



LIFESKILLS CENTER FOR CHILD WELFARE
EDUCATION AND RESEARCH

Recovery-Oriented System of Care Summit Series

External Final Report

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To:

Kentucky Court of Justice

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Table of Contents

Executive Summary	3
Recovery-Oriented System of Care Summit Series Final Report	4
Section 1: Data Collection and Participants	4
Table 1. Participant Invitations to Complete Survey	5
Figure 1. Participant Invitations to Complete Survey	6
Figure 2. Participant Race	6
Figure 3. Participant Ethnicity	7
Figure 4. Participant Sex at Birth	7
Figure 5. Highest Level of Education.....	8
Figure 6. Licensed Professionals	8
Figure 7. Professional Discipline	9
Figure 8. District Represented.....	9
Figure 9. Live/Work in Same County?	10
Sessions	10
Section 2: Quantitative Analysis – Evaluation of Summit Sessions	10
Session 1: Cognitive Impairment and the Courts	11
Figure 10: Cognitive Impairments and the Courts	11
Findings Re: Session 1: Cognitive Impairment and the Courts	11
Session 2: The Power of a Person-Centered Approach	12
Figure 11: The Power of a Person-Centered Approach.....	12
Findings Re: Session 2: The Power of a Person-Centered Approach.....	12
Session 3: Expanding the Conversation: Bridging the Relationship Between a Person-Centered Approach and Harm Reduction	13
Figure 12: Expanding the Conversation: Bridging the Relationship Between a Person-Centered Approach and Harm Reduction.....	13
Findings Re: Session 3: Expanding the Conversation: Bridging the Relationship Between a Person-Centered Approach and Harm Reduction.....	13
Session 4: Optimizing Connection: A Unified Approach	14
Figure 13: Optimizing Connection: A Unified Approach.....	14
Findings Re: Session 4: Optimizing Connection: A Unified Approach	14
Session 5: Perspectives from the Field	15
Figure 14: Perspectives from the Field.....	15
Findings Re: Session 5: Perspectives from the Field	15
Section 2: Quantitative Analysis – Evaluation of Knowledge Attainment	16
Figure 15: Knowledge Attainment	16
Findings Re: Evaluation of Knowledge Attainment.....	16
Section 3: Qualitative Analysis	17
Qualitative Response - Additional Topics Requested	17
Table 6. Additional Topics.....	17
Conclusions and Recommendations	18

Executive Summary

Western Kentucky University's LifeSkills Center for Child Welfare Education and Research (LCCWEAR) completed an evaluation of the Recovery-Oriented System of Care (ROSC) Summit series, in Kentucky, between June 26th, 2024, and September 10th, 2024. A mixed methods approach was utilized to assess the participant experience from attending the Regional Summits (e.g., effectiveness of presenter, effectiveness of presentation, knowledge attainment, etc.).

A total of 501 participants completed the survey, and robust data supports the position that the ROSC Summit series was a success. Participants reported learning valuable information to enhance recovery-oriented care efforts in the counties where they work and live. The program was broken into five salient content areas, and both quantitative and qualitative data provides clear evidence that the attendees felt that the presenters and the presentations across each of these Sessions were effective. A list is below:

- Session 1: Cognitive Impairment and the Courts
- Session 2: The Power of a Person-Centered Approach
- Session 3: Expanding the Conversation: Bridging the Relationship Between a Person-Centered Approach and Harm Reduction
- Session 4: Optimizing Connection: A Unified Approach
- Session 5: Perspectives from the Field

Additionally, Summit participants reported a statistically significant improvement in their level of knowledge increase across all five salient content areas (e.g., Brain Injury Awareness, Person-Centered Resilience-Oriented Approaches, Harm Reduction, System Mapping, Significance of Cross-Agency Collaboration). This report will also include their qualitative feedback related to how they offered suggestions for additional topics at the Summit (e.g., youth and families), cultural and social considerations (e.g., systemic inequalities), aspects of the legal and systematic processes (e.g., resources and referrals), and additional skills and tools for professionals (e.g., behavioral and physical health education). Additional details and recommendations for consideration are included.

Recovery-Oriented System of Care Summit Series Final Report

This report contains survey results completed by attendees of the Recovery-Oriented System of Care (ROSC) Summit Series, in Kentucky, between June 26th, 2024, and September 10th, 2024. Evaluation services were provided by the Western Kentucky LifeSkills Center for Child Welfare Education and Research (LCCWEAR). This evaluation's overall goals were to 1) design a comprehensive survey that collectively identifies key aspects to measure as it pertains to the participant experience from attending the Regional Summits (e.g., effectiveness of presenter, effectiveness of presentation, knowledge attainment, etc.); 2) develop a comprehensive survey meant to assess outcomes of attending the Regional Summits; 3) after IRB approval, distribute the electronic survey to participants to collect participant feedback; 4) analyze both quantitative and qualitative data; and 5) disseminate a final report. This report will be broken into three sections for clarity:

- Section 1: Data Collection and Participants
- Section 2: Quantitative Analysis
- Section 3: Qualitative Analysis

Section 1: Data Collection and Participants

The Recovery-Oriented System of Care (ROSC) Summit Series in Kentucky is dedicated to advancing a recovery-oriented approach to healthcare, with a particular focus on addiction treatment. These summits emphasize empowering individuals, strengthening community support, and acknowledging that recovery can be achieved through diverse pathways rather than a one-size-fits-all approach. In Kentucky, such events are often hosted by organizations such as courts, judicial systems, or community health networks, aiming to enhance their practices in supporting individuals on their recovery journeys. The ROSC Summit Series hosted a total of seven events across Kentucky. Each Summit was a one-day event, with one offered in June 2024, two in July 2024, two in August 2024, and two in September 2024. The following details outline the date and location of the Summits as they were delivered:

- June 26, 2024, Northern Kentucky University: Student Union Hall, *Highland Heights*
- July 10, 2024, Crowne Plaza Louisville Airport Expo Center, *Louisville*
- July 30, 2024, Western Kentucky University: Knicely Convention Center, *Bowling Green*
- August 13, 2024, McCracken County Convention and Expo Center, *Paducah*
- August 21, 2024, Center for Rural Development, *Somerset*
- September 4, 2024, Ramada by Wyndham Paintsville Hotel and Convention Center, *Paintsville*
- September 10, 2024, Administrative Office of the Courts, *Frankfort*

After receiving IRB approval by Western Kentucky University (WKU), emails with a hyperlinked electronic survey were sent to Summit participants who provided their email addresses, where they were asked to evaluate their experience of attending the event. Approximately one week later, reminder emails were sent to participants to complete the survey. See Table 1 for details on the number of participants who received emails to participate in the evaluation, along with dates for when emails were sent.

Table 1. Participant Invitations to Complete Survey

Summit Location	Summit Date	Number of participant emails (n)	Initial Email Send Date	Reminder Email Send Date
Northern Kentucky University	6/26/24	98	6/27/24	7/3/24
Louisville	7/10/24	224	7/16/24	7/19/24
Bowling Green	7/30/24	150	7/31/24	8/6/24
Paducah	8/13/24	135	8/15/24	8/21/24
Somerset	8/21/24	169	8/27/24	9/3/24
Paintsville	9/4/24	127	9/5/24	9/11/24
Frankfort	9/10/24	116	9/11/24	9/18/24

There were a total of 501 participants who completed the survey to evaluate their experience at the ROSC Summits. The survey was administered to participants between June 26, 2024, and September 10, 2024. Related to race, the majority of the participants identified as White ($n = 444$, 89.0%) and Black or African American ($n = 49$, 9.8%). Related to ethnicity and sex at birth, most participants identified as non-Hispanic ($n = 494$, 99%) and female ($n = 391$, 78%). Participants averaged 44.8 years of age ($SD = 11.1$), had worked in their current job for an average of 2.7 years ($SD = 1.5$), and had worked in their current field for an average of 3.8 years ($SD = 1.9$). The majority of participants reported having some level of college degree ($n = 425$, 85%), with the most common degree being a bachelor's degree ($n = 203$, 40.6%). The majority of participants did not identify themselves as a “licensed professional” ($n = 364$, 72.7%). Participants represented multiple professional disciplines with the Administrative Office of the Courts being the most common discipline ($n = 217$, 43.3%). Participants represented a variety of the seven districts across the state of Kentucky, with District 1 having the most representation ($n = 87$, 17.5%), and the majority of participants worked and lived within the same county ($n = 355$, 70.9%). A series of figures have been added to this report to assist in describing the sample - as it pertains to participant characteristics.

Figure 1. Participant Invitations to Complete Survey

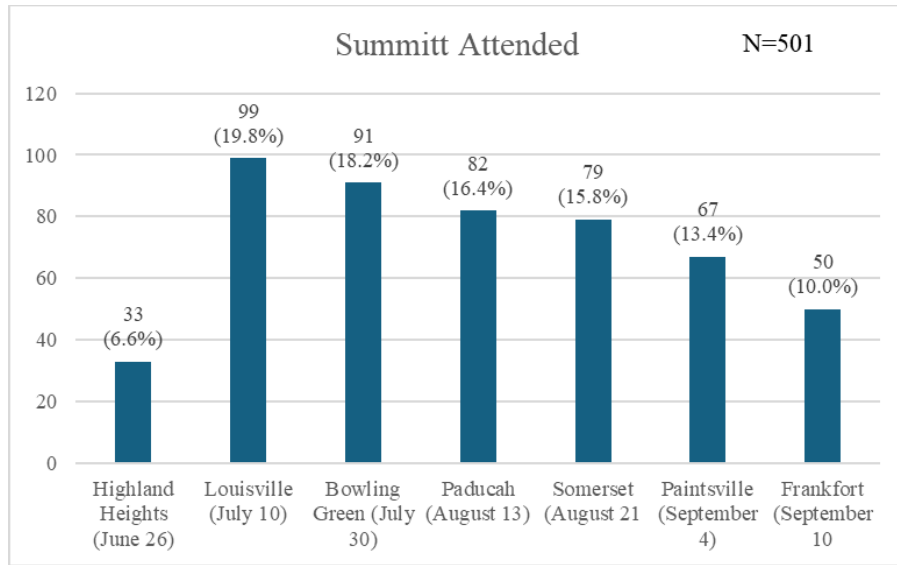


Figure 2. Participant Race

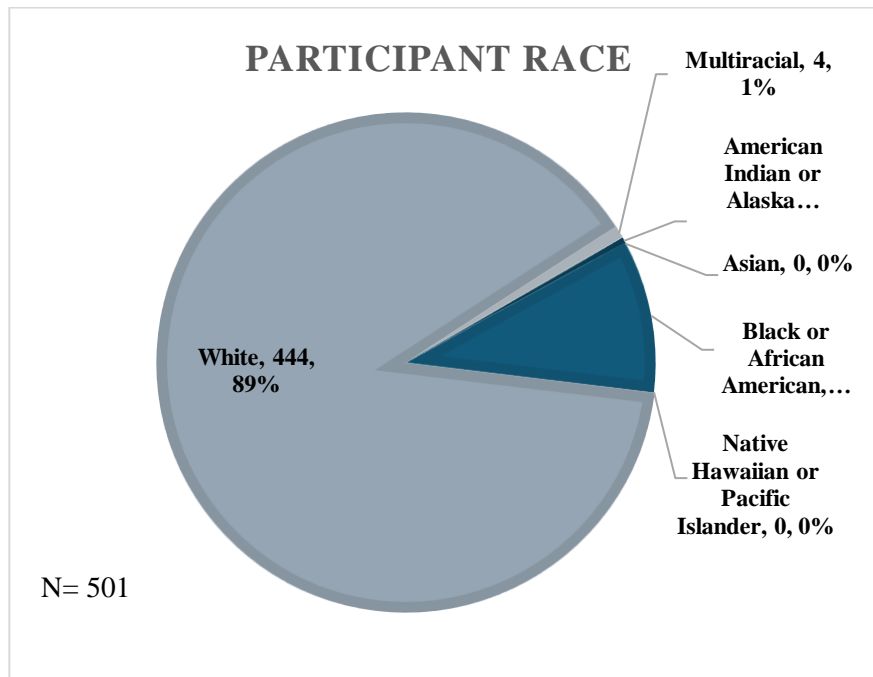


Figure 3. Participant Ethnicity

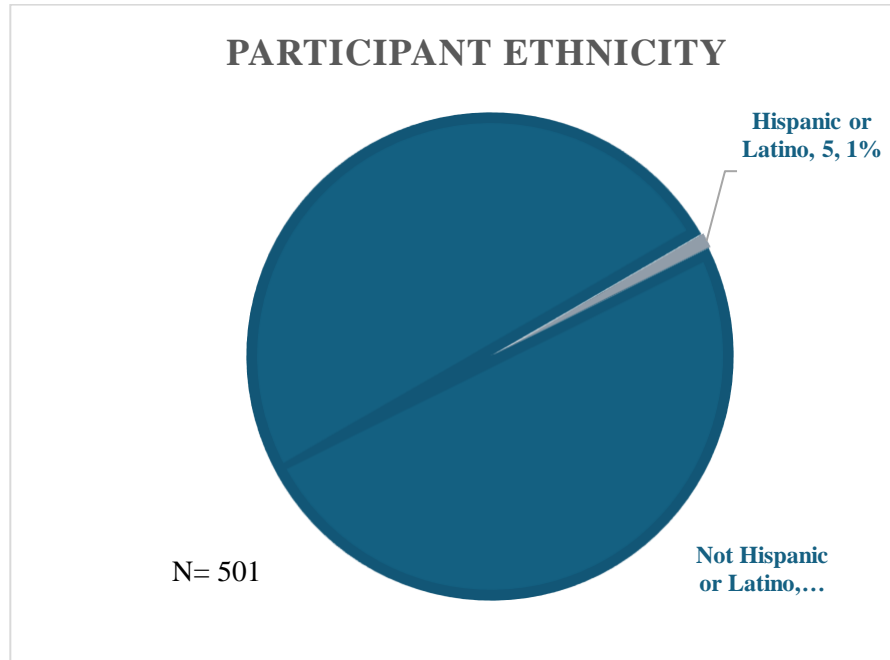


Figure 4. Participant Sex at Birth

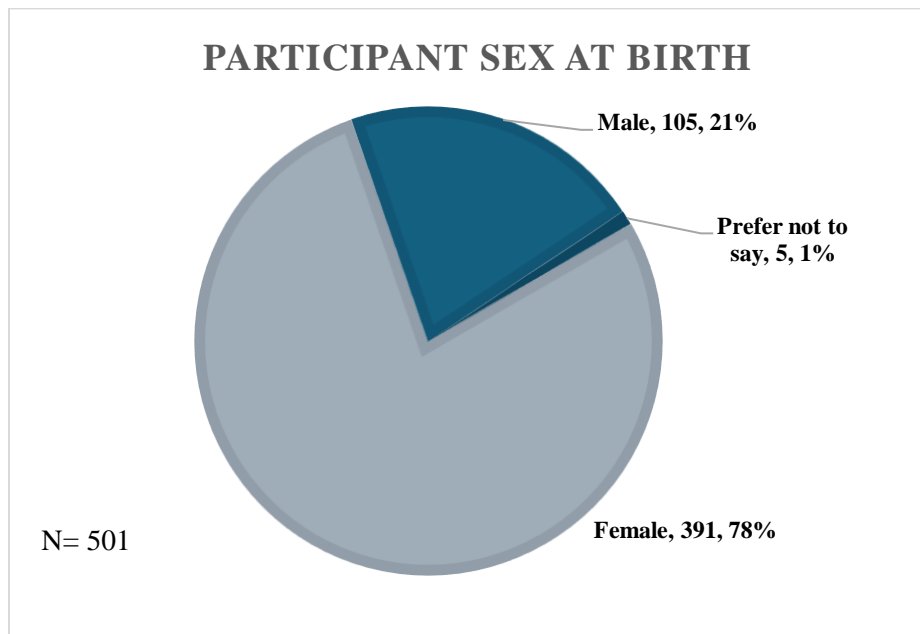


Figure 5. Highest Level of Education

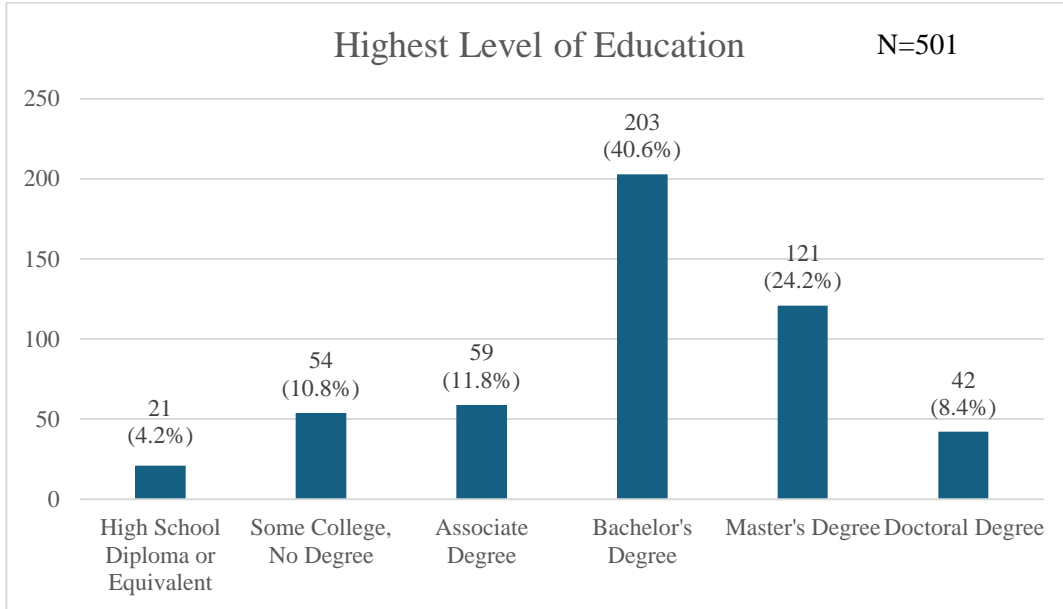


Figure 6. Licensed Professionals

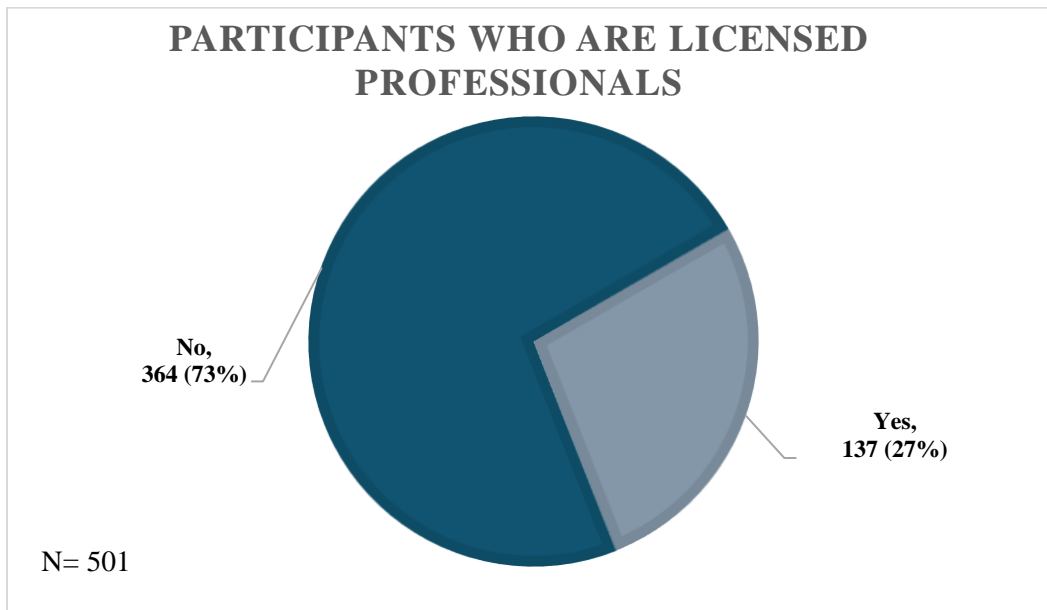


Figure 7. Professional Discipline

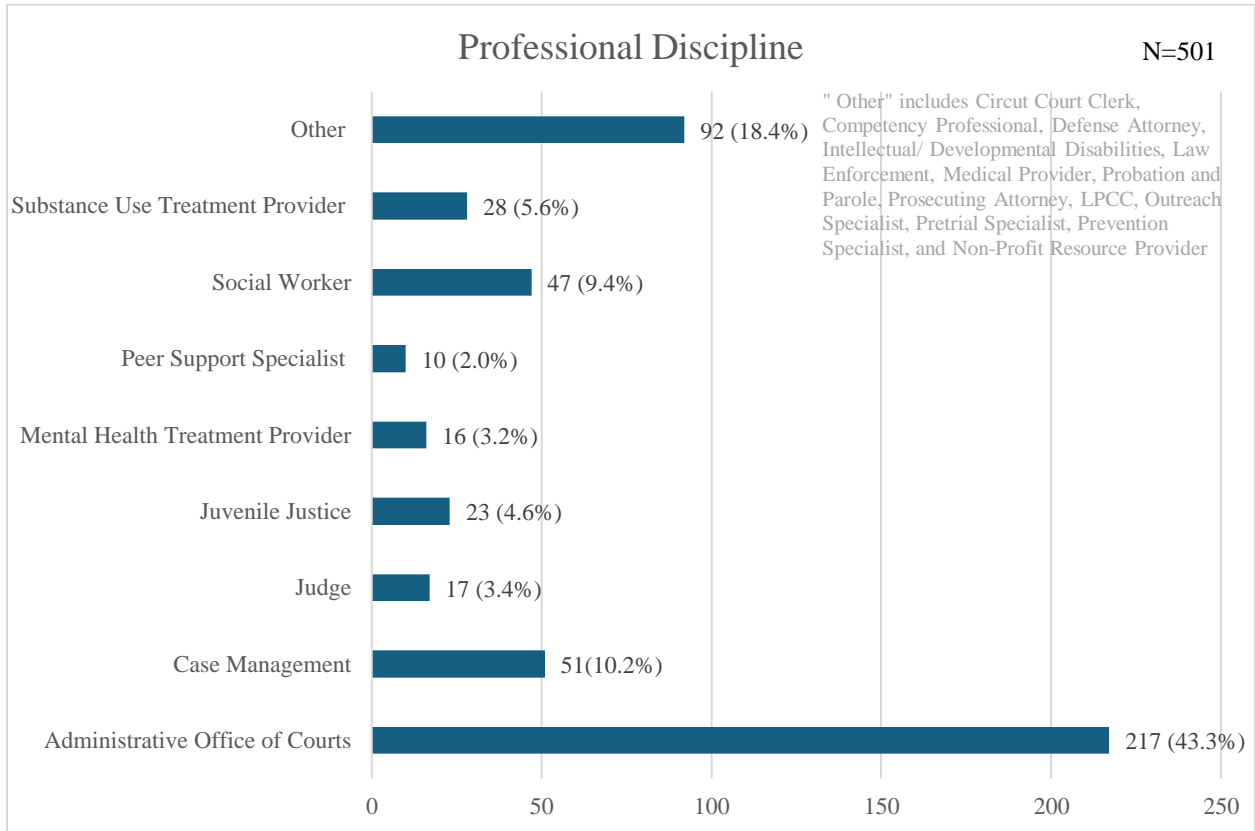


Figure 8. District Represented

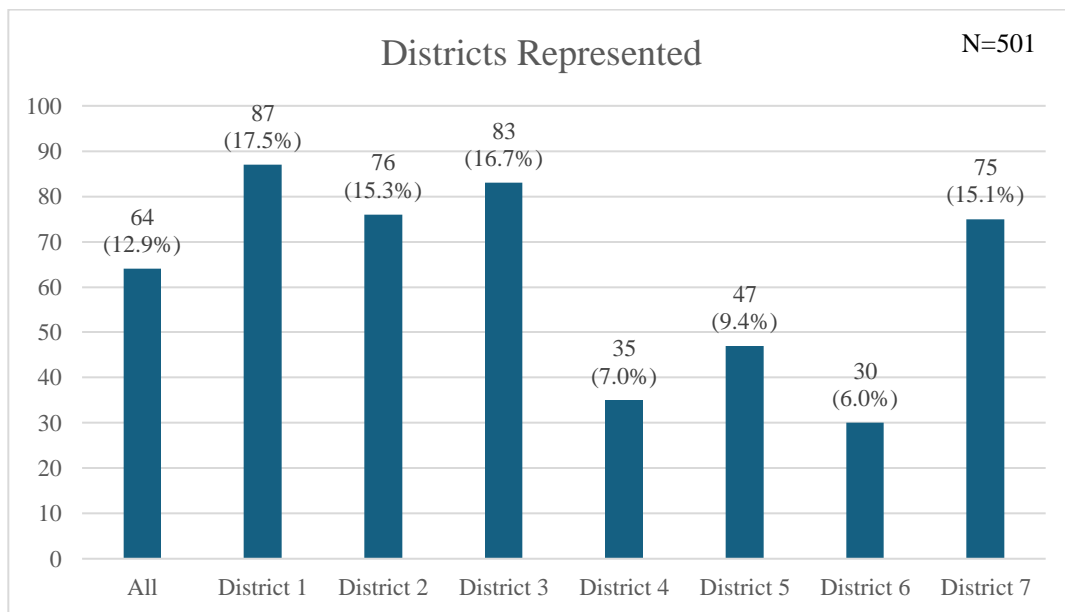
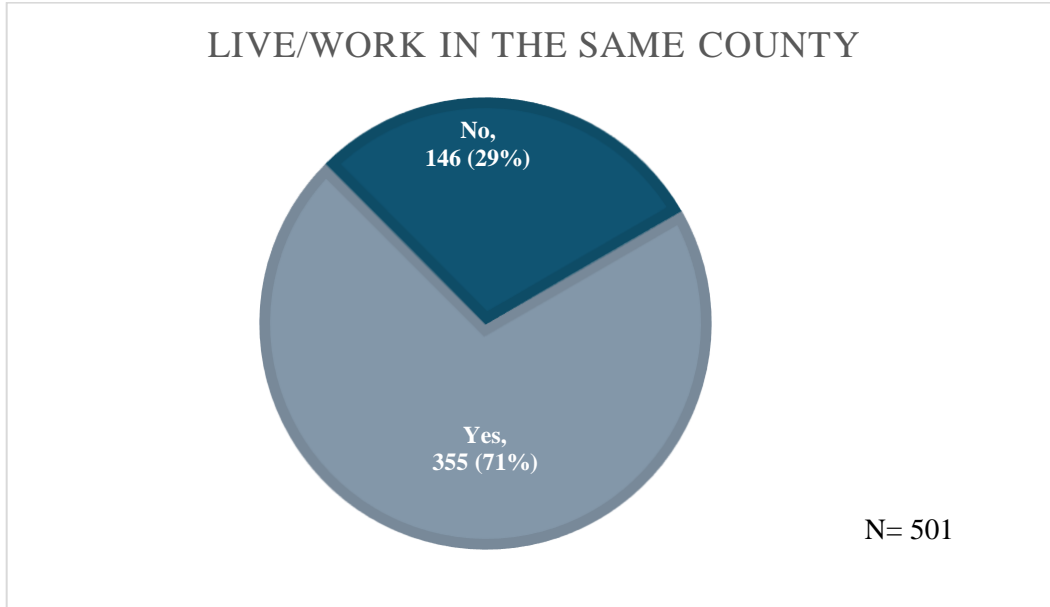


Figure 9. Live/Work in Same County?



Sessions

The daily program was broken into five salient sessions at each of the seven ROSC Summit Series events. The title for each session is below, based on the content area.

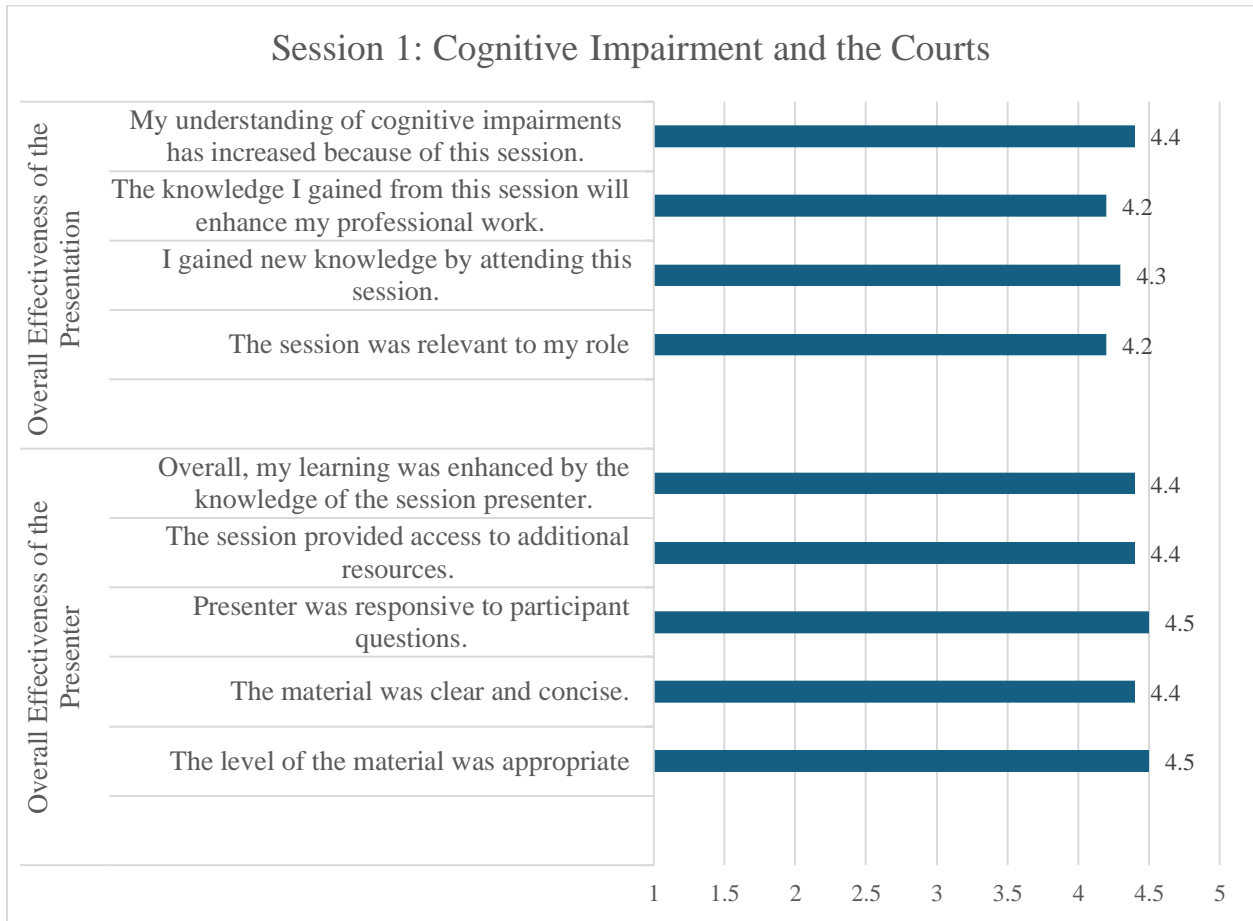
- Session 1: Cognitive Impairment and the Courts
- Session 2: The Power of a Person-Centered Approach
- Session 3: Expanding the Conversation: Bridging the Relationship Between a Person-Centered Approach and Harm Reduction
- Session 4: Optimizing Connection: A Unified Approach
- Session 5: Perspectives from the Field

Section 2: Quantitative Analysis – Evaluation of Summit Sessions

The quantitative evaluation for the ROSC Summits is broken into two separate parts - a) the evaluation of the summit sessions and b) knowledge attainment. As far as evaluation of the Summit sessions, the assessment included two approaches. First, the overall effectiveness of the presenter was measured by a total of five positively framed Likert-style items (e.g., 1= strongly disagree to 5= strongly agree). Examples of these individual items include the following: “The level of the material was appropriate” and “The session provided access to additional resources.” Next, the overall effectiveness of the presentation was measured by a total of four positively framed Likert-style items (e.g., 1= strongly disagree to 5= strongly agree). Examples of these individual items include the following: “The session was relevant to my role” and “The knowledge I gained from this session will enhance my professional work.” Knowledge attainment will be examined later in the report using a retrospective design. A figure was added under each section to illustrate the mean values for both the effectiveness of the presenter and the effectiveness of the presentation.

Session 1: Cognitive Impairment and the Courts

Figure 10: Cognitive Impairments and the Courts

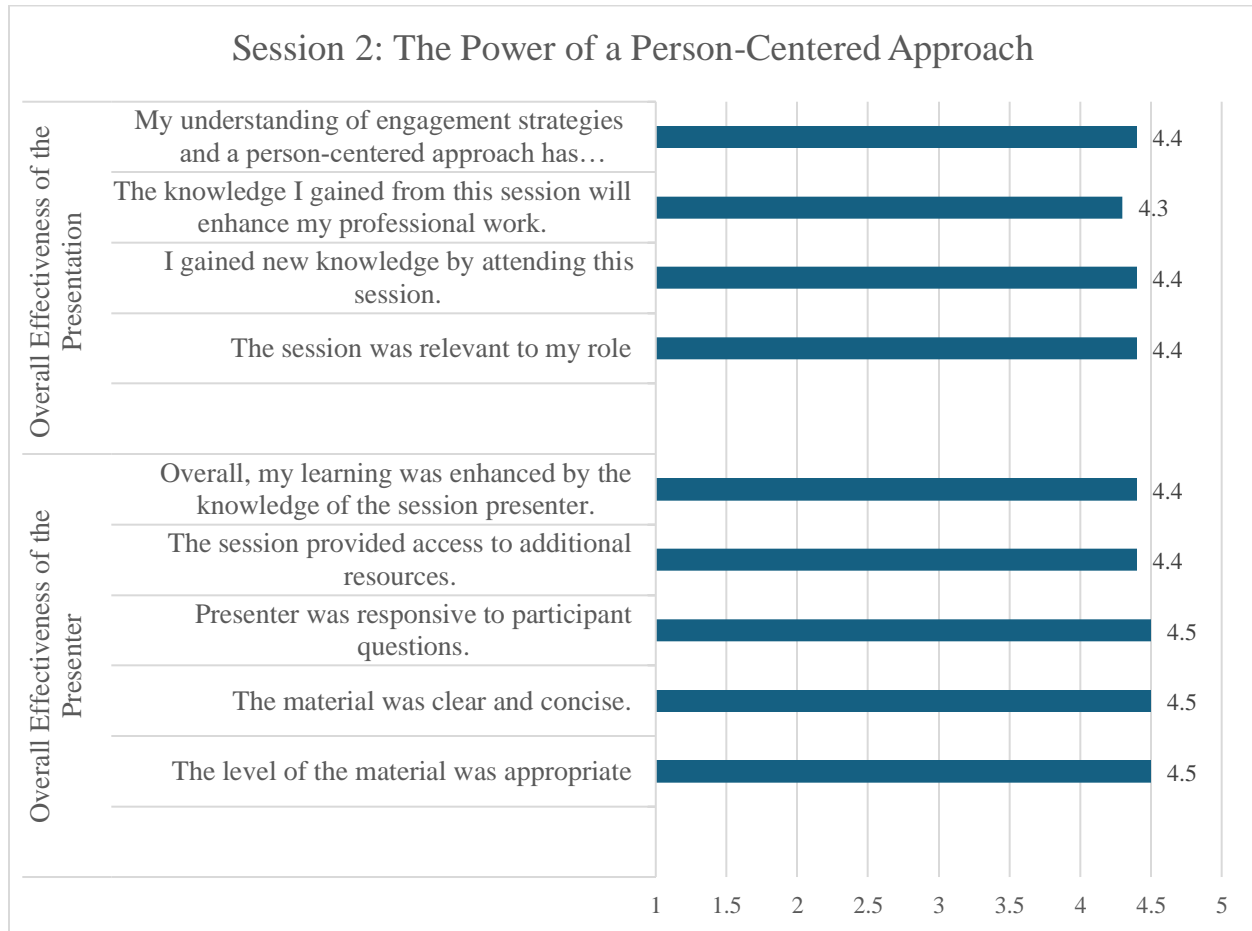


Findings Re: Session 1: Cognitive Impairment and the Courts

Related to Session 1, quantitative feedback indicated that Summit participants felt the presenters were effective, as mean scores across all five items were between 4.4 and 4.5 on the 5-point scale. As it relates to the presentation, Summit participants also felt that the presentations were effective as means scores across all four items were between 4.2 and 4.4 on the 5-point scale.

Session 2: The Power of a Person-Centered Approach

Figure 11: The Power of a Person-Centered Approach

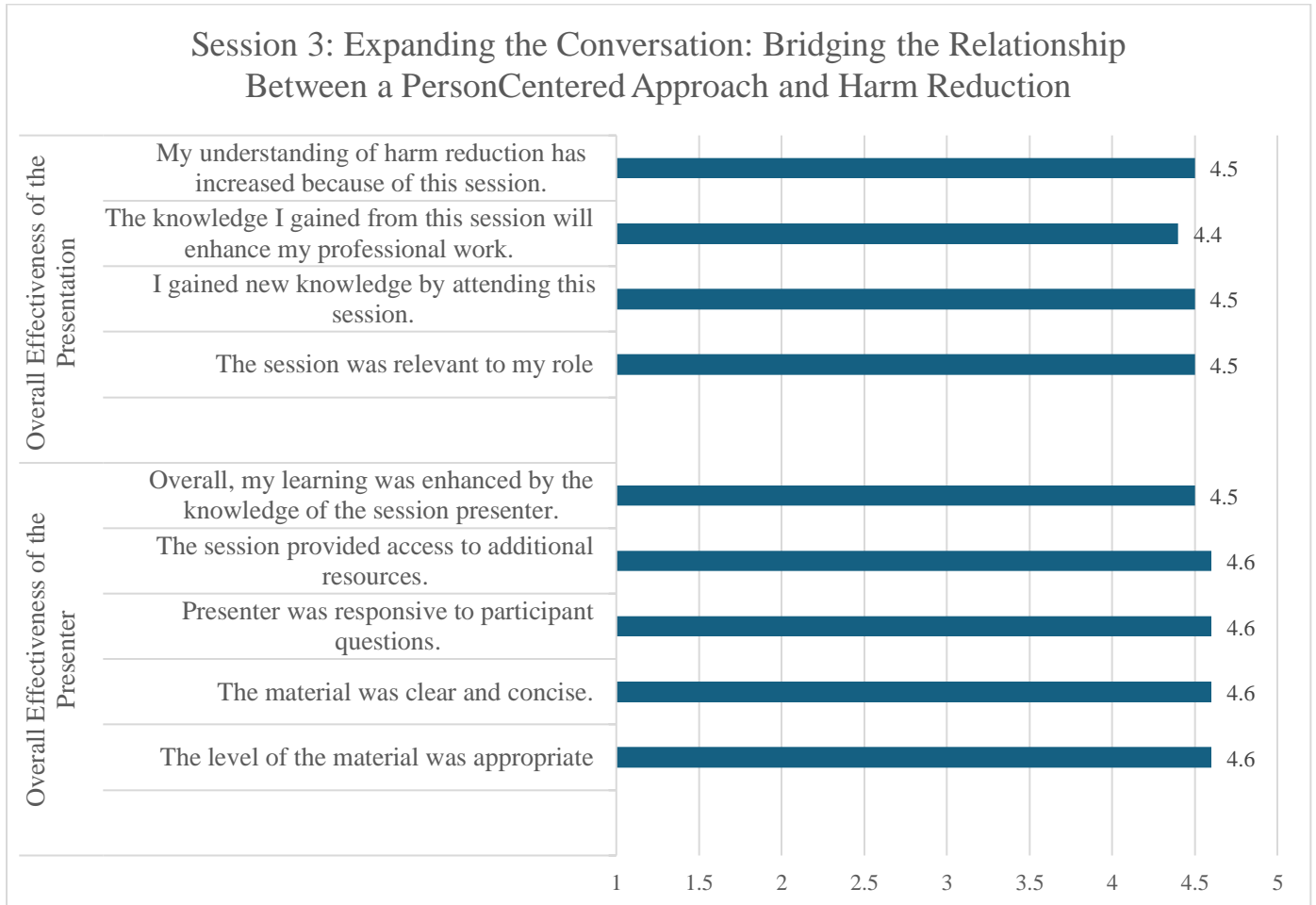


Findings Re: Session 2: The Power of a Person-Centered Approach

Related to Session 2, quantitative feedback indicated that Summit participants felt the presenters were effective, as mean scores across all five items were between 4.4 and 4.5 on the 5-point scale. As it relates to the presentation, Summit participants also felt that the presentations were effective as means scores across all four items were between 4.3 and 4.4 on the 5-point scale.

Session 3: Expanding the Conversation: Bridging the Relationship Between a Person-Centered Approach and Harm Reduction

Figure 12: Expanding the Conversation: Bridging the Relationship Between a Person-Centered Approach and Harm Reduction

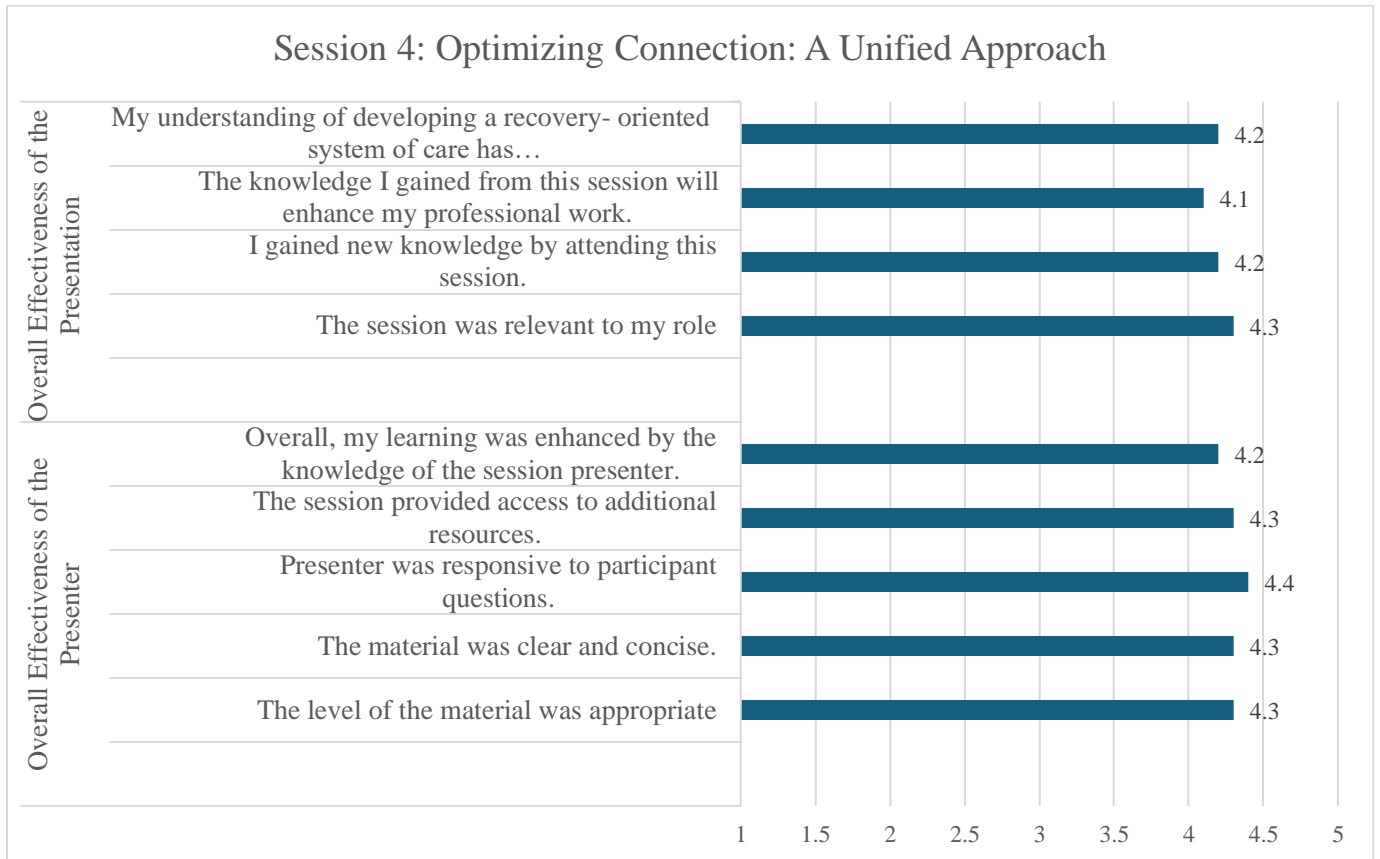


Findings Re: Session 3: Expanding the Conversation: Bridging the Relationship Between a Person-Centered Approach and Harm Reduction

Related to Session 3, quantitative feedback indicated that Summit participants felt the presenters were effective, as mean scores across all five items were between 4.5 and 4.6 on the 5-point scale. As it relates to the presentation, Summit participants also felt that the presentations were effective as means scores across all four items were between 4.4 and 4.5 on the 5-point scale.

Session 4: Optimizing Connection: A Unified Approach

Figure 13: Optimizing Connection: A Unified Approach

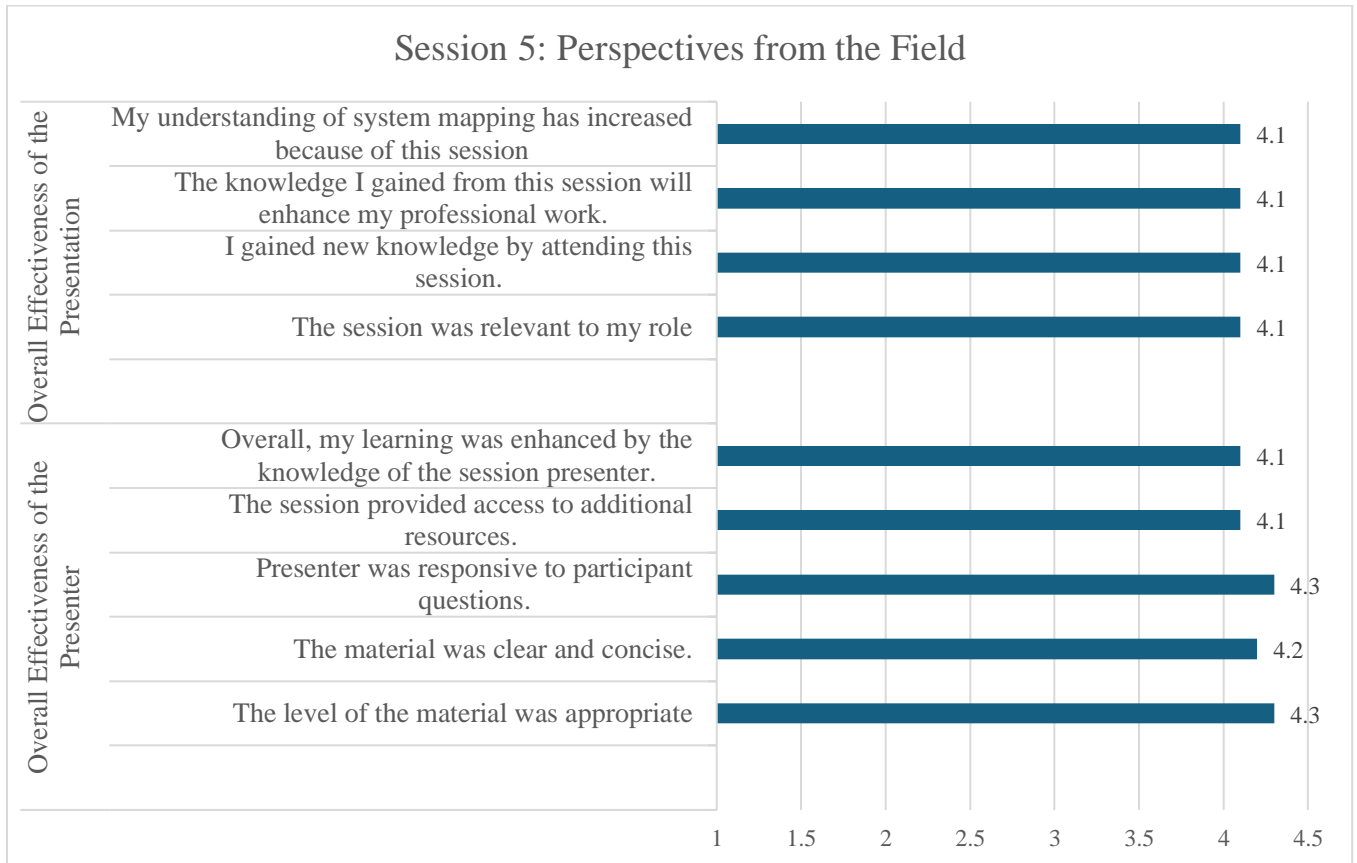


Findings Re: Session 4: Optimizing Connection: A Unified Approach

Related to Session 4, quantitative feedback indicated that Summit participants felt the presenters were effective, as mean scores across all five items were between 4.2 and 4.4 on the 5-point scale. As it relates to the presentation, Summit participants also felt that the presentations were effective as means scores across all four items were between 4.1 and 4.3 on the 5-point scale.

Session 5: Perspectives from the Field

Figure 14: Perspectives from the Field



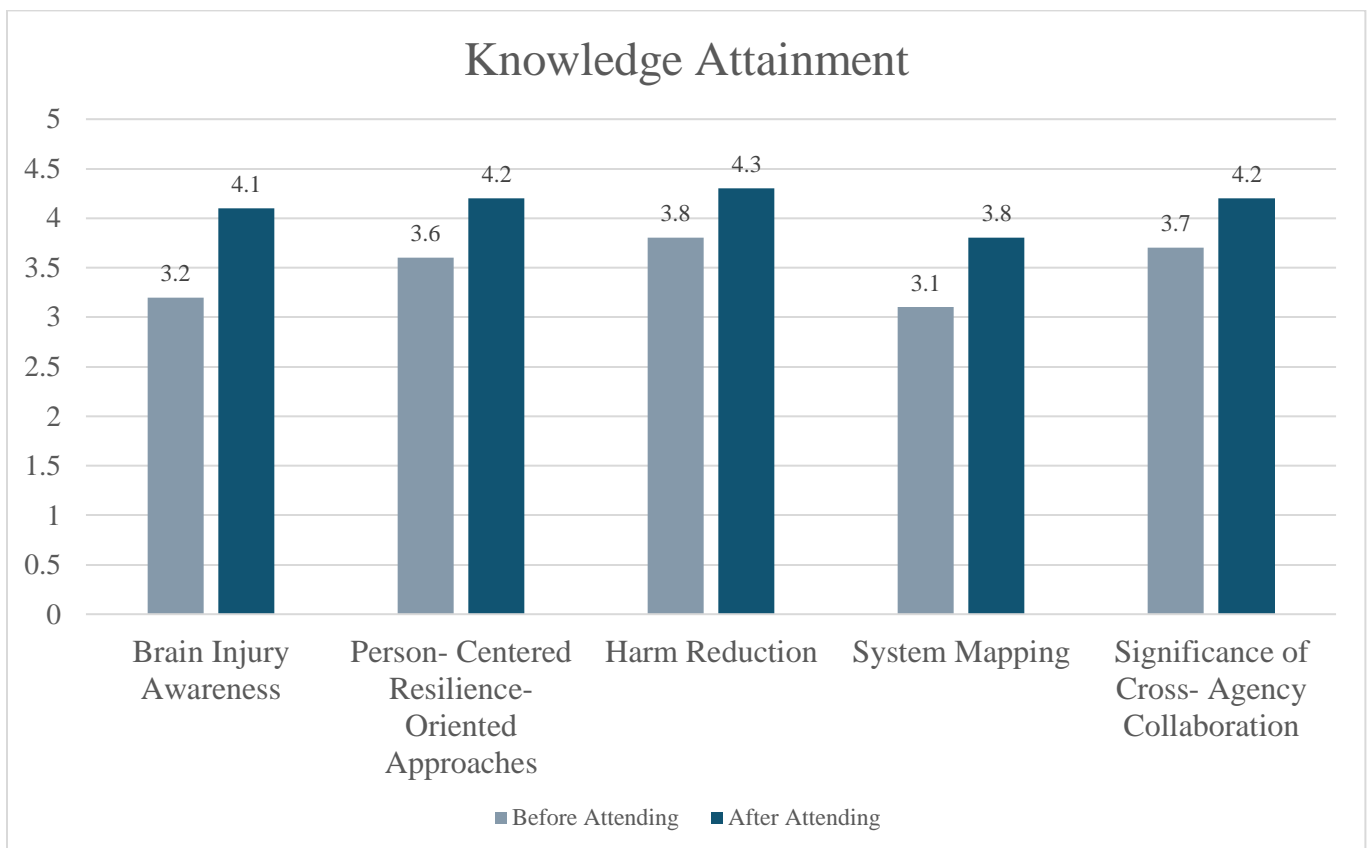
Findings Re: Session 5: Perspectives from the Field

Related to Session 5, quantitative feedback indicated that Summit participants felt the presenters were effective, as mean scores across all five items were between 4.1 and 4.3 on the 5-point scale. As it relates to the presentation, Summit participants also felt that the presentations were effective as means scores across all four items all averaged 4.1 on the 5-point scale.

Section 2: Quantitative Analysis – Evaluation of Knowledge Attainment

Self-reported knowledge attainment for ROSC Summit participants was measured using a retrospective design. While participants received just one comprehensive electronic survey *after* attending the survey, they provided information about their perceived level of knowledge across the five salient content areas (e.g., Brain Injury Awareness, Person-Centered Resilience-Oriented Approaches, Harm Reduction, System Mapping, Significance of Cross-Agency Collaboration) before and after they attended the Summit. Self-reported ROSC participant knowledge attainment was measured by a total of five positively framed Likert style items (e.g., 1= not at all knowledgeable to 5= extremely knowledgeable). A figure was added to provide data related to participant knowledge attainment across all participants who attended the seven ROSC Summits.

Figure 15: Knowledge Attainment



Findings Re: Evaluation of Knowledge Attainment

Results from the retrospective 5-point survey items capturing perceptions of Summit participants' levels of knowledge both before and after the Summit indicate substantial improvement across all five salient content areas (e.g., Brain Injury Awareness, Person-Centered Resilience-Oriented Approaches, Harm Reduction, System Mapping, Significance of Cross-Agency Collaboration). Further, a paired sample t-test revealed that these results were

statistically significant. The knowledge attainment scores for the “after attending” items averaged between 3.8 and 4.3 on a scale of 5. Overall, this does indicate that, as mentioned, participants felt significantly more knowledgeable after attending the Summit. While an exploration into why the system mapping and brain injury awareness scores were the lowest may be fruitful, it is reasonable to believe that when individuals are introduced to an important and complex topic - they begin to understand that there may be “a lot more about this that they don’t know.” On that note, those two sections scored the lowest as far as the “before attending” means as well.

Section 3: Qualitative Analysis

At the conclusion of the survey, participants shared qualitative feedback about key aspects of their experience. The qualitative analyses were conducted using MaxQDA. Responses were downloaded from Qualtrics and coded, one by one, line by line – using the thematic analysis approach credited to Braun and Clarke. Given the open-text nature of data collection from this electronic survey, a single respondent may have provided more than one contribution for each prompt. Further, for the purposes of this external report, the authors worked to create parsimony by only listing the coded themes, per question, by quantity. This report will not include the exhaustive qualitative feedback of the participants.

Qualitative Response - Additional Topics Requested

Using an open-text response option, participants contributed qualitative feedback to the following prompt: “*Please identify an additional topic you would like to hear more about as it pertains to your role with justice-involved individuals and their families.*” Table 2 below provides an overview of the number of statements per topic.

Table 2. Additional Topics

Theme	Subtheme	<i>n</i> = 380
Justice-Involved Individuals	Youth and Families	52
	Lived Experience	9
	Housing Stability	8
Cultural and Social Considerations	Systemic Inequalities	9
	Barriers to Care	6
Legal and System	Resources and Referrals	30
	Interagency Collaboration	20
	Justice Continuum and Community Reintegration	17
	Legal System Navigation	13
	Court and Jail	6
	Policy and Advocacy	2
	Crime Prevention	1
Skills and Tools for Professionals	Models, Programs, and Interventions	59

	Behavioral and Physical Health Education	42
	Effective Communication	2
N/A or None	--	65
Comments/Feedback	--	39

Conclusions and Recommendations

As evidenced by the detailed feedback from over 500 attendees, it is clear that the ROSC Summit events were a success, and participants learned valuable information to enhance recovery-oriented care efforts in the counties where they work and live. One key aspect of this evaluation was to assess the effectiveness of the presenters and the presentations for all five of the sessions. All five of the sessions remarkably scored high as it pertains to the effectiveness of the presenter and the presentation.

As it relates to knowledge attainment, Summit participants reported a statistically significant improvement in their level of knowledge increase across all five salient content areas (e.g., Brain Injury Awareness, Person-Centered Resilience-Oriented Approaches, Harm Reduction, System Mapping, Significance of Cross-Agency Collaboration). Participants also offered suggestions for additional topics that included justice involved individuals (e.g., youth and families), cultural and social considerations (e.g., systemic inequalities), aspects of the legal and systematic processes (e.g., resources and referrals), and additional skills and tools for professionals (e.g., behavioral and physical health education).

Building upon the feedback from the participants, there are several recommendations for consideration.

1. Build upon this successful series and deliver an annual Summit series that integrates the feedback of the participants and the community partners, ensuring that the suggestions for new topical areas are considered, assessing the high and low performing sessions, and integrating lessons learned on behalf of logistics and locations.
2. Generate pathways for implementing key directives as requested by the participants. Under Qualitative Response - Additional Topics Requested, a great deal of the suggestions for the “skills and tools for professionals” section involved additional trainings and salient deliverables that would enhance the community. They are asking for help. For example, improved professional services related to “trauma-informed care” may be best delivered outside of the Summit. An effort to create or access this necessary information and deliver it to these professionals is essential. The agency could take action by developing a workgroup that conducts focus groups, prioritizing these options and assessing their feasibility for implementation through brief focus groups before moving forward.
3. Lastly, a more robust and ongoing evaluation. While it was beyond the original scope of this evaluation to connect with participants after their attendance and measure how their practice has changed since attending the Summit - measuring actual progress about implementation is key. Conducting an ongoing evaluation of how the Summit series - and any related sub interventions (e.g., trauma-informed care education session for court personnel, etc.) is influencing the community is essential. Maybe the Summit becomes a bi-annual event? A

rigorous evaluation of these initiatives may result in evidence that the Summit is in fact making a direct difference in the lives of children and families.