0	100	56.49	27.108
AD Pct	69	88	7	95	53.97	22.593
RE Pct	69	90	10	100	47.57	22.982
DE Pct	69	98	0	98	46.64	25.557

MO Pct	69	100	0	100	60.86	29.636
AC Pct	69	78	9	87	54.74	20.680
Child Pct	69	93	0	93	51.28	24.266
CO Pct	69	91	4	95	45.12	24.948
IS Pct	69	91	9	100	61.78	25.382
AT Pct	69	73	10	83	50.59	20.966
HE Pct	69	97	3	100	61.71	25.506
RO Pct	69	100	0	100	53.59	23.706
DP Pct	69	96	4	100	53.94	24.812
SP Pct	69	93	5	98	47.67	25.863
Parent Pct	69	95	5	100	50.54	24.157
Total Pct	69	90	0	90	51.49	22.446
LS Pct	69	82	18	100	75.26	21.437
Valid N (listwise)	69					

As indicated in Table 12, the mean PSI Percentile Scores across all the domains fell within low to medium percentile range (range: 45.12% - 75.26), suggesting none of the KSTEP families demonstrated notably high parental stress (above 85%) at the intake test point. It is noted, however, percent scores (75.26%) on Life Stress seemed the highest among all domains.

Table 13: *Descriptive Statistics for the High PSI Percentile Scores (Above the 85th Percentile)*

		N	84%-89% (Count)	84%-89% (Percent)	Above 90% (Count)	Above 90% (Percent)
DI Pct	69	2		2.8%	9	12.9%
AD Pct	69	2		2.8%	3	4.3%
RE Pct	69	1		1.4%	5	7.2%
DE Pct	69	5		7.2%	3	4.3%
MO Pct	69	6		8.7%	11	15.8%
AC Pct	69	3		4.3%	0	0
Child Pct	69	1		1.4%	2	2.8%
CO Pct	69	2		2.8%	2	2.8%
IS Pct	69	2		2.8%	11	15.8%
AT Pct	69	0		0	0	0
HE Pct	69	4		5.7%	9	12.9%
RO Pct	69	3		4.3%	5	7.2%
DP Pct	69	0		0	2	2.8%
SP Pct	69	4		5.7%	2	2.8%
Parent Pct	69	2		2.8%	2	2.8%
Total Pct	69	1		1.4%	1	1.4%
LS Pct	69	11		15.8%	18	25.9%

Table 13 suggested that in Child Domains, highest percent scores appeared in Mood (15.8% of the participants scored above 90%) and Distractibility (12.9% scored above 90%); while in Parent Domains, Isolation (15.8% of the participants scored above 90%) and Health (12.9% scored above 90%) showed notable high parental stress. However, the total domain percent scores (only 2.8% of the participants scored above 90%) of both Child and Parent Domains seemed much less alarming. Additionally, the Life Stress domain showed the highest percent of the participants scoring in the high range of stress (15.8% scored between the 85th and 89th percentiles; and 25.9% scored above the 90th percentiles).

Lastly, the *Addiction Severity Index, Self-Report Form* (ASI Self-Report Form; McLellan et al., 1992) is employed as a safety metric. Improvements on this metric (shown as decrease in the domain scores) will be considered an improvement in familial safety.

According to the ASI manual (McLellan et al., 1992), there are two ways to interpret ASI scores for outcome evaluation: *objective* scores and *subjective* scores across the 7 ASI domains (including Medical Status, Employment Status, Drug Use, Alcohol Use, Legal Status, Family/Social Status, and Psychiatric Status). *Objective* scores refer to a set of composite scores for each of the 7 domains calculated based on the interviewees' self-reported data using psychometrically designed formulas, with higher composite scores indicating higher level of addiction severity. Whereas *subjective* scores are taken from the interviewers' feedbacks based on their overall personal observation (scores range from 0 to 7, where 0-1 = "No real problem, treatment not indicated", 2-3 = "Slight problem, treatment probably not necessary", 4-5 = "Moderate problem, some treatment indicated", and 6-7 = "Considerable problem, treatment necessary 8-9 Extreme problem, treatment absolutely necessary") for each of the 7 domains.

At the time of this report, 128 KSTEP adults received the intake ASI assessments, but only 24 of them were assessed twice. Therefore, intake point data (specifically, the *subjective* scores from the interviewers) were used for exploratory analyses (See Table 14); and both the *objective* and *subjective* mean scores from the different administrations of the ASI form for the smaller sample (N = 24) were compared using the paired samples *t* tests for any possible significant differences (See Tables 15 and 16).

Table 14: *Descriptive Statistics for the ASI Subjective Scores (N = 128)*

Outcome (0-7)	Minimum	Maximum	*Mean*	*SD*
Medical Status	0	4	0.70	1.15
Employment Status	0	4	0.81	1.25
Drug Use	0	4	1.96	1.44
Alcohol Use	0	4	0.34	0.83
Legal Status	0	4	0.40	0.99
Family/Social Status	0	4	1.25	1.41
Psychiatric Status	0	4	1.65	1.34

As implied in Table 14, in general the interviewers' ratings for the clients' needs for counseling across all the 7 ASI domains fell within the low end of the range (0.34 – 1.96), indicating "No real problem" or "Slight problem". Among the 7 domains, the three highest ratings appeared in Drug Use (M = 1.96, SD = 1.44), Psychiatric Status (M = 1.65, SD = 1.34), and Family/Social Status (M = 1.25, SD = 1.41), indicating these areas needed the most intense attention and care during the following KSTEP program implementation.

Table 15 *Descriptive Statistics and t-test Results for the ASI Objective/Composite Scores*

	Pretest		Posttest			95% CI for Mean			
Outcome	*M*	*SD*	*M*	*SD*	*n*	Difference	*r*	*t*	*df*
Medical	1.39	0.25	0.06	0.12	22	-0.03, 0.18	.30	1.44	21
Employment	0.63	0.24	0.55	0.24	22	-0.15, -0.01	.80**	2.46*	21
Drug Use	0.14	0.11	0.04	0.06	23	0.15, 4.91	.40	4.91**	22
Alcohol Use	0.04	0.10	0.02	0.04	24	0.07, 1.13	.09	1.13	23

Legal	0.17	0.27	0.15	0.27	22	0.05, 0.84	.96**	0.84	21
Family/Social	0.20	0.20	0.12	0.13	21	0.14, 2.89	.77**	2.89**	20
Psychiatric	0.20	0.19	0.13	0.16	24	0.13, 2.17	.65**	2.17*	23

* $p < .05$, ** $p < .01$.

As shown in Table 15, four out of the seven ASI domains showed significant improvement (indicated as significant decrease in the ASI *objective* scores) after participating in the KSTEP program, including Drug Use, Family/Social Status, Employment Status, and Psychiatric Status (in the descending order of significant improvements).

Table 16: *Descriptive Statistics and t-test Results for the ASI Subjective/Interviewer Ratings*

	Pretest		Posttest			95% CI for Mean			
Outcome	*M*	*SD*	*M*	*SD*	*n*	Difference	*r*	*t*	*df*
Medical	0.55	0.96	0.45	0.91	22	-0.14, 0.32	.84**	0.81	21
Employment	1.05	1.50	0.73	1.24	22	-0.03, 0.66	.85**	1.91	21
Drug Use	0.08	0.28	0.00	0.00	24	-0.04, 0.20	-	1.45	23
Alcohol Use	2.21	1.35	0.96	1.43	24	0.60, 1.90	.39	3.98**	23
Legal	0.77	1.38	0.64	1.40	22	-0.02, 0.29	.97**	1.82	21
Family/Social	1.43	1.21	0.57	0.98	21	0.24, 1.47	.25	2.91**	20
Psychiatric	1.33	1.27	0.75	1.03	24	0.12, 1.05	.56**	2.60*	23

* $p < .05$, ** $p < .01$.

As demonstrated in Table 16, three out of the seven ASI domains showed significant improvement (indicated as significant decrease in the ASI *subjective* scores) after participating in the KSTEP program, including Alcohol Use, Family/Social Status, and Psychiatric Status (in the descending order of significant improvements). Overall, the Family/Social Status and Psychiatric Status domains showed significant improvement in both the *subjective* and *objective* scores.

Well-being. KSTEP evaluators also assess child(ren) and adult well-being. Child well-being is operationalized using scores on the child well-being domain of the *North Carolina Family Assessment Scale* (NCFAS; Reed-Ashcraft, Kirk & Fraser, 2001). This measure has been used in a myriad studies and has been observed to have appropriate psychometric properties. The NCFAS is administered at entry into the KSTEP program, and again at the completion of the eight month KSTEP service period. An increase in child well-being as evidenced by improvements on the child well-being domain score of the NCFAS will be deemed as an improvement.

As shown in Table 11, results of the paired-samples t-test suggested that there was no significant difference in the mean scores in the Child Well-being domain before KSTEP (M = -0.71, SD = 1.59) and after eight months in KSTEP (M = -0.34, SD = 1.74) at the .05 level of significance. On

average the Child Well-being scores were about 0.37 points higher after participating in the KSTEP program.

Adult well-being will be assessed using three measures. First, the Environment, Parental Capabilities, Family Interactions, and Family Safety domains of the *North Carolina Family Assessment Scale* (NCFAS; Reed-Ashcraft, Kirk & Fraser, 2001) are analyzed.

Based on Table 11, results of the paired-samples t-test suggested that the mean scores in the Environmental domain differ significantly before KSTEP (M = -1.00, SD = 1.54) and after eight months in KSTEP (M = -.24, SD = 1.50) at the .05 level of significance (t = -4.99, df = 37, n = 38, $p < .01$). On average the Environmental scores were about 0.76 points higher after participating in the KSTEP program. Likewise, regarding the Parental Capabilities domain, the mean scores differ significantly before (M = -1.68, SD = 1.38) and after the KSTEP program (M = -.76, SD = 1.75) at the .05 level of significance (t = -5.70, df = 37, n = 38, $p < .01$), showing an average increase of 0.92 points. However, there was no significant difference in the mean scores in the Family Interactions domain before KSTEP (M = -0.95, SD = 1.45) and after eight months in KSTEP (M = -0.61, SD = 1.55) at the .05 level of significance. On average the Family Interactions scores were about 0.34 points higher after participating in the KSTEP program. Finally, for the Family Safety domain, significant differences also appeared in the mean scores before (M = -1.26, SD = 1.43) and after the KSTEP program (M = -.61, SD = 1.76) at the .05 level of significance (t = -4.46, df = 37, n = 38, $p < .01$), implying an average improvement of 0.65 points.

Second, the *Addiction Severity Index, Self-Report Form* (ASI Self-Report Form; McLellan et al., 1992) is employed to assess the severity of parental drug and alcohol abuse. A reduction in addiction severity, as evidenced by this metric, will be deemed an improvement for the purposes of this evaluation. The ASI is administered upon entry into KSTEP, four (4) months after entry into KSTEP, and at the conclusion of the eight month KSTEP service period.

As indicated in Tables 15 and 16, four out of the seven ASI domains showed significant improvement (indicated as significant decrease in the ASI *objective* scores) after participating in the KSTEP program, including Drug Use, Family/Social Status, Employment Status, and Psychiatric Status (in the descending order of significant improvements). While three out of the seven ASI domains showed significant improvement (indicated as significant decrease in the ASI *subjective* scores) after participating in the KSTEP program, including Alcohol Use, Family/Social Status, and Psychiatric Status (in the descending order of significant improvements). Overall, the Family/Social Status and Psychiatric Status domains showed significant improvement in both the *subjective* and *objective* scores.

Third, Parenting Stress Index (PSI), parent domains of Competence, Isolation, Attachment, Health, Role Restriction, Depression, and Spouse/Parenting Partner Relationship are utilized to assess adult well-being. The PSI is administered upon entry into KSTEP, four (4) months after entry into KSTEP, and at the conclusion of the eight month KSTEP service period. Improvements on these domain scores will be deemed as an improvement in adult well-being.

As suggested in Table 3, descriptive statistics based on the PSI intake test results indicated that in Parent Domains, Isolation (15.8% of the participants scored above 90%) and Health (12.9% scored

above 90%) showed notable high parental stress. However, the total domain percent scores (only 2.8% of the participants scored above 90%) of the Parent Domains seemed much less alarming. Additionally, the Life Stress domain showed the highest percent of the participants scoring in the high range of stress (15.8% scored between the 85th and 89th percentiles; and 25.9% scored above the 90th percentiles).

6. THE FISCAL/COST STUDY

Kentucky Cost Study Interim Summary

The cost analysis of the waiver evaluation will investigate the hypothesis that by decreasing the rate of entry in OOHC through implementation of the START program, expenditures associated with OOHC will be lower as costs of OOHC are avoided.

Pre-planning and data collection planning has been completed and the evaluation team is working on data collection. To date, the evaluation team is concentrating on identifying from the data the appropriate costs for each alternative. Data has been obtained related to implementation of the START program, OOHC in general, and also the KSTEP program. While sorting through the data and building a database, the evaluation team is working to identify the costs associated with direct services to families, management and administration, and other items such as materials costs and other miscellaneous costs. The evaluation team is working to identify time allocation measures as well.

As we build the database of relevant data, we will be able to identify an average cost per case for the different alternatives. This is difficult at this point in the project because we are just starting to obtain and identify/interpret relevant data, and at least some of the average costs may fall as case workers are assigned more cases and some fixed costs are spread over more cases or other efficiencies are realized.

Challenges and Opportunities Moving Forward

As the evaluation team has begun to collect data from interviews, surveys, and focus group meetings as well as secondary data from reports from several databases used by START program administrators, supervisors, caseworkers, family mentors and service providers (such as START_IN, TWIST, TRIS, KHRIS, and others), there have been difficulties discovered with interpreting the data. The evaluation team is working to identify the relevant data and defining what questions to ask the data experts to help with construction of the database.

As the database is developed, the analysis may be restricted to a subset of the costs associated with the alternatives and omit some categories of expense data such as some of the costs of administration. As long as it can be reasonably estimated that the costs of the omitted categories are not significantly different among the alternatives, this should not substantially diminish the value of the cost analyses. The evaluation team will still be able to compare costs per case for the various alternatives. The evaluation team may also have to use an average for some of the timekeeping variables as data collection and interpretation have proven difficult in this area. At this point, though, the evaluation team is still working to identify all of the relevant data.

Once this intricate and detailed work with the data and building of the dataset has been completed, data analysis can begin.

7. SUMMARY, LESSONS LEARNED, AND NEXT STEPS

7.1 Summary

The key questions of the evaluation include:

1. By increasing services to families experiencing co-occurring child maltreatment and substance use through the START and KSTEP programs, will children experience a lower rate of entry into OOHC?
2. Will participation in START or KSTEP result in increased family functioning and child and adult well-being?
3. By decreasing the rate of entry in OOHC through START and KSTEP, will expenditures associated with OOHC also decrease? The overarching methodology aimed at determining these outcomes includes two parts: an RCT design with one START site and a QED using PSM for KSTEP and the remaining START sites.

With regard to question 1, rates of entry into state custody did not differ substantially between focal children served by START or KSTEP and children receiving usual services. However, it should be noted that the rate of entry into state custody for START children is consistent with previous studies of the program (see Huebner et al., 2012), and this rate is considered to represent an improvement over rates typically found among families who enter the child welfare system with substance use disorders. It is too soon to assess if KSTEP has had a significant effect with regards to entry into state custody in the region of implementation.

With regard to question 2, not enough primary data has been collected to adequately address changes in these domains. In the final evaluation report, there will be a higher number of completed 12-month follow-up interviews and sufficient comparison data that will enable the evaluation team to be in a better position to assess changes in well-being, at least among adults – assessing changes in child well-being may not be possible given the challenges previously outlined for START.

Though limited, the initial findings included in this report suggest KSTEP is having a positive impact on families served by the program. Over time, significant improvements were indicated on the NCFAS in the Environmental, Parental Capabilities, and Family Safety domains. As well, KSTEP participants showed significant improvement on ASI domains (i.e., Drug Use, Family/Social Status, Employment Status, and Psychiatric Status). Indubitably, these findings, in isolation and collectively, show promise for continuation of KSTEP.

7.2 Programmatic/Implementation Lessons Learned and Recommendations

The evaluation team has a scheduled meeting with START leadership the week after this report is due. During the meeting, the evaluators will review the results of the outcome findings and help START leadership generate a list of items to address. Additionally, the START leadership team will likely have contextual information about the results that will help explain the findings, or

alternatively, have suggestions for subsequent analysis that may better reflect the work of the program.

Additionally, later this month, the evaluation team will be developing a fidelity report for all START sites. This report provides an opportunity for sites to assess the degree to which their programs are consistent with the START timeline (e.g., a family team meeting within 3 days of referral to START; quick access to addiction treatment), and where they do not meet standards, work to remediate their practices. Similar meetings will be planned with KSTEP leadership, contracted providers, and frontline workers.

7.3 Evaluation Lessons Learned and Recommendations

A key lesson learned with regard to the START evaluation is to adjust the timeline for the final report to allow for a longer period of time to analyze safety and permanency data – thus, rather than submitting a data request to DCBS 6 weeks before the data are needed, the team should consider moving this back another 2 to 4 weeks. This will allow time to conduct more nuanced analyses (e.g., evaluating the impact of START dosage or receipt of medication-assisted treatment) which might have clarified the context in which START works best. Additionally, this will allow the evaluation team to review findings with the START leadership team (as described in 6.2) *before* the report is due rather than after. In previous evaluation work with this program, feedback from START leadership and frontline workers has been critical to formulating and conducting the evaluation.

Additionally, with regard to secondary data on safety and permanency, the evaluation team plans to request data on *all* children in families in both START and control/comparison groups. Children in families served by CPS sometimes have different outcomes at case closure – some are reunited with their biological parents while others are adopted by relatives. Thus, it is anticipated that having outcome data for all children in these families will provide a more accurate accounting of family outcomes.

The biggest limitation with KSTEP, thus far, is the short time-frame since program implementation. This has hindered analyses related to some outcome data (e.g., time over time). As well, small sample/group sizes have affected the ability to compute matching criteria for comparison groups. Evaluators anticipate these issues will be addressed, as the program moves through implementation.

Similar to START, needed data for comparison groups will be identified and requested in an earlier timeframe for KSTEP. The interim report process enabled KSTEP evaluators to identify and address some data quality issues now rather than at the time of final reporting. Data stored and maintained in the KSTEP database that is needed for analysis can be obtained much faster now that the team has gone through the process and worked out any quality issues that were identified.

7.4 Next Steps

Next steps for START and KSTEP include the following:

- Determination of PSM indicators for KSTEP and START.
- Increased fidelity reporting for KSTEP and START.

- Continued evaluation of client and staff satisfaction.
- Continued atomization of critical and relevant reporting where possible so that "real-time" reports can be used for program improvement.
- Continued collaboration with program staff to ensure relevancy of evaluation findings and procedures.
- Continued refinement of cost data for sufficient and detailed analysis of expenditures.

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Appendix A

KENTUCKY DEPARTMENT FOR COMMUNITY BASED SERVICES DIVISION OF PROTECTION AND PERMANENCY ORGANIZATIONAL READINESS EMPLOYEE SURVEY EXECUTIVE SUMMARY

The DPP Organizational Readiness Employee Survey focuses on organizational traits that predict successful program change. This summary provides overall scores for Kentucky and its nine DCBS service regions.

November 2016 Eastern Kentucky University Training Resource Center

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Introduction

In July 2016 the Kentucky Department for Community Based Services (DCBS) invited 2,199 employees within the Division of Protection and Permanency (DPP) to participate in an online organizational readiness assessment as part of evaluation efforts related to the state's Title IV-E Waiver. The assessment examined staff perceptions related to **personal/self-efficacy**, **organizational support**, and **organizational environment**. Survey links were live from July 19, 2016-August 9, 2016 resulting in 942 (42.8%) employees agreeing and 22 (1.0%) employees declining participation. Of the 942 employees who agreed to participate in the study, 141 (6.4%) failed to complete the survey and were removed from data analysis. Ultimately, 801 individuals completed the survey resulting in a 36.4% response rate. Response rates above 30% when surveying organizations with greater than 500 employees are acceptable for statistical analysis.

The survey and subsequent scoring methodology were adapted from the Texas Christian University *Institute of Behavioral Research 4-Domain Assessment for Organizational Readiness for Change* (TCU ORC-D4) (2009). The TCU ORC-D4 has been widely used and validated across hundreds of health and social service related settings. Cronbach's alpha (α) (a statistical estimate of internal consistency) was performed on all scales. Alpha scores range from 0 to 1 and scores greater than 0.700 were retained for analysis resulting in three domains (24 individual items) being removed from the analysis. Individual items are still reported in Appendix A as they may be useful for future planning.

Items are grouped conceptually into three major areas – **personal/self-efficacy**, **organizational support**, and **organizational environment**. Interpretations of scores are typically made on the basis of (1) degree of agreement or disagreement on the subset of items for each scale, (2) variance in staff responses, reflecting the level of diversity in their collective perceptions or opinions, and (3) comparisons between response patterns for different agencies or staff subgroups.

The 108 Likert-type items are scored on the basis of 5-point "disagree-agree" responses, which are then averaged within scales and multiplied by 10 to yield final scores that range from 10-50. Higher scale scores (i.e., above 30) represent ***stronger agreement***, and lower scores (i.e., below 30) represent ***stronger disagreement*** signaling an area of concern.

This "Sneak Peak" Executive Summary highlights strengths as well as areas of concern. While interpreting these initial observations some may prefer to see scores for every domain in the top zone of possible scores (i.e., 45-50) despite the fact that this is a rare and an unrealistic expectation. Experience shows that organizational complexities mitigate against very high scores, even in seemingly straightforward matters.

Questions about the survey or this report may be addressed to Christopher Duckworth, M.P.H at Christopher.Duckworth@eku.edu or (859) 622-8846.

Survey Respondent Demographics

How long have you been employed by DCBS?

	Number of Respondents	Percent
Less than 1 year	45	5.6%
1 year to 5 years	236	29.5%
6 years to 10 years	137	17.1%
11 years to 15 years	146	18.2%
16 years to 20 years	119	14.9%
More than 20 years	118	14.7%
Total	801	100.0%

How long have you worked in the Division of Protection and Permanency?

	Number of Respondents	Percent
Less than 1 year	49	6.1%
1 year to 5 years	242	30.2%
6 years to 10 years	144	18.0%
11 years to 15 years	150	18.7%
16 years to 20 years	117	14.6%
More than 20 years	99	12.4%
Total	801	100.0%

Which DCBS service region do you work? In?

	Number of Respondents	Percent
Cumberland	84	10.5%
Eastern Mountain	74	9.2%
Jefferson	108	13.5%
Northeastern	63	7.9%
Northern Bluegrass	95	11.9%
Salt River Trail	70	8.7%
Southern Bluegrass	86	10.7%
The Lakes	88	11.0%
Two Rivers	103	12.9%
Unknown	1	.1%
All Regions (Central Office)	28	3.5%
Not Applicable	1	.1%
Total	801	100.0%

Which best describes your current role?[a]

	Number of Respondents	Percent
Central Intake Staff	20	2.5%
Investigative Staff	188	23.5%
Ongoing Staff	190	23.7%
Foster Care Staff	63	7.9%
FSOS (Family Services Office Supervisor)	129	16.1%
Regional Staff (SRA, SRAA,SRCA, Clinician, Specialist)	69	8.6%
Central Office Staff	25	3.1%
Other	117	14.6%
Total	801	100.0%

a. Roles with fewer than 5 respondents are combined with "Other" to protect participant anonymity

Survey Respondent Demographics

What is the highest level of education you have obtained?

	Number of Respondents	Percent
High School Diploma or GED	12	1.5%
Some College, No Degree	37	4.6%
Associate Degree	16	2.0%
Bachelor's Degree	479	59.8%
Master's Degree	254	31.7%
Other	3	.4%
Total	801	100.0%

Please select the type of Bachelor's Degree you have obtained.

	Frequency	Percent
Bachelor of Arts (BA)	123	27.7%
Bachelor of Science (BS)	124	27.9%
Bachelor of Social Work (BSW)	165	37.2%
Bachelor of Science Social Work (BSSW)	8	1.8%
Other	24	5.4%
Total	444	100.0%

Please select the type of Master's Degree you have obtained.

	Frequency	Percent
Master of Arts (MA)	16	6.6%
Master of Science (MS)	19	7.8%
Master of Social Work (MSW)	109	44.9%
Master of Science Social Work (MSSW)	72	29.6%
Master of Public Administration (MPA)	7	2.9%
Other	20	8.2%
Total	243	100.0%

Summary of Findings

Table 1, below provides mean scores designed to assess areas of organizational readiness for change. Each overall domain score is constructed by determining the mean for a combined 3 to 6 related sub-domains (i.e., personal satisfaction, adaptability, and influence combine to form "personal efficacy overall") consisting of 4 to 5 response items per subdomain. Findings are displayed in terms of mean scores on the scales and normed mean scores (when available) are provided with percentile groupings to assist with establishing performance benchmarks (http://ibr.tcu.edu/wp-content/uploads/2013/12/TCU-ORC-AFS.pdf). It should be noted that domains highlighted green represent modest scores that approach the 75th percentile and should be recognized as strengths and those domains highlighted red fall below the 25th percentile and well below the midpoint threshold of 30 indicating areas requiring **priority** consideration for improvement.

Table 1: Kentucky Mean and Domain Scores

Survey Domain	α	N	Mean	Std. Deviation	KY Score	Normed Mean Score** (N=2,031)
SEA_SW_**Self_Efficacy**_Subscale*	.891	794	4.2467	.55114	42.5	
Personal_Efficacy_**Satisfaction**	.817	793	3.4814	.83248	34.8	
Personal_Efficacy_**Adaptability**	.757	793	3.9741	.58357	39.7	38.2 (75th %tile 40.0)
Personal_Efficacy_**Influence**	.893	792	3.8787	.74525	38.8	35.9 (75th %tile 40.0)
Personal_Efficacy_Overall	.794	793	3.9810	.43932	39.8	40.1 (75th %tile 44.0)
Org_Support_**Training**	.802	795	3.0829	.92726	30.8	34.5
Org_Support_**Supervision**	.831	796	3.2202	.86053	32.2	
Org_Support_**Mission**	.813	795	3.3228	.78981	33.2	35.3
Org_Support_**Stress**	.815	792	1.7667	.77724	17.6	32.7 (25th %tile 25.0)
Org_Support_**Program_Needs**	.901	795	2.5723	.85566	25.7	30.9 (25th %tile 39.0)
Org_Support_Overall	.924	796	3.0129	.51130	30.1	
Environment_**Office**	.852	798	3.3512	1.05571	33.5	33.2
Environment_**Staffing**	.748	796	2.3406	.73093	23.4	31.4 (25th %tile 27.0)
Environment_**Communication**	.849	792	3.1071	.72315	31.1	32.5
Environment_**Cohesion**	.873	794	2.6299	.57288	26.3	34.3
Environment_Overall	.884	800	2.8801	.63747	28.8	

*Item not included in Overall mean calculation **http://ibr.tcu.edu/wp-content/uploads/2013/12/TCU-ORC-AFS.pdf

Overview of Survey Domains-Strengths

Unless key agency needs are identified and motivational pressures are "activated," individuals within an organization are unlikely to initiate *positive* change behaviors. Areas have emerged with high levels of agreement between agency staff and all related to **personal efficacy**.

Adaptability refers to the ability of staff to adapt effectively to new ideas and change.

Survey Item	Mean	Std. Deviation	Percent Agreement
Learning and using new procedures are easy for you	4.02	.78	83.0%
You are able to adapt quickly when you make changes	4.17	.68	91.4%
You are willing to try new ideas even if other staff are reluctant	4.17	.63	91.0%
You are sometimes too cautious or slow to make changes	3.52	.95	19.8%

Influence is an index of staff interactions, sharing, and mutual support.

Survey Item	Mean	Std. Deviation	Percent Agreement
Co-workers often ask your advice about work procedures	4.11	.85	86.2%
You are considered an experienced source of advice about services	4.02	.90	79.9%
You regularly influence the decisions of other staff you work with	3.62	.97	56.1%
Other staff often ask for your opinions about client and service planning issues	3.92	.95	78.3%
You frequently share your knowledge of new practice ideas with others	3.90	.89	78.1%
You are viewed as a leader by the staff you work with	3.68	.97	60.0%

Overall Personal (Self)-Efficacy is an indication of how confident staff are in their own skills and professional abilities. The overall score includes the above items from **adaptability** and **influence** as well as the items below from **satisfaction**.

Satisfaction measures general satisfaction with one's job and work environment.

Survey Item	Mean	Std. Deviation	Percent Agreement
You are satisfied with your present job	3.24	1.25	54.6%
You would like to find a job somewhere else	2.92	1.27	39.0%
You feel appreciated for the job you do at work	2.91	1.35	43.5%
You give high value to the work you do	4.15	.95	87.2%
You are proud to tell others where you work	3.48	1.23	59.3%
You like the people you work with	4.17	.75	89.0%

Overview of Survey Domains-Areas of Concern

These three domains are areas that should be addressed by DCBS. These areas have surfaced with the lowest levels of agreement reported by agency staff and are related to the domain of **organizational support**.

Stress measures perceived strain, stress, and role overload.

Survey Item	Mean	Std. Deviation	Percent Agreement
The heavy staff workload reduces the effectiveness of your work	1.88	1.09	78.3%
You are under too may pressures to do your job effectively	2.21	1.22	66.3%
Staff members at your program often show signs of high stress and strain	1.48	.73	93.4%
Staff frustration is common where you work	1.49	.73	93.4%

Staffing focuses on the overall adequacy of staff assigned to do the work.

Survey Item	Mean	Std. Deviation	Percent Agreement
Frequent staff turnover is a problem for your program.	1.65	1.08	84.8%
Staff in your program are able to spend the time needed with clients	2.14	1.15	18.4%
Support staff in your program have the skills they need to do their jobs	3.29	1.15	53.8%
Your program has enough staff to meet current client needs	1.84	1.08	12.8%
Staff in your program are well-trained	3.21	1.15	52.5%
A larger support staff is needed to help meet needs at our program.	1.88	.97	78.9%

Program Needs focuses on the staff perception of what the organization needs more guidance on…

Survey Item	Mean	Std. Deviation	Percent Agreement
Defining its mission	3.10	1.12	33.8%
Setting specific goals for improving services	2.31	1.10	68.5%
Assigning or clarifying staff roles	2.63	1.19	53.9%
Establishing accurate job descriptions for staff	2.71	1.23	51.0%
Evaluating staff performance	2.50	1.23	58.8%
Improving relations among staff	2.22	1.19	69.0%
Improving communications among staff	2.23	1.19	68.0%
Improving record keeping and information systems	2.50	1.21	57.3%
Improving financial/accounting procedures	2.76	1.06	34.8%

Regional Summary Cumberland

Survey Respondent Information

Total Respondents Statewide: **801**
Total Respondents Cumberland: **84**
Percentage of Total Respondents: **10.5%**

How long have you been employed by DCBS?

	Number of Respondents	Percent
Less than 1 year	1	1.2%
1 year to 5 years	15	17.9%
6 years to 10 years	13	15.5%
11 years to 15 years	21	25.0%
16 years to 20 years	19	22.6%
More than 20 years	15	17.9%
Total	84	100.0%

How long have you worked in the Division of Protection and Permanency?

	Number of Respondents	Percent
Less than 1 year	1	1.2%
1 year to 5 years	15	17.9%
6 years to 10 years	15	17.9%
11 years to 15 years	20	23.8%
16 years to 20 years	19	22.6%
More than 20 years	14	16.7%
Total	84	100.0

Which best describes your current role?*[a]

	Number of Respondents	Percent
Investigative Staff	19	22.6%
Ongoing Staff	16	19.0%
Foster Care Staff	8	9.5%
FSOS (Family Services Office Supervisor)	14	16.7%
Regional Staff (SRA, SRAA,SRCA, Clinician, Specialist)	7	8.3%
Other	20	23.8%
Total	84	100.0%

a. *roles with fewer than 5 employees are combined with "Other" to protect participant anonymity

What is the highest level of education you have obtained?*[a]

	Number of Respondents	Percent
Bachelor's Degree	48	57.1%
Master's Degree	27	32.1%
Other	9	10.8%
Total	84	100.0%

a. * education with fewer than 5 employees are combined with "Other" to protect participant anonymity

Regional Summary Cumberland

Cumberland Mean and Domain Scores					
Domain	**N**	**Mean**	**Std. Deviation**	**Jefferson Score**	**Kentucky Score**
SEA_SW_Self_Efficacy_Subscale*	84	4.3498	.49181	43.5	42.5
Personal_Efficacy_Satisfaction	84	3.4544	.82844	34.5	34.8
Personal_Efficacy_Adaptability	84	3.9732	.59746	39.7	39.7
Personal_Efficacy_Influence	84	3.9107	.76067	39.1	38.8
Personal_Efficacy_Overall	84	3.7552	.49061	37.5	39.8
Org_Support_Training	83	2.9819	.94416	29.8	30.8
Org_Support_Supervision	84	3.2599	.79420	32.6	32.2
Org_Support_Mission	84	3.3500	.75721	33.5	33.2
Org_Support_Stress	84	1.7024	.73271	17.0	17.6
Org_Support_Program_Needs	84	2.5810	.87804	25.8	25.7
Org_Support_Overall	83	2.7883	.57229	27.9	30.1
Environment_Office	84	3.5753	1.09860	35.7	33.5
Environment_Staffing	84	2.2817	.70187	22.8	23.4
Environment_Cohesion	84	2.7718	.58585	27.7	31.1
Environment_Communication	84	3.0571	.50163	30.6	26.3
Environment_Overall	84	2.8910	.33031	28.9	28.8
*Item not included in Overall mean calculation					

Regional Summary Cumberland

Areas of Strength

Areas have emerged with high levels of agreement between agency staff and all related to **personal efficacy**.

Adaptability refers to the ability of staff to adapt effectively to new ideas and change.

Survey Item	Mean	Std. Deviation	Percent Agreement
Learning and using new procedures are easy for you	4.0833	.73153	86.9%
You are able to adapt quickly when you make changes	4.0952	.73827	89.3%
You are willing to try new ideas even if other staff are reluctant	4.1905	.56985	91.7%
You are sometimes too cautious or slow to make changes	3.5238	.88462	17.9%

Influence is an index of staff interactions, sharing, and mutual support.

Survey Item	Mean	Std. Deviation	Percent Agreement
Co-workers often ask your advice about work procedures	4.1310	.87509	86.9%
You are considered an experienced source of advice about services	4.1190	.86991	82.1%
You regularly influence the decisions of other staff you work with	3.7500	.92976	60.7%
Other staff often ask for your opinions about client and service planning issues	3.8810	.99885	73.8%
You frequently share your knowledge of new practice ideas with others	3.8095	1.03524	72.6%
You are viewed as a leader by the staff you work with	3.7738	.97377	60.7%

Overall Personal (Self)-Efficacy is an indication of how confident staff are in their own skills and professional abilities. The overall score includes the above items from **adaptability** and **influence** as well as the items below from **satisfaction**.

Satisfaction measures general satisfaction with one's job and work environment.

Survey Item	Mean	Std. Deviation	Percent Agreement
You are satisfied with your present job	3.1548	1.30332	47.6%
You would like to find a job somewhere else	3.0357	1.23646	35.7%
You feel appreciated for the job you do at work	2.8095	1.31237	38.1%
You give high value to the work you do	4.1190	.99885	85.7%
You are proud to tell others where you work	3.4048	1.30909	53.6%
You like the people you work with	4.2024	.78816	90.5%

Regional Summary Cumberland

Areas of Concern

These three domains are areas that should be addressed by DCBS. These areas have surfaced with the lowest levels of agreement reported by agency staff and are related to **organizational support**.

Stress measures perceived strain, stress, and role overload.

Survey Item	Mean	Std. Deviation	Percent Agreement
The heavy staff workload reduces the effectiveness of your work	1.79	1.054	78.6%
You are under too many pressures to do your job effectively	2.23	1.274	64.3%
Staff members at your program often show signs of high stress and strain	1.40	.679	95.2%
Staff frustration is common where you work	1.39	.581	97.6%

Staffing focuses on the overall adequacy of staff assigned to do the work.

Survey Item	Mean	Std. Deviation	Percent Agreement
Frequent staff turnover is a problem for your program.	1.6429	1.02549	83.3%
Staff in your program are able to spend the time needed with clients	2.0000	1.16164	16.7%
Support staff in your program have the skills they need to do their jobs	3.1905	1.19715	47.6%
Your program has enough staff to meet current client needs	1.7143	1.04791	11.9%
Staff in your program are well-trained	3.4762	1.15619	61.9%
A larger support staff is needed to help meet needs at our program.	1.6667	.92272	84.6%

Program Needs focuses on the staff perception for which the organization needs more guidance.

Survey Item	Mean	Std. Deviation	Percent Agreement
Defining its mission	3.08	1.107	37.3%
Setting specific goals for improving services	2.40	1.147	66.7%
Assigning or clarifying staff roles	2.52	1.172	64.3%
Establishing accurate job descriptions for staff	2.67	1.201	57.8%
Evaluating staff performance	2.48	1.243	61.4%
Improving relations among staff	2.24	1.133	70.2%
Improving communications among staff	2.28	1.182	69.0%
Improving record keeping and information systems	2.67	1.260	51.2%
Improving financial/accounting procedures	2.77	1.140	39.8%

Regional Summary Eastern Mountain

Survey Respondent Information

Total Respondents Statewide: **801**
Total Respondents Eastern Mountain: **74**
Percentage of Total Respondents: **9.2%**

How long have you been employed by DCBS?

	Number of Respondents	Percent
Less than 1 year	3	4.1%
1 year to 5 years	16	21.6%
6 years to 10 years	15	20.3%
11 years to 15 years	16	21.6%
16 years to 20 years	14	18.9%
More than 20 years	10	13.5%
Total	74	100.0%

How long have you worked in the Division of Protection and Permanency?

	Number of Respondents	Percent
Less than 1 year	3	4.1%
1 year to 5 years	16	21.6%
6 years to 10 years	15	20.3%
11 years to 15 years	16	21.6%
16 years to 20 years	16	21.6%
More than 20 years	8	10.8%
Total	74	100.0%

Which best describes your current role?*[a]

	Number of Respondents	Percent
Investigative Staff	18	24.3%
Ongoing Staff	14	18.9%
Foster Care Staff	8	10.8%
FSOS (Family Services Office Supervisor)	10	13.5%
Regional Staff (SRA, SRAA,SRCA, Clinician, Specialist)	6	8.1%
Other	18	24.4%
Total	74	100.0%

a. *roles with fewer than 5 employees are combined with "Other" to protect participant anonymity

What is the highest level of education you have obtained?*[a]

	Number of Respondents	Percent
Bachelor's Degree	54	73.0%
Master's Degree	12	16.2%
Other	8	10.8%
Total	74	100.0%

a. * education with fewer than 5 employees are combined with "Other" to protect participant anonymity

Regional Summary Eastern Mountain

Eastern Mountain Mean and Domain Scores					
Domain	**N**	**Mean**	**Std. Deviation**	**Eastern Mountain Score**	**Kentucky Score**
SEA_SW_**Self_Efficacy**_Subscale*	74	4.3353	.52866	43.3	42.5
Personal_Efficacy_**Satisfaction**	74	3.4797	.87148	34.8	34.8
Personal_Efficacy_**Adaptability**	74	3.9797	.63671	39.8	39.7
Personal_Efficacy_**Influence**	73	3.8037	.77894	38.0	38.8
Personal_Efficacy_**Overall**	74	3.7306	.54002	37.3	39.8
Org_Support_**Training**	73	3.3733	.91013	33.7	30.8
Org_Support_**Supervision**	73	3.3758	.88898	33.7	32.2
Org_Support_**Mission**	73	3.5151	.81166	35.1	33.2
Org_Support_**Stress**	73	1.9178	.86005	19.2	17.6
Org_Support_**Program_Needs**	73	2.9358	.93682	29.3	25.7
Org_Support_**Overall**	73	3.0468	.71791	30.5	30.1
Environment_**Office**	74	3.5079	1.16798	35.1	33.5
Environment_**Staffing**	73	2.6644	.74094	26.6	23.4
Environment_ **Cohesion**	73	2.5982	.50753	26.0	31.1
Environment_ **Communication**	73	3.0890	.55841	30.9	26.3
Environment_**Overall**	74	2.9479	.27441	29.5	28.8
*Item not included in Overall mean calculation					

Regional Summary Eastern Mountain

Areas of Strength

Areas have emerged with high levels of agreement between agency staff and all related to **personal efficacy**.

Adaptability refers to the ability of staff to adapt effectively to new ideas and change.

Survey Item	Mean	Std. Deviation	Percent Agreement
Learning and using new procedures are easy for you	4.1233	.79835	85.1%
You are able to adapt quickly when you make changes	4.2055	.79859	90.5%
You are willing to try new ideas even if other staff are reluctant	4.1918	.68023	90.4%
You are sometimes too cautious or slow to make changes	3.3973	1.06379	30.1%

Influence is an index of staff interactions, sharing, and mutual support.

Survey Item	Mean	Std. Deviation	Percent Agreement
Co-workers often ask your advice about work procedures	4.0548	.94119	86.3%
You are considered an experienced source of advice about services	4.0411	.94924	82.2%
You regularly influence the decisions of other staff you work with	3.4247	.97065	46.6%
Other staff often ask for your opinions about client and service planning issues	3.8493	1.04975	76.7%
You frequently share your knowledge of new practice ideas with others	3.8904	.85897	80.8%
You are viewed as a leader by the staff you work with	3.5616	1.05391	58.9%

Overall Personal (Self)-Efficacy is an indication of how confident staff are in their own skills and professional abilities. The overall score includes the above items from **adaptability** and **influence** as well as the items below from **satisfaction**.

Satisfaction measures general satisfaction with one's job and work environment.

Survey Item	Mean	Std. Deviation	Percent Agreement
You are satisfied with your present job	3.2740	1.32561	55.4%
You would like to find a job somewhere else	2.7260	1.31509	85.1%
You feel appreciated for the job you do at work	3.0548	1.41314	51.4%
You give high value to the work you do	4.2192	.93164	91.9%
You are proud to tell others where you work	3.3973	1.33062	56.8%
You like the people you work with	4.1096	.77391	85.1%

Regional Summary Eastern Mountain

Areas of Concern

These three domains are areas that should be addressed by DCBS. These areas have surfaced with the lowest levels of agreement reported by agency staff and are related to the domain of **organizational support**.

Stress measures perceived strain, stress, and role overload.

Survey Item	Mean	Std. Deviation	Percent Agreement
The heavy staff workload reduces the effectiveness of your work	2.11	1.173	75.3%
You are under too many pressures to do your job effectively	2.40	1.255	63.0%
Staff members at your program often show signs of high stress and strain	1.55	.727	91.8%
Staff frustration is common where you work	1.62	.827	86.3%

Staffing focuses on the overall adequacy of staff assigned to do the work.

Survey Item	Mean	Std. Deviation	Percent Agreement
Frequent staff turnover is a problem for your program.	1.9041	1.18045	79.5%
Staff in your program are able to spend the time needed with clients	2.3562	1.17106	26.1%
Support staff in your program have the skills they need to do their jobs	3.6438	1.04576	69.8%
Your program has enough staff to meet current client needs	2.1233	1.22412	20.5%
Staff in your program are well-trained	3.7123	.99274	75.4%
A larger support staff is needed to help meet needs at our program.	2.2466	1.09012	69.9%

Cohesion focuses on mutual trust and cooperation in the agency.

Survey Item	Mean	Std. Deviation	Percent Agreement
Staff members at your program work together as a team.	2.3151	1.07854	72.6%
Mutual trust and cooperation among staff in your program are strong.	2.5890	1.19995	57.5%
Staff members at your program get along very well.	2.4110	1.06505	63.0%
Staff members at your program are quick to help one another when needed.	2.2740	1.12126	71.2%
There is too much friction among staff members your work with.	3.3699	1.25285	27.4%
Some staff in your program do not do their fair share of work.	2.6301	1.27483	58.9%

Regional Summary Jefferson

Survey Respondent Information

Total Respondents Statewide: **801**
Total Respondents Jefferson: **108**
Percentage of Total Respondents: **13.48%**

How long have you been employed by DCBS?

	Number of Respondents	Percent
Less than 1 year	6	5.6%
1 year to 5 years	26	24.1%
6 years to 10 years	9	8.3%
11 years to 15 years	24	22.2%
16 years to 20 years	18	16.7%
More than 20 years	25	23.1%
Total	108	100.0%

How long have you worked in the Division of Protection and Permanency?

	Number of Respondents	Percent
Less than 1 year	6	5.6%
1 year to 5 years	28	25.9%
6 years to 10 years	14	13.0%
11 years to 15 years	21	19.4%
16 years to 20 years	20	18.5%
More than 20 years	19	17.6%
Total	108	100.0%

Which best describes your current role?*[a]

	Number of Respondents	Percent
Investigative Staff	29	26.9%
Ongoing Staff	23	21.3%
Foster Care Staff	13	12.0%
FSOS (Family Services Office Supervisor)	15	13.9%
Regional Staff (SRA, SRAA,SRCA, Clinician, Specialist)	11	10.2%
Other	17	15.7%
Total	108	100.0%

a. *roles with fewer than 5 employees are combined with "Other" to protect participant anonymity

What is the highest level of education you have obtained?

	Number of Respondents	Percent
High School Diploma or GED	2	1.9%
Some College, No Degree	6	5.6%
Associate Degree	6	5.6%
Bachelor's Degree	44	40.7%
Master's Degree	50	46.3%
Total	108	100.0%

Regional Summary Jefferson

Jefferson Mean and Domain Scores					
Domain	**N**	**Mean**	**Std. Deviation**	**Jefferson Score**	**Kentucky Score**
SEA_SW_**Self_Efficacy**_Subscale*	108	3.9588	.65369	39.6	42.5
Personal_Efficacy_**Satisfaction**	107	3.1386	.87909	31.4	34.8
Personal_Efficacy_**Adaptability**	107	3.9883	.51325	39.9	39.7
Personal_Efficacy_**Influence**	107	3.8816	.66942	38.8	38.8
Personal_Efficacy_**Overall**	107	3.6297	.42352	36.3	39.8
Org_Support_**Training**	108	2.7037	.92293	27.0	30.8
Org_Support_**Supervision**	108	2.7485	.86632	27.5	32.2
Org_Support_**Mission**	108	2.7944	.83586	27.9	33.2
Org_Support_**Stress**	107	1.5047	.60460	15.0	17.6
Org_Support_**Program_Needs**	108	2.2389	.86271	22.4	25.7
Org_Support_**Overall**	108	2.4032	.61526	24.0	30.1
Environment_**Office**	108	2.8171	.90663	28.1	33.5
Environment_**Staffing**	108	2.0216	.67020	20.2	23.4
Environment_**Cohesion**	107	2.7176	.60821	27.1	26.3
Environment_**Communication**	107	3.4187	.65792	34.1	31.1
Environment_**Overall**	108	2.5418	.56559	25.4	28.8
*Item not included in Overall mean calculation					

Regional Summary Jefferson

Areas of Strength

Areas have emerged with high levels of agreement between agency staff and all related to **personal efficacy**.

Adaptability refers to the ability of staff to adapt effectively to new ideas and change.

Survey Item	Mean	Std. Deviation	Percent Agreement
Learning and using new procedures are easy for you	4.03	.66	84.1%
You are able to adapt quickly when you make changes	4.15	.61	91.6%
You are willing to try new ideas even if other staff are reluctant	4.17	.56	91.6%
You are sometimes too cautious or slow to make changes	3.60	.87	16.8%

Influence is an index of staff interactions, sharing, and mutual support.

Survey Item	Mean	Std. Deviation	Percent Agreement
Co-workers often ask your advice about work procedures	4.14	.77	89.7%
You are considered an experienced source of advice about services	3.98	.88	76.6%
You regularly influence the decisions of other staff you work with	3.55	.91	51.4%
Other staff often ask for your opinions about client and service planning issues	3.94	.88	83.2%
You frequently share your knowledge of new practice ideas with others	4.00	.74	84.1%
You are viewed as a leader by the staff you work with	3.66	.89	56.1%

Overall Personal (Self)-Efficacy is an indication of how confident staff are in their own skills and professional abilities. The overall score includes the above items from **adaptability** and **influence** as well as the items below from **satisfaction**.

Satisfaction measures general satisfaction with one's job and work environment.

Survey Item	Mean	Std. Deviation	Percent Agreement
You are satisfied with your present job	2.91	1.35	46.7%
You would like to find a job somewhere else	2.51	1.28	50.5%
You feel appreciated for the job you do at work	2.42	1.31	29.0%
You give high value to the work you do	3.83	1.19	75.7%
You are proud to tell others where you work	3.03	1.35	47.7%
You like the people you work with	4.12	.66	89.7%

Regional Summary Jefferson

Areas of Concern

These three domains are areas that should be addressed by DCBS. These areas have surfaced with the lowest levels of agreement reported by agency staff and are related to the domain of **organizational support**.

Stress measures perceived strain, stress, and role overload.

Survey Item	Mean	Std. Deviation	Percent Agreement
The heavy staff workload reduces the effectiveness of your work	1.59	.90	87.9%
You are under too many pressures to do your job effectively	1.92	1.13	72.9%
Staff members at your program often show signs of high stress and strain	1.30	.55	97.2%
Staff frustration is common where you work	1.21	.41	100.0%

Staffing focuses on the overall adequacy of staff assigned to do the work.

Survey Item	Mean	Std. Deviation	Percent Agreement
Frequent staff turnover is a problem for your program.	1.38	0.95	90.8%
Staff in your program are able to spend the time needed with clients	1.90	1.09	11.1%
Support staff in your program have the skills they need to do their jobs	2.92	1.21	42.0%
Your program has enough staff to meet current client needs	1.48	0.96	6.5%
Staff in your program are well-trained	2.74	1.23	38.9%

Program Needs focuses on the staff perception for which the organization needs more guidance.

Survey Item	Mean	Std. Deviation	Percent Agreement
Defining its mission	2.72	1.18	46.3%
Setting specific goals for improving services	1.89	1.09	78.7%
Assigning or clarifying staff roles	2.24	1.24	64.8%
Establishing accurate job descriptions for staff	2.24	1.21	65.7%
Evaluating staff performance	2.10	1.19	69.4%
Improving relations among staff	1.92	1.15	76.9%
Improving communications among staff	1.77	1.06	82.4%
Improving record keeping and information systems	2.36	1.18	61.1%
Improving financial/accounting procedures	2.52	1.08	41.7%

Regional Summary Northeastern

Survey Respondent Information

Total Respondents
Statewide: **801** Total
Respondents Northeastern:
63 Percentage of Total
Respondents: **7.9%**

How long have you been employed by DCBS?

Number of Respondents		Percent
Less than 1 year	20	31.7%
1 year to 5 years	21	33.3%
6 years to 10 years	10	15.9%
11 years to 15 years	8	12.7%
16 years to 20 years	4	6.3%
More than 20 years	20	31.7%
Total	63	100.0

How long have you worked in the Division of Protection and Permanency?

Number of Respondents		Percent
Less than 1 year	1	1.6%
1 year to 5 years	22	34.9%
6 years to 10 years	18	28.6%
11 years to 15 years	12	19.0%
16 years to 20 years	8	12.7%
More than 20 years	2	3.2%
Total	63	100.0

Which best describes your current role?*[a]

Number of Respondents		Percent
Investigative Staff	9	14.3%
Ongoing Staff	14	22.2%
Foster Care Staff	5	7.9%
FSOS (Family Services Office Supervisor)	13	20.6%
Regional Staff (SRA, SRAA,SRCA, Clinician, Specialist)	8	12.7%
Other	14	22.2%
Total	63	100.0%

a. *roles with fewer than 5 employees are combined with "Other" to protect participant anonymity

What is the highest level of education you have obtained?*[a]

Number of Respondents		Percent
Bachelor's Degree	36	57.1%
Master's Degree	21	33.3%
Other	6	9.6%
Total	63	100.0%

a. * education with fewer than 5 employees are combined with "Other" to protect participant anonymity

Regional Summary Northeastern

Northeastern Mean and Domain Scores					
Domain	**N**	**Mean**	**Std. Deviation**	**Northeastern Score**	**Kentucky Score**
SEA_SW_**Self_Efficacy**_Subscale*	62	4.4113	.44195	44.1	42.5
Personal_Efficacy_**Satisfaction**	62	3.5484	.73576	35.5	34.8
Personal_Efficacy_**Adaptability**	62	4.0323	.51907	40.3	39.7
Personal_Efficacy_**Influence**	62	3.8790	.76654	38.8	38.8
Personal_Efficacy_**Overall**	62	3.7933	.46463	37.9	39.8
Org_Support_**Training**	62	3.4032	.83391	34.0	30.8
Org_Support_**Supervision**	62	3.3978	.80263	34.0	32.2
Org_Support_**Mission**	62	3.5000	.66653	35.0	33.2
Org_Support_**Stress**	62	1.9153	.75061	19.1	17.6
Org_Support_**Program_Needs**	62	2.7145	.73056	27.1	25.7
Org_Support_**Overall**	62	2.9765	.47901	29.8	30.1
Environment_**Office**	62	3.8387	.79715	38.4	33.5
Environment_**Staffing**	62	2.2919	.57646	22.9	23.4
Environment_ **Cohesion**	62	2.5511	.55858	25.5	31.1
Environment_ **Communication**	62	2.9694	.51901	29.7	26.3
Environment_**Overall**	62	2.8503	.27371	28.5	28.8
*Item not included in Overall mean calculation					

Regional Summary Northeastern

Areas of Strength

Areas have emerged with high levels of agreement between agency staff and all related to **personal efficacy**.

Adaptability refers to the ability of staff to adapt effectively to new ideas and change.

Survey Item	Mean	Std. Deviation	Percent Agreement
Learning and using new procedures are easy for you	4.0484	.77729	82.3%
You are able to adapt quickly when you make changes	4.2258	.58448	95.2%
You are willing to try new ideas even if other staff are reluctant	4.2258	.58448	91.9%
You are sometimes too cautious or slow to make changes	3.6290	.87279	12.9%

Influence is an index of staff interactions, sharing, and mutual support.

Survey Item	Mean	Std. Deviation	Percent Agreement
Co-workers often ask your advice about work procedures	4.1452	.84634	83.9%
You are considered an experienced source of advice about services	4.0806	.89256	85.5%
You regularly influence the decisions of other staff you work with	3.6290	.96213	59.7%
Other staff often ask for your opinions about client and service planning issues	3.8548	1.03776	79.0%
You frequently share your knowledge of new practice ideas with others	3.8710	.73516	79.0%
You are viewed as a leader by the staff you work with	3.6935	1.00145	62.9%

Overall Personal (Self)-Efficacy is an indication of how confident staff are in their own skills and professional abilities. The overall score includes the above items from **adaptability** and **influence** as well as the items below from **satisfaction**.

Satisfaction measures general satisfaction with one's job and work environment.

Survey Item	Mean	Std. Deviation	Percent Agreement
You are satisfied with your present job	3.2581	1.24051	54.8%
You would like to find a job somewhere else	2.9677	1.22766	38.7%
You feel appreciated for the job you do at work	2.9355	1.32901	43.5%
You give high value to the work you do	4.1935	.72063	93.5%
You are proud to tell others where you work	3.7903	.99403	72.6%
You like the people you work with	4.1452	.69770	88.7%

Regional Summary Northeastern

Areas of Concern

These three domains are areas that should be addressed by DCBS. These areas have surfaced with the lowest levels of agreement reported by agency staff and are related to the domain of **organizational support**.

Stress measures perceived strain, stress, and role overload.

Survey Item	Mean	Std. Deviation	Percent Agreement
The heavy staff workload reduces the effectiveness of your work	2.13	1.152	69.4%
You are under too many pressures to do your job effectively	2.42	1.195	59.7%
Staff members at your program often show signs of high stress and strain	1.56	.716	93.5%
Staff frustration is common where you work	1.55	.717	93.5%

Staffing focuses on the overall adequacy of staff assigned to do the work.

Survey Item	Mean	Std. Deviation	Percent Agreement
Frequent staff turnover is a problem for your program.	1.4262	.78441	92.0%
Staff in your program are able to spend the time needed with clients	1.8361	1.01948	11.5%
Support staff in your program have the skills they need to do their jobs	3.3770	1.11301	58.1%
Your program has enough staff to meet current client needs	1.7377	1.10908	12.9%
Staff in your program are well-trained	3.4918	.95957	63.4%
A larger support staff is needed to help meet needs at our program.	1.8525	.96326	58.0%

Cohesion focuses on mutual trust and cooperation in the agency.

Survey Item	Mean	Std. Deviation	Percent Agreement
Staff members at your program work together as a team.	2.1398	1.03830	74.2%
Mutual trust and cooperation among staff in your program are strong.	2.4301	1.07741	62.9%
Staff members at your program get along very well.	2.1828	.90825	69.4%
Staff members at your program are quick to help one another when needed.	2.2473	1.05970	74.2%
There is too much friction among staff members your work with.	3.3763	1.04167	21.0%
Some staff in your program do not do their fair share of work.	2.5699	1.32204	69.4%

Regional Summary Northern Bluegrass

Survey Respondent Information

Total Respondents Statewide: **801**
Total Respondents Northern Bluegrass: **95**
Percentage of Total Respondents: **11.9%**

How long have you been employed by DCBS?

	Number of Respondents	Percent
Less than 1 year	8	8.4%
1 year to 5 years	45	47.4%
6 years to 10 years	17	17.9%
11 years to 15 years	14	14.7%
16 years to 20 years	5	5.3%
More than 20 years	6	6.3%
Total	95	100.0%

How long have you worked in the Division of Protection and Permanency?

	Number of Respondents	Percent
Less than 1 year	8	8.4%
1 year to 5 years	45	47.4%
6 years to 10 years	18	18.9%
11 years to 15 years	14	14.7%
16 years to 20 years	5	5.3%
More than 20 years	5	5.3%
Total	95	100.0%

Which best describes your current role?*[a]

	Number of Respondents	Percent
Investigative Staff	22	23.2%
Ongoing Staff	29	30.5%
Foster Care Staff	11	11.6%
FSOS (Family Services Office Supervisor)	14	14.7%
Regional Staff (SRA, SRAA,SRCA, Clinician, Specialist)	6	6.3%
Other	13	13.7%
Total	95	100.0%

a. *roles with fewer than 5 employees are combined with "Other" to protect participant anonymity

What is the highest level of education you have obtained?*[a]

	Number of Respondents	Percent
Bachelor's Degree	63	66.3%
Master's Degree	25	26.3%
Other	7	7.4%
Total	95	100.0%

a. * education with fewer than 5 employees are combined with "Other" to protect participant anonymity

Regional Summary Northern Bluegrass

Northern Bluegrass Mean and Domain Scores					
Domain	**N**	**Mean**	**Std. Deviation**	**Northern Bluegrass Score**	**Kentucky Score**
SEA_SW_**Self_Efficacy**_Subscale*	95	4.2959	.47936	43.0	42.5
Personal_Efficacy_**Satisfaction**	94	3.5301	.78477	35.3	34.8
Personal_Efficacy_**Adaptability**	94	4.0266	.50063	40.3	39.7
Personal_Efficacy_**Influence**	94	3.9663	.74197	39.7	38.8
Personal_Efficacy_**Overall**	94	3.8178	.47197	38.2	39.8
Org_Support_**Training**	95	3.2289	.93731	32.3	30.8
Org_Support_**Supervision**	95	3.3228	.88118	33.3	32.2
Org_Support_**Mission**	95	3.4274	.71733	34.3	33.2
Org_Support_**Stress**	94	1.6436	.70472	16.4	17.6
Org_Support_**Program_Needs**	95	2.5312	.77625	25.3	25.7
Org_Support_**Overall**	95	2.8293	.59806	28.3	30.1
Environment_**Office**	95	3.5816	1.00692	35.8	33.5
Environment_**Staffing**	95	2.3333	.74536	23.3	23.4
Environment_ **Cohesion**	95	2.4807	.55772	24.8	31.1
Environment_ **Communication**	95	3.0632	.50987	30.6	26.3
Environment_**Overall**	95	2.8405	.30374	28.4	28.8
*Item not included in Overall mean calculation					

Regional Summary Northern Bluegrass

Areas of Strength

Areas have emerged with high levels of agreement between agency staff and all related to **personal efficacy**.

Adaptability refers to the ability of staff to adapt effectively to new ideas and change.

Survey Item	Mean	Std. Deviation	Percent Agreement
Learning and using new procedures are easy for you	4.0745	.69157	84.0%
You are able to adapt quickly when you make changes	4.1915	.59164	92.6%
You are willing to try new ideas even if other staff are reluctant	4.1277	.60879	96.3%
You are sometimes too cautious or slow to make changes	3.7128	.86288	10.6%

Influence is an index of staff interactions, sharing, and mutual support.

Survey Item	Mean	Std. Deviation	Percent Agreement
Co-workers often ask your advice about work procedures	4.2021	.77014	87.2%
You are considered an experienced source of advice about services	4.0319	.92110	78.7%
You regularly influence the decisions of other staff you work with	3.7872	.91431	62.8%
Other staff often ask for your opinions about client and service planning issues	4.0532	.87211	81.9
You frequently share your knowledge of new practice ideas with others	3.9894	.93320	77.7%
You are viewed as a leader by the staff you work with	3.7340	1.00724	58.5%

Overall Personal (Self)-Efficacy is an indication of how confident staff are in their own skills and professional abilities. The overall score includes the above items from **adaptability** and **influence** as well as the items below from **satisfaction**.

Satisfaction measures general satisfaction with one's job and work environment.

Survey Item	Mean	Std. Deviation	Percent Agreement
You are satisfied with your present job	3.1548	1.30332	55.3%
You would like to find a job somewhere else	3.0357	1.23646	35.1%
You feel appreciated for the job you do at work	2.8095	1.31237	42.6%
You give high value to the work you do	4.1190	.99885	87.2%
You are proud to tell others where you work	3.4048	1.30909	66.0%
You like the people you work with	4.2024	.78816	89.4%

Regional Summary Northern Bluegrass

Areas of Concern

These three domains are areas that should be addressed by DCBS. These areas have surfaced with the lowest levels of agreement reported by agency staff and are related to the domain of **organizational support**.

Stress measures perceived strain, stress, and role overload.

Survey Item	Mean	Std. Deviation	Percent Agreement
The heavy staff workload reduces the effectiveness of your work	1.60	.896	89.4%
You are under too many pressures to do your job effectively	2.10	1.219	70.2%
Staff members at your program often show signs of high stress and strain	1.44	.649	95.7%
Staff frustration is common where you work	1.45	.666	94.7%

Staffing focuses on the overall adequacy of staff assigned to do the work.

Survey Item	Mean	Std. Deviation	Percent Agreement
Frequent staff turnover is a problem for your program.	1.7263	1.06633	83.2%
Staff in your program are able to spend the time needed with clients	2.2211	1.19555	22.1%
Support staff in your program have the skills they need to do their jobs	3.2211	1.10298	50.6%
Your program has enough staff to meet current client needs	1.9684	1.11520	14.7%
Staff in your program are well-trained	3.0947	1.21229	46.3%
A larger support staff is needed to help meet needs at our program.	1.7684	.84366	84.2%

Cohesion focuses on mutual trust and cooperation in the agency.

Survey Item	Mean	Std. Deviation	Percent Agreement
Staff members at your program work together as a team.	2.1398	1.03830	81.9%
Mutual trust and cooperation among staff in your program are strong.	2.4301	1.07741	69.1%
Staff members at your program get along very well.	2.1828	.90825	81.1%
Staff members at your program are quick to help one another when needed.	2.2473	1.05970	75.8%
There is too much friction among staff members your work with.	3.3763	1.04167	23.2%
Some staff in your program do not do their fair share of work.	2.5699	1.32204	58.9%

1. Regional Summary Salt River Trail

Survey Respondent Information

Total Respondents
Statewide: **801** Total
Respondents Salt River
Trail: **70** Percentage of Total
Respondents: **8.7%**

How long have you been employed by DCBS?

	Number of Respondents	Percent
Less than 1 year	6	8.6%
1 year to 5 years	28	40.0%
6 years to 10 years	10	14.3%
11 years to 15 years	9	12.9%
16 years to 20 years	4	5.7%
More than 20 years	13	18.6%
Total	70	100.0%

How long have you worked in the Division of Protection and Permanency?

	Number of Respondents	Percent
Less than 1 year	8	11.4%
1 year to 5 years	27	38.6%
6 years to 10 years	10	14.3%
11 years to 15 years	8	11.4%
16 years to 20 years	4	5.7%
More than 20 years	13	18.6%
Total	70	100.0%

Which best describes your current role?*[a]

	Number of Respondents	Percent
Investigative Staff	16	22.9%
Ongoing Staff	21	30.0%
Foster Care Staff	6	8.6%
FSOS (Family Services Office Supervisor)	9	12.9%
Regional Staff (SRA, SRAA,SRCA, Clinician, Specialist)	11	15.6%
Other	7	10.0%
Total	70	100.0%

a. *roles with fewer than 5 employees are combined with "Other" to protect participant anonymity

What is the highest level of education you have obtained?*[a]

	Number of Respondents	Percent
Bachelor's Degree	46	65.7%
Master's Degree	18	25.7%
Other	6	8.6%
Total	74	100.0%

a. * education with fewer than 5 employees are combined with "Other" to protect participant anonymity

Regional Summary Salt River Trail

Salt River Trail Mean and Domain Scores					
Domain	**N**	**Mean**	**Std. Deviation**	**Salt River Trail Score**	**Kentucky Score**
SEA_SW_**Self_Efficacy**_Subscale*	70	4.2884	.46164	42.9	42.5
Personal_Efficacy_**Satisfaction**	69	3.4420	.86500	34.4	34.8
Personal_Efficacy_**Adaptability**	69	3.9348	.49194	39.3	39.7
Personal_Efficacy_**Influence**	69	3.7942	.70079	37.9	38.8
Personal_Efficacy_**Overall**	69	3.6973	.49448	37.0	39.8
Org_Support_**Training**	69	3.2428	.86917	32.4	30.8
Org_Support_**Supervision**	69	3.3889	.86351	33.9	32.2
Org_Support_**Mission**	69	3.3855	.69394	33.8	33.2
Org_Support_**Stress**	69	1.6993	.72708	17.0	17.6
Org_Support_**Program_Needs**	69	2.5290	.80679	25.3	25.7
Org_Support_**Overall**	69	2.8386	.59710	28.4	30.1
Environment_**Office**	70	3.3214	.86931	33.2	33.5
Environment_**Staffing**	69	2.2585	.55611	22.6	23.4
Environment_ **Cohesion**	69	2.6014	.59903	26.0	31.1
Environment_ **Communication**	69	3.0058	.54446	30.0	26.3
Environment_**Overall**	70	2.7984	.33424	28.0	28.8
*Item not included in Overall mean calculation					

Regional Summary Salt River Trail

Areas of Strength

Areas have emerged with high levels of agreement between agency staff and all related to **personal efficacy**.

Adaptability refers to the ability of staff to adapt effectively to new ideas and change.

Survey Item	Mean	Std. Deviation	Percent Agreement
Learning and using new procedures are easy for you	3.9565	.69525	79.7%
You are able to adapt quickly when you make changes	4.1739	.54115	92.8%
You are willing to try new ideas even if other staff are reluctant	4.1014	.57253	88.4%
You are sometimes too cautious or slow to make changes	3.5072	.79748	13.0%

Influence is an index of staff interactions, sharing, and mutual support.

Survey Item	Mean	Std. Deviation	Percent Agreement
Co-workers often ask your advice about work procedures	4.0735	.88632	85.5%
You are considered an experienced source of advice about services	3.9118	.87648	75.0%
You regularly influence the decisions of other staff you work with	3.4118	.91807	43.5%
Other staff often ask for your opinions about client and service planning issues	3.8382	.95590	72.5%
You frequently share your knowledge of new practice ideas with others	3.8529	.86843	75.4%
You are viewed as a leader by the staff you work with	3.6765	.85416	63.8%

Overall Personal (Self)-Efficacy is an indication of how confident staff are in their own skills and professional abilities. The overall score includes the above items from **adaptability** and **influence** as well as the items below from **satisfaction**.

Satisfaction measures general satisfaction with one's job and work environment.

Survey Item	Mean	Std. Deviation	Percent Agreement
You are satisfied with your present job	3.2059	1.28782	56.5%
You would like to find a job somewhere else	2.9412	1.31447	40.6%
You feel appreciated for the job you do at work	2.8382	1.34509	46.4%
You give high value to the work you do	4.1471	1.05469	87.0%
You are proud to tell others where you work	3.4412	1.20177	59.4%
You like the people you work with	4.0441	.87133	88.4%

Regional Summary Salt River Trail

Areas of Concern

These three domains are areas that should be addressed by DCBS. These areas have surfaced with the lowest levels of agreement reported by agency staff and are related to the domain of **organizational support**.

Stress measures perceived strain, stress, and role overload.

Survey Item	Mean	Std. Deviation	Percent Agreement
The heavy staff workload reduces the effectiveness of your work	1.93	1.180	73.9%
You are under too many pressures to do your job effectively	2.12	1.207	68.1%
Staff members at your program often show signs of high stress and strain	1.35	.480	100.0%
Staff frustration is common where you work	1.41	.602	97.1%

Staffing focuses on the overall adequacy of staff assigned to do the work.

Survey Item	Mean	Std. Deviation	Percent Agreement
Frequent staff turnover is a problem for your program.	1.3333	.70014	95.7%
Staff in your program are able to spend the time needed with clients	2.0725	1.03354	13.0%
Support staff in your program have the skills they need to do their jobs	3.4058	1.06161	58.0%
Your program has enough staff to meet current client needs	1.7246	.85550	5.7%
Staff in your program are well-trained	2.9855	1.09131	42.0%
A larger support staff is needed to help meet needs at our program.	2.0290	.95442	75.4%

Program Needs focuses on the staff perception for which the organization needs more guidance.

Survey Item	Mean	Std. Deviation	Percent Agreement
Defining its mission	3.17	1.098	27.5%
Setting specific goals for improving services	2.29	1.059	72.5%
Assigning or clarifying staff roles	2.57	1.091	58.0%
Establishing accurate job descriptions for staff	2.67	1.159	56.5%
Evaluating staff performance	2.46	1.132	65.2%
Improving relations among staff	2.29	1.139	65.2%
Improving communications among staff	2.35	1.122	62.3%
Improving record keeping and information systems	2.25	1.063	68.1%
Improving financial/accounting procedures	2.71	.972	31.9%

Regional Summary Southern Bluegrass

Survey Respondent Information

Total Respondents Statewide: **801**
Total Respondents Southern Bluegrass: **86**
Percentage of Total Respondents: **10.7%**

How long have you been employed by DCBS?

	Number of Respondents	Percent
Less than 1 year	10	11.6%
1 year to 5 years	32	37.2%
6 years to 10 years	14	16.3%
11 years to 15 years	15	17.4%
16 years to 20 years	10	11.6%
More than 20 years	5	5.8%
Total	86	100.0%

How long have you worked in the Division of Protection and Permanency?

	Number of Respondents	Percent
Less than 1 year	11	12.8%
1 year to 5 years	32	37.2%
6 years to 10 years	13	15.1%
11 years to 15 years	17	19.8%
16 years to 20 years	8	9.3%
More than 20 years	5	5.8%
Total	86	100.0%

Which best describes your current role?*[a]

	Number of Respondents	Percent
Investigative Staff	22	25.6%
Ongoing Staff	24	27.9%
Foster Care Staff	5	5.8%
FSOS (Family Services Office Supervisor)	14	16.3%
Regional Staff (SRA, SRAA,SRCA, Clinician, Specialist)	5	5.8%
Other	16	18.6%
Total	86	100.0%

a. *roles with fewer than 5 employees are combined with "Other" to protect participant anonymity

What is the highest level of education you have obtained?*[a]

	Number of Respondents	Percent
Bachelor's Degree	55	64.0%
Master's Degree	25	29.1%
Other	6	6.9%
Total	86	100.0%

a. * education with fewer than 5 employees are combined with "Other" to protect participant anonymity

Regional Summary Southern Bluegrass

Southern Bluegrass Mean and Domain Scores					
Domain	**N**	**Mean**	**Std. Deviation**	**Southern Bluegrass Score**	**Kentucky Score**
SEA_SW_**Self_Efficacy**_Subscale*	86	4.2305	.55972	42.3	42.5
Personal_Efficacy_**Satisfaction**	86	3.5446	.84808	35.4	34.8
Personal_Efficacy_**Adaptability**	86	4.1250	.63680	41.2	39.7
Personal_Efficacy_**Influence**	86	3.8981	.79865	39.0	38.8
Personal_Efficacy_**Overall**	86	3.8221	.50924	38.2	39.8
Org_Support_**Training**	86	3.0930	.96714	30.9	30.8
Org_Support_**Supervision**	86	3.1764	1.00077	31.8	32.2
Org_Support_**Mission**	86	3.3698	.88889	33.7	33.2
Org_Support_**Stress**	86	1.7355	.83960	17.3	17.6
Org_Support_**Program_Needs**	86	2.5093	.92934	25.1	25.7
Org_Support_**Overall**	86	2.7694	.76815	27.7	30.1
Environment_**Office**	86	3.1860	1.02555	31.9	33.5
Environment_**Staffing**	86	2.2054	.81717	22.0	23.4
Environment_ **Cohesion**	86	2.5426	.61047	25.4	31.1
Environment_ **Communication**	86	3.0128	.59583	30.1	26.3
Environment_**Overall**	86	2.7445	.29252	27.4	28.8
*Item not included in Overall mean calculation					

Regional Summary Southern Bluegrass

Areas of Strength

Areas have emerged with high levels of agreement between agency staff and all related to **personal efficacy**.

Adaptability refers to the ability of staff to adapt effectively to new ideas and change.

Survey Item	Mean	Std. Deviation	Percent Agreement
Learning and using new procedures are easy for you	4.1628	.87931	84.9%
You are able to adapt quickly when you make changes	4.3140	.67321	93.0%
You are willing to try new ideas even if other staff are reluctant	4.3256	.64062	93.0%
You are sometimes too cautious or slow to make changes	3.6977	.95880	15.1%

Influence is an index of staff interactions, sharing, and mutual support.

Survey Item	Mean	Std. Deviation	Percent Agreement
Co-workers often ask your advice about work procedures	4.1765	.97805	86.0%
You are considered an experienced source of advice about services	4.0941	.93380	81.4%
You regularly influence the decisions of other staff you work with	3.6235	1.10169	57.0%
Other staff often ask for your opinions about client and service planning issues	3.9294	.94854	76.7%
You frequently share your knowledge of new practice ideas with others	3.9529	.92461	78.8%
You are viewed as a leader by the staff you work with	3.6471	.98447	54.7%

Overall Personal (Self)-Efficacy is an indication of how confident staff are in their own skills and professional abilities. The overall score includes the above items from **adaptability** and **influence** as well as the items below from **satisfaction**.

Satisfaction measures general satisfaction with one's job and work environment.

Survey Item	Mean	Std. Deviation	Percent Agreement
You are satisfied with your present job	3.3765	1.26281	55.8%
You would like to find a job somewhere else	2.9529	1.27154	38.4%
You feel appreciated for the job you do at work	3.0706	1.36964	45.3%
You give high value to the work you do	4.2118	.81787	89.5%
You are proud to tell others where you work	3.5294	1.28719	57.0%
You like the people you work with	4.2235	.82197	87.2%

Regional Summary Southern Bluegrass

Areas of Concern

These three domains are areas that should be addressed by DCBS. These areas have surfaced with the lowest levels of agreement reported by agency staff and are related to the domain of **organizational support**.

Stress measures perceived strain, stress, and role overload.

Survey Item	Mean	Std. Deviation	Percent Agreement
The heavy staff workload reduces the effectiveness of your work	1.79	1.064	79.1%
You are under too many pressures to do your job effectively	2.08	1.258	70.9%
Staff members at your program often show signs of high stress and strain	1.50	.763	90.7%
Staff frustration is common where you work	1.57	.902	89.5%

Staffing focuses on the overall adequacy of staff assigned to do the work.

Survey Item	Mean	Std. Deviation	Percent Agreement
Frequent staff turnover is a problem for your program.	1.5059	1.04224	87.3%
Staff in your program are able to spend the time needed with clients	2.1529	1.11810	16.3%
Support staff in your program have the skills they need to do their jobs	3.0353	1.36667	50.0%
Your program has enough staff to meet current client needs	1.7294	1.00461	9.3%
Staff in your program are well-trained	3.0118	1.24875	45.9%
A larger support staff is needed to help meet needs at our program.	1.7412	.90176	81.4%

Program Needs focuses on the staff perception for which the organization needs more guidance.

Survey Item	Mean	Std. Deviation	Percent Agreement
Defining its mission	2.99	1.183	40.7%
Setting specific goals for improving services	2.29	1.115	69.8%
Assigning or clarifying staff roles	2.44	1.204	62.8%
Establishing accurate job descriptions for staff	2.71	1.309	51.2%
Evaluating staff performance	2.43	1.297	61.6%
Improving relations among staff	2.20	1.254	69.8%
Improving communications among staff	2.24	1.255	68.6%
Improving record keeping and information systems	2.44	1.298	58.1%
Improving financial/accounting procedures	2.74	1.150	39.5%

Regional Summary The Lakes

Survey Respondent Information

Total Respondents
Statewide: **801** Total
Respondents The Lakes: **88** Percentage of Total Respondents: **11.0%**

How long have you been employed by DCBS?

	Number of Respondents	Percent
Less than 1 year	8	9.1%
1 year to 5 years	26	29.5%
6 years to 10 years	10	11.4%
11 years to 15 years	14	15.9%
16 years to 20 years	16	18.2%
More than 20 years	14	15.9%
Total	88	100.0%

How long have you worked in the Division of Protection and Permanency?

	Number of Respondents	Percent
Less than 1 year	8	9.1%
1 year to 5 years	28	31.8%
6 years to 10 years	9	10.2%
11 years to 15 years	14	15.9%
16 years to 20 years	16	18.2%
More than 20 years	13	14.8%
Total	88	100.0%

Which best describes your current role?*[a]

	Number of Respondents	Percent
Investigative Staff	26	29.5%
Ongoing Staff	19	21.6%
Foster Care Staff	6	6.8%
FSOS (Family Services Office Supervisor)	16	18.2%
Regional Staff (SRA, SRAA,SRCA, Clinician, Specialist)	6	6.8%
Other	15	17.1%
Total	88	100.0%

a. *roles with fewer than 5 employees are combined with "Other" to protect participant anonymity

What is the highest level of education you have obtained?*[a]

	Number of Respondents	Percent
Bachelor's Degree	60	68.2%
Master's Degree	23	26.1%
Other	5	5.7%
Total	88	100.0%

a. * education with fewer than 5 employees are combined with "Other" to protect participant anonymity

Regional Summary The Lakes

The Lakes Mean and Domain Scores					
Domain	**N**	**Mean**	**Std. Deviation**	**The Lakes Score**	**Kentucky Score**
SEA_SW_**Self_Efficacy**_Subscale*	88	4.1656	.67821	41.7	42.5
Personal_Efficacy_**Satisfaction**	85	3.5875	.78784	35.9	34.8
Personal_Efficacy_**Adaptability**	85	3.8294	.62940	38.3	39.7
Personal_Efficacy_**Influence**	85	3.8225	.75350	38.2	38.8
Personal_Efficacy_**Overall**	85	3.7359	.47468	37.4	39.8
Org_Support_**Training**	87	3.1475	.84457	31.5	30.8
Org_Support_**Supervision**	87	3.3027	.78772	33.0	32.2
Org_Support_**Mission**	86	3.3860	.66566	33.9	33.2
Org_Support_**Stress**	85	1.8353	.85700	18.3	17.6
Org_Support_**Program_Needs**	86	2.6987	.85825	27.0	25.7
Org_Support_**Overall**	87	2.8895	.60549	28.9	30.1
Environment_**Office**	88	3.1155	1.17617	31.1	33.5
Environment_**Staffing**	87	2.4847	.73296	24.8	23.4
Environment_ **Cohesion**	85	2.6824	.54592	26.8	31.1
Environment_ **Communication**	85	3.0576	.48902	30.6	26.3
Environment_**Overall**	88	2.8547	.34399	28.5	28.8
*Item not included in Overall mean calculation					

Regional Summary The Lakes

Areas of Strength

Areas have emerged with high levels of agreement between agency staff and all related to **personal efficacy**.

Adaptability refers to the ability of staff to adapt effectively to new ideas and change.

Survey Item	Mean	Std. Deviation	Percent Agreement
Learning and using new procedures are easy for you	3.8588	.84731	78.8%
You are able to adapt quickly when you make changes	4.0353	.74717	85.9%
You are willing to try new ideas even if other staff are reluctant	4.0824	.71066	88.2%
You are sometimes too cautious or slow to make changes	3.3412	1.00656	25.9%

Influence is an index of staff interactions, sharing, and mutual support.

Survey Item	Mean	Std. Deviation	Percent Agreement
Co-workers often ask your advice about work procedures	4.0238	.84989	80.0%
You are considered an experienced source of advice about services	3.9643	.98722	76.2%
You regularly influence the decisions of other staff you work with	3.5952	1.03107	52.9%
Other staff often ask for your opinions about client and service planning issues	3.9167	.95952	73.8%
You frequently share your knowledge of new practice ideas with others	3.8214	.93346	72.9%
You are viewed as a leader by the staff you work with	3.6190	.99280	54.1%

Overall Personal (Self)-Efficacy is an indication of how confident staff are in their own skills and professional abilities. The overall score includes the above items from **adaptability** and **influence** as well as the items below from **satisfaction**.

Satisfaction measures general satisfaction with one's job and work environment.

Survey Item	Mean	Std. Deviation	Percent Agreement
You are satisfied with your present job	3.2289	1.24279	55.3%
You would like to find a job somewhere else	3.0964	1.24562	28.2%
You feel appreciated for the job you do at work	3.0241	1.41401	47.1%
You give high value to the work you do	4.2771	.81620	91.7%
You are proud to tell others where you work	3.6265	1.13386	62.4%
You like the people you work with	4.2410	.70866	87.1%

Areas of Concern

Regional Summary The Lakes

These three domains are areas that should be addressed by DCBS. These areas have surfaced with the lowest levels of agreement reported by agency staff and are related to the domain of **organizational support**.

Stress measures perceived strain, stress, and role overload.

Survey Item	Mean	Std. Deviation	Percent Agreement
The heavy staff workload reduces the effectiveness of your work	2.01	1.180	74.1%
You are under too many pressures to do your job effectively	2.29	1.242	64.7%
Staff members at your program often show signs of high stress and strain	1.52	.868	89.4%
Staff frustration is common where you work	1.52	.825	91.8%

Staffing focuses on the overall adequacy of staff assigned to do the work.

Survey Item	Mean	Std. Deviation	Percent Agreement
Frequent staff turnover is a problem for your program.	1.9310	1.30110	78.2%
Staff in your program are able to spend the time needed with clients	2.1494	1.20588	19.5%
Support staff in your program have the skills they need to do their jobs	3.5517	1.05388	59.8%
Your program has enough staff to meet current client needs	2.0345	1.14575	17.2%
Staff in your program are well-trained	3.3218	.95837	56.3%
A larger support staff is needed to help meet needs at our program.	1.9195	.99087	78.2%

Cohesion focuses on mutual trust and cooperation in the agency.

Survey Item	Mean	Std. Deviation	Percent Agreement
Staff members at your program work together as a team.	2.5357	1.16626	65.9%
Mutual trust and cooperation among staff in your program are strong.	2.9048	1.21852	47.1%
Staff members at your program get along very well.	2.6548	1.12469	53.6%
Staff members at your program are quick to help one another when needed.	2.4048	1.01932	63.1%
There is too much friction among staff members your work with.	3.2024	1.21020	36.9%
Some staff in your program do not do their fair share of work.	2.4048	1.32737	60.7%

Regional Summary Two Rivers

Survey Respondent Information

Total Respondents
Statewide: **801** Total
Respondents Two Rivers:
103 Percentage of Total
Respondents: **12.9%**

How long have you been employed by DCBS?

Number of Respondents		Percent
Less than 1 year	3	2.9%
1 year to 5 years	26	25.2%
6 years to 10 years	20	19.4%
11 years to 15 years	17	16.5%
16 years to 20 years	16	15.5%
More than 20 years	21	20.4%
Total	103	100.0%

How long have you worked in the Division of Protection and Permanency?

Number of Respondents		Percent
Less than 1 year	3	2.9%
1 year to 5 years	27	26.2%
6 years to 10 years	22	21.4%
11 years to 15 years	19	18.4%
16 years to 20 years	16	15.5%
More than 20 years	16	15.5%
Total	103	100.0%

Which best describes your current role?*[a]

Number of Respondents		Percent
Investigative Staff	27	26.2%
Ongoing Staff	30	29.1%
FSOS (Family Services Office Supervisor)	23	22.3%
Regional Staff (SRA, SRAA,SRCA, Clinician, Specialist)	9	8.7%
Other	14	13.7%
Total	103	100.0%

a. *roles with fewer than 5 employees are combined with "Other" to protect participant anonymity

What is the highest level of education you have obtained?*[a]

Number of Respondents		Percent
Bachelor's Degree	63	61.2%
Master's Degree	34	33.0%
Other	6	5.8%
Total	103	100.0%

a. * education with fewer than 5 employees are combined with "Other" to protect participant anonymity

Regional Summary Two Rivers

Two Rivers Mean and Domain Scores					
Domain	**N**	**Mean**	**Std. Deviation**	**Two Rivers Score**	**Kentucky Score**
SEA_SW_**Self_Efficacy**_Subscale*	103	4.2845	.45820	42.8	42.5
Personal_Efficacy_**Satisfaction**	103	3.5453	.81523	35.4	34.8
Personal_Efficacy_**Adaptability**	103	3.8859	.66123	38.9	39.7
Personal_Efficacy_**Influence**	103	3.8981	.75812	39.0	38.8
Personal_Efficacy_**Overall**	103	3.7627	.48589	37.6	39.8
Org_Support_**Training**	103	2.9037	.89645	29.0	30.8
Org_Support_**Supervision**	103	3.1618	.69603	31.6	32.2
Org_Support_**Mission**	103	3.3476	.75040	33.5	33.2
Org_Support_**Stress**	103	1.8204	.72374	18.2	17.6
Org_Support_**Program_Needs**	103	2.6615	.80555	26.6	25.7
Org_Support_**Overall**	103	2.7971	.52890	28.0	30.1
Environment_**Office**	102	3.6618	1.00902	36.7	33.5
Environment_**Staffing**	103	2.5456	.76203	25.5	23.4
Environment_ **Cohesion**	103	2.6586	.55148	26.6	31.1
Environment_ **Communication**	103	3.1913	.53890	31.9	26.3
Environment_**Overall**	103	2.9831	.31307	29.8	28.8
*Item not included in Overall mean calculation					

Areas of Strength

Areas have emerged with high levels of agreement between agency staff and all related to **personal efficacy**.

Adaptability refers to the ability of staff to adapt effectively to new ideas and change.

Survey Item	Mean	Std. Deviation	Percent Agreement
Learning and using new procedures are easy for you	3.9417	.87251	82.5%
You are able to adapt quickly when you make changes	4.1456	.77216	91.3%
You are willing to try new ideas even if other staff are reluctant	4.1165	.71813	90.3%
You are sometimes too cautious or slow to make changes	3.3398	1.03425	30.1%

Influence is an index of staff interactions, sharing, and mutual support.

Survey Item	Mean	Std. Deviation	Percent Agreement
Co-workers often ask your advice about work procedures	4.0971	.82265	90.3%
You are considered an experienced source of advice about services	3.9806	.85153	80.6%
You regularly influence the decisions of other staff you work with	3.7282	.93089	64.1%
Other staff often ask for your opinions about client and service planning issues	3.9806	.90728	84.5%
You frequently share your knowledge of new practice ideas with others	3.8641	.95022	78.6%
You are viewed as a leader by the staff you work with	3.7379	1.00938	68.0%

Overall Personal (Self)-Efficacy is an indication of how confident staff are in their own skills and professional abilities. The overall score includes the above items from **adaptability** and **influence** as well as the items below from **satisfaction**.

Satisfaction measures general satisfaction with one's job and work environment.

Survey Item	Mean	Std. Deviation	Percent Agreement
You are satisfied with your present job	3.1548	1.30332	59.2%
You would like to find a job somewhere else	3.0357	1.23646	37.9%
You feel appreciated for the job you do at work	2.8095	1.31237	45.6%
You give high value to the work you do	4.1190	.99885	86.4%
You are proud to tell others where you work	3.4048	1.30909	60.2%
You like the people you work with	4.2024	.78816	92.2%

Areas of Concern

These three domains are areas that should be addressed by DCBS. These areas have surfaced with the lowest levels of agreement reported by agency staff and are related to the domain of **organizational support**.

Stress measures perceived strain, stress, and role overload.

Survey Item	Mean	Std. Deviation	Percent Agreement
The heavy staff workload reduces the effectiveness of your work	1.95	1.115	79.6%
You are under too many pressures to do your job effectively	2.28	1.150	68.0%
Staff members at your program often show signs of high stress and strain	1.50	.655	97.1%
Staff frustration is common where you work	1.55	.751	92.2%

Staffing focuses on the overall adequacy of staff assigned to do the work.

Survey Item	Mean	Std. Deviation	Percent Agreement
Frequent staff turnover is a problem for your program.	1.8922	1.23406	79.6%
Staff in your program are able to spend the time needed with clients	2.3333	1.17172	24.5%
Support staff in your program have the skills they need to do their jobs	3.5392	.98173	63.1%
Your program has enough staff to meet current client needs	2.0490	1.12907	18.4%
Staff in your program are well-trained	3.2549	1.08716	50.4%
A larger support staff is needed to help meet needs at our program.	2.1078	.92176	71.8%

Cohesion focuses on mutual trust and cooperation in the agency.

Survey Item	Mean	Std. Deviation	Percent Agreement
Staff members at your program work together as a team.	2.3883	1.04067	71.8%
Mutual trust and cooperation among staff in your program are strong.	2.7282	1.09539	51.5%
Staff members at your program get along very well.	2.5049	1.02779	62.1%
Staff members at your program are quick to help one another when needed.	2.3786	1.03957	69.9%
There is too much friction among staff members your work with.	3.4272	1.09008	24.3%
Some staff in your program do not do their fair share of work.	2.5243	1.28219	62.2%

References

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Appendix B

Cabinet for Health & Family Services Department for Community Based Services Summary of Focus Group Sessions

Facilitated by the Facilitation Center at Eastern Kentucky University

Preliminary Report of Findings 7/16/17

1. **STATEWIDE**

This report contains information from the DCBS P & P and Family Support supervisors, frontline and support staff focus groups. The SRAs and SRAAs responded to an online survey. The information contained in the findings from the online survey is in line with the information presented in this report. The data needs to be analyzed more fully, but we believe this report does reflect the overall views of all the respondents.

Key Challenges raised <u>most</u> frequently across all sessions *(listed in alphabetical order)*

31) **Call Services** *(Family Support Specific)*

<u>Problem Statements</u>*: The Business Redesign needs to be re-evaluated and acknowledgment made for what is effective and what is not. There is no accountability with the state-wide model. Emphasis should be on quality rather than quantity. We are not meeting the needs of our most vulnerable clients. Call Services results in incorrect benefits, lack of customer service, increased lobby foot traffic, and increased workload due to constant corrections to cases and upset clients. We can do away with Call Services, but if we have to keep it, something has to change. People who want to be on the phones should be hired specifically for that duty.*

32) **Caseloads are Too High/Unrealistic Expectations/Quantity Over Quality**

<u>Problem Statements</u>: *Caseloads are too high, there aren't enough workers to take cases, workloads are not manageable and workers, families and children are left at risk. The expectation to solve cases without proper time or resources puts workers at risk of psychological and physical harm and/or burnout and prevents workers from providing timely and effective services to families. Quote: "We are no longer social workers or following our organization's mission."*

33) **Leadership Issues**

<u>Problem Statements</u>: *Everyone is being micromanaged, supervisors state they aren't supervising anyone and feel they aren't allowed to make independent decisions without first checking with someone higher in management, Call Services staff are timed continuously, etc., Micromanagement trickles down which leads to issues that affect all employees causing loss of independence and lack of self-sufficiency, which creates dependence and consumes time and energy. There is a lack of communication at all levels, but frontline staff don't understand where and why decisions are being made. There is a lack of professionalism.*

34) **Organizational Inefficiencies/Inconsistent Policies and Procedures**

<u>Problem Statements</u>: *Inconsistencies exist between regions such as allowing flex time and taking on additional responsibilities (such as Call Services) for other regions and counties. As a result, we are discouraged and less productive which leads to high turnover and seeking employment elsewhere. Inconsistent communication within the agency contributes to confusion and insecurity in supervision which also leads to policy not being followed or understood, and ultimately negatively affects the families we serve. The four Family Support regions are too large. Answers across the regions are inconsistent, if answered at all and answers change daily. The feeling in the field is that Central and Regional offices are too overwhelmed, spread too thin, and don't have a true understanding of the frustrations in the field. Not following state policy and creating regional*

protocol- policy {that's what the workers call it} leads to inconsistent service delivery and frontline frustration.

35) **Retention/High Turn Over/Short Staffed**

<u>Problem Statements</u>: *The lack of annual raises, coupled with low entry pay and changes in the retirement system, cripples the agency's ability to attract and retain quality workers. The increase in the needs of the communities we serve, in addition to the complexities of the families, the loss of tenured and knowledgeable staff creates a cyclical problem that impacts retention of energetic, passionate staff.*

36) **Safety/Health & Safety**

<u>Problem Statements</u>: *The safety of state employees is in grave danger due to the lack of trained professional security on-site; workers feel threatened by irate clients; building are not maintained. Over the past 30 years, the threats our workers face and conditions we ask them to work in have changed dramatically. Many factors contribute to this, including drugs, economy and health. Technology and ergonomic designs have moved forward, but we have stayed in place.*

37) **Technology Systems & Infrastructure, including Benefind, Worker Portal, iTWIST, etc.**

<u>Problem Statements:</u> *The Benefind System needs to properly work in conjunction with program policy; it also needs to interact with all other systems, i.e., OTIS, DYVETS, KASES without constant work-arounds. If this system was working correctly, it would reduce the amount of time working on the same case and it would also reduce the frustration of customers and workers.*

38) **Training**

<u>Problem Statement:</u> *The problems with training include: it isn't provided locally and requires travel and time away from families; it's not job specific; need more specialized and on-going training; the academy training needs to have a more hands-on focus versus the current academic focus; more policy training and being told one can't attend a training. New workers are carrying caseloads while they are still in the academy and there is not sufficient time or enough seasoned staff to mentor the new workers, putting a lot of stress on the new workers and causing many to leave the agency prior to even completing the academy.*

Additional challenges raised frequently across all sessions *(listed in alphabetical order)*

b. Court is Not a Collaborating Partner
c. Intake Process is Flawed
d. Lack and Inadequacy of External Resources
e. Lack of Accountability
f. Lack of Incentives to Keep Workers
g. Our Counties are Different/Keep Cases in County
h. Recruitment and the Hiring Processes

Problem Statement: *All Human Resources actions are unreasonably slow which often leads to the recommended candidate already having accepted other employment or no longer being interested.*

i. Staff Not Appreciated, Valued or Supported/Salary Too Low

Problem Statements: *The current environment is punitive with constant criticism. Employees feel underappreciated due to lack of pay and lack of acknowledgement for good work performance. We are expected to work long hours causing personal lives to suffer. Quote: "We are told to practice self-care; however, there is really no support or resources for us to do that."*

If you were administration, which challenge would you tackle first? *(listed in chronological*

Supervisors

b. Retention/High Turn Over/Short Staffed
c. Recruitment and the Hiring Processes
d. Leadership Issues/Organizational Inefficiencies/Inconsistent Policies and Procedures
e. Call Services
f. Our Counties are Different/Keep Cases in County/Statewide Processing
g. Caseloads Too High/Unrealistic Expectations/Quantity Over Quality
h. Disconnect Between Management and Frontline Staff
i. Evaluations Don't Accurately Reflect Work
j. Intake Process Flawed
k. Safety

Frontline and Support Staff

b. Caseloads are Too High/Unrealistic Expectations/Quantity Over Quality
c. Staff Not Appreciated, Valued or Supported/Salary Too Low
d. Leadership Issues/Organizational Inefficiencies/Inconsistent Policies and Procedures
e. Retention/High Turn Over/Short Staffed
f. Technology Systems and Infrastructure, including Benefind/Worker Portal, iTWIST, etc.
g. Lack of Incentives to Keep Staff
h. Lack of Accountability

JEFFERSON COUNTY

Key Challenges raised <u>most</u> frequently *(listed in order of frequency)*

b. Caseloads are Too High/Unrealistic Expectations/Quantity Over Quality
c. Technology Systems, including Benefind/Worker Portal
d. Training Doesn't Properly Prepare Workers for the Current Reality of the Job

Additional challenges raised fairly frequently *(listed in alphabetical order due to multiple ties)*

b. Leadership Issues
c. Lack of Incentives to Keep Staff
d. Organizational Inefficiencies/Inconsistent Policies and Procedures
e. Retention/High Turn Over/Short Staffed
f. Safety
g. Staff Not Appreciated, Valued or Supported/Salary Too Low
h. Training Doesn't Properly Prepare Workers for the Current Reality of the Job

If you were administration, which challenge would you tackle first? *(listed in chronological order)*

<u>Supervisors</u>

b. Evaluations Don't Accurately Reflect Work
c. Intake Process Flawed
d. Retention/High Turn Over/Short Staff
e. Safety

<u>Frontline and Support Staff</u>

b. Caseloads are Too High/Unrealistic Expectations/Quantity Over Quality
c. Software and Technology Systems, including Benefind/Worker Portal
d. Lack of Incentives to Keep Staff
e. Staff Not Appreciated, Valued or Supported/Salary Too Low
f. Leadership Issues

SOUTHERN BLUEGRASS

Challenges raised most frequently *(listed in order of frequency)*

1. Caseloads are Too High/Unrealistic Expectations/Quantity Over Quality

Additional challenges raised fairly frequently *(listed in alphabetical order due to multiple ties)*

b. Lack Proper Resources/Inadequate Resources
c. Leadership Issues
d. Our Counties are Different/Keep Cases in County
e. Software and Technology Systems, including Benefind/Worker Portal
f. Training Doesn't Properly Prepare Workers for the Current Reality of the Job

If you were administration, which challenge would you tackle first? *(listed in chronological order)*

Supervisors

1. Disconnect Between Management and Frontline Staff
2. Recruitment/Hiring Processes

Frontline and Support Staff

1. Caseloads are Too High/Unrealistic Expectations/Quantity Over Quality
2. Leadership Issues
3. Staff Not Appreciated, Valued or Supported/Salary Too Low

NORTHERN BLUEGRASS

Challenges raised most frequently (*listed in order of frequency)*

1. Organizational Inefficiencies/Inconsistent Policies and Procedures
2. Retention/High Turn Over/Short Staffed
3. Training Doesn't Properly Prepare Workers for the Current Reality of the Job

Additional challenges raised fairly frequently *(listed in alphabetical order due to multiple ties)*

1. Caseloads Too High/Unrealistic Expectations/Quantity Over Quality
2. Intake Process Flawed
3. Leadership Issues
4. Recruitment/Hiring Processes
5. Software & Technology Systems, including Benefind/Worker Portal
6. Staff Not Appreciated, Valued or Supported/Salary Too Low

If you were administration, which challenge would you tackle first?

Supervisors

1. No Incentives to Keep Staff
2. Our Counties are Different/Keep Cases in County
3. Organizational Inefficiencies/Inconsistent Policies and Procedures

Frontline and Support Staff

1. Caseloads are Too High/Unrealistic Expectations/Quantity Over Quality
2. Leadership Issues
3. Organizational Inefficiencies/Inconsistent Policies and Procedures
4. Retention/High Turn Over/Short Staffed
5. Staff Not Appreciated, Valued or Supported/Salary Too Low

SALT RIVER TRAIL

Challenges raised most frequently *(listed in order of frequency)*

1. Retention/High Turn Over/Short Staff
2. Software & Technology Systems, including Benefind/Worker Portal
3. Training Doesn't Properly Prepare Workers for the Current Reality of the Job

Additional challenges raised fairly frequently *(listed in alphabetical order due to multiple ties)*

1. Caseloads Too High/Unrealistic Expectations/Quantity Over Quality
2. Organizational Inefficiencies/Inconsistent Policies and Procedures

If you were administration, which challenge would you tackle first? *(listed in chronological order)*

Supervisors

1. Leadership Issues
2. Retention/High Turn Over/Short Staffed

Frontline and Support Staff

1. Caseloads Too High/Unrealistic Expectations/Quantity Over Quality
2. Lack of Accountability
3. Retention/High Turn Over/Short Staffed
4. Software & Technology Systems, including Benefind/Worker Portal

TWO RIVERS

Key Challenges raised most frequently *(listed in order of frequency)*

2. Caseloads Too High/Unrealistic Expectations/Quantity Over Quality
3. Training Doesn't Properly Prepare Workers for the Current Reality of the Job

Additional challenges raised fairly frequently *(listed in alphabetical order due to multiple ties)*

1. Court Not a Collaborating Partner
2. Leadership Issues
3. Organizational Inefficiencies/Inconsistent Policies and Procedures
4. Retention/High Turn Over/Short Staffed
5. Safety
6. Software & Technology Systems, including Benefind/Worker Portal
7. Staff Not Appreciated, Valued or Supported/Salary Too Low

If you were administration, which challenge would you tackle first? *(listed in chronological order)*

Supervisors

1. Organizational Inefficiencies/Inconsistent Policies and Procedures
2. Recruitment/Hiring Processes

Frontline and Support Staff

1. Retention/High Turn Over/Short Staffed
2. Software & Technology Systems, including Benefind/Worker Portal
3. Caseloads Too High/Unrealistic Expectations/Quantity Over Quality
4. Staff Not Appreciated, Valued or Supported/Salary Too Low

CUMBERLAND

Key Challenges raised most frequently across all sessions *(listed in order of frequency)*

1. Caseloads Too High/Unrealistic Expectations/Quantity Over Quality
2. Leadership Issues

Additional challenges raised fairly frequently *(listed in alphabetical order due to multiple ties)*

1. Call Services
2. Recruitment/Hiring Processes
3. Retention/High Turn Over/Short Staff
4. Software & Technology Systems, including Benefind/Worker Portal
5. Training Doesn't Properly Prepare Workers for the Current Reality of the Job

If you were administration, which challenge would you tackle first? *(listed in chronological order)*

Supervisors

1. Caseloads Too High/Unrealistic Expectations/Quantity Over Quality
2. Leadership Issues
3. Retention/High Turn Over/Short Staffed

Frontline and Support Staff

1. Caseloads Too High/Unrealistic Expectations/Quantity Over Quality
2. Leadership Issues
3. No Incentives
4. Retention/High Turn Over/Short Staffed

LAKES

Challenges raised most frequently *(listed in order of frequency)*

1. Safety
2. Software & Technology Systems, including Benefind/Worker Portal

Additional challenges raised fairly frequently *(listed in alphabetical order due to multiple ties)*

1. Caseloads Too High/Unrealistic Expectations/Quantity Over Quality
2. Lack of Accountability
3. Leadership Issues
4. Organizational Inefficiencies/Inconsistent Policies and Procedures
5. Retention/High Turn Over/Short Staffed
6. Training Doesn't Properly Prepare Workers for the Current Reality of the Job

If you were administration, which challenge would you tackle first? *(listed in chronological order)*

Supervisors

1. Staff Not Appreciated, Valued or Supported/Salary Too Low
2. Recruitment and Retention

Frontline and Support Staff

No prioritized data

Eastern Mountain

Challenges raised most frequently *(listed in order of frequency)*

1. Call Services
2. Retention/High Turn Over/Short Staff
3. Software & Technology Systems, including Benefind/Worker Portal

Additional challenges raised fairly frequently *(listed in alphabetical order due to multiple ties)*

1. Caseloads Too High/Unrealistic Expectations/Quantity Over Quality
2. Organizational Inefficiencies/Inconsistent Policies and Procedures
3. Training Doesn't Properly Prepare Workers for the Current Reality of the Job

If you were administration, which challenge would you tackle first? *(listed in chronological order)*

Supervisors

1. Call Services
2. Leadership Issues
3. Retention/High Turn Over/Short Staffed

Frontline and Support Staff

No prioritized data

Eastern Mountain

Challenges raised most frequently *(listed in order of frequency)*

1. Retention/High Turn Over/Short Staffed
2. Training Doesn't Properly Prepare Workers for the Current Reality of the Job

Additional challenges raised fairly frequently *(listed in alphabetical order due to multiple ties)*

1. Caseloads Too High/Unrealistic Expectations/Quantity Over Quality
2. Leadership Issues
3. Our Counties are Different/Keep Cases in County
4. Safety

If you were administration, which challenge would you tackle first? *(listed in chronological order)*

Supervisors

1. Our Counties are Different/Keep Cases in County/Statewide Processing
2. Retention/High Turn Over/Short Staffed

Frontline and Support Staff

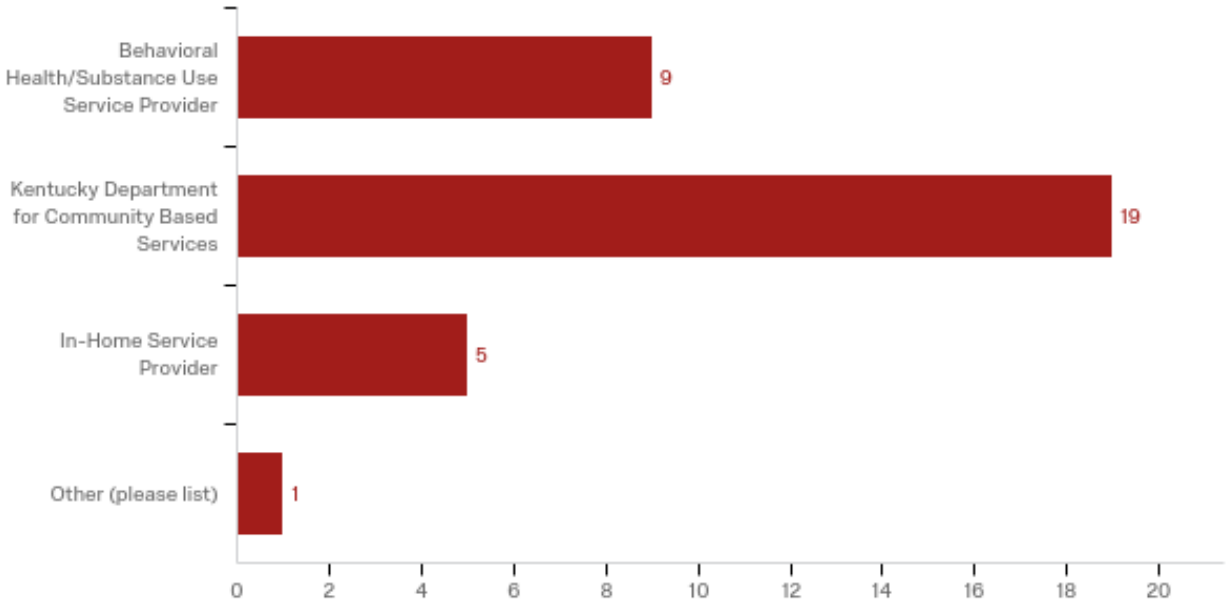
No prioritized data

Appendix C

KSTEP Communication Collaboration Inventory

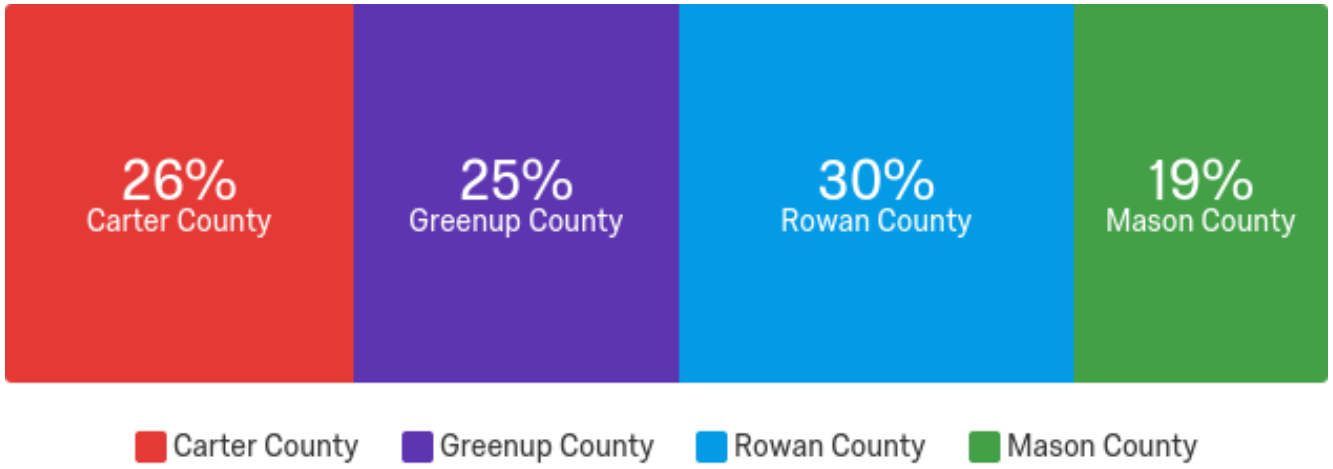
KSTEP Collaboration and Communication Survey- 2017

The agency I best represent is:



Please select the counties in which your agency provides services related to the KSTEP program (select all that apply)

A


26%
Carter County
25%
Greenup County
30%
Rowan County
19%
Mason County
Carter County
Greenup County
Rowan County
Mason County

KSTEP Communication Collaboration Survey- ENVIRONMENT

ENVIRONMENT

History of collaboration or cooperation in the community Mean Score 3.7

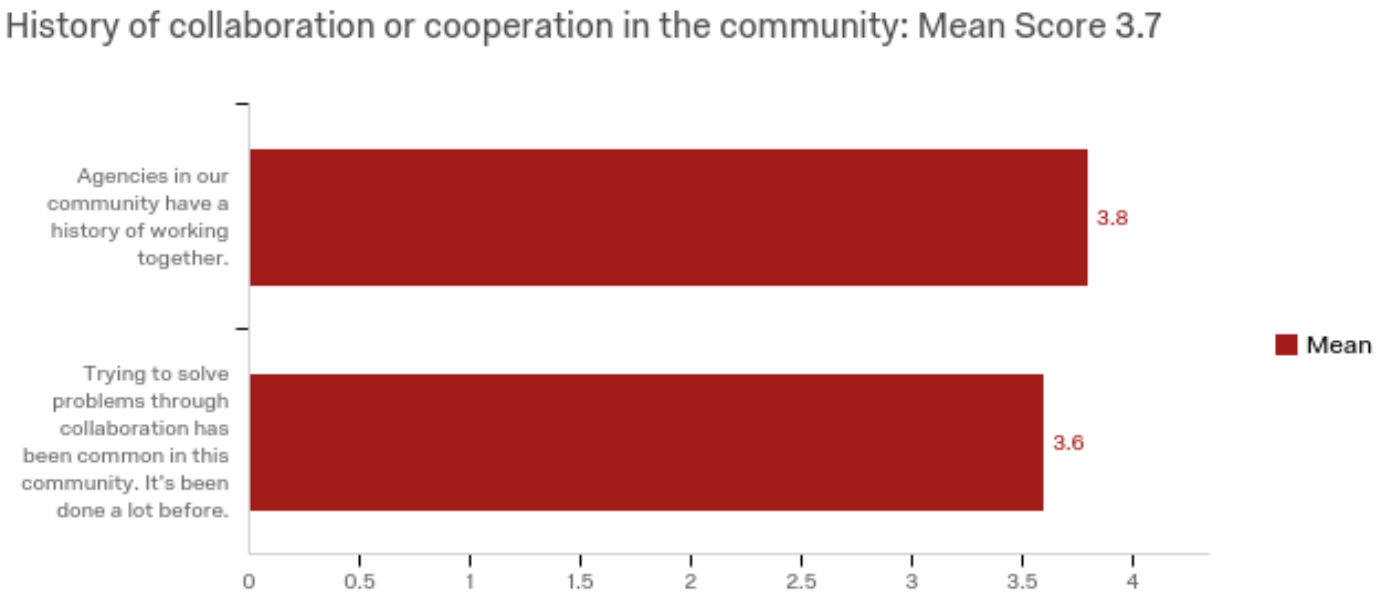
Collaborative group seen as a legitimate leader in the community Mean Score 3.8

Favorable political and social climate Mean Score

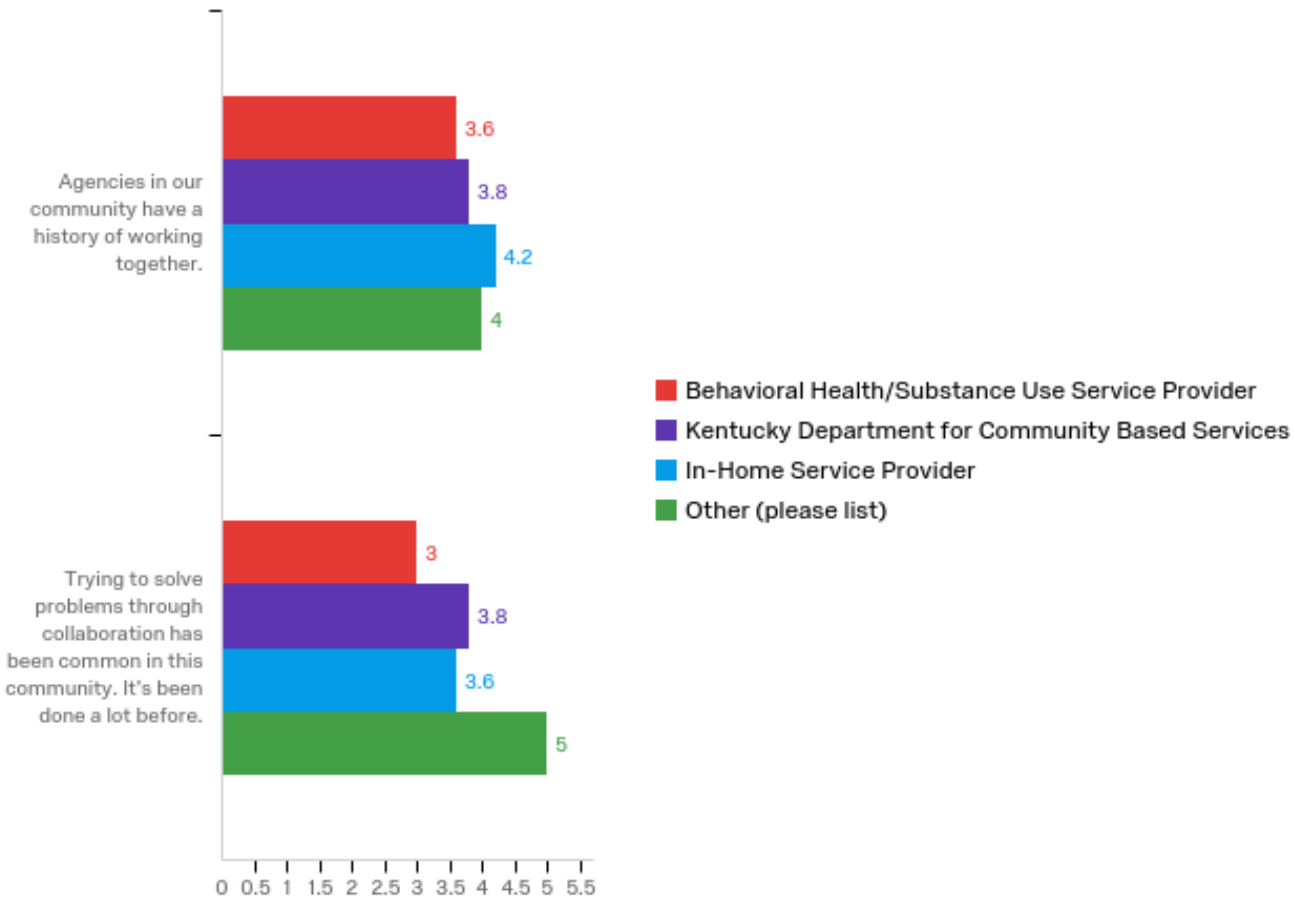
The scores from this survey can be used as a basis for constructive discussion and planning for your collaborative. As a general rule:

- **Scores of 4.0 or higher show a strength and probably don't need special attention.**
- **Scores of 3.0 to 3.9 are borderline and should be discussed by the group to see if they deserve attention.**
- **Scores of 2.9 or lower reveal a concern and should be addressed.**

A


History of collaboration or cooperation in the community: Mean Score 3.7
Agencies in our community have a history of working together.
3.8
Trying to solve problems through collaboration has been common in this community. It's been done a lot before.
3.6
Mean
0
0.5
1
1.5
2
2.5
3
3.5
4

History of collaboration or cooperation in the community: Mean Score 3.7



KSTEP Communication and Collaboration Survey-MEMBERSHIP CHARACTERISTICS

MEMBERSHIP CHARACTERISTICS

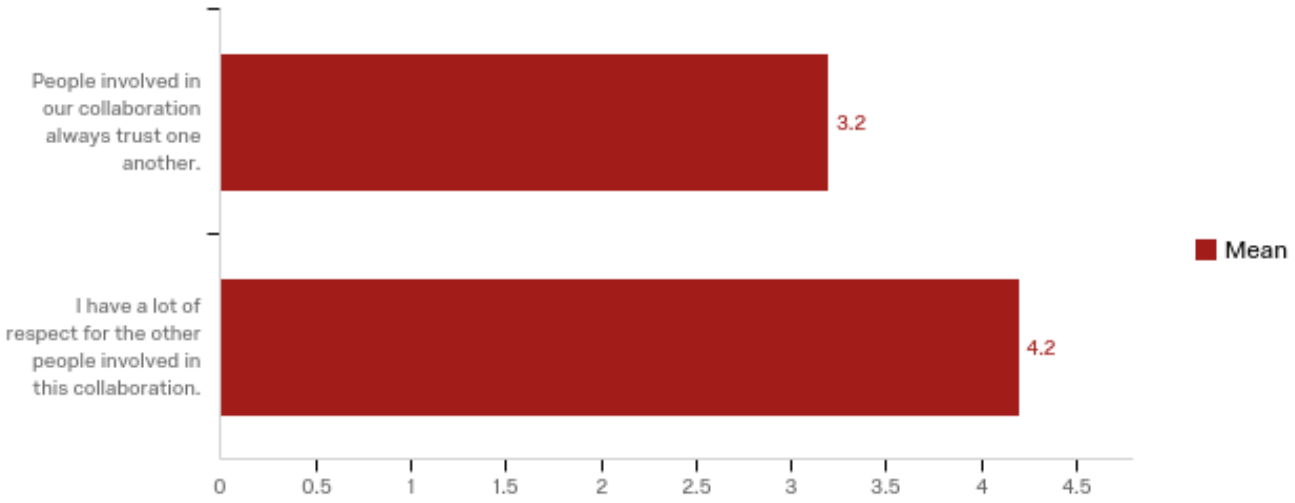
Mutual respect, understanding, and trust Mean Score 3.7

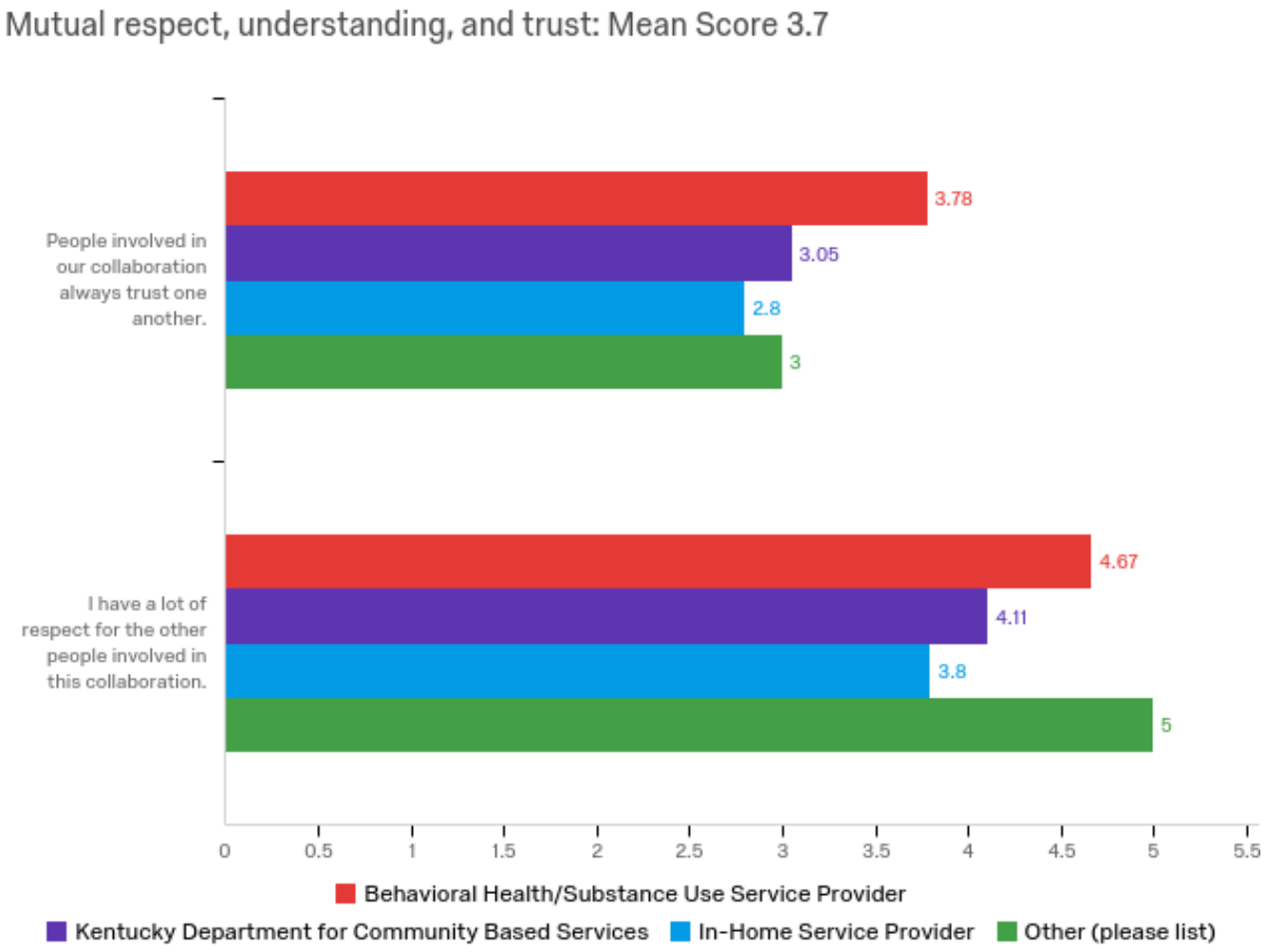
Appropriate cross section of members Mean Score 3.8

Members see collaboration as in their self-interest Mean Score 4.4

Ability to compromise Mean Score 4.1

Mutual respect, understanding, and trust: Mean Score 3.7




Mutual respect, understanding, and trust: Mean Score 3.7
People involved in our collaboration always trust one another.
3.78
3.05
2.8
3
I have a lot of respect for the other people involved in this collaboration.
4.67
4.11
3.8
5
0
0.5
1
1.5
2
2.5
3
3.5
4
4.5
5
5.5
Behavioral Health/Substance Use Service Provider
Kentucky Department for Community Based Services
In-Home Service Provider
Other (please list)

KSTEP Communication and Collaboration Survey- PROCESS AND STRUCTURE

PROCESS AND STRUCTURE

Members share a stake in both process and outcome Mean Score 4.2

Multiple layers of participation Mean Score 3.7

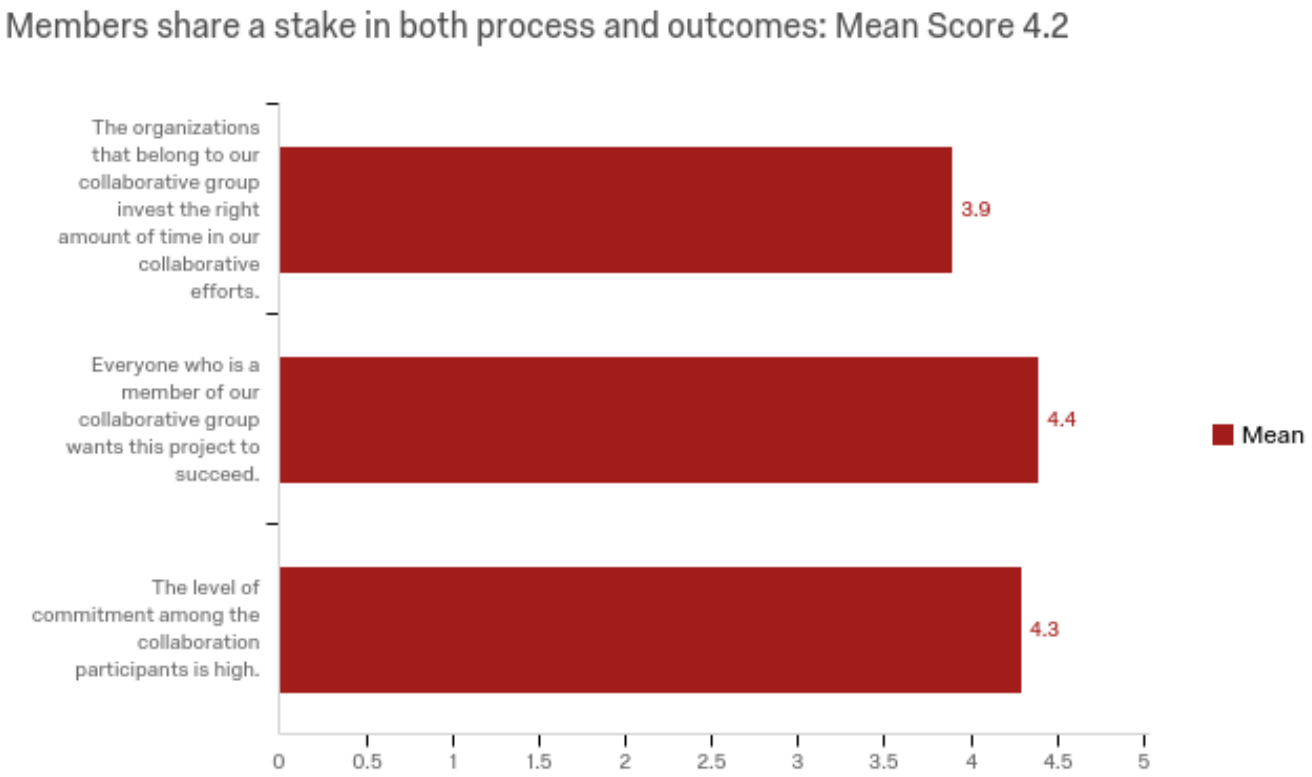
Flexibility Mean Score 4.0

Development of clear roles and policy guidelines Mean Score 3.8

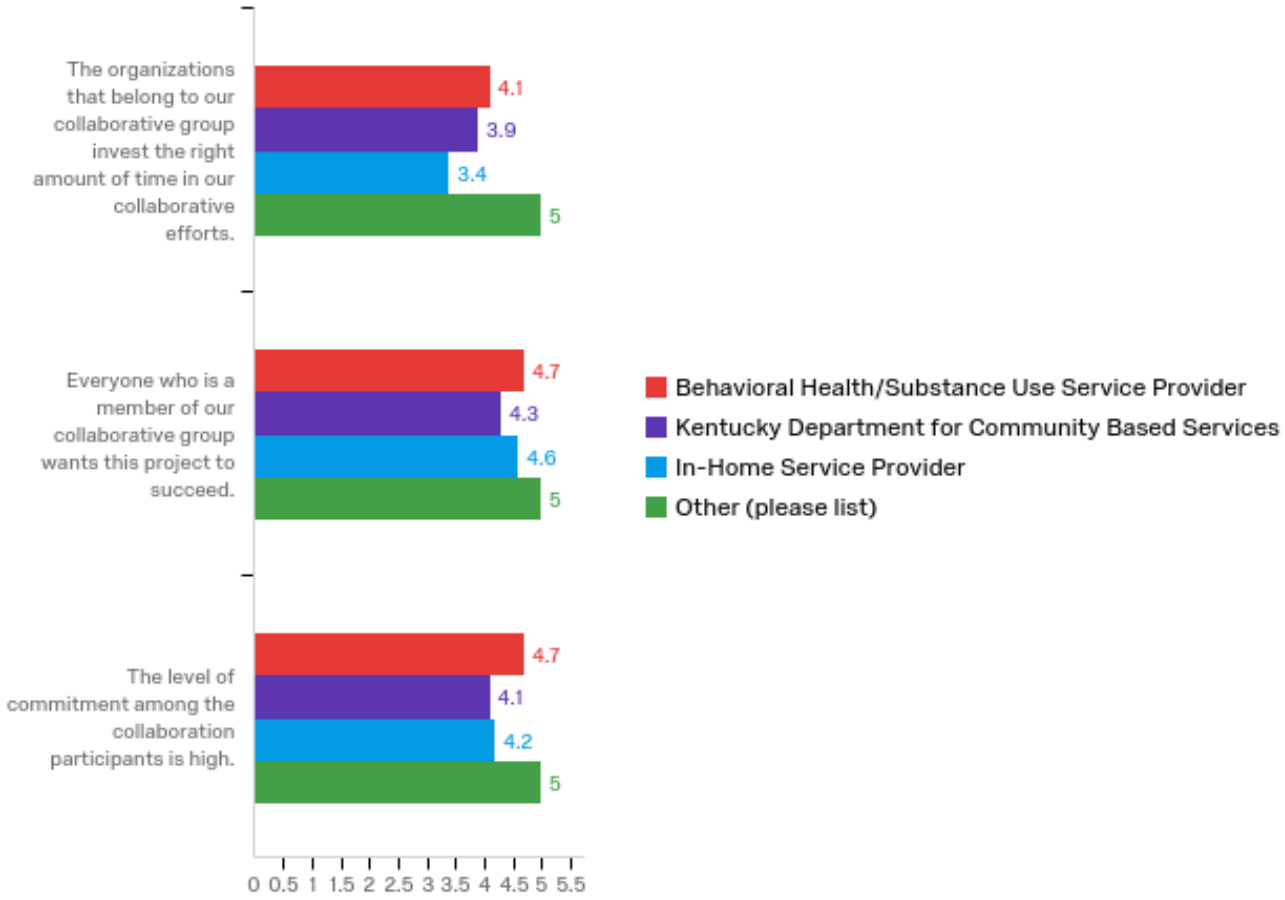
Adaptability Mean Score 3.9

Appropriate pace of development Mean Score 4.1

A


Members share a stake in both process and outcomes: Mean Score 4.2
The organizations that belong to our collaborative group invest the right amount of time in our collaborative efforts.
3.9
Everyone who is a member of our collaborative group wants this project to succeed.
4.4
The level of commitment among the collaboration participants is high.
4.3
Mean
0
0.5
1
1.5
2
2.5
3
3.5
4
4.5
5

Members share a stake in both process and outcomes: Mean Score 4.2



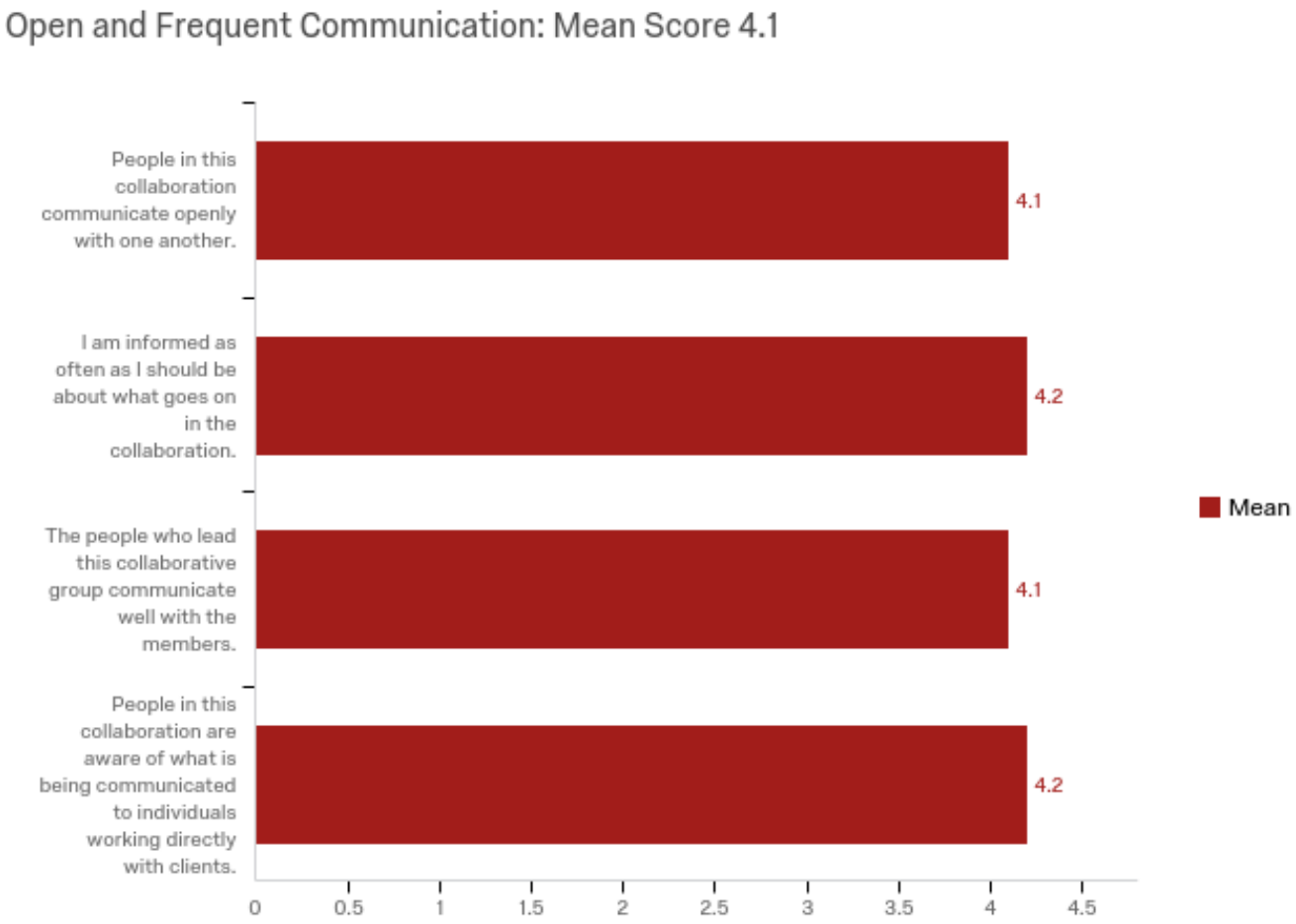
KSTEP Communication and Collaboration Survey- COMMUNICATION

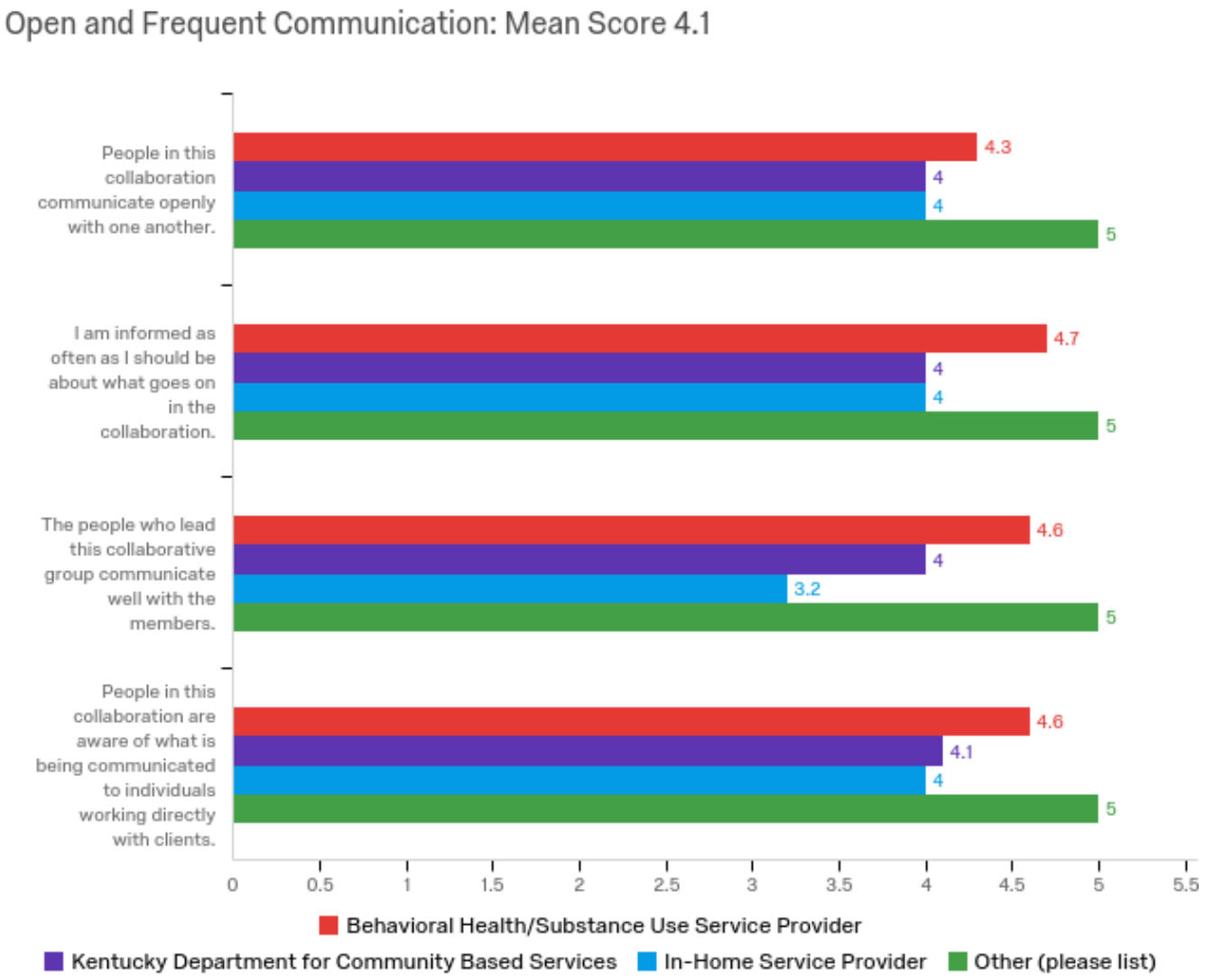
COMMUNICATION

Open and frequent communication Mean Score 4.1

Established informal relationships and communication links Mean Score 4.1

Note: Survey items added to this domain are not included in the mean score calculation but are included in the report to provide more detail specific to communication. Additional items include: People in this collaboration are aware of what is being communicated to individuals working directly with clients. and Informal communication is active and accurate within this collaborative.


Open and Frequent Communication: Mean Score 4.1
People in this collaboration communicate openly with one another.
4.1
I am informed as often as I should be about what goes on in the collaboration.
4.2
The people who lead this collaborative group communicate well with the members.
4.1
People in this collaboration are aware of what is being communicated to individuals working directly with clients.
4.2
0
0.5
1
1.5
2
2.5
3
3.5
4
4.5
Mean


Open and Frequent Communication: Mean Score 4.1
People in this collaboration communicate openly with one another.
4.3
4
4
5
I am informed as often as I should be about what goes on in the collaboration.
4.7
4
4
5
The people who lead this collaborative group communicate well with the members.
4.6
4
3.2
5
People in this collaboration are aware of what is being communicated to individuals working directly with clients.
4.6
4.1
4
5
0
0.5
1
1.5
2
2.5
3
3.5
4
4.5
5
5.5
Behavioral Health/Substance Use Service Provider
Kentucky Department for Community Based Services
In-Home Service Provider
Other (please list)

KSTEP Communication and Collaboration Survey- PURPOSE

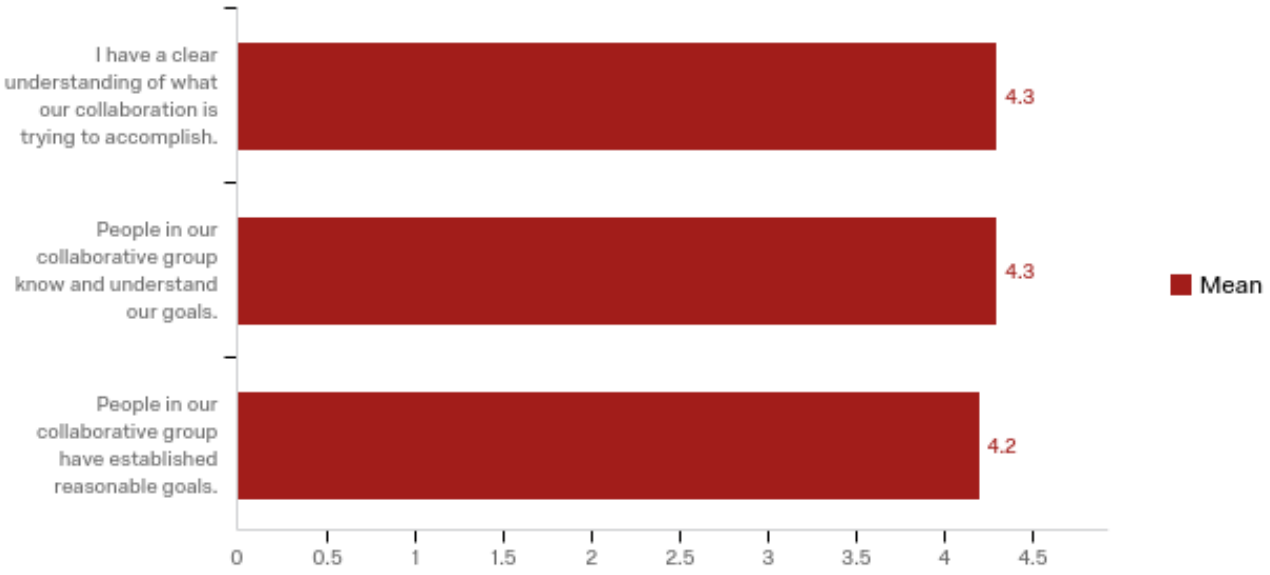
PURPOSE

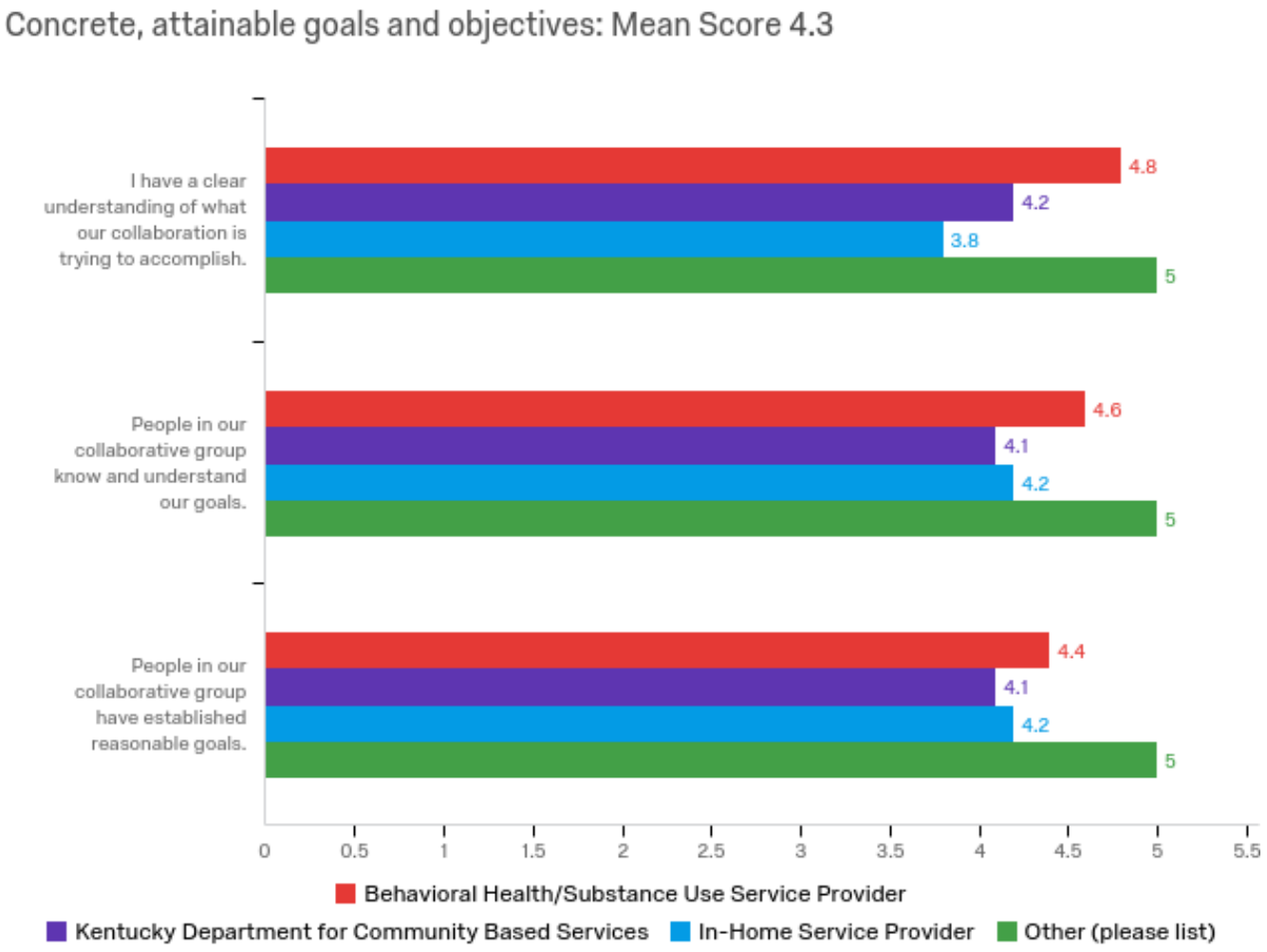
Concrete, attainable goals and objectives Mean Score 4.3

Shared vision Mean Score 4.3

Unique purpose Mean Score 4.4

Concrete, attainable goals and objectives: Mean Score 4.3




Concrete, attainable goals and objectives: Mean Score 4.3
I have a clear understanding of what our collaboration is trying to accomplish.
4.8
4.2
3.8
5
People in our collaborative group know and understand our goals.
4.6
4.1
4.2
5
People in our collaborative group have established reasonable goals.
4.4
4.1
4.2
5
0
0.5
1
1.5
2
2.5
3
3.5
4
4.5
5
5.5
Behavioral Health/Substance Use Service Provider
Kentucky Department for Community Based Services
In-Home Service Provider
Other (please list)

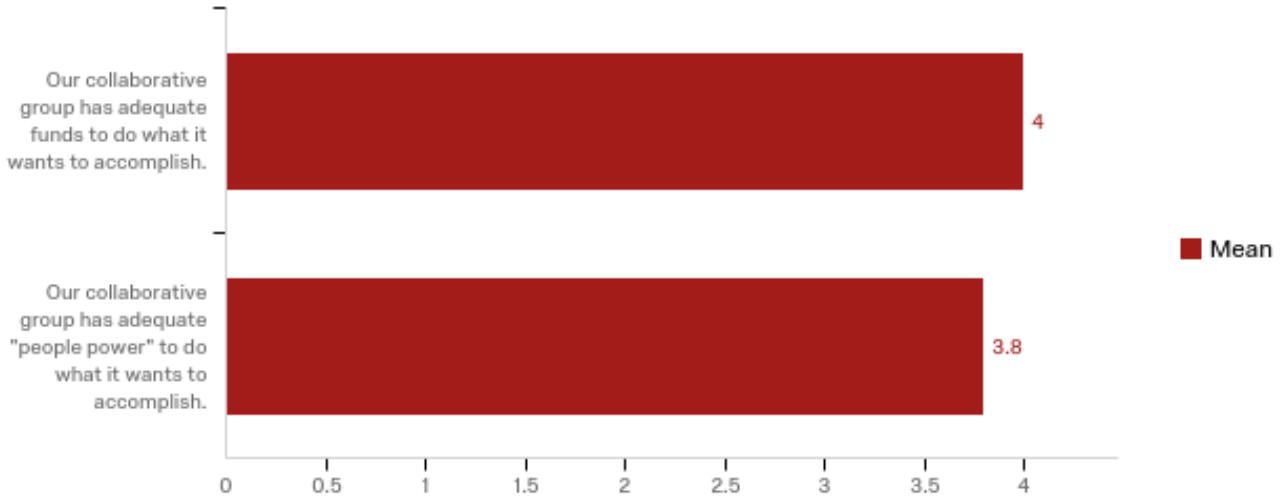
KSTEP Communication and Collaboration Survey- RESOURCES

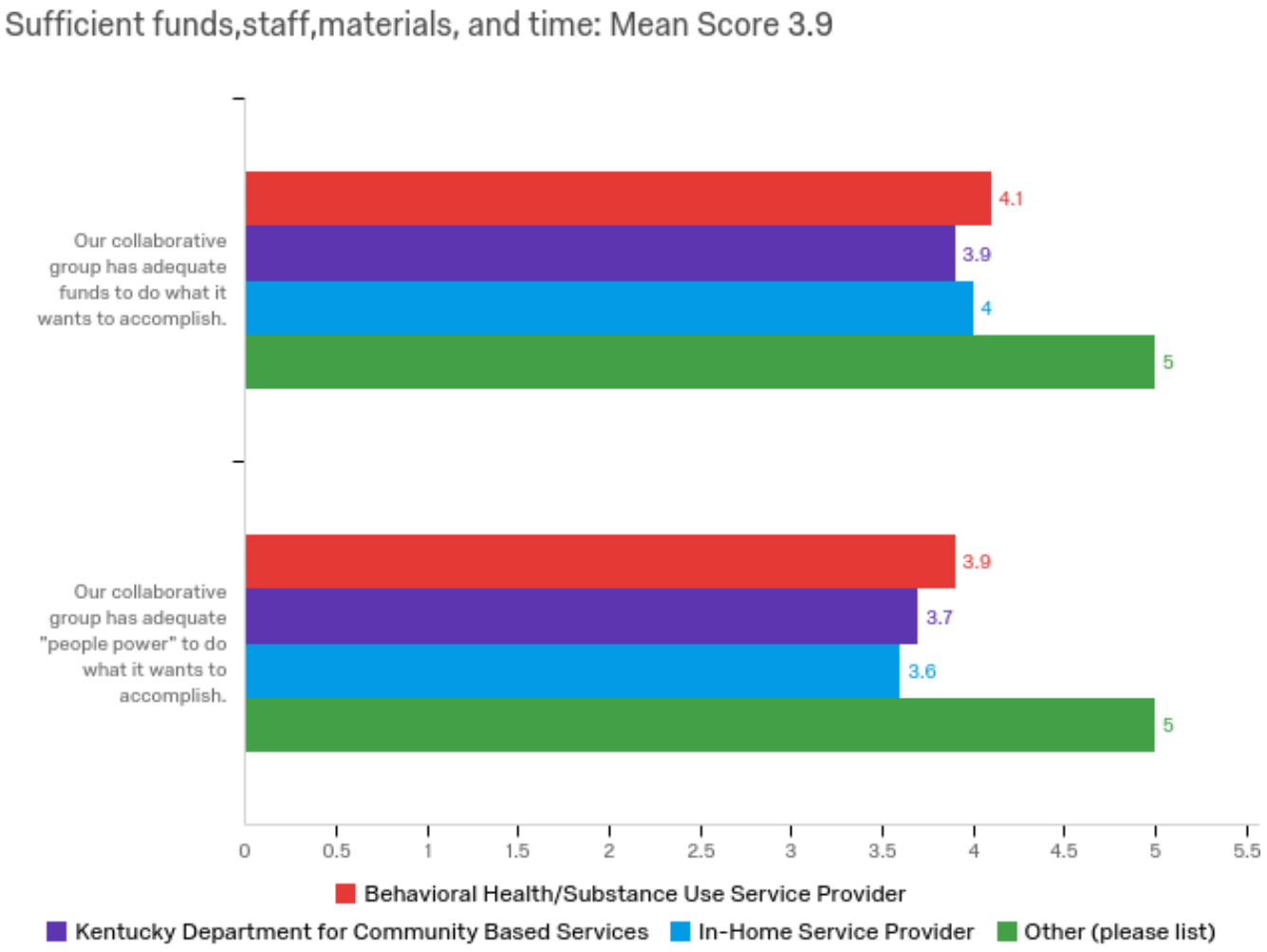
RESOURCES

Sufficient funds, staff, materials, and time Mean Score 3.9

Skilled leadership Mean Score 4.2

Sufficient funds,staff, materials, and time: Mean Score 3.9




Sufficient funds,staff,materials, and time: Mean Score 3.9
Our collaborative group has adequate funds to do what it wants to accomplish.
4.1
3.9
4
5
Our collaborative group has adequate "people power" to do what it wants to accomplish.
3.9
3.7
3.6
5
0
0.5
1
1.5
2
2.5
3
3.5
4
4.5
5
5.5
Behavioral Health/Substance Use Service Provider
Kentucky Department for Community Based Services
In-Home Service Provider
Other (please list)

If communication in KSTEP could be changed in any way to facilitate or improve service delivery, please tell how:

If communication in KSTEP could be changed in any way to facilitate or improve service delivery, please tell how:
I have nothing to add at this time
I think things are going very well. Everyone appears to have a vested interest in seeing the project succeed.
I believe things are going well in regards to communication.
N/A
I don't think communication within KSTEP needs to change, just other organizations that aren't directly involved with us need to be more informed about what we are doing so they will be more open to working with us.
None
Communication is going well at this time.
Communication is great so far.
N/A

A

Please provide any additional comments related to collaboration or communication within KSTEP program.

Please provide any additional comments related to collaboration or communication within KSTEP program.
I have nothing to add at this time
The program seems to be working well for those I have referred who are willing to participate fully.
N/A
None
N/A
I think the program has been very successful thus far. I would like to see it increase to family's of all age children. Love the weekly updates and the open communication between all providers.
WE all need to understand the phase system better so that we can communicated with one another with a phase has been completed.
At this point in time KSTEP is helping keep children in their home with their parents. We have been able to avoid court action. We seem to have goo communication with the providers, family, and supports for the family.

A

Appendix D

Level One Training Evaluation Reports KSTEP and START

Training Evaluation Summary Report

Training: **Solution Based Casework: Supervisor Booster**
Date(s): **June 15, 2017 - June 15, 2017**
Hotel:
Location: **Other**
Trainer(s): **Christensen**

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	No Opinion	Mean	Responses
1. I understood the learning objectives as outlined at the beginning of this training.	38.10%	47.62%	9.52%	0.00%	4.76%	0.00%	4.14	21/21
2. I was able to relate each of the learning objectives to the learning I achieved.	38.10%	61.90%	0.00%	0.00%	0.00%	0.00%	4.38	21/21
3. My learning was enhanced by the instructional aids (e.g. handouts, visuals, etc).	52.38%	28.57%	14.29%	0.00%	4.76%	0.00%	4.24	21/21
4. I was motivated to learn by the various teaching methods used.	52.38%	33.33%	14.29%	0.00%	0.00%	0.00%	4.38	21/21
5. I found the training to be organized.	47.62%	47.62%	4.76%	0.00%	0.00%	0.00%	4.43	21/21
6. I was given opportunities to practice and demonstrate my knowledge/skills.	57.14%	38.10%	4.76%	0.00%	0.00%	0.00%	4.52	21/21
7. I will be able to apply what I learned during this session on the job.	66.67%	33.33%	0.00%	0.00%	0.00%	0.00%	4.67	21/21
8. I was appropriately challenged by the material/content of this training.	47.62%	47.62%	0.00%	0.00%	4.76%	0.00%	4.33	21/21
9. I found the training room temperature to be comfortable.	28.57%	38.10%	23.81%	4.76%	4.76%	0.00%	3.81	21/21
10. I felt the training room setup was beneficial to my learning experience.	23.81%	61.90%	9.52%	4.76%	0.00%	0.00%	4.05	21/21
11. I found the furniture in the training room to be comfortable.	19.05%	47.62%	19.05%	4.76%	9.52%	0.00%	3.62	21/21
12. I felt safe at the hotel used for this training.	42.11%	36.84%	5.26%	0.00%	0.00%	15.79%	4.44	19/21
13. I felt comfortable at the hotel used for this training.	31.58%	42.11%	15.79%	0.00%	0.00%	10.53%	4.18	19/21
14. I prefer to have an electronic version of the training manual instead of a paper copy.	10.00%	20.00%	30.00%	0.00%	25.00%	15.00%	2.88	20/21

Training Evaluation Summary Report

Training: **Solution Based Casework: Supervisor Booster**
Date(s): **June 15, 2017 - June 15, 2017**
Hotel:
Location: **Other**
Trainer(s): **Christensen**

Dana Christensen	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	No Opinion	Mean	Responses
1. I was comfortable with the pace of the training.	85.71%	14.29%	0.00%	0.00%	0.00%	0.00%	4.86	14/21
2. Breaks were provided when I needed them.	78.57%	21.43%	0.00%	0.00%	0.00%	0.00%	4.79	14/21
3. I clearly understood the content presented by this trainer.	78.57%	14.29%	7.14%	0.00%	0.00%	0.00%	4.71	14/21
4. My learning was enhanced by the knowledge and experience of this trainer.	78.57%	14.29%	7.14%	0.00%	0.00%	0.00%	4.71	14/21
5. My questions and concerns were adequately addressed.	71.43%	21.43%	7.14%	0.00%	0.00%	0.00%	4.64	14/21
6. I was encouraged to get actively involved in the learning process.	78.57%	21.43%	0.00%	0.00%	0.00%	0.00%	4.79	14/21
7. I felt energized by the interest and enthusiasm displayed by this trainer.	85.71%	7.14%	7.14%	0.00%	0.00%	0.00%	4.79	14/21

Training Evaluation Summary Report

Training: **Solution Based Casework: Supervisor Booster**
Date(s): **June 15, 2017 - June 15, 2017**
Hotel:
Location: **Other**
Trainer(s): **Christensen**

What were the three most important things you learned from this training?
Dana good trainer-wish there was more time to learn from him.
Don't focus on labels, milestones, action planning.
Family centered approach.
Family planning, incorporation of helping/healing tools.
How the SBC model will work for KSTEP.
How to appropriately implement SBC into cases that are going to be KSTEP cases.
How to develop an Action Plan (working in a group).
How to do safety plans, outcomes, ind vs. family.
SBT overall, action plans, and how it benefits the family.
Solution based case work-look at outcomes, and action planning to reach the family outcomes.
Trainings out of order-confusing.
Working as a team benefits families we serve, action planning is very important.
Writing outcomes, writing initial action plans.

Total Comments: 13

What other topics or information might help you more effectively perform your job?
I feel that Dana did a great job presenting the training.
More handouts.
More visuals.
Severe Rx use, and how to address this. More difficult examples-instead of two kids-six kids etc.
This training is needed for the front line DCBS workers.
Very helpful.

Total Comments: 6

What could the training site staff have provided to make your training experience better?
Beverages.

Training Evaluation Summary Report

Training: **Solution Based Casework: Supervisor Booster**
Date(s): **June 15, 2017 - June 15, 2017**
Hotel:
Location: **Other**
Trainer(s): **Christensen**

Total Comments: 1

What could the hotel staff or lodging accommodations have provided to make your stay better?

More comfortable chairs.

Total Comments: 1

Training Evaluation Summary Report

Training: **Solution Based Casework: Initial**
Date(s): **June 12, 2017 - June 12, 2017**
Hotel:
Location: **Other**
Trainer(s): **Barrett & Christensen**

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	No Opinion	Mean	Responses
1. I understood the learning objectives as outlined at the beginning of this training.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
2. I was able to relate each of the learning objectives to the learning I achieved.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
3. My learning was enhanced by the instructional aids (e.g. handouts, visuals, etc).	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
4. I was motivated to learn by the various teaching methods used.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
5. I found the training to be organized.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
6. I was given opportunities to practice and demonstrate my knowledge/skills.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
7. I will be able to apply what I learned during this session on the job.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
8. I was appropriately challenged by the material/content of this training.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
9. I found the training room temperature to be comfortable.	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	1.00	1/1
10. I felt the training room setup was beneficial to my learning experience.	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	4.00	1/1
11. I found the furniture in the training room to be comfortable.	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	4.00	1/1
12. I felt safe at the hotel used for this training.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
13. I felt comfortable at the hotel used for this training.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
14. I prefer to have an electronic version of the training manual instead of a paper copy.	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	1.00	1/1

Training Evaluation Summary Report

Training: **Solution Based Casework: Initial**
Date(s): **June 12, 2017 - June 12, 2017**
Hotel:
Location: **Other**
Trainer(s): **Barrett & Christensen**

Lisa Barrett	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	No Opinion	Mean	Responses
1. I was comfortable with the pace of the training.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
2. Breaks were provided when I needed them.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
3. I clearly understood the content presented by this trainer.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
4. My learning was enhanced by the knowledge and experience of this trainer.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
5. My questions and concerns were adequately addressed.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
6. I was encouraged to get actively involved in the learning process.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
7. I felt energized by the interest and enthusiasm displayed by this trainer.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1

Training Evaluation Summary Report

Training: **Solution Based Casework: Initial**
Date(s): **June 12, 2017 - June 12, 2017**
Hotel:
Location: **Other**
Trainer(s): **Barrett & Christensen**

Dana Christensen	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	No Opinion	Mean	Responses
1. I was comfortable with the pace of the training.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
2. Breaks were provided when I needed them.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
3. I clearly understood the content presented by this trainer.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
4. My learning was enhanced by the knowledge and experience of this trainer.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
5. My questions and concerns were adequately addressed.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
6. I was encouraged to get actively involved in the learning process.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
7. I felt energized by the interest and enthusiasm displayed by this trainer.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1

Training Evaluation Summary Report

Training: **Solution Based Casework: Initial**
Date(s): **June 12, 2017 - June 12, 2017**
Hotel:
Location: **Other**
Trainer(s): **Barrett & Christensen**

What were the three most important things you learned from this training?
Process of utilizing SBC in casework, looking for strengths in family, normalizing everyday activities/stressors.

Total Comments: 1

What could the training site staff have provided to make your training experience better?
A warmer room.

Total Comments: 1

Training Evaluation Summary Report

Training: **Sobriety Treatment and Recovery Team and the Child Welfare System**
Date(s): **June 22, 2017 - June 22, 2017**
Hotel: **Drury Inn & Suites Louisville East**
Location: **University of Louisville - Shelby Campus**
Trainer(s): **Burgess & Miller**

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	No Opinion	Mean	Responses
1. I understood the learning objectives as outlined at the beginning of this training.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	3/3
2. I was able to relate each of the learning objectives to the learning I achieved.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	3/3
3. My learning was enhanced by the instructional aids (e.g. handouts, visuals, etc).	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	3/3
4. I was motivated to learn by the various teaching methods used.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	3/3
5. I found the training to be organized.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	3/3
6. I was given opportunities to practice and demonstrate my knowledge/skills.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	3/3
7. I will be able to apply what I learned during this session on the job.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	3/3
8. I was appropriately challenged by the material/content of this training.	66.67%	0.00%	33.33%	0.00%	0.00%	0.00%	4.33	3/3
9. I found the training room temperature to be comfortable.	66.67%	0.00%	33.33%	0.00%	0.00%	0.00%	4.33	3/3
10. I felt the training room setup was beneficial to my learning experience.	66.67%	0.00%	33.33%	0.00%	0.00%	0.00%	4.33	3/3
11. I found the furniture in the training room to be comfortable.	66.67%	0.00%	33.33%	0.00%	0.00%	0.00%	4.33	3/3
12. I felt safe at the hotel used for this training.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	3/3
13. I felt comfortable at the hotel used for this training.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	3/3
14. I prefer to have an electronic version of the training manual instead of a paper copy.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	3/3

Training Evaluation Summary Report

Training: **Sobriety Treatment and Recovery Team and the Child Welfare System**
Date(s): **June 22, 2017 - June 22, 2017**
Hotel: **Drury Inn & Suites Louisville East**
Location: **University of Louisville - Shelby Campus**
Trainer(s): **Burgess & Miller**

Douglas Burgess	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	No Opinion	Mean	Responses
1. I was comfortable with the pace of the training.	50.00%	50.00%	0.00%	0.00%	0.00%	0.00%	4.50	2/3
2. Breaks were provided when I needed them.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	3/3
3. I clearly understood the content presented by this trainer.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	3/3
4. My learning was enhanced by the knowledge and experience of this trainer.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	3/3
5. My questions and concerns were adequately addressed.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	3/3
6. I was encouraged to get actively involved in the learning process.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	3/3
7. I felt energized by the interest and enthusiasm displayed by this trainer.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	3/3

Training Evaluation Summary Report

Training: **Sobriety Treatment and Recovery Team and the Child Welfare System**
Date(s): **June 22, 2017 - June 22, 2017**
Hotel: **Drury Inn & Suites Louisville East**
Location: **University of Louisville - Shelby Campus**
Trainer(s): **Burgess & Miller**

April Miller	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	No Opinion	Mean	Responses
1. I was comfortable with the pace of the training.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	3/3
2. Breaks were provided when I needed them.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	3/3
3. I clearly understood the content presented by this trainer.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	3/3
4. My learning was enhanced by the knowledge and experience of this trainer.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	3/3
5. My questions and concerns were adequately addressed.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	3/3
6. I was encouraged to get actively involved in the learning process.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	3/3
7. I felt energized by the interest and enthusiasm displayed by this trainer.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	3/3

Training Evaluation Summary Report

Training: **Sobriety Treatment and Recovery Team and the Child Welfare System**
Date(s): **June 22, 2017 - June 22, 2017**
Hotel: **Drury Inn & Suites Louisville East**
Location: **University of Louisville - Shelby Campus**
Trainer(s): **Burgess & Miller**

What were the three most important things you learned from this training?

boundaries, assessment, and relapse prevention

Twist, Boundaries,

Total Comments: 2

What other topics or information might help you more effectively perform your job?

boundaries

Total Comments: 1

Training Evaluation Summary Report

Training: **Sobriety Treatment and Recovery Team and the Child Welfare System**
Date(s): **July 25, 2017 - July 25, 2017**
Hotel: **Comfort Inn and Suites**
Location: **Other**
Trainer(s): **Miller**

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	No Opinion	Mean	Responses
1. I understood the learning objectives as outlined at the beginning of this training.	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	4.00	1/1
2. I was able to relate each of the learning objectives to the learning I achieved.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
3. My learning was enhanced by the instructional aids (e.g. handouts, visuals, etc).	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
4. I was motivated to learn by the various teaching methods used.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
5. I found the training to be organized.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
6. I was given opportunities to practice and demonstrate my knowledge/skills.	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	4.00	1/1
7. I will be able to apply what I learned during this session on the job.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
8. I was appropriately challenged by the material/content of this training.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
9. I found the training room temperature to be comfortable.	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	3.00	1/1
10. I felt the training room setup was beneficial to my learning experience.	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	4.00	1/1
11. I found the furniture in the training room to be comfortable.	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	3.00	1/1
12. I felt safe at the hotel used for this training.	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	4.00	1/1
13. I felt comfortable at the hotel used for this training.	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	3.00	1/1
14. I prefer to have an electronic version of the training manual instead of a paper copy.	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	3.00	1/1

Training Evaluation Summary Report

Training: **Sobriety Treatment and Recovery Team and the Child Welfare System**
Date(s): **July 25, 2017 - July 25, 2017**
Hotel: **Comfort Inn and Suites**
Location: **Other**
Trainer(s): **Miller**

April Miller	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	No Opinion	Mean	Responses
1. I was comfortable with the pace of the training.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
2. Breaks were provided when I needed them.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
3. I clearly understood the content presented by this trainer.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
4. My learning was enhanced by the knowledge and experience of this trainer.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
5. My questions and concerns were adequately addressed.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
6. I was encouraged to get actively involved in the learning process.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1
7. I felt energized by the interest and enthusiasm displayed by this trainer.	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.00	1/1

Training Evaluation Summary Report

Training: **Sobriety Treatment and Recovery Team and the Child Welfare System**
Date(s): **July 25, 2017 - July 25, 2017**
Hotel: **Comfort Inn and Suites**
Location: **Other**
Trainer(s): **Miller**

What were the three most important things you learned from this training?

SOP
Case Plans
Assessment skills/plans

Total Comments: 1

What other topics or information might help you more effectively perform your job?

job description's

Total Comments: 1

What could the training site staff have provided to make your training experience better?

another person

Total Comments: 1

What could the hotel staff or lodging accommodations have provided to make your stay better?

no lodge N/A

Total Comments: 1

Appendix E

KVC

Genogram

Timestamp	Caseworker's Name: First, Last	Supervisor's Name: First, Last	Does the Genogram reflect CW's efforts to show at least 3 generations of family members on both sides of the family?	Does the Genogram reflect the CW's efforts to embrace cultural differences by including any other people who serve in a parental capacity (aunts and uncles, etc.) or any others who have a decision-making role in the family?	Does the Genogram reflect CW's efforts to Natural helpers, friends, and confidants of the caretakers and older children?	Does the Genogram indicate who was living in the home (eg. with a dotted red line) at the time of the assessment?	OVERALL RATING FOR GENOGRAM REVIEW	Comments and Feedback on the Specifics of the Genogram Review	Client ID number:
9/15/2017 11:	Ashley McCown	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Ashley's genogram appea	13952
9/27/2017 8:1	Jaclyn Simmons	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Jaclyn appears to have m	7316
9/27/2017 10:	Garra Barker	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Garra appears to have m	13880
12/7/2017 6:4	Jaclyn Simmons	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Meets all requirements fo	5377
2/15/2018 12:	Krista Jent	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Reviewed this genogram	14565

Genogram_Report

Genogram Proficiency Report

Filters	Proficency Per Topic					Total Proficency
Choose a filter or leave blank to display all results.	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Case Worker:						
Supervisor: Tina Jones						

Case Worker	Supervisor	Does the Genogram reflect CW's efforts to show at least 3 generations of family members on both sides of the family?	Does the Genogram reflect the CW's efforts to embrace cultural differences by including any other people who serve in a parental capacity (aunts and uncles, etc.) or any others who have a decision-making role in the family?	Does the Genogram reflect CW's efforts to Natural helpers, friends, and confidants of the caretakers and older children?	Does the Genogram indicate who was living in the home (eg. with a dotted red line) at the time of the assessment?	OVERALL RATING FOR GENOGRAM REVIEW
Ashley McCown	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient
Jaclyn Simmons	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient
Garra Barker	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient
Jaclyn Simmons	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient
Krista Jent	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient

Family_Agreement

Timestamp	Caseworker Name: First, Last	Supervisor's name: First, Last	Is it clear that the CW co-developed the Family Agreement in a respectful way and used their language to describe the context and situations of concern?	The Consensus is phrased appropriately in accordance with the issues assessed, and is based on the discussion with the family about what was not working, as well as what new plans are needed, at the individual and family level.	If the consensus summary is not fully agreed to by one or more of the caretakers, is that indicated with an intention to revisit this with the family until there is a satisfactory understanding and agreement?	Are both the family and individual outcomes appropriate to the case and constructed using the "who, what, and why" format to make it clear what needs to change and why?	Has the CW made an appropriate agreement with the family on the initial tasks to engage services and initiate change, as well as about the timely construction of ACTION Plans?	Has the family agreement been written in a way the highlights the positive outcomes for both the family and the children and do these reflect the desired state to be achieved and serve as motivation for change?	Can the initial tasks agreed on with the family be achieved in small measurable steps so that this progress can also be used to motivate the family and the individual?	Do key people from the genogram, or agencies involved, have their helping roles identified and their inclusion in future reviews or family meetings are agreed to?	OVERALL RATING FOR FAMILY AGREEMENT REVIEW	Comments and Feedback on the Specifics of the Family Agreement Review	Client ID number:
9/15/2017 11	Ashely, McCown	Tina, Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Ashley appears to meet a	13952
9/27/2017 7:4	Jaclyn Simmons	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Jaclyn appears to have m	7316
9/27/2017 10	Garra Barker	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Garra has met all criteria	13880
2/15/2018 12	Krista Jent	Tina G Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Reviewed Action Plan on	14565

FA_Report

Family Agreement Report

Filters

Choose a filter or leave blank to display all results.

Case Worker:

Supervisor:

Proficency Per Topic

Is it clear that the CW co-developed the Family Agreement in a respectful way and used their language to describe the context and situations of concern?	The Consensus is phrased appropriately in accordance with the issues assessed, and is based on the discussion with the family about what was not working, as well as what new plans are needed, at the individual and family level.	If the consensus summary is not fully agreed to by one or more of the caretakers, is that indicated with an intention to revisit this with the family until there is a satisfactory understanding and agreement?	Are both the family and individual outcomes appropriate to the case and constructed using the "who, what, and why" format to make it clear what needs to change and why?	Has the CW made an appropriate agreement with the family on the initial tasks to engage services and initiate change, as well as about the timely construction of ACTION Plans?	Has the family agreement been written in a way the highlights the positive outcomes for both the family and the children and do these reflect the desired state to be achieved and serve as motivation for change?	Can the initial tasks agreed on with the family be achieved in small measurable steps so that this progress can also be used to motivate the family and the individual?	Do key people from the genogram, or agencies involved, have their helping roles identified and their inclusion in future reviews or family meetings are agreed to?	OVERALL RATING FOR FAMILY AGREEMENT REVIEW
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Total Proficency

100.00%

0.00%

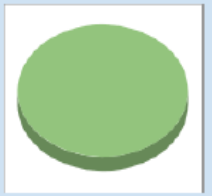
Case Worker	Supervisor	Is it clear that the CW co-developed the Family Agreement in a respectful way and used their language to describe the context and situations of concern?	The Consensus is phrased appropriately in accordance with the issues assessed, and is based on the discussion with the family about what was not working, as well as what new plans are needed, at the individual and family level.	If the consensus summary is not fully agreed to by one or more of the caretakers, is that indicated with an intention to revisit this with the family until there is a satisfactory understanding and agreement?	Are both the family and individual outcomes appropriate to the case and constructed using the "who, what, and why" format to make it clear what needs to change and why?	Has the CW made an appropriate agreement with the family on the initial tasks to engage services and initiate change, as well as about the timely construction of ACTION Plans?	Has the family agreement been written in a way the highlights the positive outcomes for both the family and the children and do these reflect the desired state to be achieved and serve as motivation for change?	Can the initial tasks agreed on with the family be achieved in small measurable steps so that this progress can also be used to motivate the family and the individual?	Do key people from the genogram, or agencies involved, have their helping roles identified and their inclusion in future reviews or family meetings are agreed to?	OVERALL RATING FOR FAMILY AGREEMENT REVIEW
Ashely, McCown	Tina, Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Jaclyn Simmons	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Garra Barker	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Krista Jent	Tina G Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient

Milestone_3_ACTION_PLAN

Timestamp	Caseworker Name: First, Last	Supervisor's name: First, Last	Has the CW co-developed the plan with the client either through the naming of the plan or depth of Situations and Warning Signals present.	Does the CW write tasks in behaviorally specific terms that allow for measuring change.	Does the CW build on family members' existing or pre-existing efforts to change, e.g. "Continue to use positive self talk..."	Does the CW begin to Introduce the language of relapse prevention, i.e. prevention, interruption, and escape skills are present.	Does the CW pull critical tasks from the Safety Plan forward into the 1st Action Plan.	OVERALL RATING FOR M-3 ACTION PLAN REVIEW	Comments and Feedback on the Specifics of the M-3 ACTION Plan:	Client ID number:
2/15/2018 12:48:00	Krista Jent	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Reviewed initial action pla	14565
2/15/2018 12:55:14	Jaclyn Simmons	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Reviewed action plan on	13858
2/15/2018 13:01:31	Ashley McCown	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Reviewed this action plan	13952
2/15/2018 13:06:28	Garra Barker	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Reviewed this action plan	13880

M3AP_Report

Milestone-3 Action Plan Report

Filters	Proficency Per Topic						Total Proficency
Choose a filter or leave blank to display all results.	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Case Worker:							
Supervisor:							

Case Worker	Supervisor	Has the CW co-developed the plan with the client either through the naming of the plan or depth of Situations and Warning Signals present.	Does the CW write tasks in behaviorally specific terms that allow for measuring change.	Does the CW build on family members' existing or pre-existing efforts to change, e.g. "Continue to use positive self talk..."	Does the CW begin to Introduce the language of relapse prevention, i.e. prevention, interruption, and escape skills are present.	Does the CW pull critical tasks from the Safety Plan forward into the 1st Action Plan.	OVERALL RATING FOR M-3 ACTION PLAN REVIEW
Krista Jent	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Jaclyn Simmons	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Ashley McCown	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Garra Barker	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient

Milestone_4_ACTION_PLAN

Timestamp	Caseworker Name: First, Last	Supervisor's Name: First, Last	Does the CW facilitate a better definition of the high-risk situations and warning signals to avoid relapse.	Are most if not all the tasks now written in behaviorally specific, measurable terms that allow for documenting change.	Does it appear the CW has assisted the family members in tailoring tasks to the client's growing knowledge of their patterns.	Has the CW ensured there are tasks balanced across all three areas of relapse prevention skills, i.e. prevention, interruption, and escape skills should all be present.	Has the CW continued to support critical tasks from the Safety Plan.	OVERALL RATING FOR M-4 ACTION PLAN REVIEW	Comments and Feedback on the Specifics of the Mileston 4 Action Plan Review	Client ID number:
2/15/2018 12:	Krista Jent	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Reviewed this milestone on 12/4/17.	14565
2/15/2018 12:	Jaclyn Simmons	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Reviewed final action plan on 1/9/18	13858
2/15/2018 13:	Ashley McCown	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Reviewed this action plan on 10/19/	13952
2/15/2018 13:	Garra Barker	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Reviewed this action plan on 2/12/18	13880

M4AP_Report

Milestone-4 Action Plan Report

Filters	Proficency Per Topic						Total Proficency
Choose a filter or leave blank to display all results.	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Case Worker:							
Supervisor:							

	Case Worker	Supervisor	Does the CW facilitate a better definition of the high-risk situations and warning signals to avoid relapse.	Are most if not all the tasks now written in behaviorally specific, measurable terms that allow for documenting change.	Does it appear the CW has assisted the family members in tailoring tasks to the client's growing knowledge of their patterns.	Has the CW ensured there are tasks balanced across all three areas of relapse prevention skills, i.e. prevention, interruption, and escape skills should all be present.	Has the CW continued to support critical tasks from the Safety Plan.	OVERALL RATING FOR M-4 ACTION PLAN REVIEW
	Krista Jent	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
	Jaclyn Simmons	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
	Ashley McCown	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
	Garra Barker	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient

Milestone_1_Practice_Observation

Timestamp	Caseworker's Name: First, Last	Supervisor"s Name: First, Last	Was the CW able to Normalize Developmental Challenges	Was the CW able to effectively Tracking Behavioral Patterns at the Family Level	Was the CW able to effectively Track Behavioral Patterns at the Individual Level and relate them within a family task that was challenging for the family?	Was the CW able to Search for Exceptions to those family and individual patterns?	Was the CW able to differentiate between Family from Individual Level Concerns?	Was the CW able to focus in on concerns most directly related to Safety?	Was the CW able to respectfully Identify family members and support systems (Genogram)?	Was the CW able to start the process of slowly building toward a Consensus Summary?	OVERALL RATING FOR M-1 PRACTICE OBSERVATION	Supervisor's Notes and Plans to assist the Caseworker in Learning the Skills not yet Proficient:	Client ID number:
12/7/2017 6:5	Jaclyn Simmons	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Meets proficiency.	5377
12/7/2017 7:3	Ashley McCown	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Meets proficiency. No next meeting date due	13952
12/7/2017 11:	Garra Barker	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Meets proficiency. Next observation 1/3/18	927989
3/12/2018 7:4	Krista Jent	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficiency met. Date of n	14585

M1_Report

M1 Report

Filters

Choose a filter or leave blank to display all results.

Case Worker:

Supervisor:

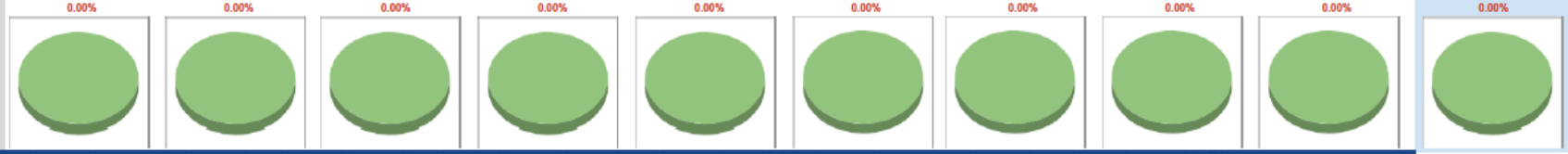
Proficency Per Topic

Was the CW able to Normalize Developmental Challenges	Was the CW able to effectively Tracking Behavioral Patterns at the Family Level	Was the CW able to effectively Track Behavioral Patterns at the Individual Level and relate them within a family task that was challenging for the family?	Was the CW able to Search for Exceptions to those family and individual patterns?	Was the CW able to differentiate between Family from Individual Level Concerns?	Was the CW able to focus in on concerns most directly related to Safety?	Was the CW able to respectfully Identify family members and support systems (Genogram)?	Was the CW able to start the process of slowly building toward a Consensus Summary?	OVERALL RATING FOR M-1 PRACTICE OBSERVATION
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Total Proficency

100.00%

0.00%



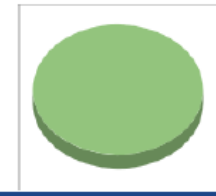
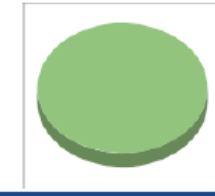
Case Worker	Supervisor	Was the CW able to Normalize Developmental Challenges	Was the CW able to effectively Tracking Behavioral Patterns at the Family Level	Was the CW able to effectively Track Behavioral Patterns at the Individual Level and relate them within a family task that was challenging for the family?	Was the CW able to Search for Exceptions to those family and individual patterns?	Was the CW able to differentiate between Family from Individual Level Concerns?	Was the CW able to focus in on concerns most directly related to Safety?	Was the CW able to respectfully Identify family members and support systems (Genogram)?	Was the CW able to start the process of slowly building toward a Consensus Summary?	OVERALL RATING FOR M-1 PRACTICE OBSERVATION
Jaclyn Simmons	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Ashley McCown	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Garra Barker	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Krista Jent	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient

Milestone_2_Practice_Observation

Timestamp	Caseworker's Name: First, Last	Supervisor's Name: First, Last	Did the CW continue to use M-1 interviewing skills as useful to maintain partnership?	Was the CW able to go from verbal consensus to written FLO's & ILO's	Was the CW able to effectively ensure well written outcomes specific to protection concern	Was the CW able to explain to the family how the Initial Tasks will assist them?	Was the CW able make plans or begin to work on Milestone 3 Action Plans?	OVERALL RATING FOR M-2 PRACTICE OBSERVATION	Supervisor's Notes and Plans to assist the Caseworker in Learning the Skills not yet Proficient:	Client ID number:
12/7/2017 6:55	Jaclyn Simmons	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Meets proficiency. Next observation 1/26/18	5377
12/7/2017 7:40	Ashley McCown	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Meets proficiency. No next observation due t	13952
12/7/2017 11:3	Garra Barker	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Meets proficiency. Next observation 1/3/17	899697
3/12/2018 7:45	Krista Jent	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficiency met. Date of n	14565

M2_Report

M2 Report

Filters	Proficency Per Topic						Total Proficency
Choose a filter or leave blank to display all results.	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
							

Case Worker:

Supervisor:

	Case Worker	Supervisor	Did the CW continue to use M-1 interviewing skills as useful to maintain partnership?	Was the CW able to go from verbal consensus to written FLO's & ILO's	Was the CW able to effectively ensure well written outcomes specific to protection concern	Was the CW able to explain to the family how the Initial Tasks will assist them?	Was the CW able make plans or begin to work on Milestone 3 Action Plans?	OVERALL RATING FOR M-2 PRACTICE OBSERVATION
	Jaclyn Simmons	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
	Ashley McCown	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
	Garra Barker	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
	Krista Jent	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient

Milestone_3_Practice_Observation

Timestamp	Caseworker's Name: First, Last	Supervisor's Name: First, Last	Does the CW continue to use M-1 interviewing skills as useful to maintain partnership?	Was the CW able to move quickly to co-develop Action Plans with family?	Was the CW able to effectively build on exceptions, past and present, in the tasks?	Was the CW able to include beginning ways to measure and document change in the relapse prevention tasks?	Was the CW able to assist families & individuals with problem-solving and improving tasks?	OVERALL RATING FOR M-3 PRACTICE OBSERVATION	Supervisor's Notes and Plans to assist the Caseworker in Learning the Skills not yet Proficient:	Client ID number:
12/7/2017 6:5	Jaclyn Simmons	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Meets proficiency. Next observation on 1/26/	5377
12/7/2017 7:4	Ashley McCown	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Meets proficiency. No next observation date	13952
12/7/2017 11::	Garra Barker	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Meets proficiency. Next observation is 1/3/17	899697
3/12/2018 7:4	Krista Jent	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficiency met. Date of n	14565
3/12/2018 7:4	Krista Jent	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficiency met. Date of n	14565

M3_Report

M3 Report

Filters

Choose a filter or leave blank to display all results.

Case Worker:

Supervisor:

Proficency Per Topic

Does the CW continue to use M-1 interviewing skills as useful to maintain partnership?	Was the CW able to move quickly to co-develop Action Plans with family?	Was the CW able to effectively build on exceptions, past and present, in the tasks?	Was the CW able to include beginning ways to measure and document change in the relapse prevention tasks?	Was the CW able to assist families & individuals with problem- solving and improving tasks?	OVERALL RATING FOR M-3 PRACTICE OBSERVATION
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Total Proficency

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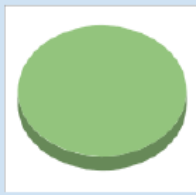

	Case Worker	Supervisor	Does the CW continue to use M-1 interviewing skills as useful to maintain partnership?	Was the CW able to move quickly to co-develop Action Plans with family?	Was the CW able to effectively build on exceptions, past and present, in the tasks?	Was the CW able to include beginning ways to measure and document change in the relapse prevention tasks?	Was the CW able to assist families & individuals with problem- solving and improving tasks?	OVERALL RATING FOR M-3 PRACTICE OBSERVATION
	Jaclyn Simmons	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
	Ashley McCown	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
	Garra Barker	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
	Krista Jent	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
	Krista Jent	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient

Milestone_4_Practice_Observation

Timestamp	Caseworker's Name: First, Last	Supervisor's Name: First, Last	Was the CW able to use Milestone 1 interviewing skills to track how tasks are going in the family?	Was the CW able to actively assist the family and individuals in fine tuning tasks?	Was the CW able to assist the family members in closely measuring small steps of change?	Was the CW able to use multiple documentation techniques to help family members notice and measure change ?	Was the CW able to assist families with celebrating small steps of change and encouraging hope when there are setbacks?	Was the CW able to create wider audiences for the change that is occurring?	OVERALL RATING FOR M-4 PRACTICE OBSERVATION	Supervisor's Notes and Plans to assist the Caseworker in Learning the Skills not yet Proficient:	Client ID number:
12/7/2017 7:02	Jaclyn Simmons	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Meets proficiency. Next Observation 1/26/18	5377
12/7/2017 7:42	Ashley McCown	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Meets proficiency. No next observation due t	13952
12/7/2017 11:3	Garra Barker	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Meets proficiency. Next observation 1/3/17.	899697
2/8/2018 11:39	Garra Barker	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	FCC meets proficiency fo	13880
3/12/2018 7:50	Krista Jent	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficiency met. Date of r	14565

M4_Report

M4 Report

Filters

Choose a filter or leave blank to display all results.

Case Worker:

Supervisor:

Proficency Per Topic

Was the CW able to use Milestone 1 interviewing skills to track how tasks are going in the family?	Was the CW able to actively assist the family and individuals in fine tuning tasks?	Was the CW able to assist the family members in closely measuring small steps of change?	Was the CW able to use multiple documentation techniques to help family members notice and measure change ?	Was the CW able to assist families with celebrating small steps of change and encouraging hope when there are setbacks?	Was the CW able to create wider audiences for the change that is occurring?	OVERALL RATING FOR M-4 PRACTICE OBSERVATION
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Total Proficency

Case Worker	Supervisor	Was the CW able to use Milestone 1 interviewing skills to track how tasks are going in the family?	Was the CW able to actively assist the family and individuals in fine tuning tasks?	Was the CW able to assist the family members in closely measuring small steps of change?	Was the CW able to use multiple documentation techniques to help family members notice and measure change ?	Was the CW able to assist families with celebrating small steps of change and encouraging hope when there are setbacks?	Was the CW able to create wider audiences for the change that is occurring?	OVERALL RATING FOR M-4 PRACTICE OBSERVATION
Jaclyn Simmons	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Ashley McCown	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Garra Barker	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Garra Barker	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Krista Jent	Tina Jones	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient

Ramey Estep

Genogram

Timestamp	Caseworker's Name: First, Last	Supervisor's Name: First, Last	Does the Genogram reflect CW's efforts to show at least 3 generations of family members on both sides of the family?	Does the Genogram reflect the CW's efforts to embrace cultural differences by including any other people who serve in a parental capacity (aunts and uncles, etc.) or any others who have a decision-making role in the family?	Does the Genogram reflect CW's efforts to Natural helpers, friends, and confidants of the caretakers and older children?	Does the Genogram indicate who was living in the home (eg. with a dotted red line) at the time of the assessment?	OVERALL RATING FOR GENOGRAM REVIEW	Comments and Feedback on the Specifics of the Genogram Review	Client ID number:
8/10/2017 1	Karen, Bowe	Carrie, Pemberton	Not Proficient	Proficient	Proficient	Not Proficient	Not Proficient	This was Karen's first Genogram since starting SBC	
8/10/2017 1	Helen Wheeler	Carrie Pemberton	Not Proficient	Not Proficient	Proficient	Proficient	Not Proficient	Helen will document 3 generations of family membe We will work together to recognize cultural issues ar	
2/5/2018 13	Helen, Wheeler	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	8/10/17 - (G.K. & A.B) - R Helen is on it! She is doin	2330
2/5/2018 14	Karen, Bowe	Carrie, Pemberton	Not Proficient	Not Proficient	Proficient	Proficient	Not Proficient	7/21/17 (M.E.) Case cons	2319
2/5/2018 14	Karen, Bowe	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	8/24/17 - (TH) - reviewed	2362
2/12/2018 8	Brittany, Booth	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Brittany did very well on tl She has attended case cc	2597

Geno_Report

Genogram Proficiency Report

Filters

Choose a filter or leave blank to display all results.

Case Worker:

Supervisor:

Proficiency Per Topic

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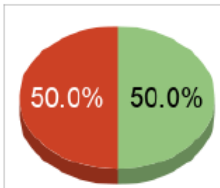

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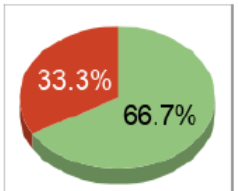

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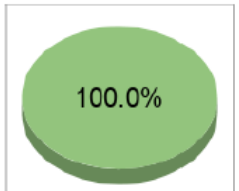

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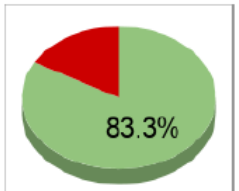
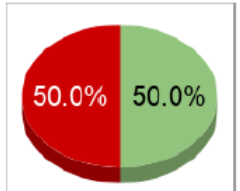
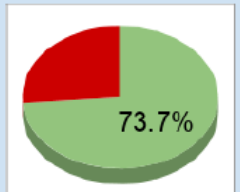


50.00% 50.00%



Total Proficiency

70.00% 25.00%



Caseworker's Name: First, Last	Supervisor's Name: First, Last	Does the Genogram reflect CW's efforts to show at least 3 generations of family members on both sides of the family?	Does the Genogram reflect the CW's efforts to embrace cultural differences by including any other people who serve in a parental capacity (aunts and uncles, etc.) or any others who have a decision-making role in the family?	Does the Genogram reflect CW's efforts to Natural helpers, friends, and confidants of the caretakers and older children?	Does the Genogram indicate who was living in the home (eg. with a dotted red line) at the time of the assessment?	OVERALL RATING FOR GENOGRAM REVIEW
Karen, Bowe	Carrie, Pemberton	Not Proficient	Proficient	Proficient	Not Proficient	Not Proficient
Helen Wheeler	Carrie Pemberton	Not Proficient	Not Proficient	Proficient	Proficient	Not Proficient
Helen, Wheeler	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient
Karen, Bowe	Carrie, Pemberton	Not Proficient	Not Proficient	Proficient	Proficient	Not Proficient
Karen, Bowe	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient
Brittany, Booth	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient

Family_Agreement

Timestamp	Caseworker Name: First, Last	Supervisor's name: First, Last	Is it clear that the CW co-developed the Family Agreement in a respectful way and used their language to describe the context and situations of concern?	The Consensus is phrased appropriately in accordance with the issues assessed, and is based on the discussion with the family about what was not working, as well as what new plans are needed, at the individual and family level.	If the consensus summary is not fully agreed to by one or more of the caretakers, is that indicated with an intention to revisit this with the family until there is a satisfactory understanding and agreement?	Are both the family and individual outcomes appropriate to the case and constructed using the "who, what, and why" format to make it clear what needs to change and why?	Has the CW made an appropriate agreement with the family on the initial tasks to engage services and initiate change, as well as about the timely construction of ACTION Plans?	Has the family agreement been written in a way the highlights the positive outcomes for both the family and the children and do these reflect the desired state to be achieved and serve as motivation for change?	Can the initial tasks agreed on with the family be achieved in small measurable steps so that this progress can also be used to motivate the family and the individual?	Do key people from the genogram, or agencies involved, have their helping roles identified and their inclusion in future reviews or family meetings are agreed to?	OVERALL RATING FOR FAMILY AGREEMENT REVIEW	Comments and Feedback on the Specifics of the Family Agreement Review	Client ID number:
2/5/2018 13:	Helen, Wheeler	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	8/10/17 - (G.K. & A.B) - R Helen is on it! She is doin	2330
2/5/2018 14:	Karen, Bowe	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	8/24/17 - (TH) - reviewed Family agreement was de	2362
2/12/2018 8:	Brittany, Booth	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Reviewed KE FTM and F	2597

FA_Report

Family Agreement Report

Filters

Choose a filter or leave blank to display all results.

Case Worker:

Supervisor:

Proficiency Per Topic

Is it clear that the CW co-developed the Family Agreement in a respectful way and used their language to describe the context and situations of concern?	The Consensus is phrased appropriately in accordance with the issues assessed, and is based on the discussion with the family about what was not working, as well as what new plans are needed, at the individual and family level.	If the consensus summary is not fully agreed to by one or more of the caretakers, is that indicated with an intention to revisit this with the family until there is a satisfactory understanding and agreement?	Are both the family and individual outcomes appropriate to the case and constructed using the "who, what, and why" format to make it clear what needs to change and why?	Has the CW made an appropriate agreement with the family on the initial tasks to engage services and initiate change, as well as about the timely construction of ACTION Plans?	Has the family agreement been written in a way the highlights the positive outcomes for both the family and the children and do these reflect the desired state to be achieved and serve as motivation for change?	Can the initial tasks agreed on with the family be achieved in small measurable steps so that this progress can also be used to motivate the family and the individual?	Do key people from the genogram, or agencies involved, have their helping roles identified and their inclusion in future reviews or family meetings are agreed to?	OVERALL RATING FOR FAMILY AGREEMENT REVIEW
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Total Proficiency

100.00%
0.00%
100.0%

Caseworker Name: First, Last	Supervisor's name: First, Last	Is it clear that the CW co-developed the Family Agreement in a respectful way and used their language to describe the context and situations of concern?	The Consensus is phrased appropriately in accordance with the issues assessed, and is based on the discussion with the family about what was not working, as well as what new plans are needed, at the individual and family level.	If the consensus summary is not fully agreed to by one or more of the caretakers, is that indicated with an intention to revisit this with the family until there is a satisfactory understanding and agreement?	Are both the family and individual outcomes appropriate to the case and constructed using the "who, what, and why" format to make it clear what needs to change and why?	Has the CW made an appropriate agreement with the family on the initial tasks to engage services and initiate change, as well as about the timely construction of ACTION Plans?	Has the family agreement been written in a way the highlights the positive outcomes for both the family and the children and do these reflect the desired state to be achieved and serve as motivation for change?	Can the initial tasks agreed on with the family be achieved in small measurable steps so that this progress can also be used to motivate the family and the individual?	Do key people from the genogram, or agencies involved, have their helping roles identified and their inclusion in future reviews or family meetings are agreed to?	OVERALL RATING FOR FAMILY AGREEMENT REVIEW
Helen, Wheeler	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Karen, Bowe	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Brittany, Booth	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient

Milestone_3_Action_Plan

Timestamp	Caseworker Name: First, Last	Supervisor's name: First, Last	Has the CW co-developed the plan with the client either through the naming of the plan or depth of Situations and Warning Signals present.	Does the CW write tasks in behaviorally specific terms that allow for measuring change.	Does the CW build on family members' existing or pre-existing efforts to change, e.g. "Continue to use positive self talk…"	Does the CW begin to Introduce the language of relapse prevention, i.e. prevention, interruption, and escape skills are present.	Does the CW pull critical tasks from the Safety Plan forward into the 1st Action Plan.	OVERALL RATING FOR M-3 ACTION PLAN REVIEW	Comments and Feedback on the Specifics of the M-3 ACTION Plan:	Client ID number:
2/5/2018 13:	Helen, Wheeler	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Helen has worked hard or	2330
2/7/2018 14:	Karen, Bowe	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	10/24/18 - Reviewed DS v	2561
2/12/2018 8:	Brittany, Booth	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	12/21/17 – Brittany Booth Discussed: Phases, when	2597

M3AP_Report

Milestone 3 Action Plan Report

Filters	Proficiency Per Topic						Total Proficiency
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Choose a filter or leave blank to display all results.	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Case Worker:	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Supervisor:							

Caseworker Name: First, Last	Supervisor's name: First, Last	Has the CW co-developed the plan with the client either through the naming of the plan or depth of Situations and Warning Signals present.	Does the CW write tasks in behaviorally specific terms that allow for measuring change.	Does the CW build on family members' existing or pre-existing efforts to change, e.g. "Continue to use positive self talk…"	Does the CW begin to Introduce the language of relapse prevention, i.e. prevention, interruption, and escape skills are present.	Does the CW pull critical tasks from the Safety Plan forward into the 1st Action Plan.	OVERALL RATING FOR M-3 ACTION PLAN REVIEW
Helen, Wheeler	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Karen, Bowe	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Brittany, Booth	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient

Timestamp	Caseworker Name: First, Last	Supervisor's Name: First, Last	Does the CW facilitate a better definition of the high-risk situations and warning signals to avoid relapse.	Are most if not all the tasks now written in behaviorally specific, measurable terms that allow for documenting change.	Does it appear the CW has assisted the family members in tailoring tasks to the client's growing knowledge of their patterns.	Has the CW ensured there are tasks balanced across all three areas of relapse prevention skills, i.e. prevention, interruption, and escape skills should all be present.	Has the CW continued to support critical tasks from the Safety Plan.	OVERALL RATING FOR M-4 ACTION PLAN REVIEW	Comments and Feedback on the Specifics of the Mileston 4 Action Plan Review	Client ID number:
2/5/2018 13:	Helen, Wheeler	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Client CD - Reviewed Far	2324
2/12/2018 8:	Karen, Bowe	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Karen has worked hard to She and the family has id	2561
2/12/2018 8:	Brittany, Booth	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Adding to KE Action plan	2597

Milestone 4 Action Plan Report

Filters

Choose a filter or leave blank to display all results.

Case Worker:

Supervisor:

Proficiency Per Topic

Caseworker Name: First, Last	Supervisor's Name: First, Last	Does the CW facilitate a better definition of the high-risk situations and warning signals to avoid relapse.	Are most if not all the tasks now written in behaviorally specific, measurable terms that allow for documenting change.	Does it appear the CW has assisted the family members in tailoring tasks to the client's growing knowledge of their patterns.	Has the CW ensured there are tasks balanced across all three areas of relapse prevention skills, i.e. prevention, interruption, and escape skills should all be present.	Has the CW continued to support critical tasks from the Safety Plan.	OVERALL RATING FOR M-4 ACTION PLAN REVIEW
		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Total Proficiency

100.00%

0.00%

100.0%

Helen, Wheeler	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Karen, Bowe	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Brittany, Booth	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient

M1_Practice_Observation

Timestamp	Caseworker's Name: First, Last	Supervisor"s Name: First, Last	Was the CW able to Normalize Developmental Challenges	Was the CW able to effectively Tracking Behavioral Patterns at the Family Level	Was the CW able to effectively Track Behavioral Patterns at the Individual Level and relate them within a family task that was challenging for the family?	Was the CW able to Search for Exceptions to those family and individual patterns?	Was the CW able to differentiate between Family from Individual Level Concerns?	Was the CW able to focus in on concerns most directly related to Safety?	Was the CW able to respectfully Identify family members and support systems (Genogram)?	Was the CW able to start the process of slowly building toward a Consensus Summary?	OVERALL RATING FOR M-1 PRACTICE OBSERVATION	Supervisor's Notes and Plans to assist the Caseworker in Learning the Skills not yet Proficient:	Client ID number:
2/5/2018 13	Helen, Wheeler	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	8/29/17 - CL & PO Discussed family was slo Support is mother who is	2280
2/12/2018 8	Karen, Bowe	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Karen engaged with the f	2762
2/12/2018 9	Brittany, Booth	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Sat in with Brittany on the	2750

M1_Report

M1 Practice Observation Report

Filters

Choose a filter or leave blank to display all results.

Case Worker:

Supervisor:

Proficiency Per Topic

Was the CW able to Normalize Developmental Challenges	Was the CW able to effectively Tracking Behavioral Patterns at the Family Level	Was the CW able to effectively Track Behavioral Patterns at the Individual Level and relate them within a family task that was challenging for the family?	Was the CW able to Search for Exceptions to those family and individual patterns?	Was the CW able to differentiate between Family from Individual Level Concerns?	Was the CW able to focus in on concerns most directly related to Safety?	Was the CW able to respectfully Identify family members and support systems (Genogram)?	Was the CW able to start the process of slowly building toward a Consensus Summary?	OVERALL RATING FOR M-1 PRACTICE OBSERVATION
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Total Proficiency

100.00%

0.00%

100.0%

Caseworker's Name: First, Last	Supervisor"s Name: First, Last	Was the CW able to Normalize Developmental Challenges	Was the CW able to effectively Tracking Behavioral Patterns at the Family Level	Was the CW able to effectively Track Behavioral Patterns at the Individual Level and relate them within a family task that was challenging for the family?	Was the CW able to Search for Exceptions to those family and individual patterns?	Was the CW able to differentiate between Family from Individual Level Concerns?	Was the CW able to focus in on concerns most directly related to Safety?	Was the CW able to respectfully Identify family members and support systems (Genogram)?	Was the CW able to start the process of slowly building toward a Consensus Summary?	OVERALL RATING FOR M-1 PRACTICE OBSERVATION
Helen, Wheeler	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Karen, Bowe	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Brittany, Booth	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient

M2_Practice_Observation

Timestamp	Caseworker's Name: First, Last	Supervisor's Name: First, Last	Did the CW continue to use M-1 interviewing skills as useful to maintain partnership?	Was the CW able to go from verbal consensus to written FLO's & ILO's	Was the CW able to effectively ensure well written outcomes specific to protection concern	Was the CW able to explain to the family how the Initial Tasks will assist them?	Was the CW able make plans or begin to work on Milestone 3 Action Plans?	OVERALL RATING FOR M-2 PRACTICE OBSERVATION	Supervisor's Notes and Plans to assist the Caseworker in Learning the Skills not yet Proficient:	Client ID number:
2/5/2018 13:4	Helen, Wheeler	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Observed Helen and client T Helen reinforced things that Helen came up with new ide Gave different options for he Bringing in natural helpers: n Reinforcing client: Proud of y Helen and client have a good Helen wrapped up meeting w	2586
2/12/2018 13::	Brittany, Booth	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Attended BB visit with Brittan	2819

M2_Report

M2 Practice Observation Report

Filters	Proficiency Per Topic						Total Proficiency
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Choose a filter or leave blank to display all results.	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Case Worker:							
Supervisor:							

Caseworker's Name: First, Last	Supervisor's Name: First, Last	Did the CW continue to use M-1 interviewing skills as useful to maintain partnership?	Was the CW able to go from verbal consensus to written FLO's & ILO's	Was the CW able to effectively ensure well written outcomes specific to protection concern	Was the CW able to explain to the family how the Initial Tasks will assist them?	Was the CW able make plans or begin to work on Milestone 3 Action Plans?	OVERALL RATING FOR M-2 PRACTICE OBSERVATION
Helen, Wheeler	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Brittany, Booth	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient

M3_Practice_Observation

Timestamp	Caseworker's Name: First, Last	Supervisor's Name: First, Last	Does the CW continue to use M-1 interviewing skills as useful to maintain partnership?	Was the CW able to move quickly to co-develop Action Plans with family?	Was the CW able to effectively build on exceptions, past and present, in the tasks?	Was the CW able to include beginning ways to measure and document change in the relapse prevention tasks?	Was the CW able to assist families & individuals with problem-solving and improving tasks?	OVERALL RATING FOR M-3 PRACTICE OBSERVATION	Supervisor's Notes and Plans to assist the Caseworker in Learning the Skills not yet Proficient:	Client ID number:
2/5/2018 13:	Helen, Wheeler	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Observed Helen during A Helen used SBC interview Continues to recognize ar Reviewed action steps. G	2351
2/5/2018 14:	Karen, Bowe	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Reviewed M.E over the la Karen worked with the the Met with ME and KAren a	2319
2/12/2018 8:	Karen, Bowe	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Reviewed Actions steps v	2722

M3_Report

M3 Practice Observation Report

Filters	Proficiency Per Topic						Total Proficiency
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Choose a filter or leave blank to display all results.	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Case Worker:							
Supervisor:							

Caseworker's Name: First, Last	Supervisor's Name: First, Last	Does the CW continue to use M-1 interviewing skills as useful to maintain partnership?	Was the CW able to move quickly to co-develop Action Plans with family?	Was the CW able to effectively build on exceptions, past and present, in the tasks?	Was the CW able to include beginning ways to measure and document change in the relapse prevention tasks?	Was the CW able to assist families & individuals with problem- solving and improving tasks?	OVERALL RATING FOR M-3 PRACTICE OBSERVATION
Helen, Wheeler	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Karen, Bowe	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Karen, Bowe	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient

M4_Practice_Observation

Timestamp	Caseworker's Name: First, Last	Supervisor's Name: First, Last	Was the CW able to use Milestone 1 interviewing skills to track how tasks are going in the family?	Was the CW able to actively assist the family and individuals in fine tuning tasks?	Was the CW able to assist the family members in closely measuring small steps of change?	Was the CW able to use multiple documentation techniques to help family members notice and measure change ?	Was the CW able to assist families with celebrating small steps of change and encouraging hope when there are setbacks?	Was the CW able to create wider audiences for the change that is occurring?	OVERALL RATING FOR M-4 PRACTICE OBSERVATION	Supervisor's Notes and Plans to assist the Caseworker in Learning the Skills not yet Proficient:	Client ID number:
2/12/2018 8:4	Karen, Bowe	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	BM - Karen continues to u	2561
2/12/2018 13	Brittany, Booth	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Observed visit with SC Br Brittany used SBC intervie	2694
2/12/2018 13	Brittany, Booth	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Attended home visit with S	2597

M4_Report

M4 Practice Observation Report

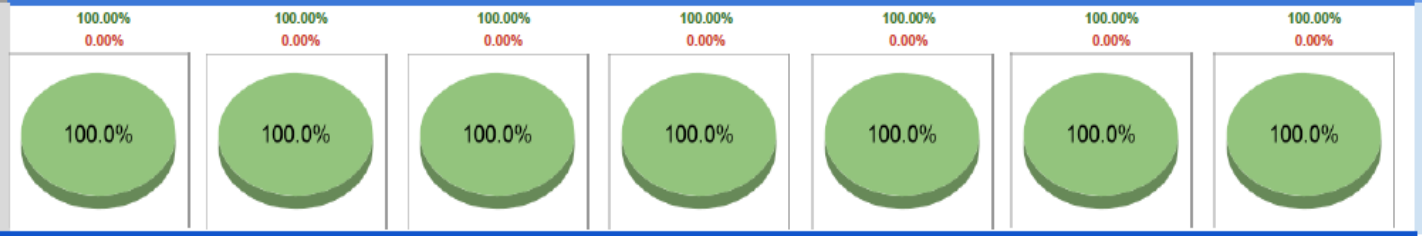
Filters

Choose a filter or leave blank to display all results.

Case Worker:

Supervisor:

Proficiency Per Topic



Total Proficiency

Caseworker's Name: First, Last	Supervisor's Name: First, Last	Was the CW able to use Milestone 1 interviewing skills to track how tasks are going in the family?	Was the CW able to actively assist the family and individuals in fine tuning tasks?	Was the CW able to assist the family members in closely measuring small steps of change?	Was the CW able to use multiple documentation techniques to help family members notice and measure change ?	Was the CW able to assist families with celebrating small steps of change and encouraging hope when there are setbacks?	Was the CW able to create wider audiences for the change that is occurring?	OVERALL RATING FOR M-4 PRACTICE OBSERVATION
Karen, Bowe	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Brittany, Booth	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient
Brittany, Booth	Carrie, Pemberton	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient	Proficient

A

Appendix F

A

KSTEP PROGRAM SERVICES QUESTIONNAIRE

The Kentucky Department for Community Based Services (DCBS) is conducting an evaluation of the KSTEP program. The evaluation is a way for DCBS and our partner agencies to see what we are doing well and if there are any areas in which we can improve.

Part of the evaluation involves asking program participants to complete a survey about how participation in the KSTEP program affected them and their families. If you choose to participate in this evaluation, your identity will be kept confidential.

All information collected through this survey will remain anonymous. Completing this survey is voluntary without any risk or reward for completing it. Your services will not be affected by your participation or lack of participation in this survey.

This survey should take approximately 10 minutes to complete and you may stop taking the survey at any time with no consequence. If you have any questions about the survey or the use of the information being collected you may contact: Christopher Duckworth, MPH christopher.duckworth@eku.edu; (859)622-8846.

- ○ I agree to participate in this evaluation by responding to the KSTEP Services Questionnaire.
- ○ I choose not to participate at this time.

Alternatively you may also complete this survey anonymously online using the following link:

https://wkussem.co1.qualtrics.com/jfe/form/SV_3wTYBUSGKiMZPdX

Skip To: End of Survey If I choose not to participate at this time is selected

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Please select the county in which you are receiving or have received KSTEP services.

- ○ Carter County
- ○ Greenup County
- ○ Rowan County
- ○ Mason County

KSTEP PROGRAM SERVICES QUESTIONNAIRE

Please answer the following questions based on you and your family's experience receiving services through the KSTEP program. Indicate if you **Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree** with each of the statements below. If the statement is about something you or your family have **not** experienced, select **Not Applicable** to indicate that this item does not apply to your situation.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
Overall, I am satisfied with the services my family has received.	○	○	○	○	○	○
I helped to choose my family's services.	○	○	○	○	○	○
Our family had a plan with clear goals and objectives.	○	○	○	○	○	○
I helped to choose my family's goals.	○	○	○	○	○	○
I felt supported by the people working with my	○	○	○	○	○	○
I was satisfied with the Family Team Meetings (FTMs) for my family.	○	○	○	○	○	○
The services my family received were the right fit for us.	○	○	○	○	○	○
Appointments and services were available at times that were convenient for us.	○	○	○	○	○	○
My family got the help we wanted.	○	○	○	○	○	○
My family got as much help as we needed.	○	○	○	○	○	○
I am satisfied with my family life right now.	○	○	○	○	○	○
I would recommend KSTEP to other families in need of services.	○	○	○	○	○	○

KSTEP PROGRAM SERVICES QUESTIONNAIRE

Please select **all** of the agencies you and your family have been involved with as a part of the KSTEP Program.

- ○ Kentucky Department for Community Based Services (DCBS) (Cabinet Social Worker)
- ○ KVC Behavioral Healthcare (In-Home Service Provider)
- ○ Re-group (In-Home Service Provider)
- ○ Pathways (Community Mental Health/Substance Abuse Services)
- ○ Comprehend (Community Mental Health/Substance Abuse Services)
- ○ Other Agency

*Please answer this question If **Kentucky Department for Community Based Services (DCBS) (Cabinet Social Worker)** was selected above:*

*Think about the worker from the **Kentucky Department for Community Based Services (DCBS)** who worked with your family the most and indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree** or **Strongly Agree** with each of the statements below. If the statement does not apply to your situation select **Not Applicable.***

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
My social worker helped me get services from others.	○	○	○	○	○	○
My social worker treated me and my family with respect.	○	○	○	○	○	○
My social worker respected my family's religious/spiritual	○	○	○	○	○	○
My social worker spoke with me in a way that I	○	○	○	○	○	○
My social worker was sensitive to my cultural/ethnic background.	○	○	○	○	○	○
My social worker listened to my ideas.	○	○	○	○	○	○
I know what my social worker expects me to	○	○	○	○	○	○

KSTEP PROGRAM SERVICES QUESTIONNAIRE

*Please answer this question if **KVC Behavioral Healthcare (In-Home Service Provider)** was selected above:*

*Think about the in-home services worker from **KVC Behavioral Healthcare** who worked with your family most often and indicate if you **Strongly Disagree, Disagree,** are **Undecided, Agree** or **Strongly Agree** with each of the statements below. If the statement does not apply to your situation select **Not Applicable**.*

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
My in-home services worker helped me get services from others.	○	○	○	○	○	○
My in-home services worker treated me and my family with respect.	○	○	○	○	○	○
My in-home services worker respected my family's religious/spiritual beliefs.	○	○	○	○	○	○
My in-home services worker spoke with me in a way that I understood.	○	○	○	○	○	○
My in-home services worker was sensitive to my cultural/ethnic background.	○	○	○	○	○	○
My in-home services worker listened to my	○	○	○	○	○	○
I know what my in-home services worker expects me to do.	○	○	○	○	○	○

KSTEP PROGRAM SERVICES QUESTIONNAIRE

*Please answer this question if **Re-group** (In-Home Service Provider) was selected above:*

*Think about the in-home services worker from **Re-group** who worked with your family the most and indicate if you **Strongly Disagree, Disagree**, are **Undecided, Agree** or **Strongly Agree** with each of the statements below. If the statement does not apply to your situation select **Not Applicable**.*

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
My in-home services worker helped me get services from others.	○	○	○	○	○	○
My in-home services worker treated me and my family with respect.	○	○	○	○	○	○
My in-home services worker respected my family's religious/spiritual beliefs.	○	○	○	○	○	○
My in-home services worker spoke with me in a way that I understood.	○	○	○	○	○	○
My in-home services worker was sensitive to my cultural/ethnic background.	○	○	○	○	○	○
My in-home services worker listened to my	○	○	○	○	○	○
I know what my in-home services worker expects me to do.	○	○	○	○	○	○

KSTEP PROGRAM SERVICES QUESTIONNAIRE

*Please answer this question if **Pathways, Inc**. (Substance Use Service Provider) was selected above:*

*Think about the substance abuse services provider from **Pathways, Inc**. who worked with you the most and indicate if you **Strongly Disagree, Disagree**, are **Undecided, Agree** or **Strongly Agree** with each of the statements below. If the statement does not apply to your situation select **Not Applicable**.*

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
My substance abuse services provider helped me get services from others.	○	○	○	○	○	○
My substance abuse services provider treated me with	○	○	○	○	○	○
My substance abuse services provider respected my religious/spiritual beliefs.	○	○	○	○	○	○
My substance abuse services provider spoke with me in a way that I understood.	○	○	○	○	○	○
My substance abuse services provider was sensitive to my cultural/ethnic background.	○	○	○	○	○	○
My substance abuse services provider listened to my	○	○	○	○	○	○
I know what my substance abuse services provider expects me to do.	○	○	○	○	○	○

KSTEP PROGRAM SERVICES QUESTIONNAIRE

*Please answer this question if **Comprehend, Inc**. (Substance Use Service Provider) was selected above:*

*Think about the substance abuse services provider from **Comprehend, Inc**. who worked with you the most and indicate if you **Strongly Disagree, Disagree**, are **Undecided, Agree** or **Strongly Agree** with each of the statements below. If the statement does not apply to your situation select **Not Applicable**.*

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
My substance abuse services provider helped me get services from others.	○	○	○	○	○	○
My substance abuse services provider treated me with	○	○	○	○	○	○
My substance abuse services provider respected my religious/spiritual	○	○	○	○	○	○
My substance abuse services provider spoke with me in a way that I understood.	○	○	○	○	○	○
My substance abuse services provider was sensitive to my cultural/ethnic	○	○	○	○	○	○
My substance abuse services provider listened to my ideas.	○	○	○	○	○	○
I know what my substance abuse services provider expects me to	○	○	○	○	○	○

KSTEP PROGRAM SERVICES QUESTIONNAIRE

What has been the most helpful thing about the KSTEP services you and your family have received?

What do you think would improve KSTEP services in Kentucky?

Please provide any additional comments. We are interested in both positive and negative feedback. Remember your name or contact information will not be attached to this in any manner.

Thank you! Please return survey in the postage paid envelope

A

Appendix G

Job Analysis

START Family Mentor

Prepared for

Kentucky Cabinet for Health & Family Services
Department for Community Based Services

By
The Facilitation Center at EKU

Initial Profile
March 29-30, 2016

START Family Mentor

A START Family Mentor provides peer support to help families navigate through the Department for Community Based Services (DCBS) and other systems to promote recovery in order to keep children safe and families together.

A START Family Mentor serves families referred by Child Protective Services (CPS) due to abuse or neglect with substance abuse being the primary cause with at least one child age five or under.

Development History

1. Initial Profile: March 29-30, 2016

Duties	Tasks														
A Conduct Face-to-Face Visits	A-1 Coordinate visit with client and team	A-2 Plan and execute visit route	A-3 Assess environment and client	A-4 Address safety concerns	A-5 Complete home contact sheet *(Daviess County only)*	A-6 Record visit notes	A-7 Review case plan progress	A-8 Provide recovery support	A-9 Model sober parenting	A-10 Collect meeting verification sheets	A-11 Provide substance abuse education to family and others involved	A-12 Schedule next visit *(if needed)*	A-13 Convey information to team	A-14 Foster client's accountability	A-15 Teach daily living skills
B Manage Recovery Self Care	B-1 Maintain personal recovery	B-2 Participate in recovery events	B-3 Participate in community service	B-4 Attend regular support meetings	B-5 Participate in recovery support network	B-6 Be accountable to self and others	B-7 Apply positive change								
C Provide Client Transportation	C-1 Schedule client transport	C-2 Notify social worker and supervisor	C-3 Pick up client	C-4 Establish client mentor relationship	C-5 Prepare client for meeting and/or group	C-6 Provide warm hand-off	C-7 Attend meeting with client *(if needed)*	C-8 Encourage client reflection	C-9 Provide return transport	C-10 Document travel mileage					
D Coordinate Client Services	D-1 Identify client needs	D-2 Locate needed services	D-3 Secure signed releases *(if needed)*	D-4 Match client with resources	D-5 Assist client in applying for benefits and necessary documents	D-6 Assist client with transportation needs	D-7 Write letter of need	D-8 Complete flex fund request	D-9 Obtain and distribute needed resources	D-10 Attend court in regards to client	D-11 Collect and distribute non-START treatment provider reports				
E Participate in START Meetings	E-1 Gather necessary documents	E-2 Create informational materials	E-3 Coordinate meeting logistics	E-4 Invite family and community partners *(Family Team Meeting)*	E-5 Participate in brainstorming focused solutions	E-6 Take meeting notes	E-7 Advocate for clients								
F Perform Administrative Tasks	F-1 Complete data entry *(TWIST, START-IN)*	F-2 Manage phone calls and emails	F-3 Complete travel expense reports	F-4 Complete daily hard copy contact sheets	F-5 Provide START monthly report	F-6 Maintain hard copy client files *(Jefferson County only)*	F-7 Submit leave requests	F-8 Request flex time *(if needed)*	F-9 Complete time sheet	F-10 Complete performance evaluation					
G Perform Other Tasks as Assigned	G-1 Complete required training	G-2 Implement training objectives	G-3 Present at conferences	G-4 Supervise child visits *(Jefferson County only)*											

START Family Mentor
Job Analysis

Knowledge

Knowledge of:

- Alcohol and drugs (pharmacology)
- Behaviors associated with addiction
- Court processes
- Databases
  - START-IN
  - TWIST
- DCBS (policy, procedure, SOPs)
- Diversity
- Ethics
- Family dynamics
- Health Insurance Portability and Accountability Act (HIPAA)
- How to use a global positioning system (GPS)
- Human behavior
- Local resources and services
- Maintain confidentiality
- Medically Assisted Treatment

Skills

Skills in:

- Advocacy
- Coaching
- Communication (listening, verbal, nonverbal, written)
- Computer
- Coping
- Crisis intervention
- Cultural competency
- De-escalation
- Driving
- Interpersonal
- Motivational interviewing
- Multi-tasking
- Negotiation
- Networking
- Observation
- Organizational
- Parenting
- Prioritization

Traits

- Common sense
- Compassionate
- Creative
- Dependable
- Empathetic
- Encouraging
- Honest
- Integrity
- Non-judgmental
- Open-minded
- Patient
- Personable
- Positive
- Professional courage
- Self-motivated
- Sympathetic
- Tolerant

Panel Members

Sarah Avery
START Family Mentor
DCBS – Daviess County

Gaynelle Blye
START Family Mentor
DCBS – Jefferson County

Margaret Campbell
START Family Mentor
DCBS – Boyd County

Carmel Cline
START Family Mentor

Yolanda Coleman
START Family Mentor
DCBS – Jefferson County

Kathy Moore
START Family Mentor
DCBS – Boyd County

Amy Rogers
START Family Mentor
DCBS – Boyd County

Dana Tackett
START Family Mentor

This DACUM profile was Facilitated & Developed by the following Eastern Kentucky University staff:

Sarah Gilbert
Karen Russell

In Conjunction with
Kentucky UNBRIDLED SPIRIT

START Family Mentor
Duties, Tasks, and Additional Notes

March 29-30, 2016

Facilitation Services Provided by

THE FACILITATION CENTER

FUNNELING IDEAS INTO ACTION

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Table of Contents

Duties & Tasks

A. Conduct Face-to-Face Visits

1. Coordinate visit with client and team
    - Notify social worker and supervisor
    - Send email to team
2. Plan and execute visit route
3. Assess environment and client
    - Child safety
    - Condition of home
    - Condition of clients
    - Determine who is in the home at time of visit
4. Address safety concerns
5. Complete home contact sheet (Daviess County only)
    - Boyd, Jefferson and Martin counties do not do this
6. Record visit notes
7. Review case plan progress
    - Celebrate progress
    - Discuss issues, concerns, barriers and questions with client
    - Drug testing
8. Provide recovery support
    - Share experience, strength and hope
9. Model sober parenting
10. Collect meeting verification sheets
    - Boyd County does not do this
11. Provide substance abuse education to family and others involved
12. Schedule next visit (if needed)
13. Convey information to team
14. Foster client's accountability
15. Teach daily living skills
    - Assist clients with budget planning
    - Encourage and praise client accomplishments
    - Instruct on personal hygiene
    - Provide tools for creating positive habits
        - Calendar, sticky notes, planner
    - Teach coping skills

B. Manage Recovery Self Care

1. Maintain personal recovery
2. Participate in recovery events
3. Participate in community service
4. Attend regular support meetings
5. Participate in recovery support network
6. Be accountable to self and others
7. Apply positive change

C. Provide Client Transportation

1. Schedule client transport
2. Notify social worker and supervisor
3. Pick up client
4. Establish client mentor relationship
    - Ask/answer any questions
    - Collect information during car ride
    - Encourage recovery
    - Engage client
    - Share personal information – experience, strength and hope
5. Prepare client for meeting and/or group
6. Provide warm hand-off
7. Attend meeting with client (if needed)
8. Encourage client reflection
9. Provide return transport
10. Document travel mileage

D. Coordinate Client Services

1. Identify client needs
2. Locate needed services
3. Secure signed releases (if needed)
4. Match client with resources
5. Assist client in applying for benefits and necessary documents
6. Assist client with transportation needs
    - Bus passes
    - Gas card
    - Needs beyond first “four” visits
7. Write letter of need
8. Complete flex fund request
9. Obtain and distribute needed resources
10. Attend court in regards to client
11. Collect and distribute non-START treatment provider reports

E. Participate in START Meetings

1. Gather necessary documents
2. Create informational materials
3. Coordinate meeting logistics
    - Location; time; parking; invites; etc.
4. Invite family and community partners (Family Team Meeting)
5. Participate in brainstorming focused solutions
6. Take meeting notes
7. Advocate for clients

F. Perform Administrative Tasks

1. Complete data entry (TWIST and START-IN)
    - All visits
    - Case dynamics
    - Contacts
    - Drug screen reports
    - Face-to-face meetings
    - Foster home visits
    - Monthly reports
    - Treatment provider reports
2. Manage phone calls and emails
3. Complete travel expense reports
4. Complete daily hard copy contact sheets
5. Provide START monthly report
6. Maintain hard copy client files (Jefferson County only)
    - Any phone number or address changes
    - Assessments
    - Client letters
    - File drug screens
    - Initial staffing notes
    - Releases of information
7. Submit leave requests
8. Request flex time (if needed)
9. Complete time sheet
10. Complete performance evaluation

G. Perform Other Tasks as Assigned

1. Complete required training
2. Implement training objectives
3. Present at conferences
4. Supervise child visits (Jefferson County only)

Additional Notes

Discovered Differences Between Counties

- Cannot get information entered into TWIST and START-IN within one week of visit
- Complete case contact sheet
  - Inconsistency in training
  - While visiting with client or following the visit?
- Daviess has Federal Grant, others don't
  - Regulate funds
- Meeting verification sheets (Boyd County does not do these)
- Monthly reports are different
  - Monthly contact sheet
  - START monthly report
- Who would sign release of information?
  - Jefferson START Mentor signs
  - Other counties social service workers sign

Responsible for Documenting (All About Parents Recovery)

- Any contact/interaction with client (face-to-face, phone, etc.)
- Client progress
- Coaching
- Drug tests
- Support meeting attendance
- Treatment reports