

Raymond A. Kent School of Social Work, University of Louisville
Child Welfare Training Center (CWTC) /Learning Development Team
Rod Barber, Ph.D./Dana Christensen, Ph.D./Liz Dumbaugh Martin, MSSW
Phone: (502) 852-8159; E-Mail: liz.dumbaughmartin@louisville.edu

COLLABORATORS: Kent School: Terry Singer, Ph.D., Riaan van Zyl, Ph.D., Anita Barbee, Ph.D., Dana Christensen, Ph.D., Larry Michalczyk, MSSW, Bubhuti Sar, Ph.D. Other: U of L's Department of Education, KIPDA Jefferson and KIPDA Rural Departments for Community Based Services

BACKGROUND: The University Training Consortium is a 20-year (plus) effort in Kentucky to tap existing public university resources to answer the professional development needs of state child welfare workers under the direction of Kentucky's Cabinet for Health and Family Services (CHFS) and in partnership with Eastern Kentucky University. The U of L UTC also offers CHFS a partnership in assessment and evaluation of many of these professional development opportunities. The opportunities generated from this partnership fall within the guidelines of Title IV-E of the federal Social Security Act and allow for the draw down of such funds to make them a reality.

At the University of Louisville, the UTC offers trainings through the Child Welfare Training Resource Center, which is administered through the Kent School of Social Work's UTC effort. Staff of the CWTRC is located on Shelby Campus where the majority of the training activities occur. During FY 2006-2007 the UofL Training Resource Center hosted 217 trainings, coordinated and hosted 33 meetings, drawing 4845 participants going through our trainings with a total of 551 actual training days. The U of L TRC coordinates two full day foster parents training during the year. The Spring Enrichment and the Fall Enrichment, which has approximately 120 foster parents attending and receiving 6 hours of training for their foster homes. The U of L CWTRC also offers two academic credit courses twice a year with approximately 24 students in each class. These courses, Juvenile Sexual Offender Counselor Certification Program and Children with Sexual Behavior Problems are offered in an Institute format. Each of these Institute classes has become pre-requisites to the second phase, On-Site Practice course.

At the Community level, the UTC representative housed at U of L acts as a liaison between the University and the combined KIPDA Jefferson and KIPDA Rural Departments for Community Based Services regions leading the Learning Development Team. Through this collaboration, there have been a number of visually appealing reports created to highlight with supporting data the successes and challenges of the varying services offered through these regional offices and the Neighborhood Place system.

METHODOLOGY:

- Basic tracking of DCBS related trainings offered on Shelby campus;
- Surveying of regional DCBS staff to complete regional reports

KEY FINDINGS:

- The U of L Training Resource Center on Shelby Campus services the largest number of child welfare workers in the State.
- The Combined KIPDA Jefferson and KIPDA Rural regional DCBS offices have been successful in reaching the outcomes set by CHFS.

USEFULNESS TO THE CABINET:

- The University of Louisville is home to some of the foremost experts in a myriad of areas. At little cost through this partnership, CHFS has access to these faculty and staff as U of L is a recipient of State funds.
- The Universities charter indicates it will be a willing partners with community agencies as such a recipient.
- Use of the U of L Training Resource Center is of little cost to CHFS and is able to accommodate large groups for training/meetings in the KIPDA Jefferson region. This is the region which employees the largest number of CHFS workers
- The DCBS Regional reports compiled through the Learning Development Team have been shared with legislators in Frankfort to validate the services rendered through these departments

Ramond A. Kent School of Social Work/University of Louisville

Credit For Learning

Bibhuti K. Sar, Ph.D.

Phone: (502) 852-3932; E-mail: b.k.sar@louisville.edu

COLLABORATORS: Kent School: Lisa Barrett, MSW, Kim Wadlington, MSSW, Dana Sullivan, Ph.D., Nathan Redd, Mohina Panthi, Alicia Overall

BACKGROUND: The Credit for Learning Program (CFLP) offers protection and permanency workers the opportunity to fulfill their initial mandated training requirements(new employees) and ongoing mandated/optional training needs (tenured employees) while earning graduate-level credit as non-degree, post-baccalaureate graduate students through the University of Louisville/University of Kentucky/Western Kentucky University. The ultimate goal is to enhance the professional development of public child welfare workers in the Commonwealth of Kentucky.

METHODOLOGY:

- University instructors and trainers work together to deliver course and training curriculum. A combination of lecture, group discussion, activities, exercises, video and audiotapes are used to provide instruction/trainings.
- Workers taking the courses for credit or audit complete readings, homework, tests, and papers in order to receive graduate credit.
- Assignments and activities required for courses are tied to casework practice that workers are required to conduct as part of their job/employment
- An evaluation plan for of the Credit For Learning approach is currently being developed

KEY FINDINGS:

- Approximately 1000 Cabinet employees have participated in at least 1 CFL course since the program began in 2002
- The number of Cabinet employees pursuing a master's degree in Social Work at UofL has nearly doubled since the program began in 2002.
- Six courses/curriculum important to competency based child welfare practice are currently being implemented: These focus on child protective services, adult protective services, child sexual abuse investigations/management, identifying and referring for mental health substance abuse problems, demonstrating competencies for promoting attachments, parent-child visits, reunification, foster and adoptive care, and implementing best practices in supervising and managing the workforce.

USEFULNESS TO CABINET:

- The credit for learning program is supporting CHFS by developing and delivering competency based, evidence based, best practices curriculum critical to professional development of child welfare workers.
- The program is supporting current ASFA and PIP requirements and is helping to increase the number of employees pursuing a Masters degree in social work, which supports the Cabinet's efforts at meeting COA standards in regards to professional development.

ASFA Supervisor-Team Training

Anita P. Barbee, MSSW, Ph.D./Becky F. Antle, MSSW, Ph.D.

Phone: (502) 852-0416; E-mail: anita.barbee@louisville.edu

Phone: (502) 852-2917; E-mail: becky.antle@louisville.edu

COLLABORATORS: Kent School: Riaan van Zyl, PhD

BACKGROUND: The University of Louisville Kent School of Social Work **received a three-year grant (2000-2003) from the DHHS, ACF, Children's Bureau** to train supervisors and their teams in effective coaching/mentoring and casework skills in order to promote ASFA outcomes. Now the Cabinet delivers this training to supervisors and their teams. There were a number of research questions related to the effectiveness of the training, including trainee satisfaction, learning, and transfer of skills. There were also questions related to individual and organizational mediators of these training outcomes. Finally, there were questions related to the impact of this training transfer on organizational outcomes of child safety, permanency, and well-being.

METHODOLOGY:

- Pre-Post Experimental-Control Research Design
- 72 supervisors (40 experimental, 32 control), 331 workers (195 experimental, 136 control) participated in training evaluation
- Over 1000 cases were reviewed in evaluation of impact of transfer on outcomes
- Trainees (supervisors and workers) completed pre-training surveys (measured individual and organizational mediator variables, knowledge, skill) and two post-training surveys (measured satisfaction, learning, transfer)
- Transfer also measured through chart file review on casework skills from training
- Organizational outcomes measured through management reports on safety, permanency, well-being

KEY FINDINGS:

- Significant increase in knowledge pre- to post-training
- Significant correlation between utility reactions (know why training important) and learning
- Learning readiness, supervisor support, and learning predict training transfer
- The more trainees value learning as a life-long endeavor and the more support they feel from their supervisors/managers, the more they learn and transfer skills from training
- Training refresher courses after classroom training promote significantly greater training transfer
- Significantly better child safety outcomes (fewer recidivism referrals) for training group
- Significantly better child well-being outcomes (more visits with families and better dental care) for training group

USEFULNESS TO CABINET:

- This series of studies demonstrates the University of Louisville's expertise in training evaluation and the significance of training evaluation for organizational outcomes.
- This research found that training has an important impact on practice skills and federally mandated outcomes.
- The lessons learned suggest the importance of promoting a learning organization.
- UL can provide interventions to promote individual and team learning readiness, which can provide the Cabinet with a greater return on investment for training, as well as enhanced child welfare outcomes.

**The Prevention of Child Maltreatment through Child Welfare Training
on Healthy Marriage and Family Formation**

Becky F. Antle, MSSW, Ph.D.

Phone: (502) 852-2917; E-mail: blfree01@gwise.louisville.edu

COLLABORATORS: Kent School: Bibhuti K. Sar, Ph.D., Riaan van Zyl, Ph.D., Anita Barbee, Ph.D., Dana Christiansen, Ph.D., Joe Brown, Ph.D., Shannon Frey, MSW, Althea Dryden, MA

BACKGROUND: This 5-year (2003-2008), DHHS, ACF, Children's Bureau funded project allows Kentucky to be one of only five states currently to make training on healthy marriage and family formation available to its protection and permanency workforce. The goals of this project are to develop a competency-based training curriculum on healthy marriage and family formation specific to child welfare, and through the training of this curriculum to enhance CHFS' workforce's capacity to provide healthy marriage and family formation services.

METHODOLOGY:

- This project will provide competency-based training for 50 child welfare teams (supervisors and workers), managers, and representatives of faith-based organizations.
- This training will be evaluated through four research studies: training evaluation surveys, intervention fidelity check, client functioning assessment, and statewide client outcome data.
- Following the completion of this training and evaluation, the training program will continue through Kent School of Social Work's Credit for Learning Program.

KEY FINDINGS:

- Year 1 of project has been completed and the curriculum has been developed. The curriculum consists of 6 modules: Elements of healthy couple relationships, issues of couples in transition (divorce/separation), dealing with domestic violence, providing foster, kinship, adoption care, parenting, and engaging community partners around couple issues.
- A pilot training has been conducted with 23 child welfare supervisors and workers from the Lake Cumberland region.
- Preliminary evaluation results from the pilot training indicate worker satisfaction with the training and its content as well as increase in knowledge about couple issues by caseworkers and supervisors participating in the training.

USEFULNESS TO CABINET: The anticipated benefits of this project to the Cabinet include the development of a healthy marriage and family formation curriculum specific to child welfare, development of an integrated training plan and training reinforcement tools, increase in knowledge and skills of child welfare workers, engagement of community partners, and the prevention of child maltreatment through the strengthening of marriages and families.

Raymond A. Kent School of Social Work, University of Louisville
Family Support Training Assessment
Raime Martin-Galijatovic, MSW
Phone: (502) 852-3230; E-mail: rpmart01@gwise.louisville.edu

COLLABORATORS: Kent School: Anita P. Barbee, Ph.D., Raime Martin-Galijatovic, MSW, Tara Korfhage, M.Ed., Corbus Slabbert, Ph.D.

BACKGROUND: The purpose of this project is to evaluate the training provided to family support workers within the Cabinet for Health and Family Services. The scope of work on this project has been to assist with curriculum development, developing pre- and post-tests of training content, and writing behavioral anchors that align with each curriculum. Trainees in Adult Medical Basic, Food Benefits Basic, and K-TAP Basic are measured on their knowledge of the training content, both before and after training. In addition, a pre-training questionnaire is completed that addresses several measures including gender, race, education, length of employment, geographic location, rank/position, perceived job satisfaction, learning readiness, personality traits, and supervisor and co-worker support.

Another component of this project is to help align training curriculum with behavioral anchors that can be measured on the job, to track the impact of training on agency outcomes. The Family Related Medical training is currently in the process of being aligned with behavioral anchors.

METHODOLOGY:

- Trainees take pre- and post-tests on Blackboard as part of their core training.
- Trainees also complete a pre-training questionnaire on-line via a secure server.
- Trainers use the results of the pre and post-tests to provide learning reinforcement.

KEY FINDINGS:

- Three trainings are currently being evaluated.
- During 2004, approximately 106 Adult Medical trainees participated in the evaluation. They averaged an increase of about 11% in knowledge from pre- to post-test.
- During 2004, approximately 103 Food Benefits trainees participated in the evaluation. They averaged an increase of about 28% in knowledge from pre- to post-test.
- During 2004, the K-TAP curriculum was re-designed and added to the evaluation. Approximately 72 K-TAP trainees participated in the evaluation. They averaged an increase of 18% in knowledge from pre- to post-test.
- All of training cohorts increased their scores by one or two letter grades, demonstrating an increase in knowledge after completing their basic training.

USEFULNESS TO CABINET:

- This project helps the Cabinet in measuring the effectiveness of family support trainings.
- In addition, re-designed curricula with aligned behavioral anchors helps impact training efficiency.
- On-the-job learning components between weeks of training helps to reinforce learning, as does reviewing post-tests on content immediately following the training.
- Measuring job competencies utilizing the behavioral anchors assist workers and supervisors in identifying areas that need further training.

Associate Degree Certification Program

Rod Barber, Ph.D./Liz Dumbaugh Martin, MSSW

Phone: (502) 852-8159; E-mail: Liz.dumbaughmartin@louisville.edu

COLLABORATORS: Jefferson Community College and KIPDA Jefferson Department for Community Based Services

BACKGROUND: In Fall 2000, an Associate Degree Certification pilot program was begun as a partnership amongst the Kentuckiana Regional Planning and Development Agency (KIPDA)/Department for Community Based Services in Jefferson County, Jefferson Community College and the University Training Consortium/Learning Development Team effort at the University of Louisville. The goal of this program was to help recruitment and retention needs of this regional DCBS office.

Students who complete the program will have an Associate of Applied Science degree in Human Services and a position with the KIPDA Jefferson DCBS office – the regional CHFS service link.

As of Fall 2004, there have been 50 participants in the program; 23 have graduated from the program; and 34 graduates are current participants employed by the KIPDA Jefferson DCBS office.

METHODOLOGY:

- This degree program models the Public Child Welfare Certification Program (PCWCP) as an opportunity for Family Support and Child Support Workers to have professional development opportunities to ensure advancement on the job.

KEY FINDINGS:

- The DCBS staff who have participated in the Associate Degree program were not sure they could manage the PCWCP program along with their work responsibilities.
- The Associate degree was more attractive to this niche of workers.

USEFULNESS TO CABINET:

- The only DCBS staff recruitment and retention effort for Family Support and Child Support workers in the State
- The DCBS staff who graduate for this program may move into the PCWCP program to complete a BSW degree
- Professional development for Family Support and Child Support workers

Child Welfare Training Assessment

Anita Barbee, MSSW, Ph.D

Phone: (502) 852-0416; E-mail: anita.barbee@louisville.edu

COLLABORATORS: Kent School: Becky Antle, Ph.D., Dana Sullivan, Ph.D., Ramona Stone, Ph.D. Althea Dryden, MA, Erin Beth Moran, MSSW, Papito Burns, MSSW, Chris Hall, MSSW, Joyce Borders

BACKGROUND: The project first began in 1992 as collaboration between the Cabinet and the Kent School's Rod Barber. The purpose of the assessment is to see if new workers are learning knowledge and skills in training and are then able apply this learning in the workplace. The Louisville Child Welfare Training Evaluation Model is used to examine the impact of worker, trainer, supervisor, co-worker and other workplace variables on worker's willingness and ability to enjoy training, learn during training, transfer that knowledge to the field and positively affect outcomes for children in the areas of safety, permanency and well-being. Tests were originally administered in the classroom and participants completed them during the training. Starting in 2004 tests were available online to be more convenient to trainees and offer more time in the classroom for training.

METHODOLOGY:

- Measure a series of variables that affect learning including conscientiousness, learning readiness, and emotional stability.
- Update and measure training content effectiveness via DACUMs, SOP Update Process, Studies of the P&P Practice Model and trainer effectiveness through ITIP Model of Lesson Planning, Third Party Reviews and feedback from Level I and II Evaluations
- Measure effects of training in terms of training utility and liking of training
- Measure effects of training on learning using pre-post tests to show the gain in learning
- Measure effects of training on transfer to the field
- Measure effects of training on child outcomes and organizational outcomes
- Aside from this ongoing evaluation of core training, we have conducted numerous studies through the years noted below.

KEY FINDINGS:

- Martin, Barbee, Antle & Sar (2002), Antle, Christensen, Barbee & Martin (in press) found that teams that adhere to the Solution Based Practice Protocols conduct superior casework in terms of engaging clients, working with collaterals, achieving case goals and keeping children in the least restrictive environments.
- Dever (2005) found that most trainers show proficiency or mastery in culture of training, planning and preparation of training and instructions for training.
- ECU finds that Level I satisfaction ratings across trainings range from 4.13 to 4.24 on a 5-point scale and have steadily improved over the past 3 years.
- (Barbee, et al, 2005) finds that Level II evaluations across 5 different trainings range from 57% to 66% in pre-test scores to 75% to 90% for post-test scores. All 5 areas show consistent significant effects of training on learning.

- Yankeelov, Barbee, Barber & Fox (2000) compared a training group with 8 straight weeks of classroom training (Training Only) vs. a training group with 8 weeks of classroom training interspersed with field practice (Intermittent). Learning from before to after training was greater in the Intermittent vs. the Training Only groups.
- Research by Yankeelov and Barbee (1996) examined the effects of training and predictor variables on training transfer and found that conscientious workers learned more in training and thus could transfer the knowledge to better assessments and case plans. Furthermore, supervisory support, co-worker support and low caseloads predicted training transfer as well.
- Our research has found that supervisory support predicts learning, training transfer, and worker retention (Antle, 2002, Barbee, Sullivan & Yankeelov, 2002, Yankeelov & Barbee, 1996)
- Barbee, et al (in press) has found that the FTS program increases new worker's ability to join with clients, interact positively with co-workers, adhere to policies and practice in a more culturally sensitive way. Furthermore, workers are more confident in their work, supervisors rate them better than workers coming out of regular training and FTSs are benefited by the extra help and teaching and coaching opportunities
- Fox, Burnham, Barbee, & Yankeelov, 2000, Fox, Miller, & Barbee (2003), Sullivan, Antle, Hall, & Barbee (2004) and Huebner (2003) found that the PCWP program enhances worker confidence, supervisor ratings of key behaviors, worker retention and child outcomes (see next 1 pager for more information).
- Antle (2002) and Barbee, Antle, & Martin (2003) found in the evaluation of the ASFA Supervisory Team Training that knowledge gain from pre to post training was significant, supervisors that learned more produced workers who engaged in superior casework in terms of assessment, case planning and child outcomes of safety and well-being.
- Antle & Barbee (1998) compared workers in a virtual office setting vs. a traditional workplace setting and found that conscientious workers performed better in the virtual office environment than in traditional settings.
- Sullivan, Yankeelov and Barbee (2003) found that supervisory support, career ladders, education, urbanicity of worksite, and worker personality all affected worker retention (See one pager to follow).

USEFULNESS TO CABINET:

- National studies conducted on training evaluation find that Kentucky has the most sophisticated training evaluation system in the country.
- The research findings from this project have been important in describing the workforce in the Cabinet.
- The predictors have helped to understand exactly what types of workers are needed in child welfare.
- The project has also been key in understanding if the training is applied and how valuable it was to each participant.
- This project continues to be an informative piece in understand the make-up of the Cabinet workforce.

Public Child Welfare Certification Program (PCWCP) Evaluation Project

Anita Barbee, PhD

Phone: (502) 852-0416, E-mail: anita.barbee@louisville.edu

COLLABORATORS: J. Christopher Hall, MSSW; Papito Burns, MSSW, Dana Sullivan, PhD; Becky Antle, PhD.

BACKGROUND: Background: This project began in 1998 to evaluate the effectiveness of PCWCP in training future Cabinet workers.

Purpose: Data is collected for the purpose of determining the training effectiveness of the PCWCP program, retention rates of the program, and to solicit feedback from graduates concerning ways to improve the program. This data aids in continuous quality improvement efforts.

Goals: To provide consistent and reliable statistical data to the Cabinet so that it can monitor the effectiveness of the PCWCP program and base program decisions on evidence of efficacy.

Research: Data is tracked longitudinally and graduate cohort opinions and recommendations are compared across time to insure that the PCWCP program is consistently meeting its goals. Personality measures are also utilized which may serve the Cabinet and other state agencies in future employee selection.

Research Questions: Is the PCWCP program adequately preparing graduates to meet the demands of a position with the Cabinet? How satisfied are the graduates with their level of preparedness? How satisfied are supervisors with graduate level of preparedness? What factors may contribute to employee retention rates and job satisfaction? Is the PCWCP program consistent in its preparation of graduates over time

METHODOLOGY:

- Questionnaire given to PCWCP graduates six months after their date of hire with the Cabinet;
- Questionnaire given to the supervisors of these graduates at six months;
- Follow up questionnaire is given to PCWCP graduates two years after their date of hire;
- Data is collected and analyzed to determine satisfaction with the program, preparedness for the job, and how other variables such as personality and overall job satisfaction impact on these variables.

KEY FINDINGS:

- As of December 15th, 2004, there were 309 graduates of the PCWCP program; of those: 282 have been out of school for six months or more and 264 have been placed in employment with the cabinet. This equates to a placement rate of 93.6%.
- Of the 264 graduates who have been working on the job for at least 6 months, 35 are no longer with CHFS. This equates to a retention rate of 86.7%.
- There are 178 PCWCP graduates who have been out of the program for two years or longer, of those, ??? are still with the cabinet. This retention rate of 86% is significantly higher the 54% retention rate of those workers who did not participate in the PCWCP program.
- Overall program satisfaction and feelings of preparedness remain high: Urban recommend PCWCP more highly than rural; no change in satisfaction over time (comparison of cohorts); there is a slight decline in program satisfaction and feelings of preparedness between 6 months and 2 year surveys, (this may be a “honeymoon” effect—After 2 years, they are more realistic about the demands of the job).
- Differences by job position. Clinicians think of leaving the field more often than other workers (they may have more options in clinical practice). Front line workers (FSW II) have more work stress than others
- PCWCP social support is a significant predictor of preparedness and program satisfaction.

USEFULNESS TO CABINET:

- This project is designed to monitor the effectiveness of PCWCP.
- It is an outcome project that can readily be modified and applied to any training program that the Cabinet may wish to longitudinally analyze for effectiveness.
- This research may be expanded and modified to assist the Cabinet to improve: personnel selection, training, training evaluation, job performance, personnel retention, and tracking of outcomes.

Child Welfare Worker Retention Study

Dana Sullivan, Ph.D.

Phone: (502) 852-2920; E-mail: dana.Sullivan@louisville.edu

COLLABORATORS: Kent School: Anita Barbee, Ph.D., Pamela Yankeelov, Ph.D.

BACKGROUND: The purpose of this research was to examine the factors that predict employee retention, turnover, and movement through the organization by new employees. A review of secondary data was conducted at the Kent School of Social Work, University of Louisville and the Department of Community Based Services (DCBS), Kentucky Cabinet for Health and Family Services (CHFS).

METHODOLOGY:

- This study focused specifically on retention among a sample of child protection workers in the state of Kentucky.
- The primary research question: what are the variables that predict job retention in child welfare workers in Kentucky?
- Utilized a non-experimental, prospective research design.
- In Phase one of this study, new child welfare workers were asked to complete several measures during one of their core trainings, including gender, race, education, length of employment, geographic location, rank/position, perceived job satisfaction, training, personality traits, and supervisor and co-worker support.
- In Phase two of this study, employee retention records were obtained and matched to each individual's Phase one data. Groups were identified on the basis of worker retention—those who have remained with the organization and those who are no longer with the organization.

KEY FINDINGS:

- The sample was drawn from the population of all new employees hired by the agency between the years of 1996 and 2000. About 976 employees, with usable data, participated in the training during this time period. The 976 participants were classified into three distinct categories, specifically stayers (N= 640), leavers (N = 345) and returners (N = 21; operationalized as employees who stayed in the agency for a period of time, left the agency for a period of time and returned to the agency). Approximately 57% (N = 270) of the sample was categorized as stayers and they worked an average of 20.78 months (SD = 8.73) at the point of data collection, while 43% (N = 200) of the sample was categorized as leavers and they averaged 15.36 months of work (SD = 12.39) before exiting the agency.
- A major finding of this study is the importance of the supervisor relationship in deciding to stay or leave the agency. Those who stayed were more attached to their co-workers and supervisors. They also received more guidance from their supervisor and felt as if they could rely on them.
- Rural workers scored higher than urban workers regarding their attachment to their supervisor. There were also trends indicating that rural workers receive more guidance on treatment plans and more assistance interpreting policies than their urban counterparts. In addition, those who stayed in the urban region were more satisfied with their relationship with their supervisor than those who left the agency. Those who remained on the job also viewed their supervisor as more competent and they were more satisfied with their relationship with their supervisor than those who left the agency. Rural hires scored higher in both of these areas than did the urban workers.
- The past literature and the results from this study indicate the strength of the relationship with the supervisor and the type of support offered by the supervisor are key factors in the decision to remain on the job in a child welfare agency or to leave the agency.

USEFULNESS TO CABINET:

- No study of this nature had ever been done in child welfare.
- The strengths of this study lies in the breath and depth of the predictors explored.
- A unique aspect of this study's design is the use of the prospective data to explore retention rates.
- The most consistent predictor was supervision. The impact of supervisors and teams on worker retention is a key finding from this study.

Coaching and Mentoring Evaluation

Becky Antle, MSSW, PhD

Phone: (502) 852-2917; E-mail: becky.antle@louisville.edu

COLLABORATORS: Kent School: Erin Beth Moran, MSSW, Anita Barbee, Ph.D.

BACKGROUND: The purpose of the coaching and mentoring project is to evaluate the effectiveness of the PIP mandated training. The training has been required by the PIP for all protection and permanency managers, supervisors, and specialists. At this point not all regions have completed the training thus we are able to compare those who have and have not had the training. The goals of this evaluation are to evaluate the effectiveness of the training and to assess if the training is meeting the requirement as established by the PIP. The research question is to understand if the training has been effective.

METHODOLOGY:

- Will use cqi data to compare case review scores CQI Evaluation of Coaching/Mentoring Skills (Worker Skills)
- Data will be collected at intervals of two months and six months based on the pre-and post training date for supervisors in each region
- Data will then be pulled for those who participated in training (experimental) and those who did not (control) Worker Survey Evaluation of Supervisor Skills (Supervisor Skills)
- A survey will be sent to workers of supervisors in experimental and control groups to evaluate the supervisor skills and to rate the supervisor using a Likert scale
- Tests can be sent as hard copy to be completed or online using Raosoft will be sent to multiple workers for each worker of the supervisor in order to obtain a good response rate

KEY FINDINGS: Awaiting data to analyze

USEFULNESS TO CABINET:

- The methodology of this project will be able to show the effectiveness of the training in accordance with the PIP.
- This project can help in revising the existing training to better accommodate both the participants and the material.

Continuous Quality Improvement (CQI)

Becky Antle, MSSW, PhD

Phone: (502) 852-2917; E-mail: becky.antle@louisville.edu

COLLABORATORS: Kent School: Erin Beth Moran, MSSW, Anita Barbee, Ph.D.

BACKGROUND: The CQI project database is maintained through the Kent School. We have published the case review tool in an online format accessible for data input. The Kent School also does all the data analysis for the level 2 reviews. The goal of the cqi project is to analyze the compliance of case reviews to the standards established by the PIP. The research questions include are the case reviews in compliance with the PIP and is there an improvement in the compliance scores based upon the case reviews/

METHODOLOGY:

- Published online version of CQI tool
- Monthly download of data is downloaded for review
- Data is cleaned and sent to state for review
- Analysis completed quarterly
- Data reports sent to state

KEY FINDINGS:

- Compliance has increased on quarterly basis
- Case reviews improve after multiple reviews

USEFULNESS TO CABINET:

- The results of the cqi project help to ensure the state's compliance with the PIP.
- The findings tend to show strengths and weaknesses within the data. Since many of the same cases are reviewed several times, change can also be documented through the data.
- CQI data is now being used to assess training outcomes as knowledge is transferred to the field

**National Resource Center on Child Welfare Training and Evaluation National Survey of State Training Directors and Evaluators and
National Resource Center on Child Welfare Training and Evaluation National Survey of BSW and MSW Programs**

Anita Barbee, Ph.D.

Phone: 502-852-0416; E-mail: anita.barbee@louisville.edu

COLLABORATORS: Becky Antle, PhD, MSSW, Althea Dryden, MA, Pam Yankeelov, PhD

BACKGROUND: The Children's Bureau approved funding to establish the National Resource Center on Child Welfare Training and Evaluation in July 2002. One of the goals of the NRC-CWTE was to conduct national surveys of State Training Directors and State Evaluators as well as all Schools of Social Work to assess each state's and School's child welfare training and evaluation efforts.

The data generated by these surveys are being used to help States with their Child and Family Services Review and subsequent Program Improvement Plans in regards to training and evaluation.

METHODOLOGY: An 81 item survey questionnaire asking about the characteristics of the training program was mailed to state training directors. A second survey questionnaire was mailed to child welfare training evaluators across the nation as indicated by the state training directors.

A 30- item survey questionnaire was emailed to the Dean of each School of Social Work in the United States. The survey asked specifically about course development, requirements, how IV-E funds are utilized, implementation of IV-E programs, and the evaluation of the IV-E program.

KEY FINDINGS: An Initial Marketplace Analysis was done to summarize the data and found that nearly 25% of states failed the training portion of the Child Family Services Review. The CFSR is a federal mandate thus better focus on training and training evaluation in child welfare is key for each state. This survey allowed us to compare what is being done and what is needed nationally.

USEFULNESS TO CABINET:

This research helped in our consultation with the State of Kentucky in regards to our Child Family Service Reviews and the Program Improvement Plans.

Foster Care Clinic and Assessment Team (FORECAST)

Anita Barbee, Ph.D.

Phone: (502) 852-0416; E-mail: anita.barbee@louisville.edu

COLLABORATORS: Kent School: Lora Sloan, Sonia Mills, Ph.D., Pamela Ratcliff, MSW, Andy Frey, Ph.D., Chris Hall, MSSW, Tina Studts, MSW, Tammie Roberts, Ph.D., John Gallher, MD, Michael Cunningham, Ph.D. University of Louisville Department of Communication

BACKGROUND: Kentucky's Program Improvement Plan (PIP) identifies a goal of increasing the percentage of children with a goal of adoption for whom diligent efforts to achieve adoption are made in a timely manner from 15.9 percent to 22.1 percent. The purpose of the FORECAST assessment clinic is to assist Cabinet workers who wish to acquire additional information and understanding that will empower them to protect the children they serve and promote healthy development and psychological well-being. This information is critical to make important placement and intervention decisions. Assessment of risk for the occurrence or reoccurrence of child maltreatment and risk for the occurrence of placement disruption are the primary foci of the FORECAST assessment team. There are currently three case profiles appropriate for referral to the FORECAST clinic: (a) potential foster and adoptive families whose capacity to parent at risk children is in question (b) children who are currently placed in foster homes and the stability or appropriateness of the placement is in question, and (c) children whose parents rights have not been terminated, but there are some concerns about their ability to effectively parent. The FORECAST team specializes in assessments that seek to address a subset of the following referral questions: (a) How seriously has the child's psychological well-being been affected? (b) What therapeutic interventions would be recommended to assist the child? (c) Can the parent(s) be successfully treated to prevent harm to the child in the future? If so, how? If not, why not? (e) What would be the psychological effect upon the child if returned to the parent(s)? Or What would be the psychological effect upon the child if separated from the parents or if paternal rights are terminated? Ultimately, the assessment evaluates the "goodness of fit" between the needs of the child and the capacities of the parent to protect the child and foster a positive family environment.

METHODOLOGY:

- FORECAST uses a multidisciplinary team to assess families and children for the purpose of decreasing disruptions.
- FORECAST is committed to the use of valid and reliable assessments that are helpful to caseworkers and legally defensible.
- FORECAST evaluations integrate multiple types of data, such as self-report questionnaires, psychological evaluations, psychiatric evaluations, medical evaluations, observation, semi-structured interviews, and standardized rating scales.
- Assessments of parents may include information relating to several domains that have been clearly associated with maltreatment outcomes, including: the potential for violence, physical abuse, substance abuse, and sexual abuse; intelligence; psychological stability/personality traits; current symptoms; cultural issues affecting parenting; expectations of child behavior; social support; parenting behaviors; emotional functioning related to parenting; the parental alliance; and tolerance for problematic behavior.

KEY FINDINGS:

- The clinic has submitted 11 reports on bio families, 11 on potential foster adopt and 9 on foster disruptions (31) and has 12 bio, 3 potential foster adopt and 1 foster disruptions in process (16) and 4 bio coming from court and 3 coming from the Cabinet this week (7). The Family Courts will be able to give us the 23 additional bio referrals we need by the end of June and PCCs will begin referring potential foster adopt parents. We still need 24 referrals in the foster/adopt category by the end of June.
- Thus far, most recommendations to the Cabinet are implemented from FORECAST reports and re-referrals are occurring.
- We are tracking child outcomes on safety, permanency and well-being 6 months after the FORECAST report is given to the Cabinet. A full report on this year's outcomes will be available in July.

USEFULNESS TO CABINET:

- The FORECST clinic is helping the Cabinet meet their PIP goals through the use of systematic, evidence-based assessment practices. • There is a potential to build a standardized protocol that could be replicated nationally. We are in the process of writing a grant with Family and Children First to assess children for a SAMHSA based Child Trauma Center and working on an NIH grant to conduct research on this assessment protocol.

Building Community Partnerships to Protect Children

Dana Christensen Ph.D., Larry Michalczyk, MSSW
Phone: (502) 595-5647; E-mail: Ljmich01@louisville.edu

BACKGROUND: In 1997, Louisville was selected as 1 of 4 national sites to receive Edna McConnell Clark funding to demonstrate this new community approach to the prevention of child abuse and neglect. Community Partnerships for Protecting Children was initiated at the pilot site of Neighborhood Place Ujima, in Louisville Ky. The Partnership approach was based on a Theory of Change model, which requires a significant shift in ownership so that everyone in a neighborhood believes they have a role in keeping children safe and supporting families. The partnership harnesses the creative talents of neighborhood leaders, human service providers, the faith community and local organizations to work with the public child protection agency to enhance safety and well being for all families. (Farrow 1996). In 2000, Louisville and its Neighborhood Place system were also the recipients of funding from the Annie E Casey Foundation to demonstrate a foster care system restructuring process called Family to Family.

Family to Family includes principles, strategies, and tools to confront real child welfare problems including: strengthening the network of families available to care for abused and neglected children in their own communities; building partnerships with at-risk neighborhoods toward that end; and tracking outcomes for children and families, so that child welfare systems can better learn from their experiences. (AECF, 2005). In 2002, Louisville began the process of taking the best practices of both the Community Partnership and Family to Family approaches and expanding them to all Neighborhood Places in Louisville. Simultaneously, Community Partnership projects were pioneered in the Big Sandy and KY River regions and in 2004 initiated in the Fayette and Barren River areas.

In 2005, both the Annie E Casey Foundation and the Center for Community Partnerships in Child Welfare awarded funds for Louisville to become a model Peer to Peer site. At least 6 times though out the year, out of state visitors will tour the Neighborhood Places and experience first hand, Louisville's integrated, neighborhood based approach to child welfare.

METHODOLOGY: Based on implementation of both initiatives, Louisville's integrated approach contains 5 specific strategies:

1. Family Centered Practice
2. Building Community Partnerships and Neighborhood Networks
3. Recruitment, Training and Support of foster/adoptive parents
4. Shared Decision Making with the community
5. Self evaluation

KEY FINDINGS: The Chapin Hall Center for Children at the University of Chicago conducted an assessment of sites' implementation of the various strategies contained in a document completed in 1999, entitled "Indicators of Site Progress: Qualitative Ratings", as well as other implementation evaluation materials. Sites are now being evaluated on a series of "outcome" measures. These include: Increased child safety, Enhanced ability of parents and other caregivers to access the support they need to care for their children; Greater agency efficiency in assessing needs and allocating resources; Increased capacity among residents to seek out help as well as support each other

USEFULNESS TO CABINET: In each Community Partnership area, issues pertaining to child abuse and neglect are being discussed publicly at monthly Steering Committee meetings. There, relationships with those involved with child protection are strengthened and major problems, such as substance abuse, domestic violence and mental illness are addressed. Specific approaches such as Family Team meetings, Talkshops, Flexible funding and targeted recruitment are used from a prevention standpoint. All Community Partnership areas report progress in meeting their Program Improvement Plan (PIP) outcomes (safety, permanency & well being) when community members are involved in problem solving.

Casey Family to Family Initiative

Becky F. Antle, MSSW, PhD

Phone: (502) 852-2917; E-mail: becky.antle@louisville.edu

COLLABORATORS: Kent School: Anita P. Barbee, PhD, Erin Beth Moran, MSSW, Larry Michalczyk, MSSW

BACKGROUND: The Adoption and Safe Families Act of 1997 identified key child welfare outcomes of safety, permanency, and well-being. The subsequent Child and Family Service Reviews evaluated the quality of casework practice and systemic factors that promote these outcomes. However, there has been much debate regarding the best way to measure child welfare outcomes such as permanency. The Child and Family Service Reviews measure permanency through point in time data. Others in the field have suggested that permanency outcomes must be measured longitudinally, or there is an inherent bias toward children who have remained in the system for prolonged periods of time.

The Casey Family to Family Initiative has funded efforts in a number of states to promote permanency and other child welfare outcomes through a focus on maintaining family connections, the use of kinship care, keeping siblings together, and placing children in natural neighborhoods. Other key skills are facilitated staffings (family team meetings) and targeted recruitment efforts. Jefferson County was one of the grantees of the Casey Family to Family organization for the past five years.

METHODOLOGY:

- Data extract obtained from the Cabinet for Health and Family Services Information System Department
- Extract converted into a longitudinal format in order to analyze permanency data over time versus single point in time
- Children were assigned to cohorts based upon time of entry into system
- Analyzed type and number of placements, length of time in care, and other permanency outcomes

KEY FINDINGS:

- Decrease in use of private child care and increase in use of kinship care since Casey involvement
- Kinship care is the most stable placement
- Increase in length of time to re-entry into the child welfare system
- Children placed in kinship care are significantly less likely to re-enter the system
- Increase in percentage of children placed with siblings since Casey involvement
- Decrease in number of placements since Casey involvement

USEFULNESS TO CABINET:

- The lessons learned from this research have important policy and practice implications related to placement types and patterns.
- Children who are placed in kinship care experience much greater stability and a reduced risk of re-entering the system.
- This data also confirms that with concerted effort, sibling groups can be maintained together in order to maintain family connections.
- The University of Louisville has developed expertise in the longitudinal analysis of outcomes, which has applications to numerous issues in the child welfare and health systems.

Community Partnership for the Protection of Children

Becky F. Antle, MSSW, PhD

Phone: (502) 852-2917; E-mail: becky.antle@louisville.edu

COLLABORATORS: Anita P. Barbee, MSSW, PhD, Erin Beth Moran, MSSW, Larry Michalczyk, MSSW

BACKGROUND: The Community Partnership for the Protection of Children is a collaborative effort between numerous community agencies to understand and prevent child maltreatment. This project focuses on the Neighborhood Places established in Jefferson County and the different strengths and needs of these geographic regions. By understanding the unique needs of these sites, community partners and the CHFS may better target prevention and intervention efforts. The primary research question centers around differences between Neighborhood Place regions in the rate of child maltreatment and its associated factors.

METHODOLOGY:

- Data extract obtained from the Cabinet for Health and Family Services Information System Department
- Data geocoded using ArcView software to assign Neighborhood Place codes
- Analyzed differences in referrals, substantiation, services needed, removal, recidivism, risk factors, and changes over time between Neighborhood Places
- Calculated differences in numbers and rates (based upon population data)

KEY FINDINGS:

- Controlling for differences in population density, certain Neighborhood Places have higher rates of substantiated maltreatment
- Most Neighborhood Place regions have experienced an increase in the rate of referrals but not an increase in the rate of substantiation over the past five years
- Significant decrease in recidivism across all Neighborhood Place regions
- Differences between regions in most common type of maltreatment
- Higher rates of risk factors such as substance abuse, mental health issues, domestic violence, criminal activity in regions where there were higher rates of substantiated maltreatment

USEFULNESS TO CABINET:

- This analysis offers much possibility for planning and prevention services based upon the unique geographic needs of regions throughout the state.
- The University of Louisville can cross geographic data with child welfare (or health) data and calculate rates of occurrence that highlight the needs of specific regions.
- These needs may be targeted prevention services for certain types of maltreatment or community based services for the alleviation of risk factors such as substance abuse.

Community Collaboration for Children Evaluation Project

Gerard 'Rod' Barber, PhD

Phone: (502) 852-8316; E-mail: rod.barber@louisville.edu

COLLABORATORS: Kent School: Ramona Stone, Ph.D.

BACKGROUND: The goals of the CCC program, which began in 1992, are to empower families and prevent child abuse by providing education, social support, crisis intervention and a safe environment for children and their families. Its objectives are to ensure child safety, child development and wellbeing, family self-sufficiency in an effort to achieve permanency for children in Kentucky. The research evaluation intended to understand, verify and improve the impact of the CCC services on the targeted clients. Among the activities carried by and services offered by the programs to meet their goals are the following: a. Home visiting, referrals and follow-up services; b. Comprehensive initiatives modeled after the Head Start program for children from birth to age three; c. Community outreach programs designed to prevent teenage childbearing and to advance positive alternatives for families at-risk for child abuse or neglect; d. Services designed to prevent out-of-home placements, by increasing parents' ability to become self-sufficient; e. A combination of self-sufficiency incentives, such as improved employment and training programs for parents, child care and other community resource supports; f. Intensive case management, including counseling and therapy referrals, to families with high-risk for child-abuse or neglect; and, g. Innovative partnership initiatives with community members such as: churches and other governmental agencies.

Purpose: The intent of the research evaluation is to give ongoing feedback with regards to the implementation of the CCC intervention and to report its outcomes. In the attempt to accomplish an outcomes-based evaluation, a measurement framework was developed to bring together a wide range of program outcomes across the state. To a certain degree a process-based evaluation was conducted. Training sessions for better reporting of outcomes are held.

Research Questions: One scope of the evaluation was to verify if the program is running according to the proposed plan. For instance, were at least 80% of the clients served also known to the Cabinet for Health and Family Services. In addition, the research evaluation facilitates management's thinking about their program: its goals, how the goals are met, and how they will know if the goals were met or not.

METHODOLOGY:

- Reporting forms were developed to collect data on the programs' activities, outputs and outcomes. Training sessions on how to develop and efficiently use a logic model framework, for better reporting, were conducted across the state.
- For the outcome-based evaluation, the major outcomes identified: child safety, child development and wellbeing, permanency and stability, family self-sufficiency. The indicators for each of these outcomes was the proportion of clients who received specific services out of total number of clients served, proportion of clients who achieved the ultimate outcome, and proportion of clients who achieved initial or intermediate outcomes.

KEY FINDINGS: Although the clients were referred by a wide range of agencies and community partners, most referrals came from the CHFS. Various community partners worked together in meeting the multifaceted needs of the CCC clients. Most CCC projects had 80% or more of their clients known to CHFS. The main focus of the CCC projects was child safety and child development and wellbeing. However, most projects reported outcomes on all domains specific to the outcome-based evaluation. CCC staff significantly improved their outcome reporting over time.

USEFULNESS TO CABINET: CCC project staff are CHFS employees; they receive ongoing feedback on program implementation. CCC projects verify and increase impact of services on target population. Ability to secure federal funds to prevent and reduce the number of child abuse cases in Kentucky.

Positive Behavior Support (PBS) Model in Head Start

Andy Frey, Ph.D.

Phone: (502) 852-0431; E-mail: afrey@louisville.edu

COLLABORATORS: Kent School: Edie Wooten, Administrative Assistant, Charlos Thompson, MSW, Supervisor, Stan Frager, Ph.D., Clinical Psychologist Other: Scott Young, Disability Coordinator, JCPS Head Start/Early Head Start, Amy Lingo, Ph.D., Behavioral Consultant, Bellermine University College of Education

BACKGROUND: The need for prevention, early identification, and effective treatment for young children with challenging behavior is vital in Head Start as well as other early childhood programs. Researchers at the Kent School of Social Work and Bellermine University, with consultation support from Hill Walker and Mike Nelson, have been developing, implementing, and pilot testing a PBS model within the Jefferson County (Louisville) Head Start/Early Head Start program since August 2003. Researchers and Head Start administrators continue to pursue external funding to further refine the PBS model and take it to scale within JCPS Head Start and beyond. The overall purpose of this project is to improve the school readiness skills of children at risk of school failure due to their family's low socioeconomic status. During the next several years, researchers will collaborate with leaders in Kentucky who coordinate similar efforts (e.g., Kentucky Initiative or Social Skills and Emotional Development, the Devereux Early Childhood Initiative, and Kentucky Healthy Start in Child Care) as well as nationally recognized experts in PBS to refine the model and share information regarding program conceptualization, instrumentation, evaluation, training, and barriers to implementation effectiveness.

METHODOLOGY:

- The Positive Behavior Support model in Head Start that includes three tiers of prevention and intervention: primary prevention, secondary prevention and tertiary prevention. The model is a cohesive program based on empirical support in the literature and is consistent with the goals and processes of Head Start.
- This PBS model addresses professional development, community coordination, and the complexity of intervening with social issues associated with poverty. Most importantly, it incorporates best practices from the literature regarding prevention, early identification, and effective treatment of young children with challenging behavior.

KEY FINDINGS:

- During the 2003-2004 school year, the effectiveness and social validity of the primary prevention component of the intervention was evaluated and the results were encouraging.
- We are currently evaluating whether children who are participating in the program have more advanced school readiness skills than those who attend Head Start but are not participation in the intervention.
- During the 2005-2006 school year, we are proposing a single subject design that would determine the relative effectiveness of the secondary prevention intervention at improving the percentage of time children are academically engaged and reduce disruptive behaviors within the classroom.

USEFULNESS TO CABINET: Our program targets young children who are at risk not only school failure, but a host of other negative long term outcomes, including delinquency and dependency on welfare programs. This early identification and prevention program will likely prevent children and families from entering the child welfare system and definitely provides additional services to those already served by CHFS. This is an important resource for cabinet workers who know children in Head Start in JCPS to know about as they are able to recommend children for services.

**Raymond A. Kent School of Social Work/University of Louisville
School Social Work Specialization**

Andy Frey, Ph.D.

Phone: (502) 852-0431; E-mail: afrey@louisville.edu

COLLABORATORS: Kent School: Martha Fuller, Director of Field. Other: Flo Lankster, Adjunct Faculty, University of Kentucky College of Social Work, Karen Karp, Professor, University of Louisville College of Education, Various School Social Work Supervisors

BACKGROUND: The presence of school social workers in Kentucky far minimal compared to many, if not most states. The Kent School is involved in many interrelated activities designed to improve the professional development and job opportunities for school social workers. We aim to meet the needs for learning support service personnel in Kentucky by achieving the following goals: (a) developing and implementing coursework and field work in the school social work preparation program that is closely aligned with state standards and focuses on the competencies needed for personnel to work effectively with students at risk for academic failure, (b) increasing the availability of certified social workers employed by education agencies in the state, and (c) increasing the available positions for school social workers.

METHODOLOGY:

- Work collaboratively with the Education Professional Standards Board (EPSB) to increase the standards for school social work certification in Kentucky
- Provide specialized curriculum for social workers interested in pursuing careers in educational settings.
- Encourage local education agencies to employ learning support service workers with the school social work certificate.

KEY FINDINGS:

- UL and UK schools of social work have both established EPSB approved preparation programs leading to the School Social Work Certificate
- UL had 15 students complete the school social work specialization in 2004 and expect another 15 to complete it in 2005. UK has graduated a similar number of students.

USEFULNESS TO CABINET: Our efforts will better prepared school personnel to liaison with CHFS workers and understand and address the issues of importance to CHFS. Additionally, our preparation programs are ideal for future Family Service/Youth Service Center Coordinators.

KIDS NOW Initiative Evaluation and Child Outcomes Study

Becky Antle, MSSW, PhD/ Anita Barbee, Ph.D.

Phone: (502) 852-2917; becky.antle@louisville.edu and anita.barbee@louisville.edu

COLLABORATORS: Kent School: Riaan van Zyl, Ph.D., Shannon Frey, MSW, Other: Joseph Petrosko, Ph.D. University of Louisville School of Education, Jennifer Grisham-Brown, Ph.D., Megan Cox-University of Kentucky College of Education

BACKGROUND: The KIDS NOW evaluation represents a collaboration between the University of Louisville Kent School of Social Work, the School of Education, and the University of Kentucky College of Education to measure the impact of the KIDS NOW initiative across the state, and how that impact affects children and families.

The purpose of the Evaluation is to specifically measure the effects of the Initiative by examining high utilization centers vs low utilization centers on the quality of care in early education settings including child outcomes. The ultimate goal is increasing children's preparedness for school; although there are underlying goals such as increasing retention and education of child care workers and improving the overall quality of care in child care settings. This is a longitudinal study that is in its fifth year.

In October, 2004, we received a three year grant from the DHHS, ACF, Child Care Bureau to study the effects of type of center and preparedness of the teachers through education and professional development offerings on child outcomes.

METHODOLOGY: In conducting this project, the following measures were used:

Director's Interview: A telephone interview was conducted with approximately 130 child care center directors across the state. Questions included perceived benefit of KIDS NOW initiatives such as scholarship, STARS(Quality Rating System), Healthy Start and local childhood council. Participants were asked to rank their participation level in the initiatives as well as basic demographic questions such as cost of program, capacity, and ethnicity of population served at the site, profit vs. nonprofit.

Quality Study: This stage of the evaluation follows the Director's interview. Researchers contact the child care program and schedule a 2-3 hour observation of an infant/toddler or preschool classroom. During the observation, the ECERS or ITERS environmental rating scale is completed, and well as the ELLCO literacy measure. Staff, teacher and parent surveys are also collected.

Child Outcome Study: This pilot study is currently being conducted in conjunction with the quality study. 120 children will be observed in 12 centers (6 urban, 6 rural) across the state. The goal of this study is to measure the program's participation in KIDS NOW to children's success in school.

Family Day Care Home Survey: This is also a pilot study that will be administered in the spring to 125 Type II family day care homes. A written survey will be mailed to providers asking similar questions to that of the telephone director interview mentioned above.

KEY FINDINGS:

- There is a need for improvement in center based child care programs in Kentucky.
- Familiarity with and participation in the KIDS NOW Initiative are related to overall center quality.
- Issues that impact positive language and literacy environments were discovered.
- Urban and rural differences exist in the way child care providers participate in and perceive the benefits of the components of the KIDS NOW Initiative.
- Program differences in quality were found: NAEYC accredited programs and Head Start programs had the highest quality scores across the state. (Adapted from KIDS NOW Evaluation Executive Summary, 2004)

USEFULNESS TO CABINET: The findings and evaluation methods demonstrate the importance of investing time, energy and capital into Kentucky's children. The children are the future of this state and it is crucial that we continue to strive toward improving early education settings as well as the education of child care providers. In addition to the KIDS NOW evaluation, U of L and UK are also collaborating on a ACF grant that will investigate the impact of a statewide unified professional development system on the education level of early care and education providers and subsequent classroom quality. Child outcomes will also be measured as a part of this project.

Ramond A. Kent School of Social Work/University of Louisville
Project THRIVE
Rod Barber, Ph.D./Liz Dumbaugh Martin, MSSW
Phone: (502) 852-8159; E-mail: liz.dumbaughmartin@louisville.edu

COLLABORATORS: Kent School: Erin Beth Moran; Other: Bellewood Presbyterian Homes for Children & Goodwill Industries of Kentucky

BACKGROUND: Project THRIVE, a partnership project in the Louisville Metro area, provides opportunities for self-sufficiency among homeless youth ages 16-26, with emotional and learning disabilities. The project links youth, who have limited independent living skills and unstable living conditions, with mentors from the local community. The project assists youth with access to resources for education, vocational training, job placement, and supportive services.

Project partners include Bellewood Presbyterian Homes for Children, the administrator of the grant, The Kent School of Social Work at the University of Louisville, who will assist in recruiting mentors and will assess and evaluate the effectiveness of Project THRIVE, and Goodwill Industries of Kentucky, who will assist with workforce development needs of the youth involved in the project. This collaborative effort is a pooling of community agency resources to meet the needs of challenged youth.

Project THRIVE is federally funded with a \$1.2 million grant from the U.S. Department of Education over a five year period (10/2004-9/2009).

METHODOLOGY:

- Assessment & Evaluation tools have been developed to track youth who enter the mentoring program, their education and workforce advancements, the relationship between the mentor and mentee and the overall success of Project THRIVE.

KEY FINDINGS: Findings have not yet been gathered as the funding cycle has just begun.

USEFULNESS TO CABINET:

- The assessment and evaluation of this population of youth and their ability to succeed in an educational setting would benefit the Cabinet in their efforts to assist foster children in the Independent Living programs.
- It also allows the Cabinet to have data on a very elusive population of young people who might otherwise fall through the cracks.

Kentucky Interdisciplinary Community Screenings

Kevin W. Borders, Ph.D.

Phone: (502) 852-0425; E-mail: k.borders@louisville.edu,

COLLABORATORS: Denise Maples, MSSW, Linda Bledsoe, PhD, Other: Richard Aud, MD Department of Family & Geriatric Medicine, UofL School of Medicine, Lee Mayer DMD, UofL School of Dentistry, Carrie Morgan, MSN, UofL School of Nursing, Richard Wilson, PhD, Professor, Department for Public Health, Western Kentucky University, Marilyn Gardner, PhD, Assistant Professor, Department for Public Health, Western Kentucky University

BACKGROUND: Twelve years old, the Kentucky Interdisciplinary Community Screenings (KICS) project is an innovative approach to the provision of interdisciplinary health education for students. The University of Louisville's Kent School of Social Work, and schools of medicine, dentistry, and nursing all participate in the program. Five regional Area Health Education Centers (AHECs), and Western Kentucky University's Department for Public Health are key partners in the project as well. Our goal is to train students from each of the schools to work as an interdisciplinary health screening team. During one month in the summer, these interdisciplinary teams conduct free health screens to residents living in medically underserved areas of Kentucky. Typically, screenings occur in Jefferson County, in one county in Eastern Kentucky, and the remainder occurs in Western Kentucky. Since 1993, KICS has:

- Trained 228 medical, dental nursing, social work, and health education students.
- Screened approximately 3,550 rural and medically underserved residents of Kentucky in 49 counties.
- Screened over 500 Hispanic families and workers through a bi-annual service initiative.

METHODOLOGY: In order to capture all relevant aspects of the program and to gather information to be used for continual quality improvement, the KICS evaluation utilizes ratings scales, pre and post knowledge questionnaires, and qualitative student journals. The theoretical basis for the model used is Kirkpatrick's (1979) training outcome evaluation model, which examines outcomes from four levels of participation, including:

- both student and client satisfaction ratings
- measurement of student knowledge of interdisciplinary and rural practice
- follow-up with clients regarding completion of any referrals made during screenings
- the degree to which students focused their continued education or career choices in medically underserved and/or interdisciplinary arenas after they graduate

KEY FINDINGS

- student pre and post-test self reports indicate that they made significant improvements in their medical/nursing, dental, referral and interpersonal skills.
- patients are very satisfied with the care they receive from the interdisciplinary teams
- medically underserved populations are treated in a holistic manner through the KICS training program.

USEFULNESS TO CABINET: Like other grants here at Kent School, we have extensive experience evaluating the multiple levels of training outcomes. We also offer students an interdisciplinary hands-on experience through our field screening clinics. We have a lot of experience coordinating and managing academic units and community-based organizations and volunteer groups. With these skills we are able to work and coordinate multiple agencies and disciplines around such issues as training and evaluation, outcomes and connecting issues to the larger context.

Collaborative Interprofessional Team Education (CITE)

M.A. van Zyl, PhD (Evaluator)

Phone: (502) 852-2430; E-mail: Mavanz01@louisville.edu

COLLABORATORS: Kent School: Dan Wulff, PhD Other: Kay Roberts, ARNP, EdD, U of L School of Nursing, Mary Thoesen Coleman, MD, PhD, U of L Department of Family Medicine, Karen Newton, MPH, RD, U of L School of Nursing

BACKGROUND:

- Collaborative Interprofessional Team Education (CITE) Project funded by Partners in Quality Education grant via Robert Wood Johnson to five sites including University of Louisville
- \$450,000 over three years: Year 1 planning, Year 2 implementation, Year 3 improvement
- Louisville focus: resource intensive complex managed care patients cared for by teams of nurse practitioner students, family medicine residents, social work students

METHODOLOGY:

- Study: University of Louisville student participation (teams of NP, FM resident, social worker):
- Study Participants N=35 (10 NP, 17 FM, 8 SW) in year 2 and N= 32 (10 NP, 15 FM, 7 SW) in year 3
- Controls: U of L Participants from 3 disciplines who did not participate in teams N= 21(10 NP, 8 FM, 3 SW) in year 2 and N= 24 (10 NP, 8 FM, 6 SW) in year 3
- Learner Participants in teams at all sites-- Universities of Michigan, Maryland, and Colorado, Case Western Reserve, University of Louisville, All sites N= 85 students in year 2, N=74 in year 3
- Applied Quality improvement framework:
 - What do you want to accomplish?
 - What changes will you make?
 - How will you know you have accomplished your goals?
 - Plan-do-study-act
- Used feedback to introduce improvement into the interprofessional learning program
 - Didactic component
 - Clinical learning component

KEY FINDINGS:

- Multiple measures show improvement processes instituted after Year 2 resulted in
 - Improved attitudes toward interdisciplinary teamwork in participants as measured by CITE survey results and learner self evaluation forms
- U of L learners' attitudes toward CITE training program after improvement processes improved more than attitudes of other learners toward their training programs during same time frame
- Participants increased awareness of limits of own discipline's approach to team care, coincident with finding that learner confidence in doing interdisciplinary tasks did not improve

USEFULNESS TO CABINET: The project provides valuable understanding of interdisciplinary education and training that can impact practice, improve patient care and enhance retention of interdisciplinary teams. Systemic factors that prevent effective interdisciplinary practice were also identified.

Kentucky Bioterrorism and Emergency Preparedness Grant

Co Director: Dr. Rod Barber, UofL's OVAR/GEC Director

Phone: (502) 852-8316; E-mail: rod.barber@louisville.edu

COLLABORATORS: Principle Investigator: Dr. Arleen Johnson, UK Center on Aging

BACKGROUND: The contract, which is funded by Kentucky's CHFS, Department of Public Health, is intended to help link Kentucky's Aging Network with Kentucky's Bioterrorism and Emergency Preparedness Network. The contract began in July 2002 and is a partnership arrangement between UK's Sanders-Brown Center on Aging and UofL's Kent School of Social Work. During the first year staff designed internet based modules for the TRAIN distance learning system and trained regional Bioterrorism Training Coordinators in their use. Regional conferences will be held during the second year engaging members of both the Aging and Bioterrorism/Emergency Preparedness Networks to implement aging and individual emergency preparedness plans.

METHODOLOGY: The staff conducted literature and material reviews to identify issues and resources related to the aging network and seniors preparedness for emergency situations. Need assessment, focus groups were conducted in four of Kentucky's 15 Area Development Districts with representatives from the aging and bioterrorism networks.

KEY FINDINGS:

- Three internet based training modules were developed:
 1. Helping Elders Prepare for Bioterrorism and Emergencies
 2. The Aging Network
 3. Disaster Preparedness: Developing an Aging Emergency Plan

These three modules were written with Lectora Software so they were compatible with the TRAIN internet delivery system. They were also designed to be compatible with SCORM's Core Competencies for Public Health Professionals developed by the Council on Linkages between Academic and Public Health Practice.

- The Kent School of Social Work is a registered TRAIN service provider.
- Conducted a workshop for Kentucky's Regional Bioterrorism training Coordinators on used of TRAIN training modules.
- Developed two planning tools; one for seniors to plan their personal preparedness and another for aging service providers to plan for emergency preparedness at their respective agencies.
- Conduct six regional workshops for members of the Aging and Bioterrorism/Emergency Preparedness Networks to better integrate their efforts to help seniors and the aging network to plan for emergency situations in conjunctions with members of the Bioterrorism/Emergency Preparedness Network.

USEFULNESS TO CABINET: This project has helped the Cabinet's Public Health and Aging Networks to improve collaboration and coordinator activities, develop TRAIN compatible, internet training courses and help seniors and their care providers become better prepared to deal with emergency situations.

Kentucky Community Based Geriatric Interdisciplinary Training and Self-Management Project

Anna C. Faul, Ph.D.

Phone: (502) 852-1981; E-mail: acfaul01@louisville.edu

COLLABORATORS: Kent School: Kevin Borders, Ph.D., Denise Maples, MSSW, Stacy Deck Shade, MSSW, Amy Cappicce, MSSW, Joyce Borders, Pam Yankeelov, Ph.D., Lori Nicholas, Barbara Head, Noell Rowan, MSW
Other: Jane Thibault, MSSW, Department of Family and Community Medicine Drs. Mark Wiegand and Patricia Gillette, Bellarmine University, Physical Therapy Department McConnell Technology and Training Center Area Health Education Centers – North West, South Central and Purchase OVAR/GEC and Sanders Brown Center on Aging Geriatric Evaluation and Treatment Program, University of Louisville Hospital Portland Family Health Center

BACKGROUND: The Community-Based Geriatric Interdisciplinary Training and Self-Management Project will develop and expand capacity and infrastructure to advance specialization in culturally competent best-practice geriatric assessment, case- and self-management skills in medically underserved communities. This project includes social work and physical therapy training in interdisciplinary best practice assessment and self-management, home-based follow-up care, self-management classes for the elderly, and uses expanded telehealth in self-management to produce state-of-the art interdisciplinary outcomes related to health and cost-benefits. Kentucky is ranked 28th among the 50 states and the District of Columbia in terms of its population 65 and older, with an expectation that it will rank 14th in 2025. Kentucky is one of the poorest states in the United States, has a high percentage of people without health insurance, and is racially diverse, especially in Jefferson County where the University of Louisville is situated. Primary health care models for patients with chronic illnesses are indicating that acute care is not the answer to the health problems faced by our senior citizens. Kentucky is in need of new, innovative strategies to reach out to its elderly population. A new approach to community health care for the elderly will be developed and implemented.

Success of this project will be evaluated in relation to a) training effectiveness in terms of trainee satisfaction, gain in knowledge and skills, transfer of knowledge, b) service effectiveness in terms of elderly satisfaction and improvement in elderly health indicators c) cost-benefit analysis of project, measured in terms of change in utilization of acute medical services and d) the ability of the project to create a service learning experience for professionals and students that will encourage a lifelong commitment to geriatric services in medically underserved areas.

METHODOLOGY:

- Training effectiveness in terms of trainee satisfaction, gain in knowledge and skills, transfer of knowledge
- The ability of the project to create a service learning experience for professionals and students that will encourage a lifelong commitment to geriatric services in medically underserved areas.
- Kent School of Social Work is nationally known for its training evaluation model that was originally developed for the evaluation of child welfare worker training. This training evaluation model was adapted from work done by Kirkpatrick (1987). This model will be used to evaluate the training and service components of the project. It consists of three phases:
 - Level one evaluation involves assessing the reaction of students and professionals to the training. It is based on the assumption that satisfaction with the content, delivery, and environment of training enhances effectiveness of the learning process.
 - Level two evaluates knowledge and skill increases immediately after the training. This evaluation of learning measures the direct outputs of training in terms of new knowledge and skills.
 - Level three evaluates transfer of knowledge and skills to performance as a student or professional participating in this project.

Outcomes that will be measured are:

- At least 70% of trainees are satisfied with training and show improvement in knowledge and skills
- 50% of graduates /program completers to enter practice settings serving the elderly in underserved areas
- b) Service effectiveness in terms of elderly satisfaction and improvement in elderly health indicators
- c) Cost-benefit analysis of project, measured in terms of change in utilization of acute medical services
- An experimental, longitudinal, pre-post test control group design to test two types of service delivery models for older adults living in the community.
- One service delivery model will include comprehensive, interdisciplinary geriatric assessment services, with a recommended self-management plan presented to them by the service team.
- The other service delivery model will include comprehensive, interdisciplinary geriatric assessment services, with a self-management plan, together with 7 home visits, computer training and support and multiple contacts via telephone and e-mail to provide support and guidance to the elderly patients in managing their own health.
- This support service will last for 3 months, after which both groups will be re-assessed.
- Follow-up surveys will be completed 6 and 9 months after study completion to see which group is managing their health effectively.
- Subjects will be involved over a 12 month time period.

Outcomes that will be measured are:

- Interdisciplinary geriatric assessment services that will satisfy at least 90% of elderly subjects taking part in the study.
- Self-management services delivered to elderly subjects that will satisfy at least 90% of them.
- Assessment and self-management services that will result in at least 70% of the elderly patients in the self-management group following thru with the services.
- Assessment and self-management services that will result in at least 70% of the elderly subjects achieve better health.
- A significant difference in achievement of better health between the self-management group and the alternative intervention, with the self-management group showing better results.
- Assessment and self-management services that will result in at least a decrease of 40% in the utilization of acute care facilities over a 12 months period for the self-management group.

KEY FINDINGS: Project started in July 2004. The first six months were used to design the best-practice protocols for assessment, self-management and telehealth. The first series of trainings have just been completed. Service delivery starts at the end of February. Preliminary analysis of level one data on Kirkpatrick model shows high levels of satisfaction with training. No other results are currently available.

USEFULNESS TO CABINET: Our research will help the Cabinet in the area of their protection programs for older adults. We are testing a unique model of interdisciplinary service delivery and self-management skill training that can help the elderly population in Kentucky to stay healthier in the community for a longer period of time.

Long Term Care Ombudsman Complaint Software Development

Ruth Huber, PhD, and Kevin Borders, PhD

Phone: (502) 852-0435 (Ruth), or (502) 852-0425; ruth.huber@louisville.edu; k.borders@louisville.edu

COLLABORATORS: Ellen Netting, PhD, Virginia Commonwealth University, Richmond, VA Wayne Nelson, PhD, Towson University, Towson, MD

BACKGROUND: The Long Term Care Ombudsman Program (LTCOP) is a federal program mandated to investigate complaints about the care that people receive in nursing homes and in board and care homes. The mission of the LTCOP is to investigate and resolve complaints lodged by, or on behalf of, residents of long term care (LTC) facilities, to educate both the health professions and the public about the needs and rights of residents of LTC facilities, and advocate for those needs and rights. We have worked with the program on the national and local level (including Kentucky) for the past 15 years. We have written extensively about the program, and spent time, with federal funding, developing prototype data collection software for local and state-wide programs. At one point we consulted with 14 states. Our goal was to assist ombudsmen in taking all of the data they collect and turning it into information that would improve their programs and the lives of residents.

Beyond our software development, we created multi-state and single-state databases and conducted extensive secondary data analysis.

METHODOLOGY: As a research team we work collaboratively on all aspects of our research and publications. We work closely with local and state ombudsmen to interpret and understand the meaning of our findings on a programmatic level. We primarily analyze secondary data collected on the local and national level.

KEY FINDINGS: Over the years, we have written on volunteers and the importance of clarifying roles to maintain retention and satisfaction, discussed and proposed national standards to measure the impact and outcome of the program, as well as compared data collected in 10 different states.

USEFULNESS TO CABINET: Our collaborative methodology means that we are used to working with many different people representing different perspectives. We highly value data collection and analysis that helps programs understand their outcomes, and helps them make sound decisions. We do this by working with front-line and management workers to interpret and understand our findings.

Our research on volunteers and paid staff roles can help the Cabinet clarify roles, expectations and training of new and ongoing employees given the new legislation for Elder Abuse.

Raymond A. Kent School of Social Work/University of Louisville
KyMap (Completed Project)

Anna Faul, Ph.D.

Phone (502) 852-1981; E-mail: acfaul01@louisville.edu

COLLABORATORS: Kent School: Dana Sullivan, Ph.D., Becky Antle, Ph.D., Riaan van Zyl, Ph.D.
Other: Central State Hospital, Kentucky River Community Care, Seven Counties Services

BACKGROUND: Kent School is evaluating the implementation of the Kentucky Medical Algorithm Best Practice Model (KyMap). We are subcontracted by Central State to evaluate the ability of the implementation sites to follow the KyMap Best Practice protocols.

METHODOLOGY: The evaluation plan is designed to address three stages of systemic change:

- Stage One: Engaging and motivating stakeholders for change (engagement)
- Stage Two: Developing skills and supports to implement change (development)
- Stage Three: Sustaining the change (sustainability)

Preparing for Evaluation

- Evaluation retreat in November 2003 to co-ordinate strategies and secure dates for evaluation activities
- Review management and coordination plan for training providers
- Finalize measures for client outcomes
- Finalize training evaluation measures
- Train site coordinators in distribution and collection of training evaluation measures at training events
- Institutional Review Board at UofL reviewed research activities

Stage One: Engaging and motivating stakeholders for change

- Evaluation question:
- Are consensus building strategies and implementation plan of KyMap aligned with the Implementation Resource Kit for Medication Management Approaches in Psychiatry ?

Data Collection Strategies:

- Implementation plan reviews (for each site)
- Focus groups with implementation teams at demonstration sites (Central State, KRCC, Seven Counties)

Stage Two: Developing skills and supports to implement change

Different Levels of Training Evaluation

- Predictors of success: Personality traits, learning readiness and supervisor support
- Level One: Participant reactions (satisfaction with training)
- Level Two: Gain in knowledge and skills (pre and posttests on training knowledge)
- Level Three: Transfer of learning to the job (focus group with consumers)
- Level Four: Organizational change
- Level Five: Client change and outcomes

Training Measures:

- Pre-Training Questionnaire
- Personality traits, learning readiness and supervisor support
- Post-Training Questionnaire
- Environmental factors and trainee reactions (training satisfaction)
- Training Content Questionnaire
- Multiple choice questions based on training modules

KEY FINDINGS: After one year of evaluation, the following results can be highlighted:

Consensus Building

- Two of the sites successful in consensus building strategies.
- One site had problems with consensus building.
- All three sites used implementation resource kit materials during consensus building.

Initial Implementation Successes

- Open discussions among partners
- Value in rating scales identified by clinicians
- Promotion of Evidenced Based Practice successful
- Support from medical staff

- Access to experts for rural areas
- Benefits of KyMAP for patient well-being

Initial Implementation Barriers

- Computer applications need improvement
- Caseload size
- Resistance from some employees due to increased productivity standards
- Paradigm shift for care coordinators
- Clinicians not computer trained
- Access to medication not always available
- Difficult to convince patients that change in medication will benefit them
- Possible that patients will not comply with implementation plan
- Too many resources required to implement KyMap
- Fidelity assessment requires too much work
- Original design of KyMap is based on inpatient systems; implemented in outpatient sites
- More support needed at beginning of implementation

Training Evaluation Beginning Trends

- Significant relationship between conscientiousness and importance of training ($X^2(1) = 3.59$; $p < 0.05$)
- Significant relationship between conscientiousness and increase in confidence to practice ($X^2(1) = 6.67$; $p < 0.01$)
- Significant relationship between conscientiousness and helpfulness of training ($X^2(1) = 4.69$; $p < 0.05$)
- Significant relationship between learning readiness and perceived increase in skills ($X^2(1) = 5.51$; $p < 0.05$)
- Significant relationship between learning readiness and pre-post change scores ($X^2(1) = 9.86$; $p < 0.01$)

Training Satisfaction (Useful comments for future training)

- Training not relevant for administrative staff
- Computer problems must be resolved
- Separate training needed for physicians
- Some information too technical
- Training too quick
- Lecturing not always helpful

Training Content (N=79)

- 44-item test of training content
- The average pre-test score was 15.95 (SD=4.98, Range 1-32)
- The average post-test score was 25.34 (SD=6.63, Range 8-38)
- Paired t-test was performed
- There was a significant difference between pre- and post-test scores, $t(78) = -17.36$, $p < .001$.

Training Transfer: Consumer Focus Groups (N= 31)

- What is good about KyMap?
- Convenient
- Medicine is working
- Can go on with life
- Feel connected to doctor and staff
- Does not have side effects like other medications
- Have not been back to hospital since start of new medications
- Fewer mood swings, more motivation
- What are problems with KyMap?
- Still some side effects (sleepy, panic attacks, weight gain)
- Don't like seeing the nurse every week
- Have been in hospital since change of medication
- New medicine has not resulted in any change
- Medications makes some feel like a "zombie"
- Medicine only helps with sleep, not mood changes
- Explanation of program and involvement in decision making:
- Some said program was explained, other said not
- Some felt involved in change, others not
- Depends on doctor if consumer is involved – not everyone involves them
- Other resources that were discussed with consumers:
- Focus groups

- Educational meetings
- Church
- Counselor
- Recommended changes to program:
- Let people on same medications do activities together
- Doctors should come to the group with them

USEFULNESS TO CABINET:

The methodology used can be repeated in any setting to evaluate new practice protocols

Clarksdale HOPE VI Evaluation Project

Anita Barbee, PhD

Phone: (502)-852-0416; E-mail: anita.barbee@louisville.edu

COLLABORATORS: Kent School: Ramona Stone, Ph.D., Papito Burns, MSSW

BACKGROUND: HOPE VI was designed to revitalize the nation's most severely distressed public housing by demolishing current developments, developing mixed income communities, de-concentrating poverty, helping increase family self sufficiency and resident management of properties (Abt Associates, Inc., 1999).

Purpose: The evaluation of the Clarksdale HOPE VI project will focus on indicators such as: residents' characteristics, business activity and levels of community collaboration, satisfaction of the residents with the process and outcomes, indicators of social welfare of the residents, and residents' perception with regards to the helpfulness of the services provided to the families.

Goals: The HOPE VI Initiative aims to reshape neighborhood in terms of resident characteristics, business activity and levels of community collaboration. The goal of the research evaluation is to measure residents' level of satisfaction with the process and its outcomes, to determine if the social welfare of the residents improved, as well as to assess the impact of supportive services on family self sufficiency and other outcomes for residents.

Research Questions: It is hypothesized that at this baseline stage of the revitalization, residents will score fairly low on measures of mental and physical well-being and economic self sufficiency, but fairly high on measures of sense of community and social network variables. We expect that their scores will be lower than the national sample of people in the same economic bracket due to living in a dilapidated project.

METHODOLOGY:

- This panel study has a quasi-experimental design. Two-to three waves of interview data from the same set of people will be collected.
- Archival data from the HAL needs assessment of each client so as to match those variables with new data that will be collected through interviews with a stratified sample of 414 families from the original 695.
- The stratification criterion utilized is the family structure, more specifically, the presence of children or of the elderly; three groups were identified: -families with children, elderly families, and families without children or elderly members.
- Data will be collected from one adult from each family during a face-to-face interview.
- Data gathered during the first interview will serve as a baseline, and will be reported using appropriate descriptive statistics. In addition, it will be compared to the national figures. Once data is collected at multiple points in time, longitudinal data analyses will be conducted.

KEY FINDINGS: This is a project that is in its early stage. As of February 2005 we have the study approved by the University of Louisville Institutional Review Board. The first batch of interviews will be conducted in March

USEFULNESS TO CABINET: The residents of Clarksdale community are clients of the Cabinet for Health and Family Services. The research evaluation project will inform all agencies that provide social services or any other supports about their effectiveness in improving outcomes.

Kentucky Welfare Reform Evaluation (Completed Project)

Rod Barber, PhD

Phone: (502) 852-8316; E-mail: rod.barber@louisville.edu

BACKGROUND: In October 1996, the federal government changed the AFDC welfare program into a block grant; in Kentucky it is called the Kentucky Transitional Assistance Program (K-TAP). Welfare recipients now must participate in work programs or activities to remove barriers to employment, and they are subject to a 60-month time limit. To assess the impact of these changes, the Cabinet for Families & Children-CFC (now the Cabinet for Health & Family Services) contracted with the University of Louisville to evaluate its welfare reform initiative. Reports for this four year project are available at www.kwre.usi.louisville.edu.

METHODOLOGY:

The Welfare Reform Evaluation Project collected information from two main sources:

Administrative Database -- Data reported in this study came from 15 state information files and provided information on cases from October 1996 to September 2003. The primary files were the Kentucky Automated Management and Eligibility System (KAMES). Key information drawn from the file includes participation in cash assistance, food stamps, Medicaid and other programs. Another administrative file was Department of Employment Services quarterly earnings for Kentucky residents.

Panel Study -- This data looked at what has happened to client outcomes, both on and off K-TAP, over time: the longitudinal, survey analysis. It reported results from interviews with 1,122 clients in the summer 1998 to summer/fall 2001. The longitudinal analysis described what happened to family and child outcomes and how they changed over the years.

Cohort Group Analysis -- Both the administrative and panel study data compare family cohort groups. The cohort analysis divided cases into groups based on when they initially became active on K-TAP. This form of analysis was helpful to identify how the same clients used a program over time and compared how different client groups used the same program at different points in time. The first cohort was the AFDC Cohort, which consisted of 48,235 adult AFDC cases who were transferred into the new K-TAP program on October 1996. Cohort A was made up of 24,441 new adult cases who came on K-TAP from November 1996 to October 1997; Cohort B was composed of 12,252 new adult cases from November 1997 to October 1998. Each new 12-month (November-October) group became another cohort. The last cohort, Cohort F, is composed of all new adult cases that entered K-TAP from November 2001 to October 2002.

KEY FINDINGS:

- Since 1999 the annual number of new clients entering K-TAP is about 10,000.
- Seventy five percent of clients were off K-TAP within 24 months and two to one percent reached the 60 eligibility limit within five years.
- Average family household income increased each year after leaving K-TAP and the proportion of family income from government sources decreases each year.
- Medicaid, food stamps and child care were important sources of family support for most families who left welfare; they helped to take about a third of these families out of poverty.
- After leaving K-TAP more clients in urban areas report earnings for four quarters 39% (28% no quarterly earnings), rural areas 32% (36% no quarterly earnings) and Appalachia area 24% (50% no quarterly earnings).
- Clients that reached the 60-month time limit had higher levels of physical and emotional disability and reported less earnings than clients who left K-TAP before reaching the 60-month time limit.
- Clients who worked plus participated in training or education through Kentucky Works had better earnings than clients who just participated in training or education to meet their work requirement.

USEFULNESS TO CABINET: The evaluation data provided important longitudinal information about clients use of services and cash support as well as client outcomes. The longitudinal administrative data was organized in a manner that benchmarked how different cohort groups were doing over time (% on and off K-TAP) and how different, later cohort groups compared with earlier groups. The panel study data provided in-depth information directly from clients and former clients that was not available through any administrative records. It also showed what happened to different groups of clients over time.

A Pre-Therapeutic Community Program in Correctional Settings

M.A. van Zyl, PhD

Phone: (502) 852-2430; E-mail: mavanz01@louisville.edu

COLLABORATORS: Kent School: Rick Cloud, PhD, Seana Golder, PhD, Dana Sullivan, PhD

BACKGROUND: Clinical observations suggest and TC program staff confirms the negative impact of certain behavior associated with incarcerated populations, on TC outcomes. Behaviors that are often functional within a prison environment such as complying with an informal but strictly enforced code of how to treat other prisoners and how to react to prison authorities and outsiders, are contrary to what is expected of participants in a TC. The processes and activities of TC have less of an impact on inmates during the first two to three months, because they are confused by new expectations, find it difficult to fully participate without first unlearning behavior previously learned in prison, and don't fully respond to the challenge of accepting responsibility for self and others.

A Pre-Therapeutic Community Program that addresses these issues directly will enhance the outcome of TC and of multi-stage intervention programs. The goal of this project is to develop and evaluate a Pre-Therapeutic Community Program that builds on and expands the effectiveness of TC programs.

METHODOLOGY: Influenced by Rothman and Thomas (1994) the following six phases of intervention research will be utilized in a three stage Design and Development (D&D) model (Design and Development is the facet of Intervention Research that evolves new human service technology e.g. treatment methods, programs, service systems, or policies):

Stage 1 of Design and Development:

- Problem Analysis and Project Planning
- Information Gathering and Synthesis
- Designing an Observational System

Stage 2 of Design and Development:

- Early Development of the Program and Pilot Testing
- Evaluation and Advanced Development

Stage 3 of Design and Development

- Dissemination and Replication

KEY FINDINGS: This is a new project, no findings are available at this stage.

USEFULNESS TO CABINET: This project will provide a best practice model for multi-stage drug treatment programs for prisoners in and out of prison. The research will inform more cost-effective treatment models in cases where treatment is combined for community members and offenders.

Reducing marijuana use in at-risk youth in an alternative school

Rick Cloud, Ph.D.

COLLABORATORS: Kent School: Dru Kemp, MSSW, Betty Shields, MSSW, Debbie Alcock

BACKGROUND:

- Marijuana use is a major problem among at-risk youth
- Population: The most extreme at-risk youth in JCS school system (Breckenridge Alternative School)
- Hypoth 1: Use of school-wide random urine drug screen program will reduce overall prevalence of drug use across the year
- Hypoth 2: An in school (school-based) intervention will reduce AoD abuse among those identified as habitual users of marijuana

METHODOLOGY:

- Hypoth 1 was tested with in a repeated pretest posttest design across the year using urine drug screen metabolites as dependent variable.
- Hypoth 2: Was test by comparing several pretest and posttest behavioral measures on those who received the intervention, plus (2) comparing those who received the intervention with comparable youth on pretest and posttest measures.
- This study was repeated across 3 years.
- In the 3rd year, single subject designs were also created on those in the intervention group on a number of behavioral measures.
- Problem: Major methodological weaknesses: Sampling, followup, treatment integrity/fidelity, intervention method

KEY FINDINGS:

- Insufficient evidence to support either hypothesis
- Lack of fidelity made it impossible to conclude whether the failure to achieve significant results were due to break down in methods, study attrition, or failure to implement proven practice.

USEFULNESS TO CABINET:

- Technology transfer: Implementing proven practice methods (which do exist) to reduce marijuana use among youth.

Gender Specific Intensive Outpatient Program for HIV
Rick Cloud, Ph.D.

COLLABORATORS: Kent School: Linda Bledsoe, Ph.D., Dru Kemp, MSSW, David Patterson, MSW, Betty Shields, MSSW, Martin Hall, MSSW, Alan Plappert, Jena Hill, MSSW

BACKGROUND:

- Substance abuse is linked to the spread of HIV
- DHHS has recognized need to treat those who are HIV positive and at high risk of HIV
- This treatment was recognized as a gap in services
- Treatment composed of education, skills training, 12-Step facilitation
- Primary outcomes: AoD outcomes, safe-sex practices

METHODOLOGY:

- 5 years, 80 participants per year,
- Pretest-posttest design: Measures at baseline, 6 and 12 mos
- Process evaluation

KEY FINDINGS:

- Preliminary results through 2nd year of grant suggest significant improvement in addiction and safe sex outcomes.

USEFULNESS TO CABINET:

- **Technology transfer on treatment of addiction among addicted and HIV populations**

Outreach and motivational intervention team project

Rick Cloud, Ph.D.

COLLABORATORS: Kent School: Graduate assistants: Dru Kemp, MSSW, David Patterson, MSW, Martin Hall, MSW, Alan Plappert, MSW

BACKGROUND:

- Substance abuse among those infected with HIV has been linked to spread of the disease.
- DHHS recognized lack of treatment capacity for HIV positive individuals as a gap in services.
- DHHS is willing to fund outreach to engage resistant, HIV positive individuals into addiction treatment.
- Motivational Interviewing (a proven practice method) is used to improve access and retention to addiction treatment
- Outreach workers followup on WINGS, Care Coordinators, and other referrals

METHODOLOGY:

- 50 participants per year for 5 years
- Pretest-posttest design (baseline, 6 and 12 month followup), process evaluation
- Primary outcomes: treatment compliance, motivational readiness, AoD outcomes, safe-sex practices

KEY FINDINGS: Presently preparing data for analysis of first year results.

USEFULNESS TO CABINET:

- Motivational Interviewing is a method that has been tested in over 90 clinical trials at improving compliance with treatment, and is promoted as a proven practice method in DHHS grants.

Note: This method would be ideal for improving case plan adherence.

- The PI was awarded funding and obtained a certification in training counselors/casemanagers in Motivational Interviewing methods under this grant. He is a member of the Motivational Interviewing Network of Trainers.
- The PI was awarded funding and obtained training in methods to objectively rate motivational interviews on the degree of treatment fidelity/integrity. This fidelity check is ideal for use in supervision.
- The PI teaches Motivational Interviewing at the Kent School.
 - Technology transfer on outreach and motivation among HIV infected and addicted populations.

Pregnant women and women with children residential program

Rick Cloud, Ph.D.

COLLABORATORS: Kent School: Linda Bledsoe, Ph.D., Dru Kemp, MSSW, Alan Plappert, MSW, Martin Hall, MSSW

BACKGROUND:

Goal: Test the effects of addiction treatment and housing provided to pregnant and postpartum mothers and their dependent children.

- Specialized services for addicted pregnant and postpartum women and their dependent children was identified as a gap in services by DHHS.
- Funding has been provided to treat and evaluate treatment for mothers and pre-adolescent children.

METHODOLOGY:

- 25 women and dependent children per year
- Pretest-Posttest design, plus process evaluation
- Outcomes measure on Mothers and children administered at baseline, 6 and 12 month follow up.
- Several health and substance abuse measures

KEY FINDINGS:

- 3 year project. Just getting underway... building preparation zoning, and hiring

USEFULNESS TO CABINET:

- Technology transfer on treating addicted pregnant mothers and children.

Improving posttreatment Alcoholics Anonymous utilization

Rick Cloud Ph.D.

COLLABORATORS: Kent School: Seana Golder, Ph.D., Martin Hall, MSSW, Alan Plappert, MSSW, Dru Kemp, MSSW

BACKGROUND:

- There is considerable evidence to suggest that posttreatment regular attendance in 12-step programs improves substance abuse outcomes.
- Problem: Most people drop out or attend sporadically after treatment
- This study seeks to pilot test a brief intervention to improve posttreatment attendance and consists of a motivational enhancement intervention combined with use of a 12-step community mentor to aid the newcomer in initial socialization.

METHODOLOGY:

- Small randomly controlled trial (n = 60)
- Random assignment to JADAC inpatient as usual or the experimental group
- Repeated measure from baseline, 3 and 6 month followup.
- Key outcomes: 12-Step Program involvement and AoD outcomes.

KEY FINDINGS:

- Study in process.

USEFULNESS TO CABINET:

- Technology transfer: Methods of evaluating 12-step programs fit and improving utilization.
- How to recruit and utilize 12-step community mentors to aid newcomers in socialization.
- Technology transfer on use of motivational enhancement methods to improve case-management compliance.

**Development of a brief and standardized measure to evaluate substance abuse treatment effectiveness
(unfunded)**

Rick Cloud, Ph.D.

COLLABORATORS: Kent School: David Patterson, MSW Other: Pat McKiernan, Ph.D. (KY VA)

BACKGROUND:

- One barrier to establishing research based practice for substance abuse has been the lack of a brief, reliable, and valid instrument to evaluate substance abuse treatments.
- The investigators are developing a standardized set of measures on the primary substance abuse mediators (self-efficacy, taking action motivation, 12-step program involvement, support networks) and outcomes (AoD use) that can be administered in 15 minutes.
- Instruments are largely based on established measures.

METHODOLOGY:

- The instrument is presently being administered to 80 people per year to evaluate the reliability and validity of the package and to further refine measures.
- A brief (8 item) AoD self efficacy scale that is part of the package has been administered to 120 individuals in treatment to test reliability and validity.

Findings:

- Data collection underway
- Data analysis on the self-efficacy subscale to be completed soon.

KEY FINDINGS:

USEFULNESS TO CABINET:

- Development would provide a simple and quick method to evaluate substance abuse outcomes (e.g. family drug court and other initiatives) and impact on key mediating variables.

HIV Risk Reduction For Women On Probation & Parole
Seana Golder, Ph.D.
Phone (502) 852-0432; E-mail: seana.golder@louisville.edu

COLLABORATORS: Kent School: Rick Cloud, Ph.D.

BACKGROUND: This research is a Stage I trial of an enhanced HIV/STD intervention for drug-involved women being sanctioned within the community (e.g. on probation or parole). The few HIV/STD intervention studies conducted with women in the CJ system have focused on incarcerated women. Most promising among these is Project Worth, a HIV/STD intervention that was tested and found effective in a jail setting with female offenders. However, evidence from Project Worth, as well as other studies, indicate that intimate partner violence (IPV), mental health (MH) issues, and access to services are significant, interrelated, and overlapping issues that must be addressed in order for HIV interventions to be most effective. Therefore, the proposed research expands Project Worth to include 3 new intervention components addressing these issues.

The specific aims of the proposed study are to:

Primary Aims

1. Examine the initial outcomes of the newly expanded intervention (i.e. enhanced Project Worth) compared to those of the standard Project Worth intervention on three main areas (i.e. MH symptoms, service utilization, and HIV/STD risk behaviors) among 100 drug-involved women being sanctioned within the community in a randomly controlled trial.
2. Examine the feasibility (i.e. acceptability, barriers to recruitment and retention) of the enhanced intervention by conducting retrospective (i.e. after the piloted intervention) focus groups with drug-involved women being sanctioned within the community, as well as service providers.

METHODOLOGY: OLS and logistic regression

KEY FINDINGS: Research Pending

USEFULNESS TO CABINET: