Texas Family Partner Evaluation

Addendum

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Texas Institute for Excellence in Mental Health

Advancing Resilience and Recovery in Systems of Care

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Introduction to the Addendum

In August 2013, the Texas Institute for Excellence in Mental Health (TIEMH) at the University of Texas at Austin submitted a report to the Department of State Health Services (DSHS) summarizing the current literature on parent peer support services, including research studies examining the effectiveness of various models of parent peer support. In addition, the report summarized findings from a survey of Certified Family Partners (CFPs), Family Partner Supervisors and Program Administrators in Texas. The survey aimed to document the structure of Family Partner employment across the state, employee benefits, training and supervision, and the core functions of family partners from the perspective of the various respondents. The report also examined state administrative data in an effort to document the current number of individuals providing family partner services at each community mental health center (CMHC), the volume of service encounters, and changes in the amount of family partner and support group services provided over a three year period.

The current study broadens this initial effort with an additional survey of CFPs and additional information on system services. One of the aims of the initial study was to examine the impact of a policy change that allowed CMHCs to bill Medicaid for select rehabilitation services provided by CFPs. However, this policy change was delayed and did not occur during the evaluation period. Therefore, the impact of this policy change will be explored in this follow-up study. In addition, further policy changes occurring during Fiscal Year 2014 (FY14) are likely to have an impact on family partner services, such as the addition of the Child and Adolescent Needs and Strengths (CANS) assessment, the revision of the Texas Resilience and Recovery levels of care, and the addition of minimum requirements for family partner services based on a family's level of care.

Aims of the Current Study

The current evaluation is intended to further the information available to policy makers to understand the certified family partner workforce in Texas. The aim of the survey conducted during this period was to document the level of job satisfaction within this workforce and to examine the factors that may lead to retention difficulties experienced by employers. Anecdotally, concern was expressed by stakeholders that system changes, such as increased pressure for productivity and a shift from small caseloads associated with

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intensive levels of care to larger caseloads, was potentially increasing the turnover rate of CFPs. In addition to addressing this question of job satisfaction, an analysis of state administrative data aimed to examine the impact of policy changes occurring in FY14 on the services provided by CFPs. The evaluation aimed to ask the following questions:

- To what extent are certified family partners at risk of leaving their current employment?
- What aspects of individuals' employment have the strongest relationship to their intention to leave or remain within their current job?
- Has the number of family partners employed by community mental health centers changed in the past year? What was the turnover rate between FY13 and FY14?
- Have there been changes in the volume of services provided by family partners between FY13 and FY14?
- What are the characteristics of the youth and families served by family partners?
- Have there been changes in the intensity of family partner services between FY13 and FY14, based on the level of care of the family?
- Have there been changes in the other mental health services provided by family partners between FY13 and FY14?

Methods

The family partner survey was created based on the work of Kimberly Jinnett and Jeffrey Alexander (1999), who explored the impact of various organizational variables on the intention of behavioral health providers to remain in their current position. Some survey items were selected from this measure, while others were developed to capture unique qualities of the work of family partners. The draft survey was shared with the Certified Family Partner Advisory Council for input. This Council suggested the addition of one scale, focused on coworker respect for the work of CFPs. The resulting survey is included in the Appendix and consists of the following scales: Intention to Quit, Agency Tenure, Workload, Job Satisfaction, Perception of Impact, Perception of Agency Morale, and Perception of Coworker Respect. The survey was distributed to all family partners on the Via Hope distribution list; Via Hope is the state organization that certifies family partners in Texas. In addition, de-identified administrative data reflecting service encounters by family partners and demographic and assessment data of youth was analyzed to identify current trends in service delivery and the use of family partner providers. The evaluation was submitted to the Institutional Review Boards at DSHS and the University of Texas at Austin.

Results

Survey of Family Partners

Characteristics of Respondents. The survey was started by 36 individuals and fully completed by 32 respondents, resulting in a response rate of 42%. The family partners represented a variety of geographical regions. Thirty-seven percent (*n*=13) were from a large metropolitan area, 17% (*n*=6) were from a primarily medium metropolitan and surrounding areas, 20% (*n*=7) were from small metropolitan and rural surrounding areas, 11% (*n*=4) were from a rural area with a metropolitan area within 100 miles, and 14% (*n*=5) were from a rural area with no nearby metropolitan area. The family partners reported that they were largely female (94.6%, 2 missing data).

Employment. A majority of the family partners were employed as a direct employee within a mental health agency or other agency (75.7%, *n*=28). Length of employment with the agency and length of time as a family partner ranged from less than 1 year to more than 10 years of employment, but the majority of respondents had been employed less than 3 years (54.3%, n=19).

The majority of family partners reported that they worked 30 or more hours per week (80%, *n*=28). Caseload size ranged from less than five families to more than 75 families. The largest group of the family partners reported that they served more than 75 families (37.5%, *n*=12), followed by eight providing services to 21 to 35 families (25%). Table 1 provides the family partner responses regarding caseload size.

Table 1. How many families are you currently assigned to work with (i.e., your caseload)?

	Frequency n=32	Percent
Less than 10	4	12.5%
11 to 20	5	15.6%
21 to 35	8	25.0%
36 to 50	2	6.3%
51 to 75	1	3.1%
More than 75	12	37.5%

Family Partner Satisfaction. In order to assess the family partners' current happiness in their role, a 16-question scale of worker satisfaction was collected. Five domains were evaluated: intention to quit, job satisfaction, perception of impact, perception of agency morale, and perception of respect/support from coworkers. The survey was based on a

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seven-point Likert scale ranging from strongly disagree to strongly agree. The total possible score for each domain was 28 for job satisfaction, and 21 for intention to quit, perception of impact, perception of agency morale, and perception of respect/support. A score of 15 or above (or 20 or above for job satisfaction) represents overall agreement with statements. Table 6 highlights that on average family partners responded positively to the questions. Overall respondents are satisfied with their job, have a positive perception of their impact on the families they serve and feel respected by their co-workers. While a majority of family partners appear to be happy with their job, there is the greatest variability in responses for the intention to quit and job satisfaction domains.
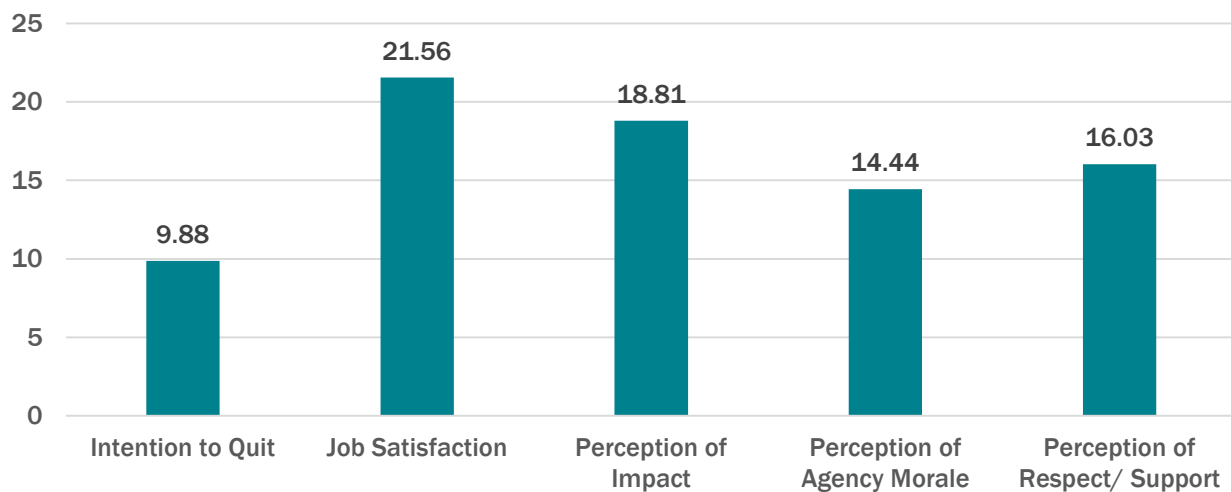
Figure 1. Mean Score by Domain

Table 2. Description of Workforce Turnover Domains

	Intention to Quit	Job Satisfaction	Perception of Impact	Perception of Agency Morale	Perception of Respect/ Support
N	32	32	31	32	32
Mean	9.87	21.56	18.80	14.43	16.03
Median	7.50	23.50	19.00	15.00	17.00
Mode	3.00	28.00	21.00	15.00	18.00
Std. Deviation	6.77	6.11	2.12	2.73	4.497
Minimum	3.00	8.00	15.00	6.00	5.00
Maximum	21.00	28.00	21.00	18.00	21.00

Note: A score of 15 or above reflects overall agreement on all scales except Job Satisfaction, where a score of 20 or above reflects agreement.

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Predictors of Intention to Quit. In order to better understand the reason for a person's potential intention to quit, a series of bivariate correlations were employed. The greatest predictor for an intention to quit was job satisfaction (r=-.774, p<.01), with greater satisfaction associated with family partners being less inclined to quit. In addition, the greater the individual's perception of impact on the families that they serve (r=-.362, p<.05), the less likely they are to report an intention to leave their job. Interestingly, the greater percent of time spent in direct family contact was correlated (r=-.386, p<.05) with a lower intention to quit. Although not statistically significant, greater agency morale and a perception of coworker respect demonstrated associations of about -.30 with intention to quit, also serving as possible factors in considerations of staying with one's job. Also of interest, job satisfaction was best predicted by a positive relationship between perception of impact (r=.403, p<.05) and perception of agency morale (r=.533, p<.01). One other interesting finding was that family partners who reported higher agency morale, also reported a greater perception of respect/support (r=.356, p<.05).

Analysis of Service Encounters

Dataset. DSHS does not have a clear mechanism for identifying individuals who meet the definition of a family partner within the administrative data system. Staff serving in this role may be identified in several different provider types (e.g., non-traditional provider, qualified mental health provider). To identify the best sample of family partner providers, all providers who provided a Family Partner service (service code 2509) or Parent Support services (service code 2508) were identified. Family Partners are the expected provider of these two services. If providers had fewer than 25 family partner service encounters (2508/2509), this was assumed to be error and they were removed from the dataset. After identifying this core set of family partner providers, additional service encounters provided by these staff members were incorporated into the dataset. The dataset was restricted to services provided between September 1, 2012 and June 30, 2014.

Workforce Capacity. There was a significant increase in the number of providers of family partner services between FY2013 and FY2014. The number of providers for each CMHC is presented in Table 3. The overall workforce went from 74 individuals to 91, representing an increase of 23%. The majority of community mental health centers (70.3%) had no turnover of family partners between FY2013 and FY2014. The overall turnover between the two years was 21.6%. National estimates of retention of behavioral health providers vary greatly, but this rate is similar to those found in other studies (Annapolis Coalition, 2007).

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Table 3. Family Partner Workforce

Community Mental Health Center	Number of CFPs FY13	Number of CFPs FY14	Number Turned Over Between Years
010 Betty Hardwick	2	2	1
020 Texas Panhandle	1	1	0
030 Austin Travis County Integral Care	3	1	2
040 Central Counties	1	1	0
050 Center for Health Care Services	7	8	0
060 Center for Life Resources	1	2	0
070 Central Plains	2	2	0
090 Emergence Health	2	1	1
100 Gulf Coast	2	2	0
110 Gulf Bend	2	2	1
130 Tropical Texas	3	4	1
140 Spindletop	2	3	0
150 Star Care	1	1	0
160 Concho Valley	0	1	0
170 Permian Basin	1	1	0
180 Nueces County	3	1	2
190 Andrews	1	1	0
200 MHMR of Tarrant	3	4	0
220 Heart of Texas	4	3	3
230 Helen Farabee	1	1	0
240 Community HealthCore	1	2	0
250 Brazos Valley	1	1	0
260 Burke Center	2	3	0
280 Harris County	4	9	0
290 Texoma MHMR	1	1	0
350 Pecan Valley	1	2	0
380 Tri-County MHMR	1	2	1
400 Denton County MHMR	1	1	0
430 Texana Center	2	3	0
440 ACCESS	1	1	0
450 West Texas Center	2	2	0
460 Bluebonnet Trails Community Center	3	5	1
470 Hill Country	1	5	0
475 Coastal Plains	2	2	2
480 Lakes Regional MHMR	1	1	0
485 Border Region MHMR	7	6	1
490 Camino Real	1	3	0
State Total	74	91	16

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Family Partner Services. Although the overall number of family partner services had remained fairly stable in the previous evaluation, FY2014 shows a trend towards increased volume of services. Parent support group encounters does not seem to have increased in the same manner. Figure 1 illustrates the total number of family partner services (2509) and parent support group services (2508) across the two fiscal years.

Figure 1. Family Partner Encounters FY13 to FY14
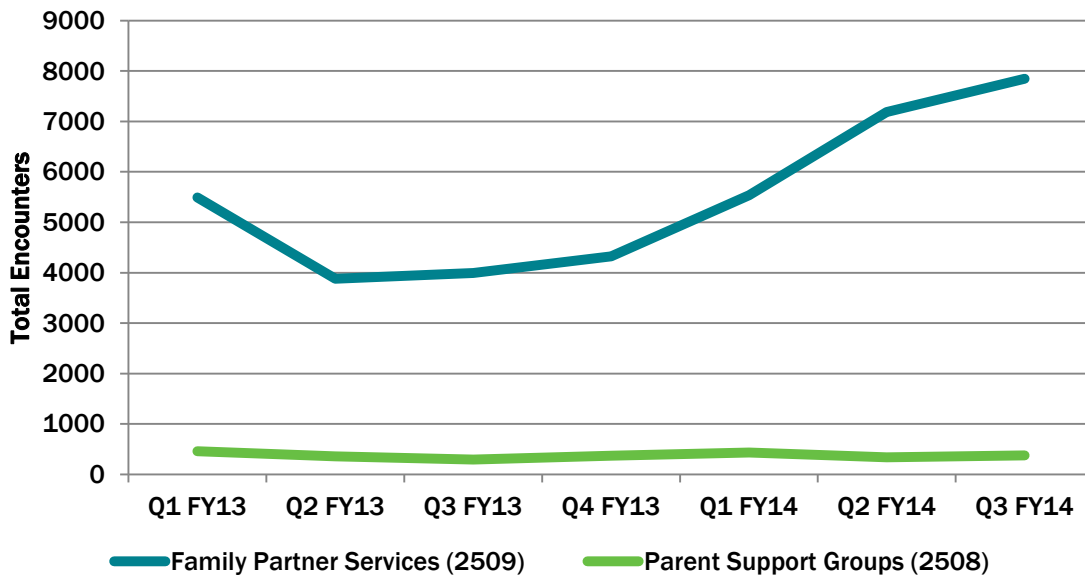
Youth Characteristics. The parents of 2,685 unique youth receive family partner services in FY13 and 6,827 received services in FY14. Characteristics of these youth are presented in Table 4. The youth whose parents received family partner services were similar across the two years and demographics were similar to those of the public mental health system.

Table 4. Youth Demographic Characteristics

	Youth Whose Parents Received FP Services (2509) FY2013 N=2,685	Youth Whose Parents Received FP Services (2509) FY2014 N=6,827
Characteristic	Mean (SD)	Mean (SD)
Youth Age	12.0 (3.6)	11.6 (3.6)
	Frequency (%)	Frequency (%)
Gender		
Female	1,025 (38.2%)	2,560 (37.5%)
Male	1,660 (61.8%)	4,267 (62.5%)
Race/Ethnicity		
White – Non-Hispanic	974 (36.3%)	2,200 (32.2%)

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White – Hispanic	957 (35.6%)	2,440 (35.7%)
Black – Non-Hispanic	589 (21.9%)	1,802 (26.4%)
Multi-Racial	159 (5.9%)	360 (5.3%)
Other	6 (0.2%)	25 (0.4%)

Selected items from the Child and Adolescent Needs and Strengths (CANS) scale were examined to better describe the population served with family partner services. The CANS was not used in FY13, so only data from FY14 is presented. Table 5 presents average scores on the five CANS scales and select CANS items. Overall, scores on the CANS scales were not significantly high, but reflected issues on a few domains. Children's strengths on relationship and home domains demonstrated that improving family relationships could benefit the youth's overall strengths and protective factors.

Table 5. CANS Scores for Youth and Families Receiving Family Partner Services

	Mean	SD
CANS Scale Scores*		
Child Risk Behaviors	2.61	2.78
Child Behavioral/Emotional Needs	6.38	3.80
Life Domain Functioning	4.59	3.46
Caregiver Strengths and Needs	3.18	3.27
Child Strengths	11.85	7.24
CANS Scale Counts**		
Child Risk Behaviors	0.59	1.04
Child Behavioral/Emotional Needs	2.09	1.84
Life Domain Functioning	1.74	2.07
Caregiver Strengths and Needs	0.77	1.50
Child Strengths	3.99	3.23
CANS Items***		
Life Domain – Family (discord)	0.95	0.90
Life Domain – Living Situation	0.61	0.76
Child Strengths – Family	0.87	0.85
Child Strengths – Relationship Permanence	0.91	0.90

* CANS scale scores range from 0 to 30, with higher scores reflecting greater needs. Reflecting similar scaling, lower scores on the Child Strengths scale indicates greater strengths.
**CANS scale counts reflect the number of issue areas that necessitate treatment planning and intervention (score of 2 or 3 on item).
*** CANS items are scored between 0 and 3, with higher scores reflecting greater needs.

Levels of Care. In FY13, the majority of family partner services were provided to youth in Level of Care 2 (58.5%), the more intensive service level, although provision in Level of Care 1 (less intensive) was also common (39.6%). Very few family partner services were provided to youth in Level of Care 4 (1.9%), which represents a maintenance level of care.

However, in some ways these statistics misrepresent the broader pattern due to the variance between CMHCs. As noted in Table 6, some large CMHCs, such as MHMRA of Harris County, Center for Health Care Services, and West Texas Center, provided the majority of family partner services to families in Level of Care 1. However, 28 of the 37 CMHCs provided the majority of family partner services to the highest levels of care and 19 provided 80% or greater of their family partner services to families with high needs.

In FY14, DSHS created different levels of care to reflect changes in the state assessment system and to the system's framework for programs - Texas Resilience and Recovery (TRR). Under this new framework, wraparound planning was provided to youth in Level of Care 4 or the YES program (at 5 sites), and the basic or maintenance level of care was reflected by Level of Care 1. A new level of care was also added for early childhood programs. This shift in the overall design seems to have led to a smaller percentage of family partner services occurring within the wraparound planning model, with 14.7% of all family partner services occurring within the intensive packages (compared to 58.5% in FY13). Within this new framework, half of all family partner services (50.0%) were provided in Level of Care 2 and an additional 22.8% were provided in Level of Care 3. Family partner services were also well-represented within the early childhood level, representing 5.6% of all family partner services.

Table 6. Family Partner Encounters by Levels of Care

Community Mental Health Center	Levels of Care – FY13 and FY14			
	Non-wraparound		Wraparound Planning	
	FY13 C1.1, C1.2	FY14 C2, C3	FY13 C2.1-C2.4, CY	FY14 C4, CY
010 Betty Hardwick	70.9%	84.7%	28.8%	3.9%
020 Texas Panhandle	19.3%	76.2%	79.5%	10.6%
030 Austin Travis Cty Integral Care	0.3%	27.4%	94.4%	64.6%
040 Central Counties	2.8%	100%	97.2%	0%
050 Center for Health Care Services	52.4%	71.2%	40.4%	18.7%
060 Center for Life Resources	18.2%	86.8%	81.8%	8.4%
070 Central Plains	27.6%	82.8%	71.0%	10.1%
090 Emergence Health	0.3%	23.4%	99.4%	74.8%
100 Gulf Coast	19.6%	76.1%	80.4%	22.0%
110 Gulf Bend	24.5%	94.6%	75.5%	4.8%
130 Tropical Texas	42.0%	62.1%	56.6%	28.8%
140 Spindletop	41.8%	88.0%	58.2%	0.8%
150 StarCare	11.6%	72.8%	88.4%	2.0%
160 Concho Valley	N/A	82.1%	N/A	5.8%
170 Permian Basin	16.2%	34.4%	83.8%	65.6%

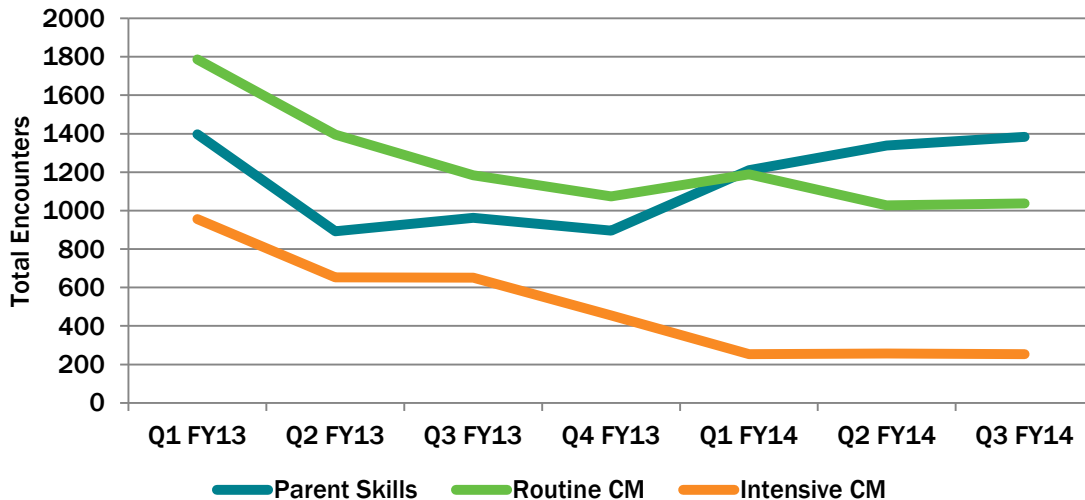|				
180 Nueces County	15.7%	63.3%	82.3%	23.5%
190 Andrews	9.3%	69.4%	90.5%	23.0%
200 MHMR of Tarrant	7.2%	63.1%	89.6%	21.4%
220 Heart of Texas	52.0%	69.4%	45.8%	23.0%
230 Helen Farabee	17.2%	66.5%	82.3%	3.5%
240 Community HealthCore	57.7%	63.3%	30.8%	4.0%
250 Brazos Valley	17.3%	90.5%	80.7%	6.5%
260 Burke Center	67.6%	82.7%	32.4%	4.3%
280 Harris County	87.7%	79.8%	11.4%	6.7%
290 Texoma MHMR	39.2%	27.5%	56.9%	71.6%
350 Pecan Valley	16.9%	63.5%	83.1%	28.0%
380 Tri-County MHMR	0%	68.2%	100%	28.8%
400 Denton County MHMR	31.7%	50.0%	58.5%	50.0%
430 Texana Center	5.3%	84.4%	93.5%	8.5%
440 ACCESS	0%	66.5%	100%	0.8%
450 West Texas Center	97.7%	90.2%	2.0%	1.3%
460 Bluebonnet Trails Comm. Center	33.2%	77.8%	65.3%	8.8%
470 Hill Country	28.7%	74.5%	64.6%	10.2%
475 Coastal Plains	5.6%	85.4%	94.4%	5.6%
480 Lakes Regional MHMR	35.7%	72.3%	42.9%	0%
485 Border Region MHMR	0.4%	60.2%	99.6%	25.8%
490 Camino Real	3.5%	70.2%	96.3%	14.6%
State Total	39.6%	72.7%	58.5%	14.7%

Intensity of Family Partner Service. Service intensity was examined by calculating the average hours of family partner services (2509) per month for families in lower and higher intensity packages. The change in average intensity is reflected in Figure 2. The chart seems to suggest that as more families began to be served in non-wraparound levels of care, the service intensity lessened for those families to a little more than an hour per month, while the intensity for families remaining in wraparound increased to almost double that of families in lower levels of care.

Figure 2. Change in Service Intensity for Family Partner Services

Average Hours Per Month

Non-Wraparound Levels: FY13 = 1.91, FY14 = 1.12
Wraparound Levels: FY13 = 1.68, FY14 = 2.1

Legend: ■ FY13 ■ FY14
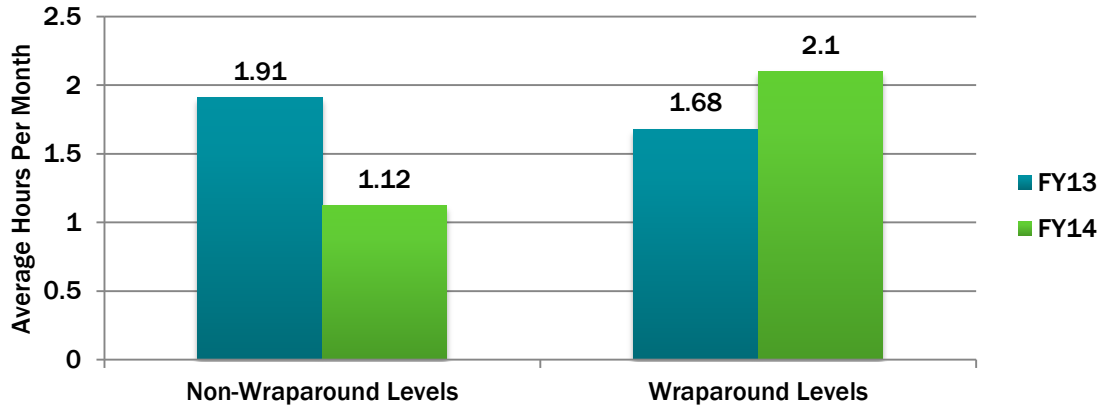
Provision of Skills Training by Family Partners. One of the significant changes occurring during FY14 was an amendment to the Medicaid State Plan, which defined credentials for certified family partners and identified CFPs as one potential provider of Parent Skills Training, a Rehabilitation service. CFPs, like other providers of Parent Skills Training, were required to be trained in an approved evidence-based parent-training program. Some stakeholders expressed concerned that the addition of this revenue source could lead to a reduction in more traditional family partner services, which are not reimbursed by Medicaid at present. To explore this possibility, the volume of skills training services provided by family partners in FY13 and FY14 was examined for any increases. Figure 3 presents the trends by quarter.

Figure 3. Trends in Other Services Provided by CFPs

Total Encounters

X-axis: Q1 FY13, Q2 FY13, Q3 FY13, Q4 FY13, Q1 FY14, Q2 FY14, Q3 FY14

Legend: — Parent Skills — Routine CM — Intensive CM

Although the volume of parent skills training did trend upward in FY14, it is not greater than that provided in the first quarter of FY13. Further exploration of the data showed that the majority of CMHCs did not have CFPs providing parent skills training. Those CMHCs that provided the majority of these services were doing so in FY13 as well, suggesting that the CFPs within these organizations already had the credentials to bill for rehabilitation services. The organizations that represented the greatest volume of skills training provided by CFPs over the 2-year period were Spindletop (38.1%), Border Region (14.7%), Heart of Texas MHMR (14.2%), and Center for Life Resources (9.0%). The other services most commonly provided by CFPs were routine case management and intensive case management (wraparound). The trend over time for both showed a decrease in the volume of these services provided by CFPs.

Conclusion

Summary of Findings

The family partners who responded to the survey were employed in a variety of geographic areas – from urban to rural and border. Although agency tenure varied, the majority of CFPs were employed for less than 3 years. CFPs also reported significant diversity in the size of their caseloads, with the largest group reporting caseloads larger than 75. The results of the family partner survey indicated that most family partners are satisfied with their jobs and intend to remain with their current employer; however, significant variability does exist. The factors that played the largest role in whether or not CFPs intended to remain in their jobs were their overall satisfaction with the job, their perception of the impact they have with families, and the percent of time in direct contact with families. This finding seems to emphasize that most CFPs are invested in their position because of their passion for working with parents and that other qualities of their jobs and agency are less important to them.

Analyses of administrative data show that the number of CFPs in the workforce has significantly increased in the past year. Many CMHCs experienced no turnover, but the average turnover rate across the state was 21.6%, within the range generally reported for behavioral health providers, but higher than many other professions (e.g., teachers). This increase in CFPs across the state was also reflected in an increase in family partner services in FY14. This increased volume of services reflected the provision of family partner services to more families, rather than an increase in the number of contact hours with the families served. While many CMHCs had previously targeted family partner services to those families involved in wraparound planning in FY13, there was a shift to providing the majority of family partner services to those families in lower levels of care in FY14. The CANS scales seemed to reflect the less intensive nature of the population being served in

FY14. Although CFPs were providing parent skills training in small numbers, there was not a significant increase in the use of CFPs in this role following changes to financing policies. However, with the increasing volume of services provided in FY14, there did seem to be some reduction in the use of CFPs to provide routine and intensive case management services.

Additional Recommendations

The current study suggests some additional strategies for strengthening the certified family partner workforce in Texas and next steps for evaluation.

1. Communication tools should be developed to highlight the core activities of family partners and highlight the critical role they play as a support to caregivers of youth with mental health challenges. These tools should target various audiences, such as policy makers, agency administrators, other behavioral health professionals, and caregivers.
2. Agency leaders should ensure that they maximize the amount of time that CFPs spend with families in direct service, allowing them to minimize time in administrative tasks. This is likely to increase provider retention.
3. TIEMH, Via Hope, and DSHS should pilot test a measure of service quality or "fidelity" to better document service provision and serve as a supervision tool.
4. TIEMH should collaborate with Via Hope and CMHCs to conduct a study of the outcomes of family partner services, examining the impact of services provided to caregivers of youth within different levels of care. Outcomes should include both those traditionally measured in the system and additional measures of parent empowerment, confidence, and coping.
5. Given the relatively small number of CFPs within the state, DSHS should use existing data or the results of an outcome evaluation to explore optimal strategies for deploying family partner services, focusing on those families most likely to experience the greatest benefit.

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Acknowledgements

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Block 2

Thank you for your willingness to take part in this survey. We believe your responses will help inform the system about important factors that relate to job satisfaction and turn-over for family partners. Please remember that your responses are anonymous and you may skip any question for any reason.

Best Descriptor of the Area in Which You Work:

○ Primarily large metropolitan

○ Primarily medium metropolitan and surrounding areas

○ Small metropolitan and rural surrounding areas

○ Rural with metropolitan within 100 miles

○ Rural with no nearby metropolitan area

How would you describe your gender?

Female	Male	Other
○	○	○

How long have you been a family partner or served in a similar role?

Less than 1 year	1-3 years	3-5 years	5-10 years	More than 10 years
○	○	○	○	○

How would you describe your employment arrangement with your mental health center or other agency?

Direct employee	Contractor	Contractor (until certification only)	Employee of organization with a contract	Volunteer	Other
○	○	○	○	○	○

How long have you worked at the agency?

Less than 1 year	1-3 years	3-5 years	5-10 years	More than 10 years
○	○	○	○	○

How many hours per week do you work as a family partner (on average)?

0 to 5	5 to 10	10 to 15	15 to 20	20 to 30	30 to 40	More than 40
○	○	○	○	○	○	○

How many families are you currently assigned to work with (i.e., your caseload)?

Less than 5	5 to 10	11 to 20	21 to 35	36 to 50	51 to 75	More than 75
○	○	○	○	○	○	○

Please estimate the percentage of families you serve in each level of care (total should be 100%). Please enter a number only.

Level of Care 0 (Crisis)

Level of Care 1

Level of Care 2

Level of Care 3

Level of Care 4

Please estimate the percentage of your on-the-job hours that are spent providing family partner services, either face-to-face or through other methods of contact (e.g., telehealth, phone, texting). Please exclude time spent traveling, documenting, participating in supervision or other meetings, or providing unrelated services.

Percentage

Please answer the following questions about your experience with your job?

	Strongly Agree	Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Disagree	Strongly Disagree
All in all, I am satisfied with my job.	○	○	○	○	○	○	○
Staff in my agency frequently complain about their jobs.	○	○	○	○	○	○	○
My job meets the expectations I had when I took it.	○	○	○	○	○	○	○
I frequently think of quitting this job.	○	○	○	○	○	○	○
Staff in my agency understand my role as a family partner.	○	○	○	○	○	○	○
My work is personally rewarding.	○	○	○	○	○	○	○
If I had to decide all over again, I would still take this job.	○	○	○	○	○	○	○
My coworkers seem to enjoy their jobs.	○	○	○	○	○	○	○
I will probably look for a new job in the next year.	○	○	○	○	○	○	○
I feel like I am able to make a difference in the lives of the families I work with.	○	○	○	○	○	○	○
I feel supported by my coworkers.	○	○	○	○	○	○	○
There is a good chance that I will leave this job in the next year or so.	○	○	○	○	○	○	○
My coworkers respect the work that I do with families.	○	○	○	○	○	○	○
I would recommend my job to a friend.	○	○	○	○	○	○	○
I feel like families value the work that I do.	○	○	○	○	○	○	○
I feel like a part of the team with other providers.	○	○	○	○	○	○	○

If you could change something about your job, what would it be?

Do you have any other comments you would like to provide?