



Overview of the Comprehensive Organizational Health Assessment (COHA)

Child welfare agencies across the country struggle with high turnover and poor performance and face an urgent need to recruit, retain, and develop a skilled and effective workforce. The COHA was developed and tested specifically to assess workforce issues for public, private, and tribal child welfare agencies in order to provide insights regarding the complexity of the issues, some root causes, and viable solutions. Validated tools and processes assess the complex constellation of organizational workforce factors and help agency stakeholders understand how such factors influence service delivery and outcomes for children, youth, and families.

Purpose and Intended Use

The COHA can be used as a *diagnostic tool* to help agencies identify workforce strengths and gaps that impact overall functioning of the organization. Areas of focus include workforce recruitment and retention, perceptions about service delivery, and the ability of an agency to implement change. The COHA can also be used as a *pre-post assessment* to measure changes in organizational health resulting from targeted interventions. The COHA complements the theoretically-driven National Child Welfare Workforce Institute's (NCWWI) Workforce Development Framework, which describes the core components of workforce development (www.ncwwi.org).

Methods

The COHA is not only a compilation of measures, but a utilization-focused assessment *process*. The COHA uses a "mixed-methods" approach that includes:

- An online survey of all levels of child welfare staff.
- Qualitative data collected through individual and group interviews with agency staff, community partners, and stakeholders. Interview questions align with survey domains, but can be tailored to meet the individual needs of the agency.
- Contextual assessment through review of community demographic data, agency administrative performance and outcome data, and prepared reports and studies.

Survey Description

The COHA survey is administered through online survey software, Qualtrics Research Suite (© 2017). The survey includes approximately 330 items across 25 scales and takes about 35-45 minutes to complete. The measures assess organizational health at four levels:

- Organizational factors
- Unit/Office-level factors
- Individual factors
- Community factors

Specific measures within each level can be found in Table 1.



Table 1: Specific Measures by Unit of Analysis

Unit of Analysis	Measure
Organization	Professional development and preparation for work: agency offers adequate preparation for new hires; quality of training and available options; <i>10 questions</i>
	Learning culture: staff improve practice through open and shared learning; <i>7 questions</i>
	Leadership: extent to which leaders are inclusive, value staff development, demonstrate results orientation, and manage change; <i>20 questions</i>
	Readiness for change: staff are informed and supported in implementing changes; <i>7 questions</i>
	Organizational climate: role clarity, role conflict, job importance, job autonomy, job challenge, job innovation, workplace justice, workplace support; <i>32 questions (4 per subscale)</i>
	Workplace prejudice and discrimination: race and ethnicity dynamics in the workplace; <i>14 questions</i>
	Organizational bias: extent to which staff have experienced or witnessed bias at work related to diversity such as age, gender, sexual orientation, etc.; <i>9 questions + 1 open-ended</i>
Unit/Office	Physical environment: condition of office and availability of technology and tools needed to do the work; <i>14 questions + 1 open-ended</i>
	Psychological safety: staff feel safe speaking up and taking risks; <i>6 questions</i>
	Job stress: extent to which staff feel stressed by work; <i>5 questions</i>
	Peer support: extent to which coworkers offer each other instrumental support; <i>5 questions</i>
	Supervisor: supervisor knowledge and support; <i>8-15 questions, depending on position</i> Quality and quantity of supervision: <i>10 questions</i>
Individual	Demographics: gender, age, race/ethnicity, education and Work-related questions such as years of child welfare experience, caseload, how time is spent each week—admin vs. direct contact; <i>16 questions</i>
	Job satisfaction: how engaged in and satisfied with work staff feel; general life satisfaction; <i>12 questions</i>
	Intent to stay: how committed and constrained staff feel to stay at agency; reasons they stay; <i>5 questions + 5 follow-up</i>



	Self-care and well-being: self-care strategies used professionally, cognitively, and outside of work; <i>14 questions</i>
	Time pressure: feeling too busy at work; <i>5 questions</i>
	Secondary Traumatic Stress: extent to which staff experience trauma symptoms due to the work; <i>17 questions + 4 follow-up</i>
	Burnout: experience of burnout related to working with clients and related to the workplace; <i>13 questions</i>
	Exposure to violence: how often staff have been threatened or harmed by clients; <i>6 questions</i>
Community	Public perceptions of child welfare: how staff feel treated by members of the community for the work they do; <i>9 questions</i>
	Inter-professional collaboration: communication and collaboration with service providers and court professionals; <i>9 questions per collaborator = 18 total</i>
	Community resources: extent to which clients have access to necessary services, such as mental health, substance abuse treatment, etc.; <i>12 questions</i>

Examples of past COHA Uses and Findings

- One agency administered the COHA and implemented a workforce intervention that significantly increased staff ratings of supervision and job satisfaction.
- Another agency significantly improved staff perceptions of agency leadership after implementing a workforce intervention guided by COHA findings.
- One COHA study found that lower levels of secondary traumatic stress in caseworkers were predicted by high self-efficacy, low time pressure, and better use of coping strategies.
- The same study found that caseworkers with MA/MS or MSW degrees reported greater utilization of coping strategies than did caseworkers with Bachelor’s degrees.

NCWWI employs COHAs for all of their Workforce Excellence sites and continues to support COHA instrument development.

For more information about the COHA, please contact Robin Leake or Shauna Rienks at the Butler Institute for Families, University of Denver: Robin.Leake@du.edu or Shauna.Rienks@du.edu