

**FINAL PERFORMANCE REPORT - X
COVER SHEET**

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2. Grantee Name and Address: San Jose State University Research Foundation
210 North Fourth Street, 4th Floor
San Jose, CA 95112
3. Telephone Number: Connie Silva-Broussard, Project Director
(707) 284-1302
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8. Principal Investigator's Name and Telephone Number: Dr. Diane Nissen
(707) 284-1300
9. Author's Name and Telephone Number: Connie Silva-Broussard, Director
(707) 284-1302
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FINAL REPORT: October 1, 2003 – September 29, 2008
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The R.U.R.A.L. Project

Diane Nissen, Principal Investigator
Connie Silva-Broussard, Project Director
Maren Heinze, External Evaluator

I. EXECUTIVE SUMMARY

General Overview of the R.U.R.A.L. Project: Project R.U.R.A.L. created and disseminated a field-tested, competency-based training curriculum designed to enhance frontline/supervisory staff capacity to provide effective, high quality child welfare services in rural areas. Major deliverables included development of a field-tested curriculum and training plan to meet the needs of rural child welfare line/supervisory staff; delivery of eight 1-day regional rural training events each year in years 2, 3, 4, and 5; delivery of four 1-day follow-up technical assistance seminars each year in years 2, 3, 4, and 5. The goal was to train 40 people per training event, resulting in 1,280 people receiving training through the 1-day regional rural training events and 640 receiving training via the 1-day follow-up technical assistance seminars by the close of year 5. Year 1 of this 5-year project was dedicated to determining the types of training most needed as identified by rural child welfare workers themselves through a needs assessment survey distributed statewide followed by curriculum development, field-testing, and completion of revisions by the close of the year. Years 2 through 5 were dedicated to training delivery and evaluation of findings.

Summary of Process and Outcome Evaluation Findings: Project R.U.R.A.L. met the timeline as outlined above, completing the needs assessment and curriculum development, revision, and field-testing by the close of year 1, and then delivering 32 1-day regional rural training seminars entitled *Working with Drug-Abusing Families* over the remaining 4 years to a total of 1,850 trainees, easily meeting and exceeding by 45% the goal of providing this training to 1,280 people. The project also delivered 16 1-day follow-up seminars entitled *Cognitive Behavioral Therapy for Substance-Abusing Families* that trained 542 people, a figure 15% below the projection of training 640 individuals.

Formative evaluation augmented the program. Summaries of individual *WWDAF* and *CBT* workshops were prepared and submitted to the Project R.U.R.A.L. Coordinator and Director for review. In addition to the needs assessment developed in year one for one-time use, other evaluation tools developed to assess Project R.U.R.A.L. included a satisfaction survey, a pre-/post-test of knowledge designed for each of the 2 types of seminars offered, and a 90-day follow-up postcard survey, again designed for each of the 2 types of seminars.

The 8-item satisfaction survey was administered at the close of each seminar. A brief review of the satisfaction survey scores submitted by 77% of all *WWDAF* trainees and by 82% of *CBT* trainees reveals extremely high levels of satisfaction among child welfare workers who attended

both types of seminars regarding all aspects of the experience, including the overall workshop rating (4.70), organization and flow of process, efficacy, presenter quality and responsiveness, and usefulness of the written materials. With a highest possible score of 5.00, mean scores ranged from 4.22 to 4.84, revealing very high levels of satisfaction across the board.

The pre- and post-test developed for the *Working with Drug-Abusing Families* contained 13 multiple choice questions. The average number of correct responses posted by all participants in workshops conducted between April 1, 2005 and September 30, 2008 was 5.10 at pre-testing and 8.97 at post-testing. On average, a gain of 3.87 correct responses was seen at post-testing, a figure that represents a 29.8% gain in knowledge (3.87/13).

The 90-day follow-up postcards were mailed once to trainees. Among the 1,850 trainees who completed *Working with Drug-Abusing Families* training, 800 returned the follow-up surveys, yielding a very impressive 43.2% return rate to a one-time mailing. With a highest possible response of 5.00, the average response to Question 3 which asked respondents to rate the degree to which they have been able to use the tools presented in the training with their clients was 3.99, a strong score that corresponds with a rating of ‘often / most of the time.’

II. INTRODUCTION AND OVERVIEW

A. Overview of the Community, Population, and Problem

The Community Served by the R.U.R.A.L. Project: The community served by Project R.U.R.A.L. was rural child welfare staff serving children and families in rural areas statewide throughout California. For the purposes of this project, the target audience included “public agency child welfare line workers, paraprofessionals who provide direct services in rural areas, supervisors, and other community-based and faith-based stakeholders in the child welfare system” (p.16, R.U.R.A.L. proposal).

At the time the Project R.U.R.A.L. grant proposal was submitted, 2000 Census data indicated the percentage of California’s population under the age of 18 (27.3%) was higher than the national average (25.7%) and higher than any other single state except Utah. Of California’s population under the age of 18, 25.6% (481,788 children) lived in rural areas. Project R.U.R.A.L. was designed to address the need to develop and deliver training for California’s rural child welfare staff that was specifically designed to strengthen their ability to address the unique needs, and strengths, or rural communities.

Description of the Organization that Ran the Demonstration Project: The California Institute on Human Services (CIHS) ran the R.U.R.A.L. demonstration project. At the time the Project R.U.R.A.L. proposal was submitted, the CIHS had successfully managed contracts and projects totaling over \$100 million primarily for the development and delivery of training and technical assistance that promote systems change and build local capacity. A sampling of State training projects CIHS has delivered or continues to deliver since 1998 include:

- Northern California Child Abuse Training and Technical Assistance Center (CATTA), a project funded by multiple State agencies;
- Adoptions Training Project for California Department of Social Services (CDSS);

- Safe from the Start Technical Assistance Project for the California Attorney General's Office;
- Capacity Building for Tribal Constituencies project for CDSS;
- Mandated Reporter Training Development Project for CDSS;
- Faith Leaders and Domestic Violence project for the California Department of Health Services (CDHS);
- Child Advocacy Center Development Project for the Governor's Office of Criminal Justice Planning;
- PROBATION Project for the CDHS;
- Domestic Violence Training Development Project for the CDHS

Virtually all of the State training projects noted here involve/d interaction with State agency child welfare staff; the design of a research-based, high utility training curriculum that is culturally and linguistically appropriate; and statewide or nationwide information dissemination.

At the time the Project R.U.R.A.L. grant was awarded, CIHS presented the project through Sonoma State University (SSU). In year 4 of this 5-year project, SSU made the administrative decision to discontinue supporting several grant-funded projects and associated contracts, including the R.U.R.A.L. project. The Project Director and staff worked diligently with San Jose State University (SJSU) to transition year 5 to that fiscal entity. The transition was smooth, no interruption or disruption in services resulted, and the partnership between CIHS and SJSU was productive.

Description of the Children/Families Served by the Project: Project R.U.R.A.L. developed and delivered training to rural child welfare staff throughout California. It provided no direct services to children or families. Rather, it was designed to provide specialized, field-tested training designed to help rural child welfare staff better serve children and families.

Description of the Problems the Project Sought to Address: The issues faced by rural children and families in the child welfare system include geographic isolation resulting in inadequate access to services such as substance abuse programs, job training; long travel distances to available services; unreliable personal transportation and the lack of transportation alternatives; the lack of community resources as a result of few services organizations; a lack of quality, affordable child care; a lack of communication caused by no telephone service and/or cellular phones that do not operate in rural areas; and fragile economies that provide few employment and housing opportunities.

These issues have direct service delivery problem correlations. Longer distances between families means higher service delivery costs. Workers must juggle needs against the economic necessity to make several appointments in one area in order to accomplish anything during a single trip. The lower tax base in rural areas means less training for child welfare staff and fewer professionals available to deliver services. Child welfare workers in rural areas must be generalists as job specialization is unrealistic in lightly populated regions. Because families might be reluctant to access services that reveal their issues to relatives and neighbors, workers must be alert to the often unreported problems of child abuse, child neglect, and substance abuse. Further, children and families of migrant farm workers can present additional challenges to the provision of child welfare services, including immunization and school records that are often lost

or left behind, English is not spoken in the home or children act as the family's translator, visitation schedules are difficult to keep, and locals are not always open to sharing scarce resources.

Project R.U.R.A.L. developed curriculum and training for rural child welfare workers that incorporated the strengths of rural communities to better meet their unique needs. Rural communities are accustomed to fewer resources and so tend to use their resources more efficiently. Geographical isolation is a challenge, but it also produces families and children who are self-reliant. Trust is a core value and, where trusting relationships exist, they can be leveraged to increase cooperation and compliance, particularly where referral is made person-to-person and not person-to-agency.

Project R.U.R.A.L. recognized and designed training for child welfare workers who work as generalists in a number of related child welfare service delivery endeavors. Indeed, offering regional training to child welfare workers working in related fields can be among the most valuable experiences for the workers themselves who have the chance to meet, learn what others are doing and offering in their area, and make long-term, mutually beneficial contacts with fellow child welfare service providers. Prior to developing the training curriculum, Project R.U.R.A.L. surveyed rural child welfare workers to determine topics in which the workers themselves felt training was most needed. Hence, the development of the *Working with Drug-Abusing Families (WWDAF)* curriculum, the core curriculum offered to all Project R.U.R.A.L. trainees. For those interested in more specific training designed to help child welfare workers provide meaningful, affordable support to clients, trainees who completed the *WWDAF* curriculum were later invited to attend a follow-up technical assistance workshop entitled *Cognitive Behavioral Therapy for Drug-Abusing Families (CBT)*. Attendance at a *WWDAF* workshop was required as a prerequisite to attendance at a *CBT* workshop as the techniques presented in the *CBT* sessions built on concepts first developed in *WWDAF* training.

B. Overview of the Program Model

Project R.U.R.A.L.'s Specific Goals, Activities/Interventions, and Outcomes: Project R.U.R.A.L. was designed to address the following goal:

To create and disseminate a field-tested, competency-based training curriculum to enhance frontline/supervisory staff capacity to provide effective, high quality child welfare services in rural California by managing barriers to service access, strengthening families, improving access to faith-based and community resources, and partnering with State, local, and tribal governments.

In terms of activities, as stated in the grant application, Project R.U.R.A.L. proposed delivering the following eight measurable objectives:

1. In cooperation with project partners, subject matter experts, and key consultants, develop a curriculum and training plan to meet the current needs of rural child welfare line/supervisory staff.
2. Conduct one 2-day training of trainers for presenters delivering the curriculum to rural child welfare staff.

3. Conduct three 1-day regional rural curriculum field test events and gather evaluation data.
4. Revise curriculum, materials, presentation, and evaluation tools based on field test results.
5. Implement the curriculum, delivering eight 1-day regional rural training events each year in years 2, 3, 4, and 5.
6. Provide four 1-day follow-up technical assistance seminars each year in years 2, 3, 4, and 5.
7. Evaluate the training/technical assistance, using the data to make adjustments to enhance effectiveness.
8. Disseminate curriculum, presentation, materials, evaluation tools, and evaluation findings nationally.

Regarding outcomes, as stated in the proposal, Project R.U.R.A.L. projected that it would realize the following outcomes:

- Train 40 child welfare line/supervisory workers in each of 8 trainings in years 2 through 5, resulting in 1,280 persons trained;
- Train 40 child welfare line/supervisory workers in each of 4 training follow-up technical assistance sessions in years 2 through 5, resulting in 640 person trained;
- The total number of people trained would be 2,050 (with an approximate unduplicated total of 1,410).

The Logic Model for Project R.U.R.A.L. (include a copy of the model): Project R.U.R.A.L. was originally developed and funded based on a detailed Timeline for Implementing Proposed Project Activities for the 5-year period October 1, 2003 through September 30, 2008 rather than a logic model. The Timeline included project objectives, action steps, timeline for each objective, and the evaluation tools, measures, and methodologies to be used in assessing compliance with stated objectives. Following is the Project R.U.R.A.L. Timeline.

Project R.U.R.A.L.: Timeline for Implementing Project Activities (10/1/03-9/30/08)

Objective	Action Steps	Timeline	Evaluation measures, tools, methodologies
1. In cooperation with project partners, subject matter experts, and key consultants, develop training curriculum to meet the current needs of rural child welfare staff.	Develop a 1-day training session on current and emerging issues in effective child welfare practice in rural communities: <ul style="list-style-type: none"> • Review literature and existing resources • Obtain input from subject matter experts and key consultants • Prepare training outline and agenda • Develop training presentation in user friendly format 	Year 1, Month 1-6	Review training outlines Review drafts of training manual Review presentation

<p>2. Conduct 1, 2-day Training of Trainers for presenters who will deliver curriculum to rural child welfare staff.</p>	<ul style="list-style-type: none"> • Develop one 2-day training of trainers presentation materials • Select and invite presenters with skills and experience to attend the TOT • Coordinate logistics of TOT event • Register and confirm participants for TOT • Gather and prepare handouts for TOT • Contract with presenters • Coordinate onsite logistics on day of TOT • Collect and compile evaluation data from participants 	<p>Year 1, Month 7-8</p>	<p>Review TOT materials</p> <p>Review attendee rosters</p> <p>Review evaluations</p>
<p>3. Conduct 3, 1-day regional rural field test events and gather evaluation data</p>	<ul style="list-style-type: none"> • Coordinate logistics of field test events • Prepare training announcements and send to county and tribal staff in target area for field test • Register and confirm participants for field test training • Gather and prepare handouts for training • Contract with presenters. • Coordinate onsite logistics on day of training event. • Collect and compile evaluation data from participants. • Adjust curriculum based on pilot feedback. 	<p>Year 1, Month 9-10</p>	<p>Review announcements</p> <p>Review attendee rosters</p> <p>Review training packets</p> <p>Review evaluation data</p>
<p>4. Revise curriculum based on field test results</p>	<ul style="list-style-type: none"> • Review evaluation data from field tests • Obtain input from subject matter experts and key consultants • Prepare revised training outline and agenda • Develop revised training presentation in user friendly format • Disseminate revised curriculum to TOT participant group 	<p>Year 1, Month 10-12</p>	<p>Review revised curriculum</p>
<p>5. Deliver 8, 1-day regional rural training events each year for Year 2, 3, 4, 5</p>	<ul style="list-style-type: none"> • Coordinate logistics of regional rural training events. • Prepare training announcements and send to county and tribal staff within regional catchment area. • Register and confirm participants for training. • Gather and prepare handouts for training. • Contract with presenter from TOT participant group • Coordinate onsite logistics on day of training event. • Collect and compile evaluation data from participants. 	<p>Years 2, 3, 4, 5: Month 1-12</p>	<p>Review announcements</p> <p>Review attendee rosters</p> <p>Review training packets</p> <p>Review evaluation data</p>

6. Provide 4, 1-day follow up technical assistance sessions each year for Year 2, 3, 4, 5	<ul style="list-style-type: none"> • Identify technical assistance needs of training participants • Prioritize technical assistance requests • Coordinate logistics of regional technical assistance sessions • Prepare announcements of technical assistance sessions • Register and confirm participants for TA • Gather and prepare handouts for TA session • Contract with presenter or TA facilitator • Coordinate onsite logistics on day of TA event • Collect and compile evaluation data from participants 	Years 2, 3, 4, 5: Month 1-12	Review TA requests Review announcements Review attendee rosters Review training packets Review evaluation data
7. Evaluate effectiveness of training and technical assistance	<ul style="list-style-type: none"> • Contract with project evaluation consultant • Attend annual grantees meeting in Washington DC as scheduled by DHHS • Conduct monthly progress evaluation meetings with staff and key consultants • Prepare project progress reports and final report 	Year 1, Month 1 As scheduled by DHHS Monthly As due	Review contract Review meeting Notes Review meeting agenda & minutes Review reports
8. Disseminate curriculum and share evaluation findings	<ul style="list-style-type: none"> • Prepare curriculum in PDF format and upload to existing CIHS website • Develop and mail postcard to constituents across California announcing availability of curriculum online for downloading • Post progress reports and final evaluation report online for downloading 	Year 2, Month 1 Year 2, Month 2 As completed	Review website Review postcard Review online reports

Description of the Collaborative Partners Involved in Implementing the Project and Their Role(s): The only partner formally involved in Project R.U.R.A.L. was the university that served in the role of fiscal agent. Discussed in Section II-A above under the sub-heading *Description of the Organization that Ran the Demonstration Project*, was the shift from Sonoma State University as fiscal agent to San Jose State University. This occurred at the end of year 4 of the 5-year project, effective for the duration of year 5.

Informally, the project benefited from partnerships with other programs, particularly the Child Abuse Training and Technical Assistance (CATTA) project run by CIHS in terms of useful contacts, databases, and information dissemination to target audiences regarding upcoming Project R.U.R.A.L. workshops.

C. Overview of the Evaluation

Description of the Evaluation Design, Data Collection Procedures, and the Data Analysis Plan: The evaluation design, including the data tools and measures to be used, was outlined in the original Timeline for Implementing Proposed Project Activities for the 5-year period October 1, 2003 through September 30, 2008 presented above in section II-B regarding the logic model. Briefly, when the Project R.U.R.A.L. proposal was prepared, the ‘key evaluation tools’ outlined were as follows: “(1) The post-training survey containing questions on the quality, utility, and applicability of the curriculum, materials, and presentation; and (2) the 3-month implementation survey [referred to as the postcard in the Timeline], containing questions on the extent to which the research-based strategies and practices for rural program effectiveness were used by the participant before training and are now being used 3 months after. The first tool will use a 4-point Likert scale (strongly agree to strongly disagree); the second will use an implementation scale for percent of time the strategy/practice was/is used. Both tools will request feedback on ways in which the training/technical assistance could be improved” (p.29, R.U.R.A.L. proposal).

Indeed, these were the evaluation tools used to assess the three *Working with Drug-Abusing Families (WWDAF)* pilot training workshops conducted in September 2004, as outlined in the following table.

Project R.U.R.A.L.: Pilot Training Workshops Conducted in Year 1

Date	Location	Number of Participants
9/23/04	Oroville	42
9/24/04	Redding	56
9/28/04	Santa Ynez	58
Total	3 Pilot Trainings	156

Please note that while 156 individuals participated in the pilot training workshops offered at the close of Year 1, these trainees were not included in the count of those who received training in years 2 through 5. These were ‘test’ sessions and, while the revisions made between these early sessions and those subsequently offered were relatively minor, the pilot sessions stand alone in terms of data collection and reporting.

Unanticipated in the original grant application was the advent of the PM-OTOOL reporting system, first initiated for the 4/1/05-9/30/05 report period. As a result, Project R.U.R.A.L. revised the pre-/post-tests of knowledge already designed and administered at the earliest *Working with Drug-Abusing Families* and *Cognitive Behavioral Therapy* workshops so as to provide data in the ways needed to comply with PM-OTOOL requirements.

Each of the three evaluation tools had a specific purpose. The post-training satisfaction survey was administered to all trainees at the close of all *Working with Drug-Abusing Families* workshops and all *Cognitive Behavioral Therapy* workshops to assess the quality, utility, and applicability of the curriculum, materials, and presentation. The pre-/post-test of knowledge was administered twice on the day of each workshop: immediately preceding curriculum delivery and immediately following the close of each session. The *Working with Drug-Abusing Families* pre-/post-test was a 13-question instrument designed to determine trainees’ level of knowledge regarding key workshop concepts prior to and immediately following instruction. Participation was encouraged but voluntary, no names were required although the pre- and post-tests were numbered sequentially; hence, the identity of the test-taker remained confidential, but each

person's pre-test score could be matched to their post-test score—a critical factor for measuring changes in knowledge attributable to workshop attendance. The *Cognitive Behavioral Therapy* pre-and post-test was a 10-question test administered identically to the *WWDAF* test. Finally, the 90-day follow-up postcard survey was mailed to all *WWDAF* and *CBT* trainees 90 days after the date of the workshop they attended. The follow-up postcard survey is relatively simple, consisting of 4 questions, all using a 5-point Likert scale in which 1=not at all and 5=totally. The questions were designed to assess longer-term training impact. In addition to the 4 scaled questions, respondents were invited to make any additional written comment/s as they see wish.

All responses to each of the three types of evaluation instruments were entered into SPSS, a statistical database, analyzed, and presented in the following ways.

- Summaries of individual *WWDAF* and *CBT* workshops were prepared and submitted to the Project R.U.R.A.L. Coordinator and Director for review.
- Semi-annual summary reports were drafted and submitted to the DHHS.
- Semi-annual PM-OTOOL reports were prepared and submitted online by the Project Coordinator.
- Summary data were prepared and presented to Jack Denniston, Children's Bureau representative, on June 5th-6th, 2007, when our site was among those chosen for a site-visit in the national evaluation of the Training for Effective Child Welfare Practice in Rural Communities program administered by DHHS.

In addition to the development of these three evaluation instruments was the design of the needs assessment survey disseminated to approximately 1000 rural social workers throughout California during the first semiannual report period (10/1/03-3/31/04) in order to obtain their input regarding the training topics of highest need in their agencies. The mailing list was created from a database maintained by the CIHS containing contact information for members of the Child Welfare League of America (CWLA), which contains a total of 10,000 names. In addition, the survey was mailed to Child Welfare Directors in 48 rural California counties. In total, 202 surveys were returned (a response rate of approximately 19% to this one-time mailing).

The survey asked respondents to: provide their location and contact information, to rate the relevance of a list of 15 suggested training topics using a 3-point Likert scale (1=low relevance, 2=moderate, and 3=high, invited additional suggestions for topics, and asked a few questions about the respondent's agency. The top five topics selected by respondents included:

- Lack of resources in the community (68.8%)
- Working on issues related to rural methamphetamine labs and drug-endangered children (53.5%)
- Addressing secondary trauma, burn-out and high staff turnover (49.8%)
- Making use of existing resources/removing barriers to existing resources (46.7%)
- Promoting recognition and trust through community education regarding the role and value of social workers (46.2%)

While the highest percentage of respondents indicated that "lack of resources in the community" was the most important need for rural social workers, "working on issues related to rural methamphetamine labs and drug-endangered children" was indicated by over half of the respondents (53.5%). In our analysis of the results, addressing the "lack of resources in the

community” did not provide a stand-alone training topic that would provide the substantial content information also needed by rural social workers. Instead, the training topic selected for this project focused on working with drug abusing families and included information about additional community resources available to social workers to address the particular needs of their rural clients.

Discussion of the Problems Encountered in the Implementation of the Evaluation Plan: As was the case with the *Working with Drug-Abusing Families* pre- and post-assessment of knowledge, the *Cognitive Behavioral Therapy* evaluation tool required modification to meet the reporting needs raised by the Children’s Bureau mid-program adoption of the PM-OTOOL. The first 4 technical assistance workshops (delivered during the second half of year 2) were offered prior to revising the R.U.R.A.L. evaluation format. R.U.R.A.L. did not match pre-test with post-test responses prior to adoption of the PM-OTOOL. With the advent of PM-OTOOL and the need to report “the number of trainees who show increased knowledge, skills, and/or awareness related to current child welfare practices,” R.U.R.A.L. revised its testing strategy. As a result, when staff distributed handbooks to each workshop participant, sequentially numbered sets of pre- and post-tests of knowledge were included in the workshop binders so that a person who completed pre-test #1 would also complete post-test #1. If this person completed only one of the two tests, it was easily detectable as only one test numbered #1 was distributed. This allowed R.U.R.A.L. to match pre- and post-test results while maintaining the privacy of test-takers.

Project R.U.R.A.L. was designed with an evaluation plan specific to the project. The overlay of a second evaluation plan after the fact is often akin to fitting a square peg in a round hole, and while the PM-OTOOL design was not the most challenging overlay ever encountered, it complicated the existing design. For example, the project was not designed around the ‘logic model’ so frequently referred to in the outline for this report. Due to PM-OTOOL, more data points were collected and reported in new ways, e.g., the number of people who registered for seminars as compared to the number who actually attended.

III. PROJECT IMPLEMENTATION / PROCESS EVALUATION

Note: For purposes of section III of the final report, lacking any further instruction than the titles and subheadings to be addressed, we have concluded that the best way to approach section III is by addressing each of the 8 measurable objectives that were outlined in the grant proposal as the 8 ‘interventions or activities’ discussed below. We are, then, addressing the same 8 objectives cited earlier in the report in section II-B, Overview of the Program Model. These comprised the heart of the Project R.U.R.A.L. design and were addressed in detail in the Timeline for Implementing Proposed Project Activities for the 5-year period October 1, 2003 through September 30, 2008, also cited above in section II-B.

A. Intervention / Activity Number 1

Intervention / Activity #1: In cooperation with project partners, subject matter experts, and key consultants, develop a curriculum and training plan to meet the current needs of rural child welfare line/supervisory staff.

Outputs (# served, results): Based on information gathered during the literature review and through feedback from the needs assessment survey administered to child welfare workers statewide during the start-up period, the 1-day training curriculum entitled *Working with Drug-Abusing Families* was developed (and field-tested) during the second half of year one. With the aid of curriculum development specialists, project staff drafted the curriculum. It addressed the following topics:

- An introduction, including background on what is unique regarding rural social work, the rural project and the purpose of the reference guide.
- Impacts of drug abuse on families, including an overview of commonly abused drugs and well-known resources on prenatal cocaine exposure and the process of attachment and bonding.
- Safety and home visiting strategies rural social workers can use in the field when working with drug abusing clients.
- Intervention and treatment, including tools such as the Addiction Severity Index (ASI), the Trauma Symptom Checklist for Children (TSCC), drug treatment for mothers, cognitive-behavioral therapy in the treatment of cocaine addiction, and parent education.
- Community resources such as the Parent Outreach Resource Directory, Child Abuse Treatment (CHAT) program, the California Victims Compensation Program, and useful websites.

Training materials included a training outline and agenda, extensive reference guide, and a Power Point presentation, each developed in a user-friendly format.

Contextual Events or Community Changes Influencing Activity #1: The needs assessment survey administered to child welfare workers statewide during the first half of year one provided input from the field regarding the topics chosen for inclusion in the *Working with Drug-Abusing Families* curriculum. Simply stated, input from the field directly informed training content.

Facilitators to Implementing Activity #1: (1) Project staff experienced in developing curriculum augmented by (2) input from a talented curriculum specialist working under contract expedited the relatively rapid development and field-testing of the *Working with Drug-Abusing Families* curriculum.

Challenges/Barriers Regarding Activity #1: Nothing unusual noted.

Lessons Learned About How to Deal with Challenges Regarding Activity #1: Nothing unusual noted.

B. Intervention / Activity Number 2

Intervention / Activity #2: Conduct one 2-day training of trainers for presenters delivering the curriculum to rural child welfare staff.

Outputs (# served, results): The Project R.U.R.A.L. Training of Trainers (TOT) held in Sacramento on September 14-15, 2004 was facilitated by presenter David Love. The primary purpose of the TOT was to integrate participants' expertise and recommendations to improve the draft training materials and presentation. In addition, TOT participants agreed to assist in facilitating future trainings in their region. Participants were provided with an evaluator-developed rubric to evaluate the draft reference guide. Recommendations from participants were used to revise the materials used in the pilot trainings. In addition, participants provided feedback and recommendations for the draft Power Point presentation used in the TOT and refined for the pilot trainings. Representatives from the following agencies were invited to attend and did attend the TOT event in Sacramento.

Agency Location	Agency Name
Mooretown Rancheria	Indian Child Welfare Services (ICWA)
Calaveras County	Child Protective Services
Merced County	Child Welfare Services
Yolo County	Department of Employment and Social Services
Redding	Drug-Endangered Children Team
Fresno	Department of Behavioral Health
Shasta County	Child Abuse Council
Santa Cruz County	Child Welfare Department

Those attending the TOT training were surveyed immediately following the event. With the presenter receiving a mean score of 5.0 (excellent, the highest score possible), the overall workshop was very highly rated (4.5) as was the organization and flow of the process (4.5). In addition, TOT participants provided valuable feedback used in revising the materials prior to the pilot trainings scheduled for delivery later in September 2004.

Contextual Events or Community Changes Influencing Activity #2: Project R.U.R.A.L. met the goal of including TOT representatives from diverse rural communities and from various agencies that provide child welfare services.

Facilitators to Implementing Activity #2: (1) Pre-existing relationships with agency representatives developed over time on projects serving similar target audiences as the child welfare workers served by Project R.U.R.A.L. (2) A depth of experience among staff and contracted specialists in developing and delivering training and technical assistance projects similar to Project R.U.R.A.L. for a number of State and Federal agencies.

Challenges/Barriers Regarding Activity #2: Nothing unusual noted.

Lessons Learned About How to Deal with Challenges Regarding Activity #2: Nothing unusual noted.

C. Intervention / Activity Number 3

Intervention / Activity #3: Conduct three 1-day regional rural curriculum field test events and gather evaluation data.
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Outputs (# served, results): Three pilot trainings were organized and held in Oroville, Redding and Santa Ynez. Two of the three pilot trainings were held at tribal locations (Mooretown Rancheria in Oroville and Santa Ynez). The following chart indicates the date, place and number of participants who participated in each of the pilot training sessions. The goal of training 40 rural social workers at each event was met and exceeded as 156 trainees participated in the 3 events.

Date	Location	Number of Participants
9/23/04	Oroville	42
9/24/04	Redding	56
9/28/04	Santa Ynez	58
Total	3 Pilot Training Sites	156 Trainees

Among the 156 participants who attended the three pilot sessions, 131 participants (84%) completed the survey administered at the close of each workshop. In all respects—overall workshop rating, organization and flow of process, applicability, presenter quality, and usefulness of written materials—the trainings received very high mean scores. When averaged across all three sites, these scores ranged from a low of 4.3 to a high of 5.0. Minor variation can be seen when comparing individual pilot sessions to one another, but nothing of note. Mean scores were consistently very high at each site and across all sites.

Project R.U.R.A.L.: Survey Results from Three Pilot Trainings, September 2004

Survey Question	Mean Score Oroville (n=38)	Mean Score Redding (n=44)	Mean Score Santa Ynez (n=49)	Mean Score, All 3 Sites (n=131)
Q1: Overall workshop rating	4.7	4.5	4.8	4.5
Q2: Organization and flow of process	4.7	4.6	4.8	4.5
Q3: Extent information met my professional needs	4.5	4.3	4.7	4.5
Q4: Overall facilitator/presenter rating	4.8	4.8	4.9	5.0
Q5: Presenter effectiveness in conveying ideas	4.8	4.8	5.0	5.0
Q6: Presenter responsiveness to the participants	4.8	4.8	4.9	5.0
Q7: Value and usefulness of written materials & information	4.6	4.6	4.8	4.3
Q8: Overall facility rating	4.3	3.6	4.8	3.9

Rating key: 1=poor, 2=fair, 3=good, 4=very good, 5=excellent

In order to specifically assess the quality and relevance of the written materials provided during the pilot trainings, the evaluator developed a separate rubric for participants to complete. The first question asked trainees to assess the general level of difficulty of the materials overall. The overwhelming majority of the 69 participants who responded to this question indicated that the difficulty level of the materials presented in the pilot training session was “just right” (91.3%).

Project R.U.R.A.L.: Materials Rubric Assessment Results from Pilot Trainings, Question 1

Survey Question	Too easy	Too hard	Just right
Q1: Overall level of difficulty of the materials used in the training (n=69)	5.8%	2.9%	91.3%

The second portion of the rubric invited participants to assess the four major topical areas addressed during the training:

1. Effects of drug use and abuse
2. Neuro-chemical, pre-natal, and child development issues relevant to drug use
3. Tools and strategies for substance-abusing families
4. Using available resources and partnering with other agencies to overcome barriers to access

Project R.U.R.A.L.: Materials Rubric Assessment Results from Pilot Trainings, Continued

Survey Question	Mean Score Oroville (n=42)	Mean Score Redding (n=42)	Mean Score Santa Ynez (n=49)	Mean Score All 3 Sites (n=133)
Q2a: Effects of drug use and abuse				
Overall quality of info provided	4.7	4.7	4.8	4.7
Relevance and use of info to my work	4.6	4.5	4.7	4.6
Pace and amount of info presented	4.3	4.4	4.7	4.5
Q2b: Neuro-chemical, pre-natal, and child development issues relevant to drug use				
Overall quality of info provided	4.7	4.7	4.7	4.7
Relevance and use of info to my work	4.6	4.6	4.7	4.7
Pace and amount of info presented	4.4	4.6	4.6	4.5
Q2c: Tools and strategies for assisting substance-abusing families				
Overall quality of info provided	4.4	4.2	4.6	4.4
Relevance and use of info to my work	4.4	4.1	4.5	4.4
Pace and amount of info presented	4.4	4.1	4.6	4.4
Q2d: Using available resources and partnering with other agencies to overcome barriers to access				
Overall quality of info provided	4.2	3.9	4.4	4.2
Relevance and use of info to my work	4.3	3.8	4.4	4.2
Pace and amount of info presented	4.1	3.8	4.4	4.2

Rating key: 1=poor, 2=fair, 3=good, 4=very good, 5=excellent

The two topics that received the most consistently high mean scores were the first two covered in the training: the effects of drug use and abuse and neuro-chemical, pre-natal, and child development issues. Though still ranked as “very good,” the topic that received the lowest mean scores was the final topic, using available resources and partnering. While all topics received generally very high scores that ranged from “very good” to nearly “excellent,” some of the open-ended responses on the feedback form indicated that perhaps not enough time was devoted to the resources and partnering segment, perhaps in part because it was covered at the end of the day.

Following the pilot trainings, evaluation data was reviewed by the project team and consultants and incorporated in a revised draft of the curriculum, which was disseminated to the TOT participant group. Revised materials included the reference guide, the training outline and agenda and the Power Point presentation.

Contextual Events or Community Changes Influencing Activity #3: Input from the TOT participants influenced the curriculum and accompanying materials *prior* to delivery of the three pilot sessions and *following* the same sessions. Project staff kept TOT participants informed about how the feedback they provided would be incorporated into the curriculum.

Facilitators to Implementing Activity #3: (1) Willingness of TOT participants to provide ongoing review and feedback of curriculum materials. (2) Staff kept TOT participants informed as to how the feedback TOT members provided would be incorporated into the curriculum. (3) Feedback from 131 of the 156 people (84%) who attended the three pilot sessions via the follow-up survey and the evaluator-designed materials rubric.

Challenges/Barriers Regarding Activity #3: The amount of feedback requested from and provided repeatedly by TOT participants required a good deal of staff time to coordinate and process. This was less a challenge or barrier than it was a high level of commitment to developing the best possible curriculum on the part of project staff and TOT members.

Lessons Learned About How to Deal with Challenges Regarding Activity #3: Nothing unusual noted.

C. Intervention / Activity Number 4

Intervention / Activity #4: Revise curriculum, materials, presentation, and evaluation tools based on field test results.

Outputs (# served, results): As noted in regard to Intervention #3, the TOT participants provided input/suggestions that influenced the curriculum and accompanying materials *prior* to delivery of the three pilot sessions and *following* the same sessions. In other words, the curriculum was first revised following the TOT workshop in mid-September 2004 and was revised again following the three pilot workshops conducted later in September 2004. The materials rubric solicited detailed information from pilot session trainees regarding each of the major topical areas addressed in the *Working with Drug-Abusing Families* curriculum. This information was used when revising the *Working with Drug-Abusing Families* curriculum following the pilot workshops and in the development of the follow-up technical assistance workshop entitled *Cognitive Behavioral Therapy*.

Contextual Events or Community Changes Influencing Activity #4: Nothing unusual noted.

Facilitators to Implementing Activity #4: In-depth feedback from many participants in the pilot training sessions and ongoing feedback from the TOT participants.

Challenges/Barriers Regarding Activity #4: Nothing unusual noted.

Lessons Learned About How to Deal with Challenges Regarding Activity #4: Nothing unusual noted.

C. Intervention / Activity Number 5

Intervention / Activity #5: Implement the curriculum, delivering eight 1-day regional rural training events each year in years 2, 3, 4, and 5.

Outputs (# served, results): As noted in detail below in Section IV, Immediate Outcome #1, eight *Working with Drug-Abusing Families* workshops were delivered in years 2, 3, 4, and 5. A total of 1,850 participants were trained through the 32 *Working with Drug-Abusing Families* workshops that were delivered during this 4-year period.

Contextual Events or Community Changes Influencing Activity #5: Nothing unusual noted.

Facilitators to Implementing Activity #5: (1) Conducting the needs assessment via the survey sent to child welfare workers statewide, analyzing the findings, and then designing the curriculum based on these findings contributed greatly to the usefulness and applicability of the *Working with Drug-Abusing Families* workshops. Feedback from workshop participants consistently confirmed this. (2) Organizationally, CIHS brought a number of strengths to the table that directly benefited Project R.U.R.A.L., including (a) staff deeply experienced in presenting training programs similar to this one; (b) long experience in documenting and evaluating similar training programs; (c) a collection of contracted specialists who provided expertise in the areas of curriculum preparation, facilitation/presentation, and evaluation; (d) a depth of organizational infrastructure/system supports, including IT support, that contributed to the expeditious and smooth delivery of workshops and the materials/information developed to support those workshops.

Challenges/Barriers Regarding Activity #5: Nothing unusual noted.

Lessons Learned About How to Deal with Challenges Regarding Activity #5: Nothing unusual noted.

C. Intervention / Activity Number 6

Intervention / Activity #6: Provide four 1-day follow-up technical assistance seminars each year in years 2, 3, 4, and 5.

Outputs (# served, results): As noted in detail below in Section IV, Immediate Outcome #2, four *Cognitive Behavioral Therapy* workshops were delivered in years 2, 3, 4, and 5. A total of 542 participants were trained through the 16 *Cognitive Behavioral Therapy* workshops that were delivered during this 4-year period.

Contextual Events or Community Changes Influencing Activity #6: Nothing unusual noted.

Facilitators to Implementing Activity #6: Responses to this activity largely mirror those made above in regard to Intervention/Activity #5: (1) Conducting the needs assessment via the survey sent to child welfare workers statewide, analyzing the findings, and then designing the curriculum based on these findings contributed greatly to the usefulness and applicability of the *Cognitive Behavioral Therapy* workshops. Feedback from workshop participants consistently

confirmed that trainees found this training helpful in their work. In addition to needs assessment comments related to the lack of resources and the need to address substance abuse in rural communities was corroborating feedback from TOT participants and from participants in the three field tests of the *Working with Drug-Abusing Families* curriculum—all of which contributed to the development of the *Cognitive Behavioral Therapy* workshop as a way to provide useful tools to those working in rural areas. (2) Organizationally, CIHS brought a number of strengths to the table that directly benefited Project R.U.R.A.L., including (a) staff deeply experienced in presenting training programs similar to this one; (b) long experience in documenting and evaluating similar training programs; (c) a collection of contracted specialists who provided expertise in the areas of curriculum preparation, facilitation/presentation, and evaluation; (d) a depth of organizational infrastructure/system supports, including IT support, that contributed to the expeditious and smooth delivery of workshops and the materials/information developed to support those workshops.

Challenges/Barriers Regarding Activity #6: The greatest challenge to Project R.U.R.A.L. was in increasing attendance at the *Cognitive Behavioral Therapy* seminars. By design, the only people who could attend these seminars were people who had already attended the *Working with Drug-Abusing Families* seminar. In other words, the most people who could possibly have attended *Cognitive Behavioral Therapy* seminars would have been 1,850. Initially, the design was to provide *Working with Drug-Abusing Families* training, wait a few months, and then offer follow-up training in cognitive behavioral therapy. The idea behind this design was to give trainees time to put *WWDAF* tools to use before introducing additional information. When *WWDAF* trainees were asked at the close of *WWDAF* seminars to raise their hands if they were interested in attending the *CBT* workshop, response was consistently quite positive to this type of informal survey; however, attendance numbers did not bear this out. As a result, project staff made the decision to (a) schedule the two types of trainings closer to one another in order to maintain the momentum generated by the *WWDAF* seminars, and (b) to increase the number of people invited to attend *CBT* seminars by inviting all people from a region who had ever attended *WWDAF* seminars but not *CBT* seminars to all *CBT* seminars conducted in their region as opposed to simply inviting those who had attended the most recent round of *WWDAF* seminars and by broadening the catchment area of invitees to include eligible people in neighboring regions/counties.

Lessons Learned About How to Deal with Challenges Regarding Activity #6: As can be seen in Section IV-A, Outcome #2, attendance numbers did improve somewhat in year 3 and were occasionally impressive, particularly in years 4 and 5. Had we to do this again—and, of course, with the benefit of hindsight—we might have been well advised to schedule the two workshops in closer proximity to one another sooner than we actually did as that appeared to be a better strategy.

C. Intervention / Activity Number 7

Intervention / Activity #7: Evaluate the training/technical assistance, using the data to make adjustments to enhance effectiveness.

Outputs (# served, results): As noted above in Section II-C, Overview of the Evaluation, a flight of three evaluation tools were used to assess both the *Working with Drug-Abusing Families* and the *Cognitive Behavioral Therapy* workshops. These tools included the post-training satisfaction survey, the pre-/post-test of knowledge, and the 90-day follow-up postcard survey. All scaled questions included in the survey instruments were based on 5-point Likert scales in which a score of 1.00 was the lowest possible score and 5.00 the highest. In addition, satisfaction survey respondents and follow-up postcard respondents were invited to offer additional brief written comments. The pre- and post-tests of knowledge were developed specifically for each of the two types of seminars, as were the 90-day follow-up postcards.

All responses to each of the three types of evaluation instruments were entered into SPSS, a statistical database, analyzed, and presented in the following ways.

- Summaries of individual *WWDAF* and *CBT* workshops were prepared and submitted to the Project R.U.R.A.L. Coordinator and Director for review.
- Semi-annual summary reports were drafted and submitted to the DHHS.
- Semi-annual PM-OTOOL reports were prepared and submitted online by the Project Coordinator.
- Summary data were prepared and presented to Jack Denniston, Program Monitor, on June 5th-6th, 2007, when our site was among those chosen for a site-visit in the national evaluation of the Training for Effective Child Welfare Practice in Rural Communities program administered by DHHS.

In addition to the development of these three evaluation instruments was the design of the survey disseminated to approximately 1000 rural social workers throughout California during the first semiannual report period (10/1/03-3/31/04) in order to get their input on the training topics of highest need in their agencies. Input received from this earliest survey was used to determine the major topical areas addressed in the *Working with Drug-Abusing Families* curriculum and, later, in the *Cognitive Behavioral Therapy* curriculum.

Contextual Events or Community Changes Influencing Activity #7: The greatest change that influenced the evaluation of Project R.U.R.A.L. was the introduction of the PM-OTOOL effective the second half of year 2, as discussed elsewhere in this report (Section II-C, Overview of the Evaluation). Further, the *Working with Drug-Abusing Families* pre-/post-assessment of knowledge was revised multiple times early in the development of the *WWDAF* curriculum due to the number of revisions this curriculum underwent following the TOT session and then the three pilot training sessions. Whenever the curriculum was revised, it was necessary to review the evaluation instrument used to assess curriculum delivery.

Facilitators to Implementing Activity #7: (1) Delivery of all *Working with Drug-Abusing Families* and *Cognitive Behavioral Therapy* workshops by one very talented and effective presenter, David Love. David is a gifted facilitator who delivers curriculum consistently over time in ways that engage his audiences and provide them with the necessary information while keeping their attention and inspiring them to put the information to use. Consistent presentation promotes consistent evaluation and reliable findings. (2) CIHS staff well versed in disseminating and collecting the evaluation instruments needed to assess a program such as Project R.U.R.A.L. proved invaluable. Without consistent dissemination and collection, the most elegant evaluation

design will fail. CIHS staff was present to provide support (registration, logistics, equipment, data/materials distribution and collection, general trouble-shooting) at each of the workshops, and were dedicated to gathering as much feedback from trainees as possible. (3) The external evaluator is experienced in working on a number of training and technical assistance projects offered previously by CIHS.

Challenges/Barriers Regarding Activity #7: Nothing beyond that already addressed in Contextual Events above.

Lessons Learned About How to Deal with Challenges Regarding Activity #7: Nothing unusual noted.

C. Intervention / Activity Number 8

Intervention / Activity #8: Disseminate curriculum, presentation, materials, evaluation tools, and evaluation findings nationally.

Outputs (# served, results): Project R.U.R.A.L. curricula for both the *Working with Drug-Abusing Families* and the *Cognitive Behavioral Therapy* seminars were posted online in PDF format. In year 2, the *Working with Drug-Abusing Families* handbook for trainees and facilitator’s guide for trainers was made available online at www.cattacenter.org/ruralTraining.html, thereby making it available to rural social workers statewide. The *Cognitive Behavioral Therapy with Substance-Abusing Families* curriculum was posted to the website in May 2006. A sister program offered through the CIHS organization, the Child Abuse Training and Technical Assistance (CATTA) program, regularly posted information regarding upcoming R.U.R.A.L. workshops on its website.

Flyers promoting each of the *Working with Drug-Abusing Families* workshops were developed and distributed. As reported in year 2, the R.U.R.A.L. project purchased a mailing list containing contact information for 14,806 California social workers. Prior to each regional workshop, flyers were sent to all social workers in the catchment area, inviting them to attend the *Working with Drug-Abusing Families* event near them. In addition, the CATTA program manages a database containing contact information for 15,000 professionals in California. Prior to each R.U.R.A.L. workshop, staff pulled the names and addresses of all social workers residing in each workshop catchment area and sent flyers to them, also. As outlined in the following table, flyer distribution data available for 28 of the 32 *WWDAF* workshops indicates that over 27,000 flyers were distributed to child welfare workers statewide. A total of 1,651 people participated in those 28 workshops, resulting in an average participation rate of 6.1% (1,651/27,131). The participation rate varied considerably, based on region, with rates as low as 3.4% (Napa) and as high as 12.1% (Sonora).

Project R.U.R.A.L.: Flyer Distribution, *Working with Drug-Abusing Families* Workshops

Training Location	Date	Number of Flyers Distributed	Number of Participants	Participation Percentage*
Woodland	2/3/05	Data not required	(49)	Data not required
Grass Valley	2/4/05	Data not required	(40)	Data not required

El Centro	3/21/05	Data not required	(51)	Data not required
Moreno Valley	3/22/05	Data not required	(59)	Data not required
Fortuna	4/13/05	1,000**	61	6% est.
Yreka	4/14/05	1,000**	59	6% est.
Monterey	7/11/05	1,100**	47	4% est.
Fresno	9/12/05	1,047	82	7.8%
Lakeport	10/5/05	973	81	8.3%
Chico	10/6/05	1328	62	4.7%
Santa Rosa	11/9/05	1298	78	6.0%
Vallejo	11/10/05	1211	64	5.3%
Stockton	11/16/05	1301	79	6.1%
Sacramento	11/17/05	1247	71	5.7%
Loma Linda	12/6/05	1190	46	3.9%
Ventura	12/7/05	1104	50	4.5%
Crescent City	10/18/06	1,098	63	5.7%
Bakersfield	11/6/06	1,178	55	4.7%
Visalia	11/13/06	1,130	70	6.2%
Susanville	4/23/07	781	47	6.0%
Kings Beach	4/24/07	593	43	7.3%
Auburn	4/25/07	840	61	7.3%
Fairfield	6/5/07	1,493	55	3.7%
Napa	6/6/07	1,164	39	3.4%
Sonora	2/11/08	630	76	12.1%
Placerville	2/12/08	520	59	11.3%
Hanford	5/5/08	568	56	9.6%
Merced	5/6/08	538	56	9.6%
Marysville	7/10/08	680	37	5.4%
Red Bluff	7/11/08	530	56	10.6%
Davis	9/18/08	932	63	6.8%
Nevada City	9/19/08	657	35	5.3%
Total		27,131	1,651	6.1%

*Number of participants at each workshop divided by the number of flyers distributed for that workshop

**The numbers cited are estimates.

Prerequisite to an invitation to attend the technical assistance workshop is completion of the regional workshop. Only those who had attended *Working with Drug-Abusing Families* workshops were invited to participate in *Cognitive Behavioral Therapy* workshops. Those who had attended regional workshops were sent a flyer announcing when *Cognitive Behavioral Therapy* workshops were to be offered in their area. Depending upon the location of the workshop, they might have been sent a flyer apprising them of multiple workshop dates. As outlined in the following table, flyer distribution data available for 15 of the 16 *Cognitive Behavioral Therapy* workshops indicates that 3,240 flyers were distributed to child welfare workers statewide. A total of 468 people participated in these 15 workshops, resulting in an average participation rate of 14.4% (468/3,240). The participation rate varied considerably, based on region, with rates as low as 3.3% (Fortuna) and as high as 39.3% (Sonora).

Project R.U.R.A.L.: Flyer Distribution, Cognitive Behavioral Therapy Workshops

Training Location	Date	Number of Flyers Distributed	Number of Participants	Participation Percentage*
Woodland	6/22/05	89	15	16.9%
Oroville	6/23/05	42	15	35.7%
Redding	6/24/05	117	23	19.7%
Santa Barbara	7/18/05	57	20	35.1%
Lakeport	4/26/06	185	34	18.3%
Rohnert Park	4/27/06	182	31	17.0%
Sacramento	6/5/06	214	53	24.8%
Loma Linda	6/27/06	206	16	7.8%
Fortuna	10/19/06	1251	41	3.3%
Visalia	12/4/06	210	49	23.3%
Kings Beach	6/1/07	147	25	17%
Fairfield	6/15/07	Missing data	(50)	Not available
Sonora	3/3/08	135	53	39.3%
Merced	5/23/08	114	19	16.7%
Marysville	7/18/08	128	35	27.3%
Davis	9/26/08	163	39	23.9%
Total		3,240	468	14.4%

*Number of participants at each workshop divided by the number of flyers distributed for that workshop

In print, the CATTAs quarterly newsletter promoted Project R.U.R.A.L. workshops throughout the grant period. Outreach to social work education programs was conducted between years 2 and 5. When regional workshops were scheduled, R.U.R.A.L. staff checked with local colleges and universities to identify those that offered social work programs. In areas with social work programs, R.U.R.A.L. contacted the programs to invite social work students to attend. The R.U.R.A.L. Director, Coordinator, and evaluator attended the annual grantee meeting and Child Welfare Workforce Development and Workplace Enhancement Institute in Washington, D.C. October 24-26, 2005. Project R.U.R.A.L. staff made 2 presentations at the annual conference entitled *Attracting and Retaining Rural Social Workers* to about 30 participants per session. David Love, the facilitator for all RURAL workshops, was a presenter at the National Conference on Substance Abuse, Child Welfare and the Courts event between January 31st and February 2nd, 2007 in Anaheim, California. Mr. Love's presentation, entitled *Children of Chaos: Identifying and Assisting Young Children Living in Substance-Abusing Homes*, was an abbreviated (2-hour) version of the full R.U.R.A.L. training, *Working with Drug-Abusing Families*. Approximately 100 people attended. Finally, as reported in the semiannual report for the first half of year 5, staff was pleased to acquaint Jack Denniston, consultant for the Children's Bureau Division of Research and Innovation, with the program during his site visit in June 2007 and, later, staff reviewed the report Jack prepared regarding his observations.

Contextual Events or Community Changes Influencing Activity #8: Noting unusual noted.

Facilitators to Implementing Activity #8: (1) Association with the CATTAs program that provided access to that database and resulted in advertising Project R.U.R.A.L. workshops through the quarterly CATTAs newsletter. (2) Purchase of the mailing list of over 14,000 social workers in California early in the project. (3) David Love presented an abbreviated version of

the *Working with Drug-Abusing Families* curriculum at the National Conference on Substance Abuse, Child Welfare and the Courts in January 2007. (4) A talented IT staff made project curriculum and materials online in a timely manner. (5) Dedicated project staff that tirelessly prepared and distributed flyers to contact as many child welfare workers throughout California as possible.

Challenges/Barriers Regarding Activity #8: Nothing unusual noted.

Lessons Learned About How to Deal with Challenges Regarding Activity #8: Nothing unusual noted.

IV. PROJECT OUTCOME EVALUATION

A. Immediate Outcome No. 1

Expected Outcome, Immediate Outcome No. 1: The number and percent of individuals who completed training events were reported on each PM-OTOOL report. As outlined in the grant proposal, the project was charged with delivering 8 one-day regional rural training events each year for years 2 through 5 (10/1/04-9/30/08). The title of this workshop was *Working with Drug-Abusing Families (WWDAF)*. The stated goal was to deliver training to 40 participants at each workshop delivered.

Presenting Findings from Evaluation of this Outcome: Between October 1, 2004 and September 30, 2008, 32 one-day regional rural training events were conducted. The following table provides a summary of those events, including the dates, locations, and the number of individuals who completed each training session.

Project R.U.R.A.L.: Working with Drug-Abusing Families Workshops, 10/1/04-9/30/08

Workshop #	Date	Location	# Trainees
1	2/3/05	Woodland	49
2	2/4/05	Grass Valley	40
3	3/21/05	El Centro	51
4	3/22/05	Moreno Valley	59
5	4/13/05	Fortuna	61
6	4/14/05	Yreka	59
7	7/11/05	Monterey	47
8	9/12/05	Fresno	82
9	10/5/05	Lakeport	81
10	10/6/05	Chico	62
11	11/9/05	Santa Rosa	78
12	11/10/05	Vallejo	64
13	11/16/05	Stockton	79
14	11/17/05	Sacramento	71
15	12/6/05	Loma Linda	46
16	12/7/05	Ventura	50
17	10/18/06	Crescent City	63

18	11/6/06	Bakersfield	55
19	11/13/06	Visalia	70
20	4/23/07	Susanville	47
21	4/24/07	Kings Beach	43
22	4/25/07	Auburn	61
23	6/5/07	Fairfield	55
24	6/6/07	Napa	39
25	2/11/08	Sonora	76
26	2/12/08	Placerville	59
27	5/5/08	Hanford	56
28	5/6/08	Merced	56
29	7/10/08	Red Bluff	56
30	7/11/08	Marysville	37
31	9/18/08	Davis	63
32	9/19/08	Nevada City	35
TOTAL	32 Dates	32 Locations Statewide	1,850 Trainees

Interpret Findings: The goal of delivering 32 WWDAF workshops was realized. Had the project delivered training to 40 individuals at each of these workshops, 1,280 individuals would have received training. This goal was exceeded as 1,850 people were trained, a figure that exceeds the goal of 1,280 by 44.5%. The average number of trainees per workshop was 57.8. At each of the 32 workshops but 3 (2/11/08, 7/11/08, and 9/19/08), 40 or more people were trained. The fewest trainees attending a workshop (35) occurred in Nevada City on 9/19/08 and the most trainees attended the Fresno workshop (82) on 9/12/05.

Expected Outcome, Immediate Outcome No. 2: The PM-OTOOL did not require reporting regarding *Cognitive Behavioral Therapy* workshops, perhaps because all who attended these events had already attended a *Working with Drug-Abusing Families* workshop, which would have yielded a duplicated count. The grant proposal, however, outlined clear expectations regarding the *CBT* workshops so we address findings for this type of seminar here in the interest of providing thorough review. Project R.U.R.A.L. was to deliver 4 one-day follow-up technical assistance sessions each year for years 2 through 5 (10/1/04-9/30/08). The goal was to deliver training to 40 participants at each workshop delivered.

Presenting Findings from Evaluation of this Outcome: Between October 1, 2004 and September 30, 2008, 16 one-day regional rural training events were conducted. The following table provides a summary of those events, including the dates, locations, and the number of individuals who completed each training session.

Project R.U.R.A.L.: Cognitive Behavioral Therapy Workshops, 10/1/04-9/30/08

Workshop #	Date	Location	# Trainees
1	6/22/05	Woodland	15
2	6/23/05	Oroville	15
3	6/24/05	Redding	23
4	7/18/05	Santa Barbara	20
5	4/26/06	Lakeport	34
6	4/27/06	Rohnert Park	31
7	6/5/06	Sacramento	53

8	6/27/06	Loma Linda	16
9	10/19/06	Fortuna	41
10	12/4/06	Visalia	49
11	6/1/07	Kings Beach	25
12	6/15/07	Fairfield	50
13	3/3/08	Sonora	53
14	5/23/08	Merced	19
15	7/18/08	Marysville	35
16	9/26/08	Davis	63
TOTAL	16 Dates	16 Locations Statewide	542 Trainees

Interpret Findings: The goal of delivering 16 *CBT* workshops was realized. Had the project delivered training to 40 individuals at each of these workshops, 640 individuals would have received training. This goal was not entirely met as 542 people were trained, a figure that is below 640 by 15.3%. The average number of trainees per workshop was 33.9. At 6 of the 16 workshops, 40 or more people were trained. The fewest trainees attending a workshop was 15 at each of the first two *CBT* workshops) in 2005 and the most trainees attended the final *CBT* workshop in Davis (63) on 9/28/08. When interpreting *CBT* findings, it bears keeping in mind that only those who had previously attended a *Working with Drug-Abusing Families* workshop were invited to attend the *CBT* workshops. In other words, among the 1,850 individuals who completed a *WWDAF* workshop, 542 also participated in a follow-up *CBT* workshop. In other words, 29.3% of those who attended a *WWDAF* workshop also attended a *CBT* workshop.

B. Intermediate Outcome No. 1

Expected Outcome: As reported via the PM-OTOOL, trainees were expected to demonstrate increased knowledge, skills, and/or awareness related to current child welfare practices. The evaluation instrument used to measure increased knowledge, skills, and/or awareness was the pre- and post-test of knowledge administered immediately before each *Working with Drug-Abusing Families* workshop commenced and immediately after it concluded.

Presenting Findings from Evaluation of this Outcome: Please note that prior to the adoption of the PM-OTOOL (first effective in the second half of year 2 for the period 4/1/05-9/30/05), R.U.R.A.L. reported the percentage of correct responses at pre-testing as compared to the percentage of correct responses at post-testing. R.U.R.A.L. did not match pre- with post-test responses as it had been our experience that asking test takers to identify themselves by name reduced the number of completed tests. With the advent of PM-OTOOL and the need to report “the number of trainees who show increased knowledge, skills, and/or awareness related to current child welfare practices,” R.U.R.A.L. revised procedures related to pre-/post-test administration and reporting. Specifically, when staff distributed handbooks to each workshop participant, sequentially numbered sets of pre- and post-tests of knowledge were included in the workshop binders distributed to each participant upon arrival so that a person who completed pre-test #1 also completed post-test #1. If this person completed only one of the two tests, it was easily detectable as only one test numbered #1 was printed. This allowed R.U.R.A.L. to match pre- and post-test results numerically while maintaining the privacy of test-takers.

Project R.U.R.A.L.: Summary of WWDAF Pre-/Post-Test of Knowledge Results

Reported Using the PM-OTOOL, 4/1/05-9/30/08

Performance Indicators	4/1/05-9/30/05	10/1/05-3/31/06	4/1/06-9/30/06	10/1/06-3/31/07	4/1/07-9/30/07	10/1/07-3/31/08	4/1/08-9/30/08	Totals
A. # Trainees w/ increased knowldg	75	359	97	130	182	109	201	1153
B. Total # trainees who respond	322	396	107	149	201	114	231	1520
C. Percent (A/B)	23.29*	90.66	90.65	87.25	90.55	95.61	87.01	75.6

*PM-OTOOL was first adopted during this period, necessitating major changes discussed above in R.U.R.A.L. data collection and reporting. The shift is clearly evident in this percentage as compared to all subsequent percentages.

Interpret Findings: The pre- and post-test developed for the *Working with Drug-Abusing Families* contained 13 multiple choice questions. The average number of correct responses posted by all participants in workshops conducted between April 1, 2005 and September 30, 2008 was 5.10 at pre-testing and 8.97 at post-testing. On average, a gain of 3.87 correct responses was seen at post-testing, a figure that represents a 29.8% gain in knowledge (3.87/13).

The goal was for workshop trainees to simply demonstrate ‘increased knowledge, skills, and/or awareness,’ and most trainees did. The *degree* of improvement was not addressed, however. Internally, the degree of improvement CIHS strives to demonstrate is 25% or better. An average gain in knowledge of 29.8% met and exceeded that goal.

We note that the first PM-OTOOL report covering the period 4/1/05-9/30/05 was something of an outlier for Project R.U.R.A.L. because it was midway through this period when the way in which pre- and post-test results was amended to conform with PM-OTOOL reporting requirements. As noted above, prior to PM-OTOOL the project reported the percentage of correct responses to each survey question at pre- and post-testing rather than the number of individuals who posted gains in the number of correct responses at post-testing. If this transition period report for 4/1/05-9/30/05 is dropped from the data set and we look at results for 10/1/05-9/30/08 instead, a consistent pattern is seen in which the percentage of trainees who demonstrate gains in knowledge ranges from 87.01% to 95.61% during each semiannual report period. The total number who responded during this time period was 1,198, of which 1,078 demonstrated gains in knowledge, a figure that corresponds with 90% of all pre-/post-test respondents.

B. Intermediate Outcome *Not* Reported in the PM-OTOOL

One-third (16) of all workshops presented (48) by Project R.U.R.A.L. were *Cognitive Behavioral Therapy* workshops offered as follow-up technical assistance training to those who had already completed the *Working with Drug-Abusing Families* training. Whereas the PM-OTOOL did not require these results to be posted, we note them here because they comprised a major program deliverable. The pre- and post-test of knowledge designed for the *Cognitive Behavioral Therapy* workshops was a 10 item multiple choice instrument. The transition from reporting the percentage of correct responses to each test question to reporting the number of individuals who posted gains in the number of correct responses at post-testing was effective with the fourth workshop offered in Santa Barbara on July 18, 2005. Among the 381 *Cognitive Behavioral Therapy* trainees who completed the pre- and post-test of knowledge between July 18, 2005 and September 30, 2008, the average pre-test score was 5.23 correct responses as compared to 8.01

correct responses on average at post-testing, resulting in an average gain of 2.78 correct responses, a figure that translates into a gain in knowledge of 27.8% (2.78/10). The degree of gain exceeded the internal organizational goal of attaining a gain in knowledge of at least 25%.

C. Long-Term Outcome No. 1

Expected Outcome: As per the PM-OTOOL, trainees will report utilizing information presented through training. Question #3 on the 90-day follow-up postcard, “*As a result of your attendance at the training, please rate the extent to which you have been able to use the tools presented to you in the training with your clients,*” was the evaluation measure used to address this outcome.

Presenting Findings from Evaluation of this Outcome: To assess training impact over time, follow-up postcard surveys were mailed to all workshop participants approximately 90 days following the date of each workshop. The postcards were brief, consisting of 4 questions that employed a 5-point Likert scale in which 1 is the lowest and 5 the highest possible score. Responses of 3.00 or above were counted as positive responses for purposes of the PM-OTOOL report. Within CIHS, the organization’s goal was to achieve average mean scores of at least 4.0 (‘very good’) in response to each question.

Interpret Findings: PM-OTOOL reports filed for periods beginning 4/1/05 through 9/30/08 show positive response rates to question 3 that typically exceed 95%, with two exceptions: the first report period (4/1/05-9/30/05) and the report for the period 10/1/07-3/31/08 when no new data were available for workshops—all of which were delivered less than 90 days prior to the report due date for that period (4/30/08).

We note that the timeline involved in distributing, collecting, analyzing, and reporting the results from 90-day follow-up postcards requires a necessarily long timeline, something the PM-OTOOL is not really designed to accommodate. Frequently when preparing a PM-OTOOL report, data from 90-day postcards for workshops that occurred during the period under review were not—and by design could not—be available yet. And, once submitted and accepted, it does not appear to be possible to go back and revise a PM-OTOOL report so as to reflect additional information. In the interest of reporting what we actually know at the close of the project, aggregate follow-up postcard survey results for each of the two types of workshops are reported separately below. Further, while we report responses to Question 3, as required by the PM-OTOOL, we also include responses to the other three 90-day follow-up postcard survey questions.

Working with Drug-Abusing Families: 90-Day Follow-up Postcard Surveys, 10/1/04-9/30/08

<i>As a result of your attendance at the training, please rate the extent to which:</i>	<i>n</i>	<i>Mean Score</i>
Q1: You have a greater understanding of the physical and mental effects of substance abuse	799	4.36
Q2: You found the information and materials from the training helpful	800	4.51
Q3: You have been able to use the tools presented to you in the training with your clients	795	3.99
Q4: You have increased knowledge of the effects of substance abuse on children who live in substance abusing households	800	4.47

Key: Questions are based on a 5-point Likert scale in which 1.00=not at all and 5.00=totally.

Working with Drug-Abusing Families Postcard Findings: The 90-day follow-up postcards were mailed once to trainees. Among the 1,850 trainees who completed *Working with Drug-Abusing Families* training, 800 returned the follow-up surveys, yielding a very impressive 43.2% return rate to a one-time mailing. With a highest possible response of 5.00, average responses across the board are very strong, ranging from 3.99 (Q3) to 4.51 (Q2).

Cognitive Behavioral Therapy: 90-Day Follow-up Postcard Surveys, 10/1/04-9/30/08

<i>Question</i>	<i>n</i>	Mean Score
Q1: My level of understanding of cognitive behavioral therapy <i>before</i> the seminar	179	3.12
Q2: My level of understanding of cognitive behavioral therapy <i>now</i>	179	4.28
Q3: The extent to which I have used the information and materials from the seminar	180	3.97
Q4: The extent to which I have found the CBT training helpful in improving my abilities to provide services to the families I serve	179	4.23

Key: Questions are based on a 5-point Likert scale in which 1.00=not at all and 5.00=totally.

Cognitive Behavioral Therapy Postcard Findings: The 90-day follow-up postcards for this type of workshop were also mailed once to trainees. Among the 542 trainees who completed *Cognitive Behavioral Therapy* training, 180 returned the follow-up surveys, resulting in a 33.2% return rate to this one-time mailing. Questions 1 and 2 are comparative, asking trainees to rate their level of understanding of the workshop topic prior to attending training as compared to their understanding following training. The average pre-workshop score was 3.12 (moderate understanding) as compared to 4.28 (good understanding) post-workshop, reflecting a self-reported increase of 1.16, a figure that represents a 23.2% increase in understanding (1.16/5.00) attributable to participation in *Cognitive Behavioral Therapy* training.. Question 3 on this survey mirrors Question 3 on the *WWDAF* survey as both questions ask respondents to judge the extent to which they have used information from the training. The average response among *CBT* participants was 3.97, a figure almost identical to that posted by *WWDAF* participants (3.99). Perhaps the question of greatest interest insofar as training impact is concerned is Question 4, the extent to which *CBT* trainees found the training helpful in improving their abilities to serve families. The average response to this question was 4.23, a notably high rating, and one that speaks to the efficacy of this choice of training topics for this particular audience.

V. CONCLUSIONS

Describe and Interpret the Overall Impact of the Project on Children and Families: Project R.U.R.A.L. interfaced with those who provide direct services to children and families, but had no direct contact with the children and families served by child welfare workers, making it impossible to respond to this item except by inference. The 90-day follow-up postcards designed for both types of workshops asked trainees to (a) rate the extent to which they have put the training materials and information to use and (b) the extent to which they have been able to use the training in their work, as described above in Section IV-C. Responses from significant

numbers of workshop trainees to these questions were strongly positive. From this, we infer that the project had a useful impact on children and families served by Project R.U.R.A.L. trainees.

Describe and Interpret the Overall Impact of the Project on the Individual Agencies and Organizations Involved: The impact on an agency or organization to which we can speak with certainty is the impact on CIHS. We have long administered pre- and post-tests of knowledge, but have just as long struggled with how to ensure the anonymity of test-takers so as to obtain a good response rate versus how to match pre-tests with post-tests. While the transition between the way this had been handled previously and the way it is now done was a bit rocky internally—particularly until all staff got on board with the new procedure—it proved a valuable change, and one that has been incorporated in subsequent projects, to their benefit.

Part of the Project R.U.R.A.L. curriculum as well as the written support materials involved acquainting trainees with programs, agencies, and services that might prove useful to them in their work with children and families. We did not design an evaluation measure to assess success in this area specifically; however, there is reason to believe that participation in R.U.R.A.L. training increased trainees’ knowledge of resources that could benefit their clients.

Describe any Impact in the Community: The community served by Project R.U.R.A.L. was the rural child welfare staff. The training offered them was designed to increase their capacity to serve clients within the context of their rural situations. The follow-up postcard results cited above in Section IV C-1 indicate child welfare staff found the training material and information useful, and incorporated this information along with the training techniques presented in their work to a high level. These findings are corroborated by satisfaction survey findings, not previously addressed in this report except for its use in field-testing as reported in Section III-C, Intervention #3. This survey is designed to provide immediate feedback to project staff and facilitators as it is administered at the close of each seminar. None of the data points contained in the satisfaction survey were used as part of the PM-OTOOL report; however, results provide insight into how trainees viewed the two types of seminars immediately following the close of training. The identical satisfaction survey is used following each type of seminar. A brief review of the scores posted in the following table from 77% of all *WWDAF* trainees and from 82% of *CBT* trainees reveals extremely high levels of satisfaction among child welfare workers who attended both types of seminars regarding all aspects of the experience, including the overall workshop rating (4.70), organization and flow of process, efficacy, presenter quality and responsiveness, and usefulness of the written materials. Project R.U.R.A.L. feels comfortable in making the claim that rural child welfare trainees who attended both types of seminars were very satisfied with the experience.

Survey Results from All 32 Working with Drug-Abusing Families and from All 16 Cognitive Behavioral Therapy Seminars Offered, 10/1/04-9/30/08

Survey Question	Mean Scores, <i>WWDAF</i> (n=1,416)	Mean Scores, <i>CBT</i> (n=445)	Mean Score, All Seminars Combined (n=1,860)
Q1: Overall workshop rating	4.70	4.70	4.70
Q2: Organization and flow of process	4.67	4.68	4.68
Q3: Extent information met my professional needs	4.60	4.65	4.61

Q4: Overall facilitator/presenter rating	4.82	4.80	4.81
Q5: Presenter effectiveness in conveying ideas	4.83	4.84	4.83
Q6: Presenter responsiveness to the participants	4.76	4.82	4.77
Q7: Value and usefulness of written materials & info	4.63	4.64	4.63
Q8: Overall facility rating	4.22	4.55	4.30

Rating key: 1=poor, 2=fair, 3=good, 4=very good, 5=excellent

VI. IMPLICATIONS of RESULTS and RECOMMENDATIONS

Recommendations to Administrators of Future, Similar Projects: Some of the activities that worked especially well for Project R.U.R.A.L. include the following.

- Early dissemination of the needs assessment survey and its use in determining which topical areas would become the focus of the R.U.R.A.L. seminars
- Contractual use of specialists with expertise in areas such as curriculum development, facilitation, evaluation, and IT services, as needed
- Field-testing at various levels, including the agency level (e.g., TOT training) and the line staff level (e.g., 3 pilot workshops, 2 on reservations, that yielded input from over 130 trainees)
- Willingness to quickly revise materials based on feedback provided repeatedly during the field-testing stage
- Locating and retaining a talented presenter/s whose background and knowledge base consistently draws respect and appreciation from trainees
- Organizational capacity, particularly in terms of staff experienced in seminar registration, support, delivery, follow-up, and data collection

Recommendations to Project Funders: Project R.U.R.A.L. respectfully offers the following recommendation.

- If at all possible, design the federally mandated evaluation design *prior* to requesting proposals, and include compliance with federally mandated evaluation design in the request for proposals language as it relates to evaluation. The more specific this language can be at the onset, the more likely the data reported will be usable, comparable, and compelling.

Recommendations to the General Field: Please refer to *Recommendations to Administrators of Future, Similar Projects* above.