

March 2016

Measuring Client Satisfaction and Engagement: The Role of a Mentor Parent Program in Family Drug Treatment Court

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Recommended Citation

Laurie Drabble, Lisa Huan, Hilary Kushins, and Edward Cohen. "Measuring Client Satisfaction and Engagement: The Role of a Mentor Parent Program in Family Drug Treatment Court" *Juvenile & Family Court Journal* (2016): 19-32. <https://doi.org/10.1111/jfcj.12053>

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Running Head: MENTOR PARENT PROGRAM

Measuring client satisfaction and engagement: The role of a Mentor Parent Program in Family Drug Treatment Court

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Acknowledgements:

Research reported in this publication was supported in part by the California Social Work Education Center (CalSWEC), through funding of the Child Welfare Partnership for Research and Training (CW-PART).

Key Words: peer mentor, mentor parents, recovery coach, family drug treatment court, program evaluation, child welfare, addiction treatment.

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Measuring client satisfaction and engagement:

The role of a Mentor Parent Program in Family Drug Treatment Court

Abstract

Parent engagement is an important intermediate outcome in Family Drug Treatment Court (FDTC) and child welfare services. This study explored the utility and reliability of a client satisfaction and engagement survey designed to measure interim outcomes of a Mentor Parent Program, operating in conjunction with a FDTC. Findings suggest the survey is a useful, parsimonious and reliable tool for measuring key dimensions of parent mentor services including client engagement; client-centered support and empowerment; and help with systems navigation and accessing resources. The survey may be adapted for use in other FDTC or parent mentor contexts.

Introduction

Parental substance use disorders have consistently been identified in research as highly correlated with family involvement in the child welfare system, including higher rates of substantiated abuse or neglect, greater likelihood of out-of-home placement, longer stays in foster care, and increased risk of re-entry (DHHS, 1999; Oliveros & Kaufman, 2011; Young, Boles, & Otero, 2007). The implementation of the Adoption and Safe Families Act of 1997 (ASFA), accelerated permanent placement of children in foster care and intensified the need to develop timely strategies to improve reunification outcomes for families involved in child welfare and in need of treatment (Green, Rockhill, & Furrer, 2006). In response, innovations in practice were fostered in two general areas: 1) systems-level innovations designed to improve collaborative practice between child welfare, dependency courts, substance use treatment, and

related services and 2) individual-level interventions to assist parents in addressing substance use disorders (Osterling & Austin, 2008).

Family Drug Treatment Courts (FDTC) are one effective model for enhancing collaborative practice with families concurrently involved in child welfare, dependency courts, and treatment for substance use disorders (Oliveros & Kaufman, 2011; Osterling & Austin, 2008). These specialized therapeutic courts "provide the setting for a collaborative effort by the court and all the participants in the child protection system to come together in a non-adversarial setting to determine the individual treatment needs of substance-abusing parents whose children are under the jurisdiction of the dependency court" (Edwards & Ray, 2005, p.1). Although outcomes may vary between FDTC models (Green, Furrer, Worsel, Burrus, & Finigan, 2009), research on treatment outcomes generally suggests that families involved in FDTC are more likely than comparison families to enter treatment, spend more time in treatment, and complete at least one episode of treatment (Boles, Young, Moore, & DiPirro-Beard, 2007; Burrus, Mackin, & Finigan, 2011; Green, Furrer, Worcel, Burrus, & Finigan, 2007; Worcel, Furrer, Green, Burrus, & Finigan, 2008). Children of families involved in FDTC services are also more likely to reunify with parents and spend less time in foster care (Boles et al., 2007; Burrus et al., 2011; Gifford, Eldred, Vernerey, & Sloan, 2014; Green et al., 2007; Green et al., 2009; Lloyd, 2015; Worcel et al., 2008). Gifford and colleagues (2014) point out that improved family preservation outcomes among families completing FDTC services compared to non-enrollers or non-completers relies on strategies that facilitate FDTC engagement and retention.

Parent engagement in services is an important proximal outcome in child welfare (Kemp, Marcenko, Hoagwood, & Vesneski, 2009). Effective engagement strategies address parent priorities and needs; offer practical help; assist in navigating complex systems; provide

supportive and culturally relevant relationships; include parents in planning and decision-making; and foster organizational practices that are family-centered, inclusive, and culturally responsive (Kemp et al., 2009). However, research shows that families involved in FDTCs and the child welfare system face multiple individual and institutional barriers to engaging in services, including poverty and lack of basic resources such as stable housing, employment opportunities, transportation, and adequate food; parental struggles with addiction or mental health issues; the adversarial nature of the child welfare system; stigma, marginality and social isolation of parents; heavy caseworker caseloads; difficulty with system navigation; provider mistrust and lack of understanding of other agencies' perspectives and goals; and inconsistent collaboration between the multiple systems in which child welfare clients are involved (Green, Rockhill, & Burns, 2008; Kemp et al., 2009; Marcenko, Brown, DeVoy, & Conway, 2010; Rockhill, Green, & Newton-Curtis, 2007; York et al., 2012). Interventions designed to enhance client engagement appear to strengthen connection to services, family functioning, and child welfare outcomes for families involved in FDTC (Dakof et al., 2010; Dakof, Cohen, & Duarte, 2009)

In recent years, the use of “peer partners,” “family mentors,” “recovery coaches,” and “mentor parents” who provide guidance and emotional and social support has emerged as a promising practice to successfully engage families involved in both the child welfare and substance abuse treatment systems (Berrick, Cohen, & Anthony, 2011; Berrick, Young, Cohen, & Anthony, 2011; Bossard, Braxton, & Conway, 2014; Cohen & Canan, 2006; Frame, Conley, & Berrick, 2006; Huebner, Willauer, & Posze, 2012; Leake, Longworth-Reed, Williams, & Potter, 2012; Marcenko et al., 2010; Ryan, Choi, Hong, Hernandez, & Larrison, 2008).

Although specific models may vary, core qualitative studies to date are in general agreement that

the “sameness” of experiences between a peer mentor and parent client allows for a “special and unique” supportive relationship to develop that is key to the success of the peer mentor model (Berrick, Young et al., 2011; Cohen & Canan, 2006; Frame et al., 2006; Leake et al., 2012; Marcenko et al., 2010). Other elements highlighted by these studies that are theorized or identified by clients as contributing to the effectiveness of the peer mentor model include increased social support and encouragement; guidance in navigating systems; increased client access to community and concrete resources; increased client self-efficacy and empowerment; improved individualization and cultural responsiveness; increased parent engagement; facilitation of collaboration and communication between systems; and creation of a conduit for amplifying family voices at all systems levels.

Evaluations of peer mentor program outcomes in FDTC and child welfare are still scarce, although the few that exist suggest the use of peer mentors increases engagement in services and improves reunification rates. For example, two experimental studies that evaluated the use of recovery coaches, who provided a range of services to parents throughout their case and subsequent to case closure, found that mothers who worked with recovery coaches entered treatment more quickly and at higher rates, and were more likely to reunify with children, compared to parents in the control group (Choi & Ryan, 2006; Ryan, Marsh, Testa, & Louderman, 2006). Substance abusing or dependent parents involved in recovery coaching services were also less likely than the control group to be associated with subsequent substance exposed births (Ryan et al., 2008) and children of participants experienced lower rates of juvenile arrest (Douglas-Siegel & Ryan, 2013). Berrick, Cohen and colleagues (2011) evaluated the outcomes of a Parent Partner Program that paired birth parents with trained peer mentors who provided advocacy, support, and guidance toward reunification, finding that child welfare

clients working with a Peer Partner were more likely to reunify than a matched comparison group of clients served by the child welfare agency before the Parent Partner Program was established. Similarly, Huebner and colleagues (2012) found higher rates of sobriety and lower rates of out-of-home placement among mothers who participated in a collaborative program that used family mentors compared to similar families in child welfare.

FDTCs are continuously evolving and many courts adopt innovations to better respond to the emerging need of client populations (Edwards & Ray, 2005). A key innovation in the FDTC court in Santa Clara County, California involves the use of mentor parents to provide client support and facilitate client engagement (Edwards & Ray, 2005; Lucero, 2012). The Mentor Parent Program (MPP) operates under the Dependency Advocacy Center (DAC), a non-profit legal advocacy agency representing parents (www.sccdac.org). A Mentor Parent is a parent who has been through the dependency systems, had his/her children removed because of their drugs and/or alcohol addiction, participated in drug treatment services and FDTC, and has successfully reunified with their children. The role of the Mentor Parent is to provide support, guidance, and motivation to parents who are currently under the jurisdiction of the court and have had their children removed because of the parents' drug and alcohol addiction. The Mentor Parents provide guidance to parents by sharing their personal experiences of having their children removed, imparting what it was like for them to participate in a therapeutic drug treatment court, facilitating engagement in court and recovery services, and helping access to other needed community supports or services. Mentor parents are matched to clients by primary language (English or Spanish) and gender. While the majority of clients in the FDTC are women, there are a growing number of men participating in DWL and DAC utilizes mentor fathers to support this increasing population. Mentor Parents maintain a supportive relationship with clients until

the case has been dismissed and the court no longer has jurisdiction over the children or the client decides to exit from FDTC. Each Mentor Parent carries an average caseload of approximately 25 - 30 clients.

Every FDTC client has both an attorney and a Mentor Parent from DAC. The Mentor Parent Program Director hires, supervises, and provides ongoing support for Mentor Parents. The Mentor Parent Program Director also ensures that the Mentor Parents receive ongoing education in a broad spectrum of areas including, but not limited to the following: the dependency court system, rules of confidentiality and the attorney/client privilege, community resources/services available to clients, parent engagement, substance abuse treatment, domestic violence prevention, and trauma informed approaches to service delivery. The Mentor Parent Program Director, and Mentor Parents meet on a regular basis to promote and ensure professional development, program improvements, and leadership and recovery empowerment. In addition to the Mentor Parent Program Director, a part time clinical supervisor meets individually with each mentor on a weekly basis to clinically support their work as a mentor as well as provide appropriate training to the mentors as a group.

Although research verifies the positive impact of the Santa Clara County FDTC model (named Dependency Wellness Court [DWC]) in relation to key outcomes such as length of stay and completion of treatment, family reunification, and reduced time in out-of-home placements, it is difficult to evaluate the unique contributions of the Mentor Parent Program services. There is a need for research that examines different innovations and FDTC models (Green et al., 2009), however there are few tools that may help to explore the contribution of peer mentor support in FDTC contexts. The current research project involved a collaborative effort between a local FDTC (the Dependency Wellness Court), a peer mentor program (Dependency Advocacy

Center), and a university partner (San José State University School of Social Work) to develop a brief and reliable instrument to measure client satisfaction and engagement as an interim outcome in peer mentor services associated with FDTC. The overall aim of this project was twofold:

1) Explore client perception of the value of mentor parent services; and 2) Assess the utility and reliability of a survey that measures client satisfaction and engagement in relation to key dimensions of parent mentor services.

Methodology

Design and Sample

This exploratory study used data from client satisfaction surveys completed by recipients of services through the Mentor Parent Program of Dependency Advocacy Center in Santa Clara County. A draft client satisfaction and engagement survey was self-administered by clients over the age of 18 who worked with an assigned mentor parent for at least 6 months over a period of 3 years (December 2011 through December 2014). Clients who declined MPP services or who worked with a mentor parent less than 6 months were excluded. Clients who had some gaps in participation, but who ultimately participated in services for more than six months and a minority of clients who may have worked with more than one Mentor parent were included in the study. Data were collected from 225 clients.

A majority of the 225 clients were female (65.1% female and 34.9% male). In terms of race/ethnicity, the largest group was Latino/a (48.0%), followed by White (29.3%), Asian/Pacific Islander (8.7%), more than one or "other" (8.0%), African American (3.3%) and American Indian (2.7%). Approximately 47.5% were unemployed and looking for work, 25.0% were

employed, 12.1% were stay-at-home parents, 6.4% were students, and 8.5% classified themselves as other. Relationship status of participants was as follows: 26.9% were married or part of an unmarried couple; 36.6% were never married; 22.1 were divorced, separated, or widowed; and 14.5 identified as "other." The mean age of client respondents was 26.7 years ($sd=14.4$) and the mean number of months in recovery at the time of the survey was 8.8 ($sd=6.1$).

Instruments and Measures

The Mentor Parent Program Client Satisfaction Survey was adapted with permission from a "Parent Partner Fidelity and Satisfaction Instrument," which was originally developed as part of a larger "Parent Partner Program" evaluation (Anthony, Berrick, Cohen, & Wilder, 2009). The Mentor Parent Program Client Satisfaction Survey was developed in the summer and fall of 2011, based on a review of literature related to peer mentor programs and a series focus groups and in-depth interviews. The focus groups and interviews included 8 mentor parents, 15 clients, and 18 professionals from the local family drug treatment court, child welfare, legal services, drug and alcohol services, mental health, and other systems with experience working with mentor parents and their clients. Based on the earlier work of Anthony et al., the literature review, and analysis of themes in qualitative data, the 2011 client satisfaction survey included items in seven categories: encouragement and support; congruence and sameness of experience; self-efficacy and empowerment; cultural sensitivity and responsiveness; parent decision-making; access to services and resources; and collaboration and bridging communication between systems.

The client satisfaction survey administered in 2011/2012 included 35 items. Participants ranked their level of agreement with statements related to their experiences with, and perceptions of, the MPP using a 5-point Likert-scale, ranging from 1 "strongly disagree" to 5 "strongly

agree.” To maximize both the utility and the parsimony of the instrument, a preliminary factor analysis and consultation with staff were conducted in the first two years of data collection. Based on preliminary analysis of the first year of data collection, 6 items from the client satisfaction survey were dropped and four new items specific to the role of mentor parents in helping to engage and retain clients in services were added. This change was made in order to include items deemed important for program evaluation (measuring client engagement as a short-term outcome) while avoiding an increase in respondent burden. Data from 33 client satisfaction survey items were subsequently analyzed and reviewed with staff in 2014 to further reduce the length of the instrument. One item that did not load well in preliminary exploratory factor analysis was dropped ("My mentor parent and I share many of the same experiences or circumstances") and seven other items were eliminated to reduce redundancy. The reduction of items did not impact the reliability of the overall scale. Therefore, the dataset used for the current study included a total of 24 items: 19 client satisfaction items reflecting the seven categories of parent mentor services described above, one overall satisfaction item, and four engagement items (analyzed separately). Two open-ended questions at the end of the survey invited brief narrative responses from participants about what they perceived as valuable and what might be improved. (The instrument is available at: <https://sites.google.com/a/sjsu.edu/cw-part/research-projects/dependency-advocacy-center-projects>)

Procedures

For the client survey, eligible participants were invited to complete the survey by attorneys or other DAC staff, which is consistent with DAC practices for collecting evaluation and client satisfaction information. Each survey was completed in a single session during a regular meeting between the client and a DAC attorney or staff member after informed consent was obtained.

The survey was generally self-administered; however, staff assistance was provided in cases where literacy accommodations were needed. Completed surveys were placed by the client in a sealed envelope and returned to the staff or attorney, who submitted envelopes to the supervisor of the Mentor Parent Program. Data were provided to the university partner each year for data entry and analysis (using SPSS). Narrative data from the open-ended survey questions were transcribed and analyzed for themes across respondents by the university research team.

Analysis

Univariate analyses were used to examine the mean and standard deviation for level of client agreement with statements related to their experiences and perceptions of the Mentor Parent Program. Content analysis was conducted on the two open-response questions for each survey to assess for common themes across respondents. Exploratory factor analysis, using an oblique rotation (Promax) was conducted to identify the underlying dimensions of the 19 client satisfaction survey items and a separate confirmatory factor analysis was conducted with the four client engagement and retention items. Cronbach's alpha Reliability tests were conducted to examine internal consistency of the instrument.

Results

Client Perception of Services and Role of Mentor Parent in Engagement

Client rating of mentor parent services were consistently positive. Means for level of agreement with 19 statements about satisfaction with core elements of mentor parent services were between 4.44 and 4.68 on a scale from 1 to 5 (with 4 representing agree and 5 representing strongly agree in response to each statement). Similarly, clients had a high level of agreement with statements related to the role of the mentor parent in helping clients to enter and continue in family drug treatment court. Specifically, clients perceived that the mentor parents helped them

to understand the benefits of the FDTC ($M=4.55$, $sd=.71$), decide to participate in the FDTC ($M=4.45$, $sd=.78$), and stay involved with the FDTC ($M=4.56$, $sd=.68$). Clients also generally agreed with the statement that "without my mentor parent, I would not have been involved in DWC" ($M=4.24$, $sd=.99$). The aggregate mean level of agreement with the statement "Overall, I am satisfied with the services I have received from my mentor parent" was also high ($M=4.64$, $sd=.64$).

Narrative comments were overwhelmingly positive, and emphasized high regard for the program and the mentor parents. Narrative comments generally clustered into six thematic areas. First, clients emphasized how mentor parents were empathetic and consistently "listening, being on my side, understanding, never judgmental." Shared life experience was an important element of understanding and empathy:

I know she had been through a lot of the same circumstances and was succeeding and could give me help and support while continuing to move forward and navigate through difficult times in my life. It was so important to know there was someone there I could talk to that understood!

Second, mentor parents served as a role model, offering encouragement, useful advice, and hope. One client noted, "My mentor mom provided a ton of support, answered questions and provided the example for success - she went through this and that shows me we can, too." Similarly, another respondent commented that the mentor parent, "gives me lots of advice and gives me lots of hope that I can succeed." Third, clients highlighted the importance of responsiveness and accessibility, typified by the observations that the mentor parent was "always available when I need someone to talk to and gets back to me ASAP" and my "mentor parent helped me to stay accountable and when I needed to talk she was there." Fourth, clients described mentor parents

as helpful in building confidence and capacity to make changes or achieve goals, frequently describing this form of empowerment with the phrase "staying focused." For example, different clients noted that mentor parents helped them to "stay focused on my recovery," "stay strong and be positive," "staying focused on priorities," "stay focused and continue what I am doing." Fifth, clients frequently commented on the value of mentor parents in helping them navigate through the court process, answering questions, coaching them in preparation for hearings, and providing reminders about court dates. For example, one client noted, "He's always there for me and reminds me when court is and also helps me keep in mind that as long as I stay on the right track it will all be okay." Another commented, "whenever I am confused about a situation or phase, [my Mentor Parent] is always available to help me, she explains in a positive way; she makes me very comfortable in court." Finally, clients commented on the importance of mentor parents in helping them to connect to treatment services or county resources and "find the necessary resources that fit my needs."

In general, narrative responses related to opportunities for improvement generally suggested little need for change. "It's an awesome program, its fine the way it is," typified a majority of responses. When clients did have suggestions for change, most suggested expanding the program so more clients could access support, having continued services even after case closure, or having additional services and resources in key areas, such as "more resources to housing services" and transportation.

Client Satisfaction Survey Dimensions and Reliability

Exploratory factor analysis of the 19 client satisfaction items resulted in a two factor solution, which suggested one construct reflecting individual level support and a second reflecting systems level concerns (see Table 1). The first factor included 13 items that

generally corresponded to client-centered support and empowerment. Specifically, this dimension included items related to five of seven categories characterizing mentor parent services (based on preliminary qualitative data and review of literature as described in the methods section): encouragement and support; self-efficacy and empowerment; cultural sensitivity and responsiveness; parent decision-making; empathy and understanding. The second factor included 6 items related to the role of mentor parent in helping clients with systems navigation and accessing community resources. Factor loadings for individual items were high. Item-to-factor loadings between .63 and .70 are considered very good and over .71 are considered excellent (Pett, Lackey, and Sullivan, 2003). There were two items that loaded well on both factors (respect for family culture/values and understanding family). Multiple loading items are generally placed on the factor where it makes the strongest contribution to the coefficient alpha; however, the meaning of an item should also be considered in placement and items should be placed with the factor that it relates to conceptually (Pett et al., 2003); consequently, the items related to experience of understanding and respect for family were retained on the first factor.

Confirmatory factor analysis was conducted on four items measuring client engagement and retention. The four statements loaded as a single factor and factor loadings for each statement were as follows: my mentor parent helped me understand the benefits of DWC (.894), my mentor parent helped me stay involved with DWC (.850), my mentor parent helped with my decision to enter DWC (.803), and without my mentor parent I would not have been involved in DWC (.774).

Reliability analyses were conducted on the factors as well as the instrument as a whole. The Cronbach's coefficient alpha for all satisfaction items (19 items) was strong ($\alpha = .97$). The

two satisfaction subscales were strong. The Cronbach's coefficient alpha was .97 for the 13 items related to client support and self-efficacy and .93 for the 6 items related to systems navigation and resource access. Separate analysis of the 4 items measuring client engagement and retention similarly suggested strong reliability ($\alpha = .89$).

Discussion

This study explored the distribution and dimensions of client satisfaction and engagement items from a survey of clients who were provided support of peer mentors (or "Mentor Parents") in conjunction with participation in Family Drug Treatment Court. Findings point to a high level of satisfaction among clients and strong overall agreement with statements affirming the role of the mentor parents in client engagement and retention. Two key dimensions of services were identified in factor analysis of 19 items related to client satisfaction: 1) client-centered support and empowerment and 2) help with systems navigation and resources. Reliability was high for each of the client satisfaction domains and for a four-item scale measuring client engagement and retention.

The findings supported the utility of the survey for evaluating client satisfaction and client engagement. First, the findings appear to affirm the importance of using an ecological framework for considering the effectiveness of peer-mentor services. Both client level and systems-navigation domains were important dimensions of peer mentor services and support. Second, the survey was designed to measure client satisfaction and experiences of mentor parent practice identified as important in the literature and by stakeholders, while concurrently ensuring that it was reasonable in length to minimize respondent burden. Development of sustainable evaluation strategies requires development of instruments that are not overly burdensome to clients or disruptive for administration in practice contexts. The findings suggest that the survey

is effective as a parsimonious instrument for measuring client perception of key components of mentor parent services and support. Third, effective program evaluation requires defining and measuring short term, interim and long term outcomes. Client engagement and retention in court services is an important short term program outcome and the study findings verified the utility of engagement items in the survey instrument.

Client satisfaction and ratings of the Mentor Parent role in facilitating engagement were consistently high. The clients in the study sample worked with their mentor parent for at least six months and, consequently, had ample time to develop a trusting and positive relationship with their mentor parents. This may help explain the uniformly strongly positive satisfaction scores, a trend that is also typical in other program evaluations of parent mentoring programs (Berrick, Cohen & Anthony, 2011). Program participants may be entering the child welfare system at a low point in their lives, and mentoring provides hope that had been in very short supply. In addition, the theory of “sameness of experience” would suggest that, as participants rely on mentors for ego support, they would be reluctant to be critical and instead focus on positive aspects of their relationship.

This study has a number of limitations. The current study does not link client satisfaction or engagement measures to long term outcomes, although plans are underway to link Mentor Parent Program data to both local FDTC and child welfare outcome data. It is possible that results may have been impacted by sampling bias, because only clients who were involved in Mentor Parent services for at least 6 months were invited to participate in the survey. Therefore, the survey did not capture the opinions of clients who either refused the services of a mentor parent or who dropped out of services before 6 months of participation. Although efforts were made to reduce possible approval bias by ensuring that responses were confidential, it is possible

that approval bias or courtesy bias influenced client responses. Furthermore, the instrument did not include explicit measures for some constructs that have been identified as important features of peer mentor models, such as the role of peer mentors in facilitating linkages to ongoing recovery resources. Although the high reliability findings are promising, the lack of variability in raw response scores (i.e. consistently high satisfaction scores) requires further testing. The lack of variability would make it difficult to correlate satisfaction scores in multivariate outcome analyses. This might require repeated administrations of the instrument at various times during the engagement process, which may lead to more variation in the satisfaction experience of participants.

Despite these limitations, the current study provides useful insights about possible measures for evaluation of interim outcomes for FDTCs providing clients with parent mentor support services. Adoption of strategies for measuring and evaluating interim and long-term outcomes is important to documenting and improving FDTCs. The instrument described in this study may be adapted for other FDTC contexts, and can be modified to include other interim outcomes of interest in addition to client engagement and satisfaction. For example, in the process of updating the Mentor Parent Program logic model, linkages to recovery emerged as an important interim outcome that was not yet adequately measured. Consequently, four items were added to the survey instrument to capture connection to recovery and self-efficacy in facing challenges without using drugs or alcohol: 1) My mentor parent helped me connect with voluntary self-help groups for recovery (such as AA, NA, Secular Organization for Sobriety, or Women for Sobriety); 2) My mentor parent supported me in my efforts to find a 12-step sponsor who supports my recovery; 3) My mentor parent encouraged me to connect with family and/or

friends who are supportive of my recovery; 4) My mentor parent has helped me feel confident that I can face difficulties without relying on drugs/alcohol.

Developing and implementing evaluation and research projects in practice contexts can be challenging, since limited resources and competing demands are common. Community-university partnerships represent one approach for leveraging access to resources, insights, and skills that may not exist within one agency or institution (Drabble, Lemon, D'Andrade, Donoviel, & Le, 2013). This research was conducted using a university/community partnered research model (See Drabble et. al for information about the model). Partnered research activities involved university School of Social Work faculty and student teams working with the Mentor Parent Program on refining a program logic model, developing and piloting evaluation instruments, consulting throughout a parallel process of developing revised evaluation strategies and tools for the local FDTC, and implementing specific evaluation projects over the course of several academic years. Research and evaluation of collaborative interventions involving FDTCs, child welfare, behavioral health, and parent/family support services are often hampered by challenges related to linking data between systems (Young et al., 2007). To address some of the limitations described in the current study, community/university partners involved in the current project are working collaboratively to develop strategies for data matching, such as creating identifiers for use across systems, in order to improve linkages between interim outcomes and longer term outcomes.

Table 1: Factor Analysis of Mentor Parent Program Client Satisfaction Items (N=225)

Survey Items	Factor 1	Factor 2:
My mentor parent gives me encouragement and support ¹	.913	.674
My mentor parent gives me hope ¹	.884	.618
My mentor parent is a role model who reminds me that I can succeed ¹	.874	.635
My mentor parent helps me prevent relapse ²	.849	.730
My mentor parent encourages me to make positive changes in my life ²	.818	.655
My mentor parent helps me and others focus on my strengths and those of my family ²	.816	.710
My mentor parent is respectful of my own lifestyle and environment ³	.788	.773
My mentor parent holds me responsible for making progress [in my DWC phases] ⁴	.779	.758
My mentor parent helps me follow my case plan ⁴	.774	.772
My mentor parent understands me ⁵	.750	.665
My mentor parent responds to me in a timely fashion ¹	.740	.730
My mentor parent respects my family's values, beliefs, and cultural traditions ³	.765	.773
My mentor parent understands what my family is going through ⁵	.700	.706
My mentor parent helps me improve communication with the court system ⁶	.706	.885
My mentor parent helps me navigate the system by advocating for me or giving me information ⁶	.682	.816
My mentor parent helps me improve communication with my attorney ⁶	.616	.813
My mentor parent helped me connect quickly to recovery services ⁷	.768	.812
My mentor parent helps me find services that fit my needs and the needs of my family ⁷	.732	.798
My mentor parent helps me understand the expectations and roles of different staff and professionals ⁶	.512	.792

Category of items derived from a review of literature, qualitative focus groups/interviews, and the Parent Partner fidelity and satisfaction survey (Anthony et. al, 2009) which was adapted with permission for this project.

¹ Encouragement and support
² Self-efficacy and empowerment
³ Cultural sensitivity and responsiveness
⁴ Parent decision-making
⁵ Empathy and understanding
⁶ Collaboration, communication, and bridging systems
⁷ Connection to services/resources

References

- Anthony, E. K., Berrick, J. D., Cohen, E., & Wilder, E. (2009). Partnering with parents: Promising approaches to improve reunification outcomes for children in foster care Retrieved from ccyp.berkeley.edu/pdfs/parenting_with_parents_final_report.doc
- Berrick, J. D., Cohen, E., & Anthony, E. (2011). Partnering with parents: Promising approaches to improve reunification outcomes for children in foster care. *Journal of Family Strengths, 11*(1), Article 14.
- Berrick, J. D., Young, E. W., Cohen, E., & Anthony, E. (2011). 'I am the face of success': peer mentors in child welfare. *Child & Family Social Work, 16*(2), 179-191. doi:doi:10.1111/j.1365-2206.2010.00730.x
- Boles, S. M., Young, N. K., Moore, T., & DiPirro-Beard, S. (2007). The Sacramento dependency drug court: Development and outcomes. *Child Maltreatment, 12*(2), 161-171.
- Bossard, N., Braxton, A., & Conway, D. (2014). Meaningful family engagement. In G. P. Mallon & P. McCartt-Hess (Eds.), *Child welfare for the twenty-first century: A handbook of practices* (pp. 70-85). New York: Columbia University Press.
- Burrus, S. W., Mackin, J. R., & Finigan, M. W. (2011). Show me the money: child welfare cost savings of a family drug court. *Juvenile and Family Court Journal, 62*(3), 1-14.
- Choi, S., & Ryan, J. P. (2006). Completing substance abuse treatment in child welfare: The role of co-occurring problems and primary drug of choice. *Child Maltreatment, 11*(4), 313-325.
- Cohen, E., & Canan, L. (2006). Closer to home: Parent mentors in child welfare. *Child Welfare, 85*(5), 867-884.

Dakof, G. A., Cohen, J. B., Henderson, C. E., Duarte, E., Boustani, M., Blackburn, A. (2010). A randomized pilot study of the Engaging Moms Program for family drug court.

Journal of substance abuse treatment, 38(3), 263-274.

Dakof, G. A., Cohen, J. J. B., & Duarte, E. (2009). Increasing family reunification for substance-abusing mothers and their children: Comparing two drug court interventions in Miami. *Juvenile and Family Court Journal, 60(4), 11-23.*

DHHS. (1999). *Blending perspectives and building common ground: A report to Congress on substance abuse and child protection.* Washington D.C.

Douglas-Siegel, J. A., & Ryan, J. P. (2013). The effect of recovery coaches for substance-involved mothers in child welfare: Impact on juvenile delinquency. *Journal of substance abuse treatment, 45(4), 381-387.*

Drabble, L., Lemon, K., D'Andrade, A., Donoviel, B., & Le, J. (2013). Child Welfare Partnership for Research and Training: A Title IV-E university/community collaborative research model. *Journal of Public Child Welfare, 7(4), 411-429.*

Edwards, J. L. P., & Ray, J. J. A. (2005). Judicial perspectives on family drug treatment courts. *Juvenile and Family Court Journal, 56(3), 1-27.*

Frame, L., Conley, A., & Berrick, J. D. (2006). "The real work is what they do together": Peer support and birth parent change. *Families in Society, 87(4), 509-520.*

Gifford, E. J., Eldred, L. M., Vernerey, A., & Sloan, F. A. (2014). How does family drug treatment court participation affect child welfare outcomes? *Child abuse & neglect, 38(10), 1659-1670.*

- Green, B. L., Furrer, C., Worcel, S., Burrus, S., & Finigan, M. W. (2007). How effective are family treatment drug courts? Outcomes from a four-site national study. *Child Maltreatment, 12*(1), 43-59.
- Green, B. L., Furrer, C. J., Worsel, S. D., Burrus, S. W., & Finigan, M. W. (2009). Building the evidence base for family drug treatment courts: Results from recent outcome studies. *Drug Court Review, 6*(2), 53-82.
- Green, B. L., Rockhill, A., & Burns, S. (2008). The role of interagency collaboration for substance-abusing families involved with child welfare. *Child Welfare, 87*(1), 29-61.
- Green, B. L., Rockhill, A., & Furrer, C. (2006). Understanding patterns of substance abuse treatment for women involved with child welfare: The influence of the Adoption and Safe Families Act (ASFA). *American Journal of Drug & Alcohol Abuse, 32*(2), 149-176.
- Huebner, R., Willauer, T., & Posze, L. (2012). The impact of Sobriety Treatment and Recovery Teams (START) on family outcomes. *Families in Society: The Journal of Contemporary Social Services, 93*(3), 196-203. doi: <http://dx.doi.org/10.1606/1044-3894.4223>
- Kemp, S. P., Marcenko, M. O., Hoagwood, K., & Vesneski, W. (2009). Engaging parents in child welfare services: Bridging family needs and child welfare mandates. *Child welfare, 88*(1), 101-126.
- Leake, R., Longworth-Reed, L., Williams, N., & Potter, C. (2012). Exploring the benefits of a parent partner mentoring program in child welfare. *Journal of Family Strengths, 12*(1), Article 6.

- Lloyd, M. (2015). Family drug courts: Conceptual frameworks, empirical evidence, and implications for social work. *Families in Society: The Journal of Contemporary Social Services*, 96(1), 49-57.
- Lucero, K. (2012). *Family drug courts: An innovation of transformation*. Bloomington IN: Balboa Press.
- Marcenko, M., Brown, R., DeVoy, P., & Conway, D. (2010). Engaging parents: Innovative approaches in child welfare. *Protecting Children*, 25(1), 23-34.
- Oliveros, A., & Kaufman, J. (2011). Addressing substance abuse treatment needs of parents involved with the child welfare system. *Child welfare*, 90(1), 25-41.
- Osterling, K. L., & Austin, M. J. (2008). Substance abuse interventions for parents involved in the child welfare system: Evidence and implications. *Journal of evidence-based social work*, 5(1-2), 157-189.
- Rockhill, A., Green, B. L., & Newton-Curtis, L. (2007). Accessing substance abuse treatment: Issues for parents involved with child welfare services. *Child welfare*, 87(3), 63-93.
- Ryan, J. P., Choi, S., Hong, J. S., Hernandez, P., & Larrison, C. R. (2008). Recovery coaches and substance exposed births: An experiment in child welfare. *Child abuse & neglect*, 32(11), 1072-1079.
- Ryan, J. P., Marsh, J. C., Testa, M. F., & Louderman, R. (2006). Integrating substance abuse treatment and child welfare services: Findings from the Illinois Alcohol and Other Drug Abuse Waiver Demonstration. *Social Work Research*, 30(2), 95-107.
- Worcel, S. D., Furrer, C. J., Green, B. L., Burrus, S. W., & Finigan, M. W. (2008). Effects of family treatment drug courts on substance abuse and child welfare outcomes. *Child Abuse Review*, 17(6), 427-443. doi: doi: 10.1002/car.1045

York, J., Lamis, D. A., Garfinkel, P. W., Bluestein, N. P., Boxx, M., Ellis, A. (2012). Family drug treatment courts and social determinants of health. *Family Court Review*, 50(1), 137-149.

Young, N. K., Boles, S. M., & Otero, C. (2007). Parental substance use disorders and child maltreatment: Overlap, gaps, and opportunities. *Child Maltreatment*, 12(2), 137-149.