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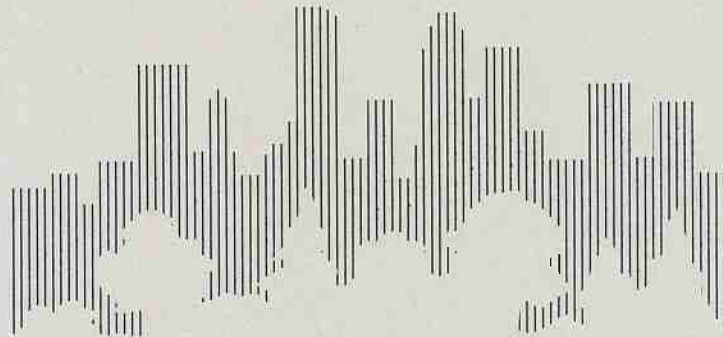Tracy R. Sopiwnik

Exploring Parents Satisfaction with
Collaborative Services Offered by a
County Human Service Agency and School District

1997

EXPLORING PARENTS SATISFACTION WITH COLLABORATIVE SERVICES

OFFERED BY A COUNTY HUMAN SERVICE AGENCY AND SCHOOL DISTRICT

TRACY R. SOPIWNIK

Submitted in partial fulfillment of
the requirement for the degree of
Master of Social Work

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

1997

MASTER OF SOCIAL WORK
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CERTIFICATE OF APPROVAL

This is to certify that the Master's Thesis of:

_____

has been approved by the Examining Committee for the thesis requirements for the
Master of Social Work Degree.

Date of Oral Presentation: _May 15, 1997_____

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Dedication

I want to thank my thesis advisor, Tony Bibus, for his encouragement and insight. I would like to thank Kyle Acker, for his love, patience, understanding and encouragement, through this two year process. Thank you mom, dad and Colleen for the support and for listening. To Kathy Oelze thank you for your friendship, words of encouragement, support and guidance. I'm glad we met each other through this journey. Colleen Hoffman, thank-you for your friendship and the camaraderie through this entire process. I don't know how I would have made it without our buddy system (you and Kathy). To all my friends, sorry for the phone calls that took weeks for me to return.

ABSTRACT

EXPLORING PARENTS SATISFACTION WITH COLLABORATIVE SERVICES OFFERED BY A COUNTY HUMAN SERVICE AGENCY AND SCHOOL DISTRICT

TRACY SOPIWNIK

May 15, 1997

Collaborative services provide a model of prevention and early intervention. These services are comprehensive, accessible and consumer driven. The purpose of this study was to obtain parents' perceptions of the experience with a collaborative program composed of a rural central Minnesota school district and a neighboring human service agency. This exploratory study uses both qualitative and quantitative information. A survey of a sample of parents asked them to rate how accessible were the services provided through the collaborative and how satisfied they were with these services. The questionnaire focused on the type of in-home counseling services received, the helpfulness of those services, the relationship with the county social worker and the in-home counselor. The anonymous questionnaire was be mailed to seventeen families, one copy for each parent/caregiver (total 24). These families participated in Collaborative services at one school district during the 1995-96 school year. The findings indicate that 92% of the respondents agreed that the collaborative services were accessible. Ninety-two percent of the respondents said that the relationship with their child improved as a result of the in-home services. Eighty-four percent of respondents said they would feel comfortable accessing county services again. Implications for practice, policy and future research are discussed.

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Chapter I-Introduction

Introduction

This thesis presents the results of a study which explored parents' level of

satisfaction with and perception of accessibility to in home counseling services offered

by the Monticello School/County collaborative. This research also explored the new

service delivery method which relies on collaboratives involving schools and human

services. The researcher recognizes collaboratives as an innovative way to enhance the

well being of children and families.

History and Current Situation

In the past, schools and counties (public sector social service agencies governed

by county boards in Minnesota) have worked together on various issues. For example,

county social workers went into classrooms to give presentations on various topics.

Included in those topics are: birth control, teen parenting issues, and information on

sexually transmitted diseases. School social workers have also made referrals to human

services and financial services. County and school social workers have worked together

for decades on case planning for client families that they have served in common.

Historically, the school social workers' role included: community referrals,

student relations, group counseling, classroom activities, parent staffings (meetings

connecting parents and schools) and program development. Likewise human service

(county) social workers' tasks include: community referrals, client (family) case

management services, court involvement, contracting for in-home counseling services and working with other professionals on the clients' behalf.

School social workers are unable to address the full gamete of the students' needs. The school social worker's time is mainly consumed by addressing daily crises, conducting groups and managing their special education case load, which leaves little time for working with parents and making community connections. School social workers work primarily to maintain the status quo, making referrals to agencies, and helping children adapt (Link, 1991). Similarly, county based social workers could not meet children's needs without closer collaboration with schools. When they are located on the school site, they are able to gather information quicker from school personnel. In turn, this allows them to assess the families needs for services in a more timely manner.

Partnerships and collaboratives differ in how they are structured. Partnerships have been in practice for many years. "Partnerships represent volunteer or contractual agreements among human services agencies, businesses, volunteer organizations, and public schools" (Franklin & Streeter, 1995, p. 777). The partners work with the school programs on a daily basis; however, they maintain their autonomy. "The purpose of these agreements is to provide a support services network for the school" (Franklin & Streeter, 1995, p. 777). Partnerships provide services such as mentoring, tutoring, chemical dependency and other counseling services.

"The fundamental difference between collaboration and coordination and partnerships is that collaboration requires schools and human services agencies to give up some of their autonomy to share resources and pursue common goals. Collaboration

begins to move beyond coordination to the actual merging of services" (Franklin &

Streeter, 1995, p. 778). Collaboration addresses the isolation of schools from human

services agencies, and is developed to pool resources and improve service delivery

(Mattessich & Monsey, 1992; Mellaville & Blank, 1993). Collaboration brings the

broader human services onto or near the school campus; therefore, the school site

becomes the delivery hub of social and health services (Franklin & Streeter, 1995).

Currently with collaborations emerging, these two areas of social work will work closer

together, without duplication of services. Collaboration may result in faster service

delivery and easier access for children and families.

Services provided in collaboratives by a co-located human service social worker

or public health nurse may include any of the following: prenatal and child care for teen

mothers, immunizations, health screenings, job training and referrals, substance abuse

and mental health counseling, parenting courses, food and housing assistance, adult

education, family planning, and in-home counseling (General Accounting Office, 1993).

This study will mainly focus on the in-home counseling part of collaborative

services. In-home counseling is provided to promote family preservation and to prevent

out of home placement, helps to improve family functioning and relationships, and

teaches new parenting methods. In the collaborative service setting (offering social

services at the school site or home setting rather than out of another building, such as the

government center or community family center), services appear to be more accessible,

less threatening and financially more efficient. The current collaboratives are different

from previous collaboratives, because now the county social worker is located in the

school rather than in a county office. This may allow quicker access to clients and faster service delivery.

As early as 1970, a comprehensive health center offered a range of health and social services in a Dallas, Texas school district. Another example of the recent surge of collaboration started in 1987, when a New Jersey School-Based Youth Services Program was enacted (Levy & Shepardson, 1992). This widespread activity of collaboration with county services located on the school premises is a relatively new concept. In 1993, the Minnesota Legislature passed the Family Service Collaboratives Act, that provided funding to communities to start collaboratives (Children's Defense Fund, 1997).

Collaborations which appear to offer quicker access and faster service delivery, are much needed because the mental health needs of children are escalating. "Approximately a third are considered to be at risk and confront a host of social and economic problems which profoundly influence their capacity to learn in our public schools" (Usdan, 1994, p. 19). The social work profession needs to deal with the entire person and all of the systems involved that affect children. If we as a profession do not deal with all of the issues facing children, they are not going to be able to learn and focus on academics. Collaborative services on the school site allow us to deal with other areas that impact children, which in turn promotes their learning.

In 1991 about 7.5 million youths in the United States suffered from an emotional disorder, and of those only 2.1 million received treatment (National Association of Social Workers, 1991). Depression and other unattended emotional needs have been tied to the

increase in violence that our society is witnessing. Some believe that their aggressive behavior could be a mask for depression (Allen-Meares, 1993; Glaser, 1967).

"Unfortunately, those who turn to mental health service providers for assistance will be sorely disappointed with the few services and long waiting lists" (Allen-Meares, 1993, p. 195). Troubled systems including: mental health settings, corrections, schools, and child welfare agencies contribute to the vulnerability of students and their families (Allen-Meares, 1993). These systems are poorly coordinated and fragmented and fail to provide appropriate responses. Despite efforts to improve the services in these systems, far more progress is urgently needed. We must have a strong network of services that will offer a united front and advocate on behalf of the mental health needs of children and adolescents. The "too little, too late " approach must be replaced with a more proactive stance (Allen-Meares, 1993). This is where collaborative services can be a valuable asset to children and their families. Located on the school site, the collaborative model is focused on early intervention and prevention. Another advantage is that collaborative services usually have a shorter waiting list in comparison to traditional human services.

Mental health services for school aged children with mental health issues must become a national priority. The past record is shameful given the fact that the United States is one of the wealthiest nations in the world (Allen-Meares, 1993). "Prevention must be a priority and not an after thought. The well-being of society depends on the well-being of our children" (Allen-Meares, 1993, p. 196). The innovation of school and human service collaboratives is intended to assist in filling this gap, by approaching

families with prevention and early intervention methods. Collaborative services appear to have a positive impact on children and families. The services appear to be more accessible, less threatening (school is a familiar environment), the contacts with families and social workers take place more rapidly, and the services are more comprehensive.

"School-linked integrated services are necessary to improve the education, health, mental health, and social outcomes for children and their families" (Aguirre, 1995, p. 219). In order to make the necessary changes in the system, all community members, including students, parents, businesses, human service providers, educators, and legislators need to fully participate (Franklin & Streeter, 1995; Jehl & Kirst, 1992; Langford-Carter, 1994; Rossi & Stringfield, 1995).

Collaborative services ideally are family focused and consumer driven. They are flexible, comprehensive, and involve major stakeholders who address the problems and solutions children and families face (Aguirre, 1995). These services must reflect a balance between prevention, early intervention, and protection of vulnerable high-risk populations. Collaboratives based in the schools can be conceptualized as "one stop shopping" (Franklin & Streeter, 1995). Collaboratives cut through the "red tape" and allow direct services from key providers (human service social workers, public health nurses, probation officers) in a timely manner.

Theoretical Framework

Collaboratives have developed recently, and have in part grown out of the theoretical framework of ecology. In this thesis, the framework of Ecology is used within the context of collocated human service social workers (located at the school site),

school social workers and in-home counselors. Ecology is defined as a "collection of reciprocal and interrelated forces around us" (Fine, 1992, p. 7).The theory of ecology is a useful lens for predicting that collaboratives will provide a useful service. The ecology theory also explains how systems (such as schools and county human services) connect and rely on each other.

In the mid 1980s a theoretical perspective known as the ecological approach emerged (Allen-Meares, Washington, & Welsh, 1986; Fine, 1992; Garbarino, Dubrow, Kostelny, & Pardo, 1992). The approach helps us focus on the social ecology of the school/county collaborative. "According to this theory, the school social worker's practice should encompass the range of social interplay's that occur among micro-, meso-, and macrosystems within the school environment rather than on individual pupils" (Clancy, 1995, p. 40).

Social ecology can be characterized as the interactions, transactions, and mutual relationships that occur among social systems in an environment. Applying an ecological perspective to school social work means focusing on the point at which independent systems or groups meet and interact (Allen-Meares et al., 1986).

Ecology is a theory of process. Social work is not focused on individual problems but on a range of social interplay's that occur among various systems within the client's environment. The students' immediate ecological environment consists of microsystems: the family, classroom neighborhood and the playground. A mesosystem

is the interrelationship between two or more of the micro systems, for example, the relationship between a child's school and church (Clancy, 1995).

Because microsystems and mesosystems are also affected by macrosystems, or larger cultural institutions such as the economic, social, political, educational, and legal systems, an ecological perspective also focuses on the interactions between the institutional macrosystems and the more personal microsystems and mesosystems (Clancy, 1995, p. 41).

The complexity of the ecological theory is the reason for the lack of uniform practice among ecological school social workers. Practitioners must work on a much broader level than they are accustomed to because the theory includes all of the systems that interact and affect the pupil (Clancy, 1995).

One of the theoretical frameworks that this researcher used in practice with the Monticello School/ County collaborative and which also helped to frame the research question is the Structural Theory, by Salvador Minuchin. In this theory, the individual's problems are understood as being in the context of the family's patterns. Therefore, a change in family organization or structure must take place before the issue can be dealt with (Burhard-Thomas, 1992). In collaborative services, the main focus is on the parents getting in-home counseling and group counseling to restructure their parenting methods. In return, the children respond to those changes and their behavior improves.

Another theoretical framework that this researcher utilized to understand client needs, is the Communication or Strategic Approach. The MRI (Mental Research Institute) theorists, including Bateson, Haley and Satir, believe behavior is linked to

communication. In their view, conflict is not separated from the problem. Rather, the problem is seen as a dysfunctional relationship that manifests itself through faulty communication. These theorists conceptualize problems by looking at what, rather than why. The focus is centered around the ongoing process between people and the ways in which they interact and define their relationships (Burhard-Thomas, 1992).

This theory is related to the in-home services that the collaboration provides for families. One main focus of in-home counseling is how to improve communication between parents and their children. It also helps us to understand the communication linkages between important systems in the family's life, i.e. school, work, extended family, and community.

Statement of Problem

This research addresses the level of client satisfaction with and accessibility to county human services and in-home counseling services offered through the collaboration between the Monticello School District and neighboring county human service agency. This researcher became interested in School/County collaboration when working as a co-located (county social worker who's office is located at the school) social worker last year in the new collaborative with the Monticello School District.

Agency collaboratives are innovative services which we may see more of in the future. Collaborative services are an important prevention and early intervention approach to working with children and families. The services appear to be more comprehensive, easy to access, and service delivery time is shorter than under previously used systems of delivery.

Research Purpose/Significance for Practice

The purpose of this research was to explore client accessibility (the level of obtaining services on the school site verses at the government agency) and the resourcefulness of this type of program (in-home counseling offered out of the school in collaboration with the county human services) as well as the structure and outcomes of other programs in existence. The articles addressed in the literature review cover the topic of collaborative services, otherwise known as school-linked services.

> In the past decade awareness has been growing that many families and children in America are plagued with serious social problems such as teenage pregnancy, substance abuse, behavior disorders, hunger, physical and mental illness, and family violence. The social work profession has expertise that can assist schools in finding ways to transcend the artificial organizational and professional boundaries and pull together the collective expertise of social workers and educators to better address the needs of their mutual clients (Franklin & Streeter, 1995, p. 781).

School-linked (collaboration) services provide a model of prevention and early intervention. Ideally these services are comprehensive, accessible and consumer driven. Collaborative services are intended to promote the well being of children and their families, as well as their growth. By addressing the problems, improving education, mental health and social out comes for these children and their families, school-linked services might be important prevention programs. According to recent research, in order to achieve certain educational outcomes, social problems must be addressed first (Chira, 1991).

This study was the first evaluative research conducted on the Monticello School/ County collaborative. The results provide information that maybe useful to both the county and school in evaluating and improving this new program.

Research Questions

The research questions in this study are: What is the parents' level of satisfaction with the Monticello School/County collaborative services? What is the parents' perception of how accessible the Monticello School/County collaborative services are?

Summary

This chapter reviewed traditional roles of school and county social workers. It also discussed the history of School/County collaboratives in the past and present. Various theories were reviewed and applied to School/County collaboratives, and the research questions were stated.

Chapter two will highlight literature on school/county collaboratives. It will inform the reader on past and current collaboratives, the complexities involved the process and various outcomes of these programs.

Chapter II- Literature Review

<u>Introduction</u>

Attributes of collaborative programs that produce positive outcomes (such as safer, more nurturing homes, more stability, more permanency) for troubled families include the following: geographical and psychological accessibility, a simple eligibility process, minimal barriers to participation, collaboration among professionals and systems from various disciplines, greater flexibility, services driven by client needs, the existence of a skilled staff, and a long-term prevention orientation (Hare, 1993).

Professionals in collaborative positions will work within the micro, mezzo and macro levels of practice. The professionals need to take a generalist approach. In this position, individual, group work, advocacy, creating new policies, programmatic changes and legislative activities will all become a part of the social worker's role. The school social worker, acts as a broker of community services; they are a home, school and community liaison case manager (Aguirre, 1995).

The literature on school-linked services describes how to structure a collaborative effort, who should be involved, funding sources, and the overall purpose of this type of program. Many different models of collaboration exist; each one is shaped according to the needs of the clients and community. The literature also evaluates past and current collaboratives and the outcomes of those programs.

According to the studies and reports in published articles we will see that in order to move toward common goals and outcomes, collaboration requires commitment and

mutual agreement between participants. Collaboration also requires that human services and schools give up some of their autonomy in order to share resources and pursue common goals (Crowson & Boyd, 1993; SECA,1994). The shared goal focuses on improved client outcomes, which should ultimately be aimed at improving long-term prospects for families.

Key Terms and Key Participants

Key terms in this researchers' literature search were: school-linked services, county services, human services, school, education, co-location, collaboration, community, integrated services, school reform, school social work, and school-based practice. Throughout the literature this researcher found that school-linked, co-location, and collaborative services were interchangeable terms.

Research supports that the key participants should include: multidisciplinary teams who are composed of professionals (i.e. human service providers, school personnel, juvenile justice system, etc.), community members, businesses, legislators, students and parents. The involved parties need to be in mutual agreement, willing to work towards common goals, and committed to the purpose of the endeavor (Allen-Meares& Carter, 1994; Clancy,1995; Comer& Haynes,1991; Jehl & Kirst, 1992; Langford-Carter, 1994; SECA, 1994; Usdan, 1994).

Existing Programs

US General Accounting Office Report.

According to The US General Accounting Office, since 1980 in eight states more than 200 localities have developed collaborative programs. The GAO completed a study

of ten of those collaborative programs. These ten appeared repeatedly in the literature and were the most widely recognized models in the nation.

The GAO completed a literature review. The information they found included: service approaches used, the strengths and weaknesses of those approaches and which programs seemed to be most appropriate. They identified problems and barriers when using schools as a hub for service delivery. They also determined the role of the federal government in promoting collaboratives.

These programs deliver a variety of health, social and educational services. Their goal is to improve educational performance and well-being of at-risk, school-age children by addressing their multiple needs in a coordinated manner (GAO, 1993).

The services covered in the ten programs evaluated included: mental health counseling, parenting courses, food and housing assistance, family planning, teen parenting issues, substance abuse, health screening, immunizations, job training and referrals, and recreation.

The funding for the ten programs reviewed came from private and state dollars along with federal grants and categorical program funds (e.g., Medicaid, Social Service Block Grants, and Job Training Partnership Act). Between 1990 and 1993 annual costs to operate the ten programs ranged from $40,000 to $5 million dollars(GAO, 1993).

Accomplishments included improved coordination between human service providers. Problems included: There was inadequate space in the school for the program and there was little support from some school faculty because they viewed social services

delivery as an inappropriate role for schools and did not believe the program would be permanent (GAO, 1993).

The US report to the chairman to the Committee on Labor and Human Resources, cited the areas positively impacted by collaboratives. Among them are changes in: dropout rates, absenteeism and academic achievement (GAO, 1993).

Three of the ten collaboratives will be described in detail starting with the Lawrence New Futures Initiative. The purpose of this program was to provide services for students and their families by coordinating health and social services at or near schools. The implementation period of this program was September 1988 through June 1990. The target population was sixth grade students in an urban, low income community. The cost of the program was $1.7 million, which came from private, state and local funds. Service delivery included case management, Futures Curriculum (setting future goals), personal academic and career planning, after- school programs, a career opportunity center, and parent and community outreach programs.

Program accomplishments for the Lawrence New Futures Initiative included: parent awareness and involvement were heightened, community agencies worked together to meet the clients needs, and human service case management was integrated into school with few problems.

Program weaknesses included: There were decreases in funding, teachers were not involved in program planning and were not adequately trained so there was some resistance to the Futures Curriculum, there was a lack of adequate planning time and weak central leadership.

The second program is Linn County Youth Service Program. The purpose of this program is to provide intensive case management to children who have serious emotional and behavioral problems and are at risk of school failure. The implementation of this program is 1990 to present. The target population consisted of elementary and secondary students in Linn County, Oregon. The cost of the program from 1991-93 was $149,000. The program provides a variety of services including, goal oriented individual and family assistance plans, coordinated service delivery and follow-up.

Program accomplishments included: serving 30 youths per year, increased collaboration among agencies, and using existing resources from various agencies thus no additional funding was necessary for the agencies.

Program weaknesses include: Time spent administratively in case planning, therefore there was a limited number of students and families that could be served.

The third program was New Beginnings. The purpose of this program was to improve service delivery through closer working relationships between city and county agencies and school systems. The implementation period was 1991 to the present. The target population includes students and families in the Hamilton Elementary School.

Services provided and evaluated included case management, information and referrals, adult education and parenting classes and health counseling and education. The cost of this program from 1988-90 was $262,000. Funding came from private, state and local government agencies.

Program accomplishments included: school staff is involved, confidentiality guidelines have been established which facilitate information sharing while protecting

students and families. A common eligibility form has been developed, parents are better educated on how to deal with their children, and families are more accepting of counseling.

Program weaknesses were inadequate space and joint decision-making which has been time-consuming.

Project Pride

Project Pride, in Illinois, was a program designed for girls whose families received financial aid. The main goal was aimed at getting clients off welfare by helping them gain skills, knowledge, and personal confidence to achieve their goals and become economically self-sufficient. The program had an 80 percent graduation rate among participants, compared to 70 percent for the overall national graduation rate (Levy et al., 1992).

NY At Risk Program

In Cortland, New York the Youth At Risk Program combined both school and community based service components. This program was devised to identify at-risk youth, early on, and to make school and community services more accessible. This program resulted in fewer out-of-home placements. Instead, the clients were referred to community-based programs, where they were able to remain and live in their family homes. The increased availability and better coordinated services account for the positive changes (Levy et al., 1992).

The Urban Strategies Council

The Urban Strategies Council, an interagency consortium in Oakland, California has combined professionals from schools, county medical, mental health, probation and social services to help implement school-based collaboration in urban public schools. Their collaborative was developed to decrease the risks and meet the multifaceted needs of Oakland students. All service providers are located on the school site, focusing on: early prevention of problems, building family strengths, providing flexible and culturally responsive services and meeting family-defined needs in addition to the needs defined by the social worker (Urban Strategies Council, 1992).

A similarity noted in several articles describing current collaborative programs was that collaborative services need to be consumer oriented and accommodating to clients. For instance, the service centers need to be open for more extensive hours, including weekends and school vacations. The site should be in a familiar, accessible location such as a school or community based service center. Several articles preferred the school site because children and families were familiar and comfortable in school settings. Schools are also in a convenient location for families to access.

Collaboration is a rapidly growing concept which is being more widely accepted (by government officials and department heads) and implemented across the United States. It is a cost effective, comfortable way, to get, assess, and meet clients needs. Clients are also able to access resources in a more efficient manner (Scannapieco, 1994).

Funding

According to studies and reports in published articles, funding came from pooling resources including: state and federal government grants, as well as, community and private funding sources. Funding should be focused on flexibility and giving local control for how the money is allocated. Funding for collaboration needs to focus on prevention methods rather than crisis services.

Policy makers see school-linked service programs as "efficient, cost-effective ways to link at-risk children and their families with prevention and early intervention services" (GAO, 1993, p.1).

Strengths and Weaknesses cited in the Literature

The strengths of collaboratives as cited in the literature review include improved coordination between service providers who are usually isolated. Schools noticed improvements in students who have used collaborative services. Families are more accepting of counseling. Parents are better educated about the needs of their children. Collaboratives are cost effective, time efficient and easier for families to access. We don't know any of these conclusions for sure unless comparisons were make to control groups to which students and families were randomly assigned.

The weaknesses in the collaboratives cited in the literature include: Funding cuts, inadequate space available in schools to implement the program and lack of program education and training for teachers regarding the scope of collaborative services. The current literature suggests that client accessibility is increasing as collaborative services

move into schools. However, we don't know for certain that the effects of collaboratives caused the positive outcomes, because they did not have an experimental design. Researchers would have had to compare outcomes for families randomly assigned to collaborative services with families randomly assigned to traditional services to gauge the actual impact of collaboratives. Client accessibility is addressed in this research. However, a gap in the literature that this researcher will attempt to address in this study is client satisfaction. From the literature this researcher reviewed, client satisfaction was not incorporated as part of any study.

Gaps and Limitations in Literature

There are limitations in research on collaboratives. According to the US General Accounting Office, the available data on school collaboratives focus more on program process rather than on the impact of these services. In fact, few evaluations exist, and none were experimental in design, therefore we don't know for sure what caused the improvements that were observed.

Program officials cited several reasons for the lack of program evaluations: lack of funding and support, differing program priorities, poor quality and data collection problems, ethical dilemmas and lack of expertise. The lack of program evaluation has left critical questions unanswered in the research on school-linked programs.

At the time of the GAO study in 1993, no long term evaluations were available. Various reasons were cited for the lack of data on existing programs, among them include: Collaborative programs are too new and long term outcomes have not been measured yet. There is a lack of funding. The available funding goes into service

delivery rather than evaluating the results. There has also been data collection problems, for example, at risk populations are sometimes difficult to track because they are highly mobile, they may live in dangerous areas, or the households lack of telephones. Another reason is that often service agencies are reluctant to release information about their clients (GAO, 1993).

Another limitation in collaboratives cited in the literature was that "Getting human service agencies and schools to share information, resources, and space were major obstacles because these entities are not used to collaborating with professionals in other disciplines and fear losing control over activities they have traditionally performed" (GAO, p. 13, 1993).

Other limitations include: limited accessibility and lack of funding. Many collaboratives do not include evening, weekend and holiday hours. In some programs, the lack of funding has led to discontinued services. In the GAO report the program evaluations did not describe the method used in each evaluation; therefore it is hard to tell how valid the studies are. Collaboration is a relatively new effort, and it appears that with time, we can overcome these limitations and gaps.

The process of structuring a new collaborative is often a limitation in itself. Thomas Payzant, superintendent for a California school district, thinks the development of a collaborative involves a painstaking process. He said it's time consuming, and difficult to get the professionals involved to understand one another, and to come to a mutual agreement. Payzant states that it's necessary for the power and responsibility to be shared equally amongst professionals. He says there are no quick fixes, and everyone

involved needs to be committed and patient in order to make the collaborative effort successful (Jehl & Kirst, 1992).

Summary

In this chapter this researcher has discussed the new movement of collaboratives. Through the literature this researcher has introduced the collaboration between schools and human service agencies. Since this is a relatively new phenomena with few evaluations it's difficult to make inferences or draw conclusions.

This thesis explores parental satisfaction and level of accessibility with the Monticello School/County services. The literature review also addresses the research questions: What is the parents' level of satisfaction with the Monticello School/County collaborative services? What is the parents' perception of how accessible the Monticello School/County collaborative services are?

The review of the literature identified a potential ongoing need for collaboratives in order to address problems facing children and their families in a more efficient manner. This research will begin to fill the gap in the literature regarding parent's perception of collaboratives.

The next chapter will cover the methodology of this research. Key terms will be identified and defined, and protection of human subjects will be addressed.

Chapter III- Methodology

Introduction

This chapter will cover the research design and research questions. It will explain how subjects were chosen. It also will give an explanation of the instrument design and protection of participants. The procedure for data collection and analysis will be included, as well as definitions of key terms.

Research Design

The research presented here is an exploratory descriptive study of a new program that was being evaluated for the first time. This study combines both quantitative and qualitative methods to answer the research questions. However, the questionnaire was mainly quantitative (close-ended survey questions), with a few qualitative items (open ended short responses requested). The instrument includes questions asking participants to rate their responses on a Likert scale.

The self-administered questionnaire was utilized to gather data from the study participants. This design was favorable because it offered anonymity for the participants. The use of a self-administered questionnaire was cost effective and time efficient. Another advantage to this method was the avoidance of interviewer bias.

Research Questions

The research questions in this study are: What is the parents' level of satisfaction with the Monticello School/County collaborative services? What is the parents' perception of how accessible the Monticello School/County collaborative services are?

Conceptualization

This researcher will define key terms in the research questions. The terms

satisfaction, accessibility, collaboration, parent, perception, and improvement will be

conceptionalized as follows.

"Satisfaction" pertains to having a need fulfilled, contentment or happiness with

an outcome or result. "Accessibility" is how easy something is to use, or the capability

of reaching something. "Collaboration" is when agencies join together to accomplish the

task of making services more accessible, or cooperation between agencies that are not

otherwise connected (Merriam-Webster, 1990). The Monticello School/County effort is

a collaboration because federal grants have been allocated for its implementation, a joint

release of information was designed for the county and school, and county social workers

have offices located on the school site.

The term "parent" in this study, refers to caretaker of a child who participated in

collaborative services. "Perception" is a mental image, intuitive cognition or an

observation. "Improvement" is an enhanced value, making something better or to make

progress that is desirable (Merriam-Webster, 1990).

Operationalization

The step beyond conceptionalization is operationalization. Operationalization

points to how a variable will be measured. In this research study, a satisfaction survey

utilizing a Likert scale was used and corresponding boxes were checked in response to

the parent's opinion. Five levels will be included: strongly agree, agree, disagree,

strongly disagree, and doesn't apply. For example, number 5a of the questionnaire found

in the appendix operationalized parents' perception of how easy county services were to access:

SA   A   D   SD   DA

The county services were easy to access [   ]   [   ]   [   ]   [   ]   [   ].

Subject Selection

The list of participants was gathered from existing Monticello school records (the list contained children who had received collaborative services during the 1995-96 school year). Only one school district from the collaborative was used in this study. There were 17 families. A letter of consent to conduct this research was obtained from the Monticello school superintendent.

From the list obtained, the study population in this research was comprised of all seventeen families including twenty-four parents, both male and female. Their children are Monticello school students, kindergarten through twelfth grade.

The sample for this study was this list of closed cases of families who participated in School/County collaborative services. The families had also participated in in-home counseling for: ADHD (Attention Deceit Hyperactivity Disorder), parenting skills, therapy, or family's first intensive therapy.

A total of 24 surveys was mailed out to individual family homes, one survey going to each parent. Parents who chose to participate completed the survey at their home and returned it anonymously to the school in the return envelope addressed to the attention of the principal investigator.

Prior to implementation of this research, approval was granted by the Institutional Review Board of Augsburg College (Project Number 96/23/1).

Instrument Design

Pre-testing of the questionnaire was done with professional peer colleagues, none of whom was eligible for the study. The pre-test allowed the researcher to edit and clarify the survey instrument which increased validity and effectiveness of the questionnaire. For example, the researcher found that certain questions or terminology may be offensive (i.e. income), or too clinical for the respondents to understand. This may have led the respondents to leave a response blank, or answer inaccurately, thus leaving the researcher with inaccurate or missing data.

The questionnaire was developed to increase professional understanding of client accessibility and satisfaction with the Monticello/County collaborative. The questionnaire consists of a combination of nineteen, open-ended and close-ended questions, mainly closed-ended questions. The instrument uses a Likert scale for responses.

The measurements used were ordinal, nominal and interval. The scale was ordinal, categories nominal, and age interval.

The topic areas explored in the survey instrument included: demographics, location of services, type of in-home counseling received, service duration, application of information, relationship satisfaction level with social worker and in-home counselor, and access to community resources.

The literature review supports using these types of questions verses others that may be a deterrent. For example information on income, marital status and race was not sought. Income and marital status may have been too personal. Race could have lead to the respondents' identity because the survey was conducted in a rural area, where the predominant race was Caucasian.

Protection of Human Subjects

To ensure protection of the human subjects the following precautions were utilized: voluntary parent participation, informed consent, anonymous responses, the principal investigator had sole access to the completed surveys (and will dispose of them upon completion of thesis), all participants had closed human service cases, and their participation will in no way affect future assistance from the school or the county human services agency.

To ensure anonymity, the respondents were instructed to leave their name off of the returned questionnaire. Consent was presumed by the return of the completed survey. All data were destroyed at the completion of the research project.

Data Collection

The data collection method utilized included a completed parent satisfaction survey. Initially, the survey was mailed to the family, one copy for each parent, in the same envelope. Enclosed with the survey was a return self addressed, stamped envelope. The participant was asked to return the survey anonymously to the principal investigator at the Monticello Middle School. If the survey was not returned within one week, a second letter, survey, and self addressed stamped envelope was sent to all of the families.

The questionnaires were mailed to the respondents on January 16, 1997. The second mailing took place on January 28, 1997. The second mailing was mailed to the entire sample, in order to increase the response rate. The efforts produced a total of 13 responses, or a 54% return rate. Of the 13 returned questionnaires, all were eligible for the research. According to Rubin and Babbie (1993), " a response rate of at least 50% is usually considered adequate for analysis and reporting" (p. 340).

After receiving the completed surveys, the principal investigator started the process of data collection. Upon completion of tabulating the results, the surveys were shredded and disposed of.

Data Analysis

Data analysis included the use of percentage tables and tally sheets. The questionnaire gathered both qualitative and quantitative data, the findings are presented in narrative form and tables in the following chapter.

Summary

This study is an exploratory descriptive study which utilized both qualitative and quantitative data to address the research questions. Key terms were operationally defined, subject selection was explained and instrument design was discussed. In chapter IV the findings of this study will be reported.

Chapter IV-Findings

<u>Introduction</u>

This chapter presents the findings of the survey questionnaire. Twenty four questionnaires were mailed out to 17 families, of those 13 were returned (it was not possible to identify if the 13 responses came from separate families, because some families were mailed two questionnaires and the returned responses were anonymous). This represents a 54 % return rate. All of the 13 responses were eligible for the study. On some of the questionnaires returned, some respondents gave more than one response. The findings will include demographic information and both quantitative and qualitative data.

<u>Background Information</u>

Respondents were asked four questions relating to demographic information. The demographic information was gathered to describe and understand the survey population. The study included a response from 85% females and 15 % males (see Table 1).

Respondents were asked to identify their relationship to the identified child. As indicated in Table 2, 92% reported themselves as the parent and 8% reported other (father's fiancé, see Table 2).

Table 1

Demographic Characteristic: Caregiver's Gender

Study Population:	Frequency	Percent
Females	11	85
Males	2	15
N	13	100

Table 2

Demographic Characteristic: Caregiver's Relationship to Child

Study Population	Frequency	Percent
Parent	12	92
Other	1	8
Step-parent	0	0
Grandparent	0	0
N	13	100

Child's gender was the third question respondents were asked to answer. Twenty-one percent (21%) listed their child's gender as female and 79% listed their child's gender as male (see Table 3).

In the fourth question respondents were asked to identify their child's grade at the time of services. Twenty-eight percent (28%) identified second grade and 22% identified eighth grade. While 11% identified 5 and 6th grade, and 6% identified 1,3,4,9 and 11th grades (see Table 4).

Table 3
Demographic Characteristic: Child's Gender

Study Population	Frequency	Percent
Female	3	21
Male	11	79
N	14	100

Table 4
Demographic Characteristic: Child's Grade

Study Population	Frequency	Percent
K	0	0
1	1	6
2	5	28
3	1	6
4	1	6
5	2	11
6	2	11
7	0	0
8	4	22
9	1	6
10	0	0
11	1	6
12	0	0
N	18	100

Survey Questions

Participants revealed that they were referred by various sources. Some respondents listed more than one source. Twenty-seven percent (27%) listed teacher and other (school counselor, deputy sheriff and special education teacher). Twenty percent (20%) listed school principal and 13% listed teacher and county social worker (see Table 5).

The participants said they met in two different places to open their human service case. Seventy- seven percent (77%) said they opened their case at school. Twenty-three percent (23%) said they opened their case at the county agency (see Table 6).

Table 5
Referral Source

Study Population	Frequency	Percent
School Social Worker	4	27
Other (School Counselor, Deputy Sheriff, Special Education Teacher)	4	27
Principal	3	20
Teacher	2	13
County Social Worker	2	13
N	15	100

Table 6
Site of case opening

Study Population	Frequency	Percent
School	10	77
Human Service Agency	3	23
Your Home	0	0
Other	0	0
N	13	100

Participants listed the type of in-home counseling they received. Some respondents chose more than one type of counseling. Sixty-one percent (61%) listed life skills management (parenting skills). Twenty-eight percent (28%) listed Attention Deficit Hyperactivity Disorder counseling (ADD/ADHD). Eleven percent (11%) listed Families First (one month intensive, see Table 7).

Respondents listed how long the in-home services lasted. Eighty-five percent

(85%) said between one and three months and 15% said between three and six months

(see Table 8).

Table 7
Type of in-home counseling received

Study Population	Frequency	Percent
Life Skills Management (parenting counseling)	11	61
Attention Deficit Hyperactivity Disorder	5	28
Families First (one month intensive)	2	11
Therapy	0	0
N	18	100

Table 8
Service Duration

Study Population	Frequency	Percent
Between one and three months	11	85
Between three and six months	2	15
Up to one month	0	0
Other	0	0
N	13	100

The respondents were asked to rate the services they received. The four point

rating scale included: Between one and three months, between three and six months, up

to one month and other. Over 90% of the respondents agreed or strongly agreed that the

services were easy to access. Ninety-two percent (92%) of the respondents felt the

relationship with their child improved after the services were completed.

Table 9

Parent's feelings about accessibility and satisfaction of the collaborative services they received

Study Population	SA	A	D	SD	DA	Total
The county services were easy to access	6(46)	6(46)	0	1(8)	0	13(100)
I was unable to apply the information I learned in the counseling sessions with my family	1(8)	3(23)	3(23)	6(46)	0	13(100)
I was satisfied with the relationship I had with the County Social Worker	6(50)	5(42)	0	0	1(8)	12(100)
I was satisfied with the relationship I had with the in-home counselor	11(92)	1(8)	0	0	0	12(100)
I was provided with information about community resources, to further deal with my situation	7(53)	5(39)	0	1(8)	0	13(100)
I did not find the Attention Deficit Hyperactivity Disorder bimonthly groups to be helpful	0	2(17)	1(8)	2(17)	7(58)	12(100)
As a result of the in-home services, I feel the relationship with my child has improved.	6(50)	5(42)	1(8)	0	0	12(100)
As a result of the in-home counseling I feel the relationship with my child stayed the same.	0	3(25)	5(42)	4(33)	0	12(100)

Study Population (con't)	SA	A	D	SD		DA
As a result of the in-home counseling, I feel the relationship with my child got worse.	0	1(8)	2(15)	10(77)	0	13(100)
I would feel comfortable accessing county services again, if necessary	6(46)	5(38)	2(15)	0	0	13(100)
I might recommend these services to friends and family	6(46)	5(38)	2(15)	0	0	13(100)

Comments/Suggestions

Some of the parents added additional comments. One respondent felt that when the three month services were completed, she was left alone with no additional help. Another respondent said that they were put on a 6-8 week waiting period before they could access services and during that time her child became "out of control". She felt the services would have been much more effective a year prior. The same respondent said she appreciated the services which helped her through a difficult time. She found the parenting skills helpful. A third respondent felt she wasn't aware of the services until the problem became severe.

Summary

This chapter reported the findings of the parent satisfaction survey. In the next chapter a discussion of the findings and how they relate to the research questions and literature review will be covered. Strengths, limitations, conclusions and recommendations to this research will also be addressed.

Chapter V-Discussion

<u>Introduction</u>

This chapter will summarize and discuss the key findings in this research.
Strengths and limitations of this study will be discussed. The relevance of the research
questions will be explored. It will conclude with discussion of implications for social
work practice, social policy, future research and recommendations.

<u>Key Findings</u>

This research study explored the relationship between parental satisfaction and
accessibility with the Monticello school/county collaborative. The collaborative was
implemented to make services such as in-home counseling services more accessible for
clients.

The findings reveal that children and families participated in a variety of in-home
counseling services. Sixty-one percent (61%) indicated that they participated in life
skills management parenting counseling. Twenty-eight percent (28%) participated in
Attention Deficit Hyperactivity Disorder counseling and 11% were involved in Families
First (one month intensive in-home). In home therapy was not provided to any of the
sample participants.

The results indicate that parenting counseling was the service the county put into
clients homes the most frequently. This may reflect a connection between cost of
service and service implementation. In-home therapy costs significantly more than life

skills counseling. When we see figures like these, service providers need to question if counties are implementing services truly to address client needs or are decisions regarding which service a family receives determined primarily by the availability of money in the budget. However, these cases may also have been early intervention cases; therefore, the county may have accessed the least restrictive service first.

The results show that 85% of the caregivers who responded were females and 15% were males. These findings are congruent with this researcher's practice experience. The mother is the primary caregiver, and traditionally the mother is usually the first and main contact parent.

The majority (92%) of the caregivers who responded were the child's parent. The majority of the children were identified as male (79%) and only 21% were female. In my professional experience, males are referred more often for behavior problems and females are referred for emotional issues.

A larger percentage of the children involved in the in-home services were in either second or eighth grade. In this researchers' professional experience in a school setting, second grade seems to be the grade level where teachers begin to identify problem behaviors separately from maturity issues. This may offer insight into why there is a higher percentage in this category. Eighth grade seems to be the grade where students don't get as much direction from teachers and are expected to start taking more responsibility for their assignments and behavior.

Most of the respondents said their main referral source to the collaborative services was the school social worker/counselor, teacher or principal. The school is an

important referral source for families. Again, this suggests that parents are comfortable and trusting with the school personnel because they've taken their advice on utilizing an important service.

Seventy-seven percent (77%) of the respondents reported they opened their case at the school. These results may suggest that since parents were given a choice of where to open their case, most respondents chose the school; their comfort level may have been higher with the school because the environment is familiar and more comfortable. Traditionally, before collaboratives existed, all cases were opened at the human service agency. In this researcher's personal experience the client wants to meet in a familiar setting, in their community (school) and once they become comfortable with the social worker, they are willing to meeting in their own home.

Fifty percent (50%) of the respondents strongly agreed they were satisfied with the relationship they had with the county social worker, while 92% strongly agreed they were satisfied with the relationship they had with the in-home counselor. This finding could be a result of trust in that they have seen the in-home counselor more and therefore built a closer relationship with the in-home counselor. Also the in-home home counselor is not directly related to the county as an employee. Ninety-two percent (92%) were overall satisfied with the county social worker and 100% were overall satisfied with the in-home counselor. This tells us that they felt comfortable with their relationship with both the county social worker and the in-home counselor and satisfied with the results of the services.

Eighty-five percent (85%) of the respondents reported their services lasted between one and three months. This may tell us that the identifying problem was addressed with a preventative measure versus an on going measure. This may suggest that the earlier services are initiated the less likely there will be a need to utilize more long term intensive in-home therapy.

Ninety-two percent (92%) of the caregivers said the relationship with their child improved after receiving in-home services. This shows us that in-home counseling is a much needed service that needs to continue to be provided to families in order to improve the quality of their interpersonal relationships.

Ninety-two percent (92%) of the respondents felt services were easy to access and 85% reported they would recommend services to family and friends. This tells us they were satisfied with the services they received. This also shows us that some of the barriers to accessing county services were broken down. And it suggests a trusting relationship was created between clients and the county.

Ninety-two percent (92%) said they were given information about community resources to further deal with their situation. This suggests that in the future they will be able to identify problems earlier and are better equipped to access appropriate services independently.

Strengths and Limitations

The exploratory nature of this study was a great strength. This study provided client focused insight and suggestions to improve the new Monticello school /county

collaborative. This study suggests that this type of collaborative is valuable and helpful in meeting the needs of children and their families.

The strengths of this study include indications that as a result of collaboration the connections are made quicker between human service personnel and clients. This collaborative is accessible to the clients. The information that families received was applicable to their situation. The families were satisfied with the professionals they worked with in the collaborative.

The limitations of this study:

Out of the nine schools participating in collaboration in this county, only one school is represented in this study. If more time were available, other schools could have been surveyed which may have given us a different outcome. For the school that was surveyed, if more time were available, a third mailing may have provided more responses.

There may have been some response bias because parents who responded knew their county social worker was the researcher. Therefore, if they liked the county social worker as a practitioner, they may have aimed to please the social worker when answering the questionnaire. Another limitation is selection bias, also a threat to validity. Forty-six percent (46%) of the population surveyed that did not respond may not feel as positive about the services as did the 54% that did respond.

Based on this researcher's professional knowledge of working in this profession, it has been observed that the lack of in-home therapy provided to clients in this study could be correlated to budget cuts, and counties wanting to ration scarce resources.

Officials have been implementing Life Management Skills more often, because it costs half the amount of in-home therapy. They can provide these services to more families; however, the service offered doesn't always reflect the best interest of the client.

No follow up services are built into the Monticello collaborative. One respondent said that when the three month services were completed she was left alone with no additional help.

It's important in early intervention cases that service response is timely, otherwise the situation may become a crisis. One respondent said during the 6-8 week wait for services, her child became "out of control". The problem escalates before services were offered. In that case the caregiver felt earlier intervention would have been more beneficial.

If more time were allotted for this study, a more comprehensive literature review could have been conducted. In the past year, since the literature review for this study was completed, there has been several additional published articles on school/county collaboratives.

This study did not compare outcomes to those from similar studies; therefore it is unknown if these outcomes are from the collaborative itself or a factor of other variables. Also, the literature could have been improved by getting the original reports, for example the information used in the GAO report.

Relevance to Research Questions

The relevance to the research questions in this study shows us the findings are valuable. The findings provide insight and understanding of how the clients feel about a

valuable service that is provided for them. The results of this study give some support to a conclusion that collaborative efforts between counties and schools provide positive outcomes for students and their families.

Overall, the results of this study indicate that the Monticello collaborative services in one school are accessible and clients are satisfied with the services they received. The information from this study may impact future programming of this collaborative.

Implications for Social Work Practice

County agencies and schools are realizing that the various issues facing children and their families are too complex for one institution to address. There is new insight that a child's social problems must be addressed before they can be educated successfully. However, some scholars and practitioners are also finding that success in school helps alleviate the childrens' social problems.

The social work profession brings knowledge, and skills of social work ethics such as: Ethical principals (service, social justice, integrity) and Ethical standards (commitment to clients and self-determination) to collaboratives that are necessary for effective implementation (NASW Code of Ethics). In collaboratives, school and county social workers work closer together in creating time efficient and cost effective service delivery to families.

As funding decreases social workers' take a more active role in collaboratives with other professionals. We need to ask the social work profession what is more

important, spending time on paperwork or developing collaboratives to address the social, emotional and academic needs of children?

Conclusions and Recommendations for Future Research

- This study also supports a conclusion that continued collaborative efforts are important in providing positive services for families. All relationships (caregiver/child) stayed the same or got better as a result of the in-home services.

- Future research might gather information from the school district on the number of boys and girls in the district and ask school counselors if more boys are referred to them than girls. This may correlate with this study, which showed 79% males as the referring child.

- Future research may include questions in the survey instrument referring to prior services (prior to co-location services) received from the human service agency.

- Future research may include follow-up surveys mailed periodically to families. This could tell the researcher is additional services were accessed after the initial co-location service.

- One parent responded that she could have addressed the issues in her family before they reached the crisis level, had she known about services earlier. Since this is a fairly new concept in this school district, hopefully in the future families will have services at the school site available to address their issues before they become out of hand. Previously, services provided by the county had to be accessed at the government center and were not advertised as openly. Currently, schools are able to

get the information out to the parents and create linkages easier when the co-located workers are in their building.

♦ Collaboration involves both decentralization and coordination of services. Current collaboration suggests that three interdependent public management activities be involved in order to be successful. First, development of policies and strategies support integration at the services and program implementation level. Second, operating plans need to be in place to support case-by case service level integration. Third, there needs to be development of local systems where the client receives their services (Agranoff, 1991). All of the above steps have taken place in the Monticello School/County collaborative.

♦ Often it's difficult for systems to work together and give up control. Usdan (1994) poses valuable questions, as to how traditional leaders of schools should react to new participants in the educational system making decisions. Should they resent the intrusion of outsiders who have little or no experience in the system? Or should educational leaders welcome the growing involvement of these influential participants?

♦ Usdan refers to the current social, demographic, and political realities, he says there is no option. He believes, "We must accept these influential political and business leaders as important allies of public education" (Usdan, 1994, p. 19). Principals and education leaders should welcome the interest of the new participants, not only because of the political clout they wield, but also because of the demographic changes that are rapidly eroding public education. If the developmental problems of

young children are to be meaningfully addressed, efforts need to be intensified to elicit support from the entire community for necessity of service delivery (Usdan, 1994). The Monticello School has supported the collaborative effort by including the county social worker in staff meetings, decision making, offering office equipment with a phone and supplies, and providing an environment for open communication.

♦ As a co-located social worker in the Monticello School/County collaborative, this researcher has observed that the school and county were not equal partners. It appeared that the county did more of the planning and programming and the school looked to county staff for guidance. There were some joint efforts including: periodic meetings on implementation, they shared responsibility of grant writing, etc. However, there appeared to be a lack of communication with day to day activities. There was a lot of communication between the school and co-located social worker; however, this researcher sensed a lack of communication between the county administration (county supervisors) and school district (principals).

♦ In future planning for the Monticello School/County collaborative parents' perception and participation will be a useful asset. Parents, children and families are the individuals accessing services; therefore, they should be able to give needed and important input on how they think the services are working and what changes are necessary. In the future, a survey similar to the one that was implemented in this study, could be used for all clients receiving county services (located at the county agency) and school/county collaborative services.

<u>Summary</u>

This research examined two aspects of the Monticello School/ County collaborative: parent satisfaction and accessibility. One goal of this research was to begin to evaluate a new program that had been in existence for one year. Another goal of this research was to look at the parents' (clients') perspective of a program that serves them, and to get their input on necessary changes to make the program more effective. It is this researcher's hope that this study will show the need for continued programming in comprehensive services that meet the needs of the clients in an efficient manner.

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Monticello Schools/County Collaborative Satisfaction Survey

Dear

My name is Tracy Sopiwnik, I was the social worker for your human services case. I am a graduate student in social work at Augsburg College. My Master's thesis, which is a partial fulfillment of the degree requirement program at Augsburg College, focuses on client satisfaction with the Monticello School's County linked services. You are invited to take part in a research study. You were selected as a participant because your family and your child participated in services during the 1995-96 academic school year.

PURPOSE

The purpose of the study is to receive important feedback on how satisfied you are with the School/County services you received. The information from the survey will then be used to evaluate the program and will be used to complete my thesis at Augsburg College.

Your decision to fill out the survey is voluntary and will not affect your current or future relationship with Monticello School or Human Services.

CONFIDENTIALITY

The survey's will be returned to the Monticello Middle School (return in the self addressed stamped envelope). The survey is completely anonymous, I will have no way of knowing who is returning the survey. Please do not put you name on the survey. The returned survey's will be opened by Monticello office personnel, the envelopes will be disposed of and the completed survey will be given to me.

While I am collecting the data, all records will be kept with me. The summarized results will be shared with Monticello School and Human Services. After the results have been tabulated, I will be destroying the individual response forms.

IMPORTANCE

There are not any risks to you for participating nor are there any direct benefits such as money. You do have the benefit of knowing your individual response is important and can make a difference in the program. I request that you to take about 15 minutes to answer the questions and return the survey in the enclosed envelope.

If you have any questions, you may contact me at 757-3563 or my research advisor, Professor Tony Bibus, Department of Social Work, Augsburg College, at 330-1746 . I thank you for your time, cooperation and input.

Sincerely,

Tracy Sopiwnik, MSW Student   96-23-1
Principal Investigator

Thank you for taking the time to share your opinions to improve the Monticello School/County Collaborative program.

Instructions: This survey will take approximately fifteen minutes to complete. Upon completion, please mail the survey back in the enclosed self addressed, stamped envelope by February 3rd.

GENERAL INFORMATION ("Child" pertains to the child you sought help for)

1. Your gender: [ ] female   [ ] male

2. Your relationship to child: _____Parent _____Step-parent _____Grandparent

    _____Other/Specify_____.

3. Child's gender: [ ] female   [ ] male

4. Child's Grade   [ ] K   [ ] 1   [ ] 2   [ ] 3
   at time of service. [ ] 4   [ ] 5   [ ] 6   [ ] 7
              [ ] 8   [ ] 9   [ ] 10   [ ] 11   [ ]12

QUESTIONS

1. Who informed you of the collaborative county services you received from Tracy Sopiwnik (Social Worker) located at the Monticello School?
    _____ Teacher   _____ Principal
    _____ School Social Worker   _____ Other/ Specify_____
    _____ County Social Worker

2. Where did you first meet the county social worker to open your case?
    _____ School   _____ Your home   _____Human Service Agency

    _____ Other/Specify_____

3. If you had in-home counseling, check which type:

_____ Attention Deficit Hyperactivity Disorder (ADHD/ADD) counseling

_____ Life Skills Management (parenting skills)

_____ Therapy _____ Families First (one month intensive)

4. How long did the in-home services last?
   _____ Up to one month _____ Between one and three months

   _____ Between three and six months _____ Other/Specify_____

5. In general, how do you feel about your involvement in the services you received?
   Please indicate whether you: strongly agree (SA), agree (A), disagree (D), strongly
   disagree (SD), or doesn't apply (DA), by checking one response per
   question/statement.

	SA	A	D	SD	DA
a. The county services were easy to access.	[ ]	[ ]	[ ]	[ ]	[ ]
b. I was unable to apply the information I learned in the counseling sessions to my family situation.	[ ]	[ ]	[ ]	[ ]	[ ]
c. I was satisfied with the relationship I had with the County Social Worker.	[ ]	[ ]	[ ]	[ ]	[ ]
d. I was satisfied with the relationship I had with the in-home counselor.	[ ]	[ ]	[ ]	[ ]	[ ]
e. I was provided with information about community resources, to further deal with my situation.	[ ]	[ ]	[ ]	[ ]	[ ]
f. I did not find the Attention Deficit Hyperactivity Disorder (ADHD/ADD) bimonthly groups to be helpful.	[ ]	[ ]	[ ]	[ ]	[ ]

	SA	A	D	SD	DA

g. As a result of the in-home services,
I feel the relationship with my child
has improved.

[ ]   [ ]   [ ]   [ ]   [ ]

h. As a result of the in-home counseling
I feel the relationship with my child
stayed the same.

[ ]   [ ]   [ ]   [ ]   [ ]

i. As a result of the in-home counseling,
I feel the relationship with my child
got worse.

[ ]   [ ]   [ ]   [ ]   [ ]

j. I would feel comfortable accessing
county services again, if necessary.

[ ]   [ ]   [ ].[ ]   [ ]

k. I might recommend these services to
friends and family.

[ ]   [ ]   [ ]   [ ]   [ ]

Your comments and your time are appreciated.
Please return the completed questionnaire in enclosed envelope.
**Thank you.**

January 27, 1997

Dear Parents:

This is a reminder with regard to the Monticello School/County Parents Satisfaction Survey which was mailed to you in Janruary. Your completion and return of the survey would be most valued and appreciated. Please return the completed survey by Feburary 3,1997.

In case you have misplaced or lost the original survey, I have enclose another copy along with a stamped envelope for you to return the survey in. The survey takes about 15 minutes to complete.

If you have already returned the survey, please accept my thanks for your help and cooperation to improve the collaboration project at Monticello Schools.
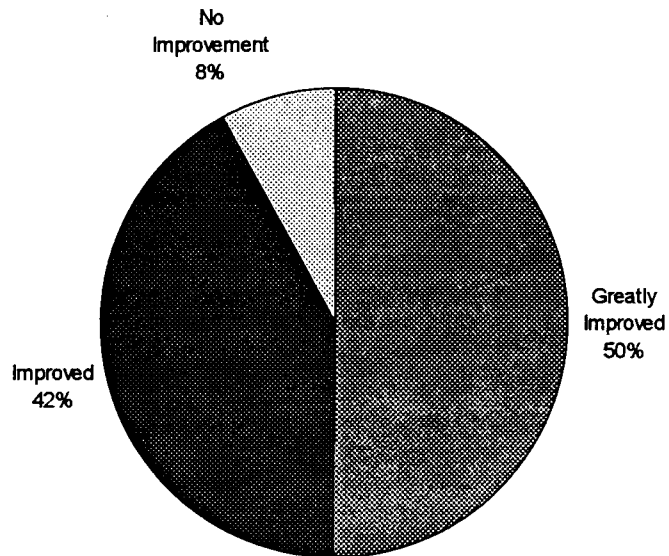
ACCESSIBILLITY TO COUNTY SERVICES

Corresponds with Table 9

Difficult to Access
8%

Very Accessible
46%

Accessible
46%
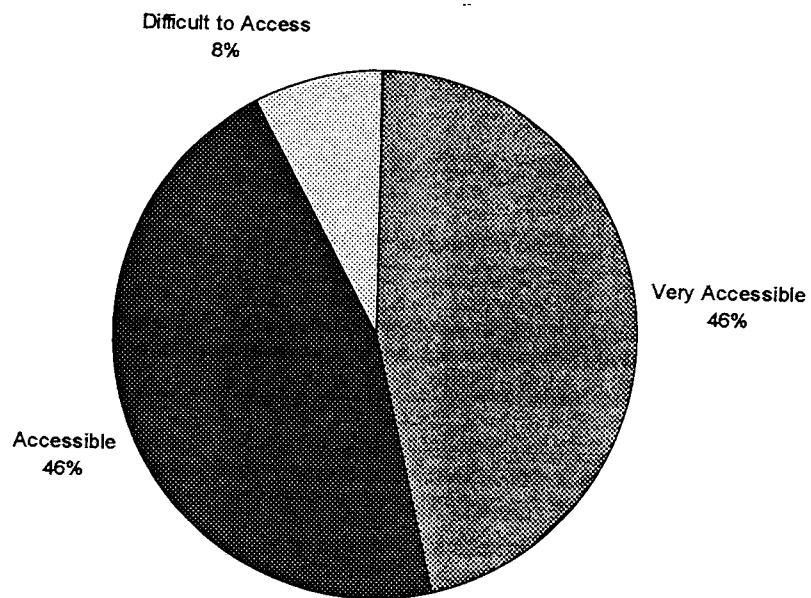
CAREGIVER / CHILD RELATIONSHIP AFTER RECEIVING IN-HOME SERVICES

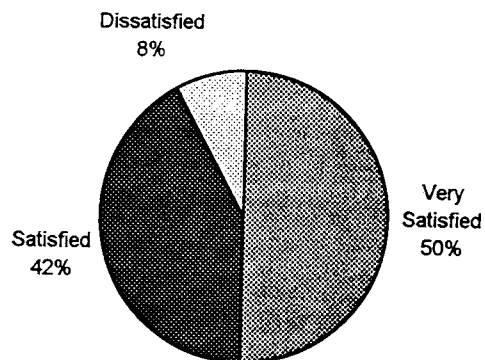## Corresponds with Table 9

No
Improvement
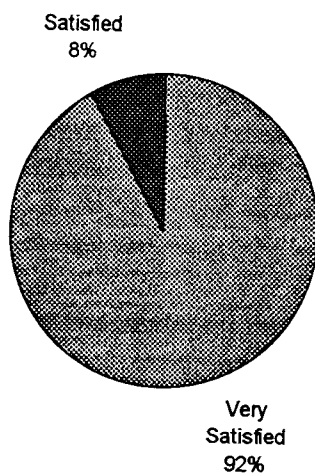8%

Greatly
Improved
50%

Improved
42%

See narrative: other questions responding to caregiver / child relationship showed similar results.

CLIENT SATISFACTION IN THEIR RELATIONSHIP WITH COUNTY SOCIAL WORKER / IN-HOME COUNSELOR

Corresponds with Table 9

Dissatisfied
8%

Very
Satisfied
50%

Satisfied
42%

County Social Worker

Satisfied
8%

Very
Satisfied
92%

In-Home Counselor