

Managing the Impact of Staff Turnover on Evaluation Capacity & Quality

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Presentation Overview

- What are Wayside House and the Wayside Family Treatment Program?
- How was the program evaluated?
- Why was 'Turnover Management' important?

Wayside House

- 1954
- Provide gender-responsive empowerment-based treatment for women
- Four facilities
 - Wayside Treatment Center
 - Wayside Supportive Housing
 - Main Street Collaborative
 - Wayside Family Treatment Center (WFT)

- Wayside House was founded in 1954 with the aim of helping women in poverty with shelter.
- Soon after, focus became helping women with chemical dependency/addiction.
- Wayside currently provides gender-responsive empowerment-based treatment for women with chemical dependency and co-occurring disorders at four facilities:
 - Wayside Treatment – women receive treatment (no children in residence)
 - Wayside Supportive – women and their children receive aftercare in a supportive, permanent housing
 - Main Street – collaboration with another facility in town for outpatient treatment
 - Wayside Family – women in residence with children

Wayside Family Treatment

- Mothers and children
- Chemical and mental health
- “Wrap-around” treatment
- Strategies
 - Dialectical Behavioral Therapy [DBT]
 - Attachment
 - Play and other forms of therapy

- Wayside received a grant from the Children’s Bureau to provide chemical dependency treatment to mothers while mothers were in residence with their children
 - Goal of Children’s Bureau was to keep children safe and well in a permanent and stable home environment
 - Under guidelines from CB, priority was placed on IV using or pregnant women
 - Address children’s needs by helping Mom with her underlying chemical dependency needs
 - At the same time, children receive services to help them return to their developmental trajectory
- Wayside Family Treatment designed to address mother’s chemical and mental health needs
- Unique feature of Wayside House is that it provides “wrap-around” services
 - In many chemical dependency programs, mothers receive referrals for themselves or their children
 - Up to the Mom to do something about the referral
 - Instead of providing referrals, Wayside Family provides the services for the Mom either on- or off-site
- Wayside Family uses a number of strategies or processes to help Moms and their children
 - Dialectical Behavioral Therapy, or DBT
 - Attachment – classes to help Moms form an attachment bond with their child
 - And play and other forms of therapy for children
- Going to talk about 3 years of program implementation and evaluation, so a lot of what I’ll be talking about will be in broad strokes.

Evaluation

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| <ul style="list-style-type: none"> ● Mothers <ul style="list-style-type: none"> ● Mandated, demographic items ● Family Assessment Form ● Interviews | <ul style="list-style-type: none"> ● Children <ul style="list-style-type: none"> ● Birth to 65.9 months – Ages & Stages Questionnaire-3 ● 30+ months – Peabody Picture Vocabulary Test-4 |
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- Mandated, demographic items
 - DAANES - Drug and Alcohol Abuse Normative Evaluation System; Minnesota's system for tracking all individuals receiving chemical health services
 - Intake and Exit
- Family Assessment Form
 - Children's Bureau of Southern California
 - Assess how the family is functioning in a very wide range of areas – finances, child care, supportive environment, and how parents communicate
 - Intake and Exit
- Moms also participated in 2 interviews – one around the time of exit, one 6 months later
- Children – developmental assessment depended on child's age
 - Birth to 65.9 months (so just shy of a child's 5th birthday)
 - Ages & Stages Questionnaire 3 (ASQ-3)
 - Screens for developmental competencies in 5 areas: Communication, gross motor, fine motor, problem solving, and personal-social
 - Can be completed by Mom or a teacher (someone who has observed the child)
 - Intake and Exit
 - Children 2.5 years of age and older
 - Peabody Picture Vocabulary Test
 - Receptive vocabulary
 - Administered by someone who has been trained (WFT staff)
 - Intake and Exit
- Staff and Collaborating partners
 - Yearly focus group for staff
 - Yearly interviews for collaborating partners

Evaluation Results

- Family Profile
- Children's Safety
- Children's Permanency and Stability
- Children's Well-Being

- The Children's Bureau was interested in 3 big goals – Children's Safety; Permanency and Stability; and Well-Being, so that's how I've organized the results.
- Will also talk a bit about a 'family profile' and the collaboration

Family Profile - Mothers

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| <ul style="list-style-type: none"> ● Mothers <ul style="list-style-type: none"> ● 96 women ● 28 years of age, single, diverse ● Involvement with Child Protective Services | <ul style="list-style-type: none"> ● Children <ul style="list-style-type: none"> ● 99 children ● 37.9 months of age ● Diverse |
|---|--|

- Served a total of 96 mothers
- Average age was 28 years, but ranged from 18 to more than 40
- 77% of clients were White, Black/African American, or Native American
- About 1/3 of clients came from another chemical dependency program, nearly 1/4 referred by Child Protective Services
- More than 1/2 were on public assistance; 75% of moms reported income less than \$5,000 per year
- Could identify up to 3 DOCs: 59% used alcohol; 43% used marijuana; 33% crack; 29% methamphetamines; 2.3 drugs per woman
- *Very few women reported injecting drugs* – 72% never injected
- Average of 2.7 prior treatments, although some women had never been to treatment, some women had been 10 or more times
- Less than half (46%) reported hospitalization for mental health, but 57% reported they were prescribed medications for mental health
 - Average of 1.9 psychiatric diagnoses per client
 - Some diagnoses on-target, others unusual; not verified with professionals and included symptoms
- Moms had between 0 and 9 kids (average = 2.5)
- More than 2/3rds involved with CPS, few had their parental rights terminated (22%) but 67% had kids living with others due to CPS or courts; *If* mom had lost rights, it was for between 1 and 5 kids (X=2.2)
- 99 kids in residence for at least part of mom's treatment
- Average age (at mom's intake to program) was 37.9 months (or just over 3 years)
- 8 children were born during the program (and age was not used in computation of mean)
- 53% male, 47% female
- More than half were white and Bi-or Multiracial (59%); 16% American Indian, 13% Black/African American

Evaluation Results

- Family Profile
- Children's Safety
- Children's Permanency and Stability
- Children's Well-Being

Quantitative and qualitative results not aligned

- In general, the finding was that quantitative and qualitative results were not aligned.

Children's Safety

- Intake-to-Exit safety results generally stayed the same
- Interview results
 - Multiple strategies to keep child safe
 - Identified WFT services that help with child safety

- On the FAF items we looked at change over time in ratings
 - FAF is administered conversationally – counselor or case manager has conversation with client and asks questions
 - It's not an interview or an interrogation, it's supposed to be more of a dialogue
 - Clients are then rated on a scale from 1 (good, highly functional) to 5 (poor, low functionality)
 - We compared intake to exit ratings –
 - If exit score was better than intake score, client got better
 - Could also stay the same or get worse
- 4 safety items and, across all 4, 50% of the clients or more stayed the same
- Interviews
 - Talked about ways to keep their kids safe like baby proofing, keeping the house safe and clean
 - Keeping themselves and child away from others who weren't safe (e.g., other drug users, abusive partners or ex-partners)
 - Recognized the impact their drug use had on their child/children
- Services that helped
 - Parenting classes and DBT

Children's Safety

- *“it’s like everything that I learned here just came together...Just everything, you know parenting, DBT, addiction basics, the lectures we had, just everything came together. It was like a light just went on in my head, just everything came together.”*

Mom at exit

Children's Permanency and Stability

- Intake-to-Exit ratings stayed the same
- Interview results
 - Changes among children
 - Perceptions of stability

- Quantitative ratings of clients generally 'stayed the same'
 - Stable and permanent living arrangement: ability to maintain long-term relationships
 - Child/Caregiver interactions: understanding child development, attitude about caregiver role
 - Interactions between caregivers: balance of power, dealing with conflicts, stress
- Qualitative ratings looked different
 - Moms felt kids had fewer behavioral issues, moms had bonded with their children
 - What does stability mean to you?
 - Perceptions of stability were really concrete and focused on routines, providing shelter and food, clean home, and 'being there' for their kids

Children's Permanency and Stability

- *"I paid more attention to them and focus more on their needs instead of me doing whatever I want to do. I don't drop them anymore, like drop them off to a baby sitter. Now it is just me and them. We have our time together, maybe my sister, maybe her kids would come around and it is usually me and my boys and I am more involved in their school."*

- Mom at exit

Children's Well-Being

- Quantitative results mixed
 - Intake-to-Exit ratings 'stayed the same'
 - Children's developmental trajectory – fewer referrals
- Qualitative results different
 - Attending to children's needs

- Financial items didn't show a lot of shift or improvement
 - Makes sense given that most of the moms were receiving public assistance and/or SSI for a disability
 - 3/4 of moms had a plan to resolve economic difficulties
- Developmental trajectory
 - ASQ-3 scored as Competent, Emerging, and Needs Assistance
 - Examined scores for referral
 - In every report cycle, fewer referrals at exit than at intake
 - Grain of salt – lots of missing data here!
- Attending to children's needs
 - What helped you become a better parent?
 - DBT arose again...

Children's Well-Being

- *“to communicate with different people, different kind of people, different situations”*
- *“I'm trying ways of not, how I usually talk to my kids, I was like slow down and get to their level and just converse with 'em, talk, instead of gettin' angry and screaming and yelling and stuff like that.”*

Mom at exit

DBT helped mom communicate with different people and different situations

Children's Well-Being

- *“if I promise them something I have to follow through with it, and discipline-follow through with discipline, I always use the same discipline, so that they know what to expect.”*

Mom at exit

Talking about consistency and following through with promises

Children's Well-Being

- Quantitative results mixed
 - Intake-to-Exit ratings 'stayed the same'
 - Children's developmental trajectory
- Interview results different
 - Attending to children's needs
 - Becoming a better parent

- Women were able to share ways in which they had become a better parent
- Understanding what addiction has done to the children

Children's Well-Being

- *“Since I’ve met with my daughter’s therapist, I’ve been more patient with her, and talked on her level, because I’ve realized how much my addiction has really, really affected her, so I’ve taken more time to sit down and be at her level with her.”*

Mom at exit

More understanding of where the child is at

Program Strengths

- Staff and program
- Changes to consequences
- Recommend program to others

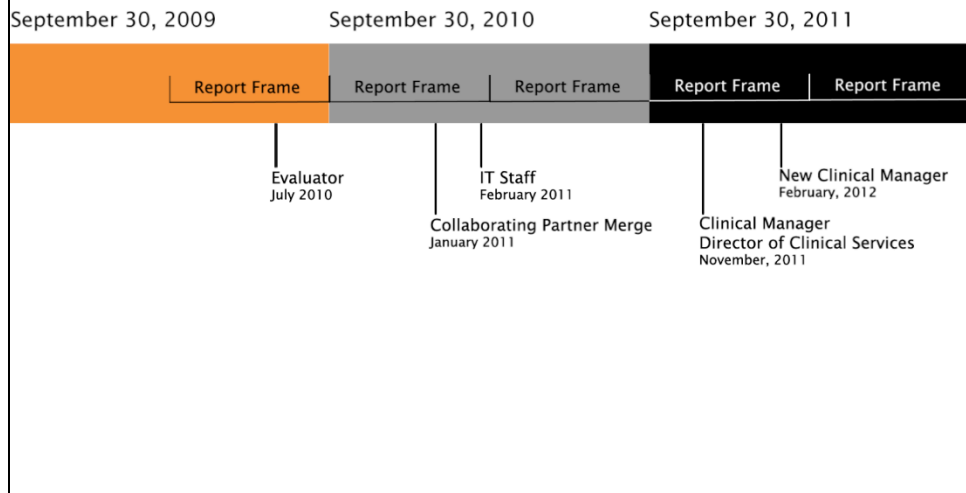
Program Strengths

- *“the women here, like the staff, they supported me since I walked in these doors”*
- *“if you're really ready to be sober and in recovery that's the place to go.”*

Mom at exit

Mom at follow-up

Turnover



Turnover Management

- Clear expectations: Who is doing what?
- Meetings: Opportunity for monitoring

Questions?

Thank you!

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