

Evaluation Board Agenda
April 25, 2008 8:30 – 12:00
Boise State Child Welfare Center
Teleconference Call-In Number: 1-888-751-0624; Participant #: 604110



Purpose: To facilitate outcome identification, development and achievement, provide guidance and support for the implementation of service and outcome evaluation activities associated with the Partnership, and to promote and develop standardization of procedures.

Partnership Goals:

- #1** ~ Improve retention of work force and Resource Families
- #2** ~ Improve Recruitment
- #3** ~ Decrease Disparate Outcomes in Child Welfare

Agenda Item	Beginning Time	Guests	Action Items/Action Takers
Announcements, Agenda Review, Begin Work	8:30		<p>There was a review of previous Action Plan The following documents were handed out and briefly reviewed:</p> <ul style="list-style-type: none"> • Evaluation Framework was revised and reviewed. • Flow Chart was presented- The audience for Framework is Admin Board, FACS Program Managers, FACS Chiefs and work with them to confirm its usefulness and they will pass this on to the Faculty for use. This will be primarily for the Student Projects • Matrix/Grid was presented- This is for the Evaluation Board to Track all current projects. <p>It was suggested to add another connection to the grid Brian will make changes to the diagram and modifications to the grid based on suggestions (one suggestion we need Children's Mental Health on Grid)</p>
Introduction to BOEOS National Evaluation Data	9:00	Dr. Brenda Freeman	<p>Brief Background of Dr. Freeman Currently with Northwest Nazarene University, Chair of the Counselor Program. Worked with Rick Phillips on the Evaluation Team BOEOS. Has taught for over 20 years.</p> <p>Dr. Freeman presented an abbreviated National Analysis Report of the BOEOS Here are some of the Highlights (a copy of this report can be downloaded at: http://www.icwpartnership.org/evaluation/evaluation_cqi_advisory_reports_documents.asp)</p> <ul style="list-style-type: none"> • There is a more diverse national demographics compared with Idaho • 45% of the referrals are from Mental Health • Efforts at trying to develop a unique service plan for each child • Family involvement was high • Idaho has higher Suicidal, Depression, Anxiety, Conduct Disorder percentages than the national average

			<ul style="list-style-type: none"> • There is 45% Abuse rate and 40% Sexually Abuse rate • Idaho with higher two parent family percentage than national average • Criminal History- 57.1% convicted in Idaho; Higher than National • Substance Abuse- Higher in Alcohol than national. • Outcome Data (questionnaire dropped if not all questions answered) showed that internalized behavior is dropping. There were also increases in strength but this is a slow increase • Caregiver Strain- Under more strain than the national sample but slowly improving • Impact of Training- More funding went into training. Working on moving from silos to working together. Grant given with the view of a bottom up flow. • Content of Training- 36% System of Care • How Well Training Delivered- Quality of Delivery was high • Increase Knowledge- Those trained received needed knowledge • Qualitative Data- Pages of positive qualitative data • Better to build budget so paid by the package • If things could be done differently the following were mentioned: <ul style="list-style-type: none"> ○ Look at logic model at intent and make sure that it was tracked from the beginning with evaluation model and data collection with it. ○ Fantastic data collector paid for results and clear evaluation plan for every component. ○ Bridge the gap between wraparound and team. <p>Grant Issues were discussed and the Evaluation Board was informed that the perception for Idaho is that not enough tribes represented and differences with the philosophical concepts on how things are done. Recommendation to contact office in SAMSA to get clarification on perceptions in order to avoid hindrances to future grants</p> <p>It was discussed to have Dr. Freeman's presented data shown to the policymakers (ICCMA) with the recommendation data presented at Program Mgr meeting and Children Mental health gathering.</p> <p>The items from this National Evaluation Report will be shown at the Behavioral Health and FACS meetings with the focus on: State and National comparison, Caregiver Strain, Data Time. Mardell to have this in the FACS agenda and Curt on Behavioral Health Agenda. Work through Rick to present to managers. This will be put on partnership agenda next quarter. This data will also be used for Academy and posted on the Partnership website.</p>
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<p>Partnership Goal #1</p> <ul style="list-style-type: none"> – review framework process map and evaluation matrix/grid 	<p>9:30</p>		<p>Reviewed Kathy Baldwin Research Project plan on aging out youth in the foster care system. The following recommendations were given in response to Kathy's Project Plan:</p> <ul style="list-style-type: none"> • IRB approval is needed. • Susan Dwello will be a consultative contact. • The Project Plan was too broad (it needs to have a narrow scope), and problem focus (needs to be solutions focused), and so needs to focus on what is working (e.g., what is Casey doing that is working) • The proposal needs to be improved and it should follow the Framework outline • There should be a distinctive contribution so that the knowledge generated is distinctively useful and have it placed in the Purpose section of the Framework <p>Kathy will be informed by Brian that she needs to rework the proposal to follow the Framework Outline.</p> <p>Brian will make revisions to the Framework and submit this to the Evaluation Board. Documents will be fine-tuned for the Chiefs Meeting. Mardell to forward this to the Admin Board and Oscar will forward this to the Chiefs meeting.</p> <p>Family Group Decision Making-</p> <p>PIP Discussion- Every case should default to FGDM and practice models</p> <p>On May 7th, there will be an all day planning meeting to identify areas to contract services that allows state staff for adoption and. It was asked if there should there be contracts for FGDM at this meeting.</p> <p>On May 14th this will be taken to the Chiefs meeting for feedback and see if there is a resolution at Program Mgr meeting in June.</p> <p>Mardell and Frank will have this in the agendas for the above listed meetings.</p>
<p>Partnership Goal #2</p>	<p>10:00</p>		
<p>FGDM Update</p>	<p>10:30</p>	<p>Ed Byrnes- FGDM</p>	<p>Dr. Ed Byrnes called in and discussed the following:</p> <ul style="list-style-type: none"> • Concern of Low Frequency of FGDM • The Focus database can give good count what's happening with contractors • There were 40 families between July 2005 and September 2007 from Providers and Chiefs • Referral Forms complete but work on codings • Family Plan Data more spotty and needs more clarity

			<ul style="list-style-type: none"> • These are plans the provider gives • There is no literature on having outside facilitator • A list of data needs will be sent to Frank and Jerry. <p>He will go to Coeur d'Alene and work with Wendy for more data work. He is open to do training for Program Managers He is willing and available for further work</p>
Partnership Goal #3	11:00		

Next meeting date- Monday, June 16, 2008 1:00 PM-4:30 PM

Step 2: EVALUATION BOARD Action Plan:

Partnership Goal #1: Improve retention of work force and Resource Families

Desired Outcome #1: Provide supportive evaluative mechanisms aligned with Participatory Evaluation principles for supervisors to use with all staff				
Challenge #1: Assuring On-going Program Manager and Chief buy-in to implementing Participatory Evaluation as a continuous learning model.				
Strategy	Activities	Measures of success	Action Takers	Timeline
1.Orient Program Managers and Chiefs to Participatory Evaluation values and strategies	Refine and Clarify Evaluation Framework Document	Framework revision completed	Rick	April 2008
	Create Evaluation Framework process map and grid of projects	Process map and grid completed	Brian	April 2008
	Evaluation Board feedback to Kathy Baldwin regarding evaluation project	Communicate Feedback and Provide Evaluation Framework	Brian	April 28, 2008
	Send out Evaluation Framework to Admin Board, Program Managers, and Chiefs	Framework sent out to stakeholders	Sent to Admin Board - Mardell Send to Program Mgrs and Chiefs - Oscar	Prior to Meeting times below
	Present Evaluation Framework to Chiefs Meeting	Presentation Made	Get on agenda - Mardell Present - Mardell , Oscar , Roxanne , and Kathy	May 14, 2008
	Present Evaluation Framework to Admin Board	Presentation Made	Get on agenda - Mardell Present - Brian	May 23, 2008
	Present Evaluation Framework to Program Managers	Presentation Made	Get on agenda - Mardell Present - Brian	June 3 or 4, 2008
	Present BOEOS Evaluation Data to Admin Board, and Program Mgrs for FACS and DBH	Get on Agendas	Mardell for Admin and FACS, Kurt/Chuck for DBH	
Work with Brenda and Ken to customize data and message		Rick		Prior to June Meetings

Agenda Items:

- Complete Activities, Measures, Action Takers, Timeline

Partnership Goal #1: Improve retention of work force and Resource Families

Desired Outcome #1: Provide supportive evaluative mechanisms aligned with Participatory Evaluation principles for supervisors to use with all staff

Challenge #2: Supervisors may not be equipped to implement a continuous learning model.

Strategy	Activities	Measures of success	Action Takers	Timeline
1. Train supervisors				
2. Collect data regarding supervisors implementation of continuous learning process				

Agenda Items:

- Complete Activities, Measures, Action Takers, Timeline

Partnership Goal #1: Improve retention of work force and Resource Families

Desired Outcome #1: Provide supportive evaluative mechanisms aligned with Participatory Evaluation principles for supervisors to use with all staff

Challenge #3: Lack of alignment of competencies with practice

Strategy	Activities	Measures of success	Action Takers	Timeline
1. Collaborate with Program Managers, Chiefs, and supervisors to revise the performance appraiser				

Agenda Items:

- Complete Activities, Measures, Action Takers, Timeline

Partnership Goal #1: Improve retention of work force and Resource Families

Desired Outcome 2: Feedback to the system around retention of resource families will be provided.

Challenge #1: Lack of appropriate tools related to Resource Family satisfaction.

Strategy	Activities	Measures of success	Action Takers	Timeline
1. Collaborate with stakeholders to create an appropriate satisfaction tool				
2. Revise and implement the Exit Interview				

Agenda Items:

- Complete Activities, Measures, Action Takers, Timeline

Partnership Goal #1: Improve retention of work force and Resource Families

Desired Outcome #2: Feedback to the system around retention of resource families will be provided.

Challenge #2: Lack of process for collecting consistent data relating to Resource Family satisfaction

Strategy	Activities	Measures of success	Action Takers	Timeline
1. Collaborate with stakeholders to design a process for the satisfaction data collection				

Agenda Items:

- Complete Activities, Measures, Action Takers, Timeline

Partnership Goal #1: Improve retention of work force and Resource Families

Desired Outcome #2: Feedback to the system around retention of resource families will be provided.

Challenge #3: Lack of dissemination process relating to Resource Family satisfaction feedback

Strategy	Activities	Measures of success	Action Takers	Timeline
1. Collaborate with stakeholders to build a dissemination process related to Resource Family satisfaction data.				

Agenda Items:

- Complete Activities, Measures, Action Takers, Timeline

Partnership Area of Focus #2: Improve Recruitment

Desired Outcome#1: Provide research and feedback to the system on success of recruitment strategies for CFS staff

Challenge #1: Lack of knowledge regarding recruitment strategies currently in place

Strategy	Activities	Measures of success	Action Takers	Timeline
1. Collaborate with Partnership to identify and describe current recruitment strategies				

Agenda Items:

- Complete Activities, Measures, Action Takers, Timeline

Partnership Area of Focus #2: Improve Recruitment

Desired Outcome#1: Provide research and feedback to the system on success of recruitment strategies for CFS staff

Challenge #2: Current recruitment reports do not provide adequate data

Strategy	Activities	Measures of success	Action Takers	Timeline
1. Collaborate with Scholars Board, Scholars Coordinators, and HR to refine recruitment reports				

Agenda Items:

- Complete Activities, Measures, Action Takers, Timeline

Partnership Area of Focus #2: Improve Recruitment

Desired Outcome #1: Provide research and feedback to the system on success of recruitment strategies for CFS staff

Challenge #3: Insufficient baseline data related to recruitment

Strategy	Activities	Measures of success	Action Takers	Timeline
1. Collaborate with HR and Admin. Board to clarify baseline data				

Agenda Items:

- Complete Activities, Measures, Action Takers, Timeline

Partnership Area of Focus #2: Improve Recruitment

Desired Outcome #2: Provide research and feedback to the system on success of recruitment strategies for Resource Families				
Challenge #1: Lack of knowledge about what Resource Family recruitment strategies are in place				
Strategy	Activities	Measures of success	Action Takers	Timeline
1. Collaborate with Resource Family board to identify and describe current RF recruitment strategies				

Agenda Items:

- Complete Activities, Measures, Action Takers, Timeline

Partnership Area of Focus #2: Improve Recruitment

Desired Outcome #2: Provide research and feedback to the system on success of recruitment strategies for Resource Families				
Challenge #2: Resource Family data currently not adequate				
Strategy	Activities	Measures of success	Action Takers	Timeline
1. Collaborate with Resource Family Board and Focus staff to review and revise RF data collection				

Agenda Items:

- Complete Activities, Measures, Action Takers, Timeline

Partnership Area of Focus #3: Mitigate Disparate Outcome for Children/Youth of Color

Desired Outcome #1: Provide research and feedback to the system on disparate outcomes for children/youth of color related to Workforce.

Challenge #1: Lack of consistent and reliable data related to child outcomes related to workforce.

Strategy	Activities	Measures of success	Action Takers	Timeline
1. Collaborate with HR to refine workforce data				
2. Collaborate with Focus staff to refine child outcome data				
3. Collaborate with Vital Stats to refine population data				

Agenda Items:

- Complete Activities, Measures, Action Takers, Timeline

Partnership Area of Focus #3: Mitigate Disparate Outcome for Children/Youth of Color

Desired Outcome #2: Provide research and feedback to the system on disparate outcomes for children/youth of color related to Resource Families.

Challenge #2: Lack of consistent and reliable data related to Resource Family outcomes

Strategy	Activities	Measures of success	Action Takers	Timeline
1. Collaborate with HR to refine Resource Family data				
2. Collaborate with Focus staff to refine child outcome data				
3. Collaborate with Vital Stats to refine population data				

Agenda Items:

- Complete Activities, Measures, Action Takers, Timeline

Evaluation Advisory Matrix

		Evaluation Projects Undertaken or Underway in Last 12 Months						
		FGDM	Resource Family Exit Survey	Student Exit Survey	Student Focus Groups	Disproportionality	Social Work/Nursing Collaboration	Supervisor Focus Groups
Evaluation Population	Resource Families		Statewide					
	In-Home Clients	Region I Region II					Region III	
	Out-of-Home Clients						Region III	
	CMH Clients							
	Workforce	Region I Region II						
	All Students							
	BSU Students							
	EWU Students							
	NNU Students							
	LSCS Students							

Evaluation Framework

For projects funded by Family and Community Services (FACS)

FACS understands evaluation to be a series of collaborative events and activities aimed at providing information to FACS and stakeholders related to individual program goals and outcomes, defined as changes in adaptive behaviors. FACS supports evaluation efforts that build capacity in stakeholders and the system through the evaluation process and results.

Purpose: Check all that apply:

- Ensure knowledge generated will make a distinct contribution.
- Accountability: related to funding goals and social policy development.
- Program improvement/formative: related to program processes and feedback from participants
- Summative: related to program goal/outcome attainment
- Empowerment: related to target audience empowerment
- Research: related to providing generalized knowledge for replication purposes

Audience : Describe how the following audiences will benefit from a) the evaluation processes; and b) evaluation results:

- Program participants
- FACS Staff
- Decision-makers (Administrative: internal Policy makers),
- External stakeholders - specify
- External Providers – specify

Assurances: Provide assurance that the following Practice Standards will be met:

1. Describe how FACS leaders and staff and the key audience will participate in the design of the evaluation processes and instrumentation.
2. Described the means by which the evaluation process and instruments will be field tested.
3. Describe the means by which results will be shared with and informed by participant feedback.
4. Describe what budget and other resources and access to data are needed to support this evaluation.
5. Describe how the evaluation will be embedded for sustainability: i.e.: staff training needs

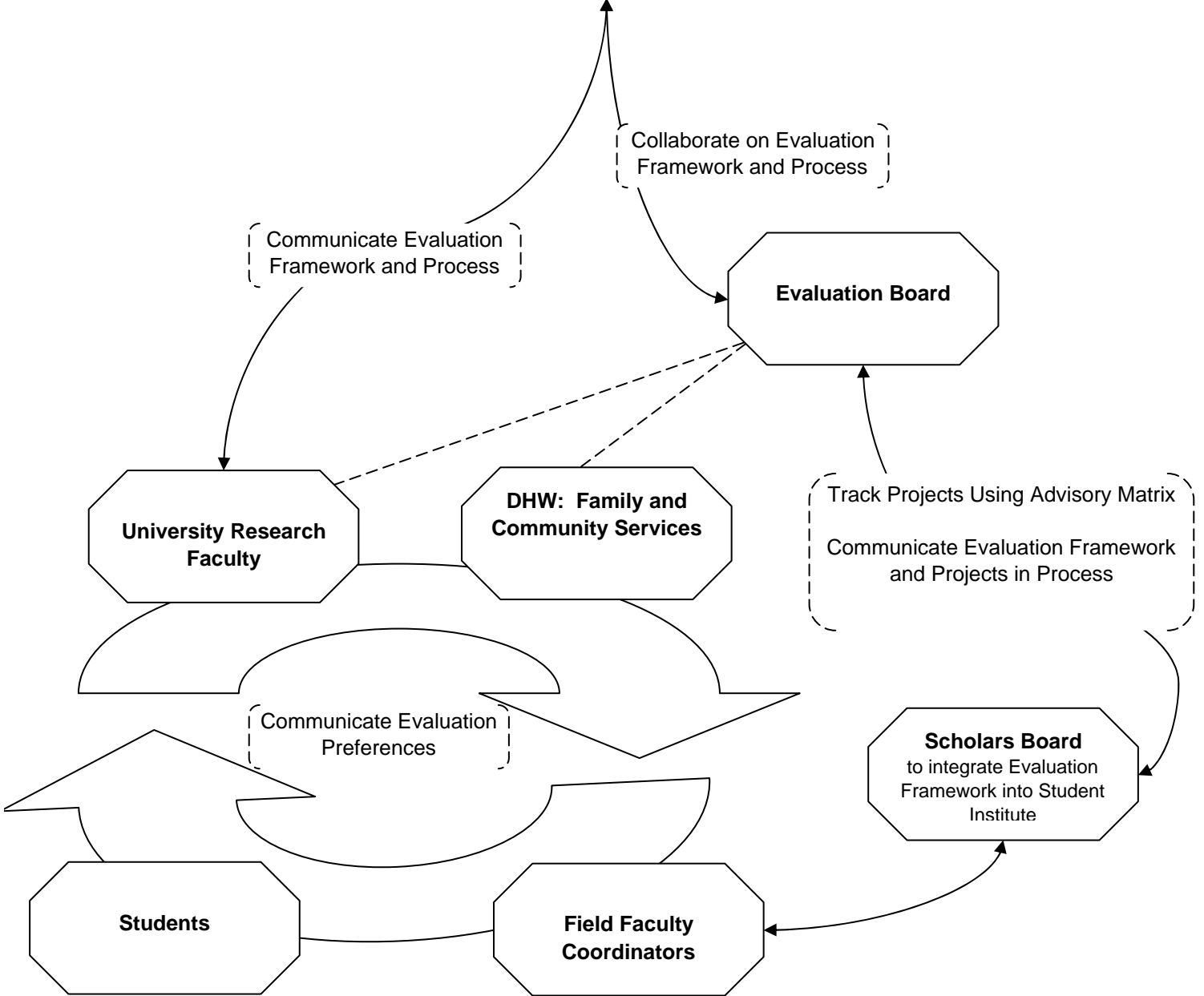
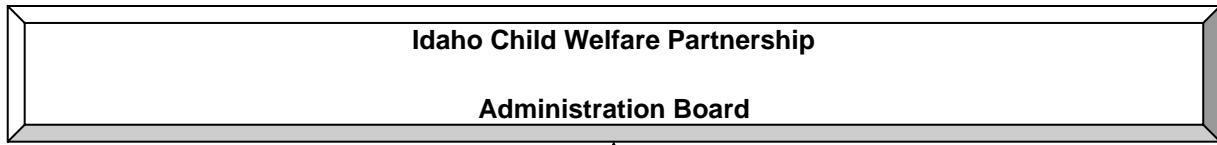
Methodology

1. Provide an overview or flowchart of the evaluation process related to the identified purposes and the practice standards.
2. Describe how the evaluation supports DHW goals and PIP.

Attachments:

- Project proposal
- Budget
- Draft or sample instrumentation or tools or activities
- IRB if applicable

Evaluation Board Framework and Process for Distrubtion of Student Projects



Idaho's Building on Each Other's Strengths



Abbreviated National Evaluation Report April, 2008

Brenda J. Freeman, Ph.D., LCPC

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Kenneth M. Coll, Ph.D., LCPC, MAC and LaVelle Gardner, MS

BACKGROUND

- Identification of eligible families began in June 2004
- Some of the data reflects information prior to adoption of practice model and EBP (Wraparound)
- Idaho Data is forwarded to ORC MACRO for inclusion in the National Evaluation Database
- Limited number of families enrolled can skew inferences from the data (not all data is complete)

Idaho – Demographic Characteristics of Children Served^[a]

Demographics	
Gender (n = 219)	
Male	69.4%
Female	30.6%
Average Age at Intake (n = 208)	
Average Age	12.3
Age Group (n = 208)	
Birth to 3 years	2.4%
4 to 6 years	5.8%
7 to 11 years	27.4%
12 to 14 years	31.7%
15 to 18 years	32.7%
19 to 21 years	0.0%
Race/Ethnicity (n = 216)	
American Indian or Alaska Native	3.2%
Asian	0.5%
Black or African American	0.9%
Native Hawaiian or Other Pacific Islander	0.0%
White	76.4%
Of Hispanic Origin	13.4%
Multi-Racial	5.6%
Other	0.0%

[a] Data reported were collected using the Enrollment and Demographic Information Form (EDIF).

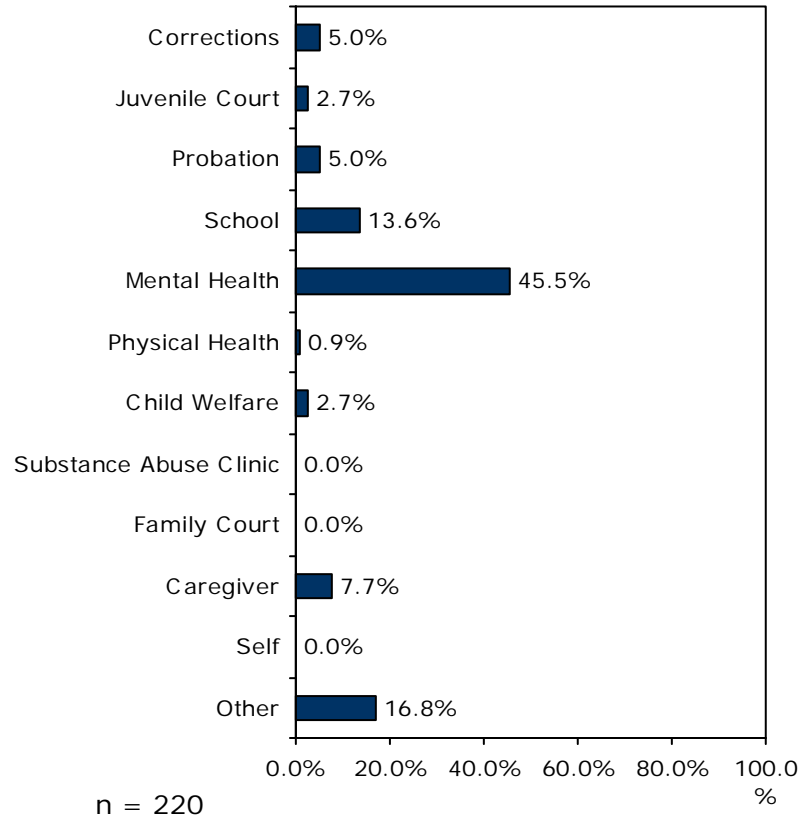
National – Demographic Characteristics of Children Served

Demographics	
Gender (n = 12,760)	
Male	63.7%
Female	36.3%
Average Age at Intake (n = 12,685)	
Average Age	11.7
Age Group (n = 12,669)	
Birth to 3 years	4.9%
4 to 6 years	9.6%
7 to 11 years	26.9%
12 to 14 years	27.0%
15 to 18 years	30.4%
19 to 21 years	1.2%
Race/Ethnicity (n = 12,531)	
American Indian or Alaska Native	4.9%
Asian	1.3%
Black or African American	25.5%
Native Hawaiian or Other Pacific Islander	1.9%
White	36.9%
Of Hispanic Origin	25.9%
Multi-Racial	3.3%
Other	0.3%

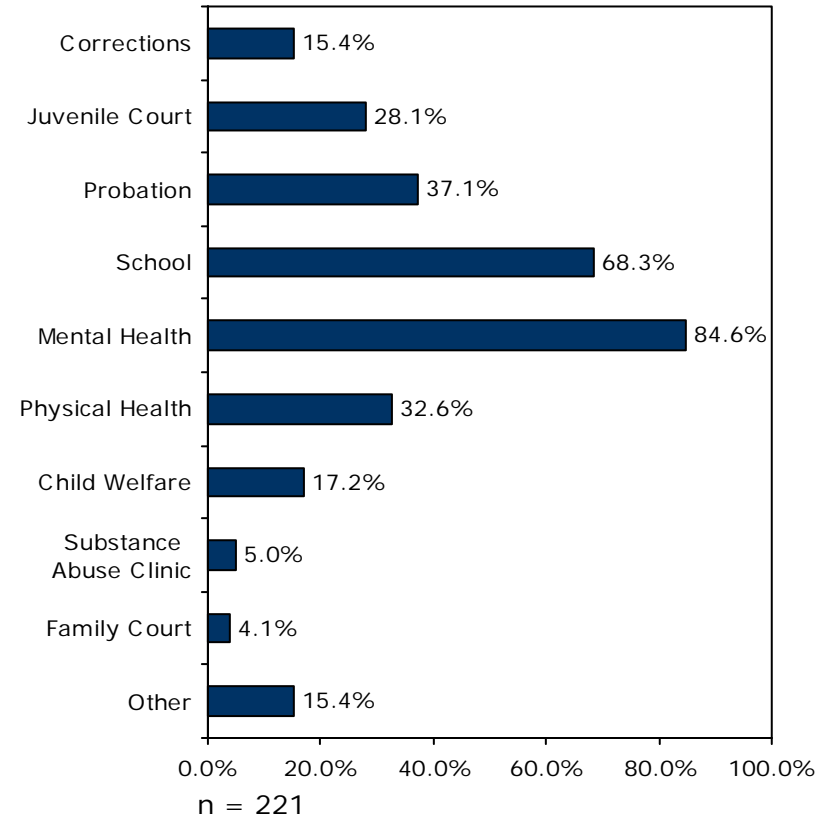
[a] Data reported were collected using the Enrollment and Demographic Information Form (EDIF).

Idaho – Intake Referral Information and Agency Involvement^[a]

Referral Agency^[b]



Agency Involvement^[a,b]

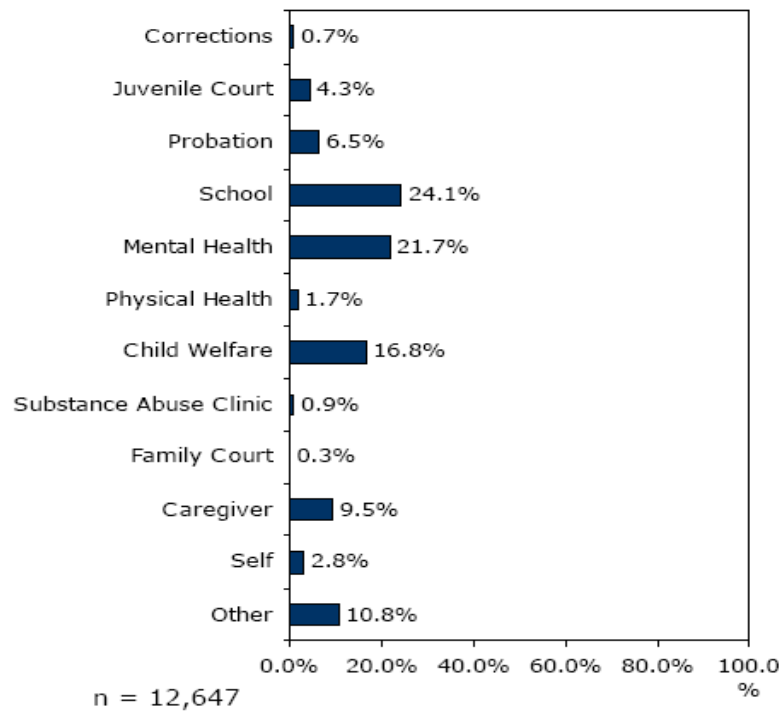


[a] Because individuals may claim involvement in more than one agency, percentages for agency involvement may sum to more than 100%.

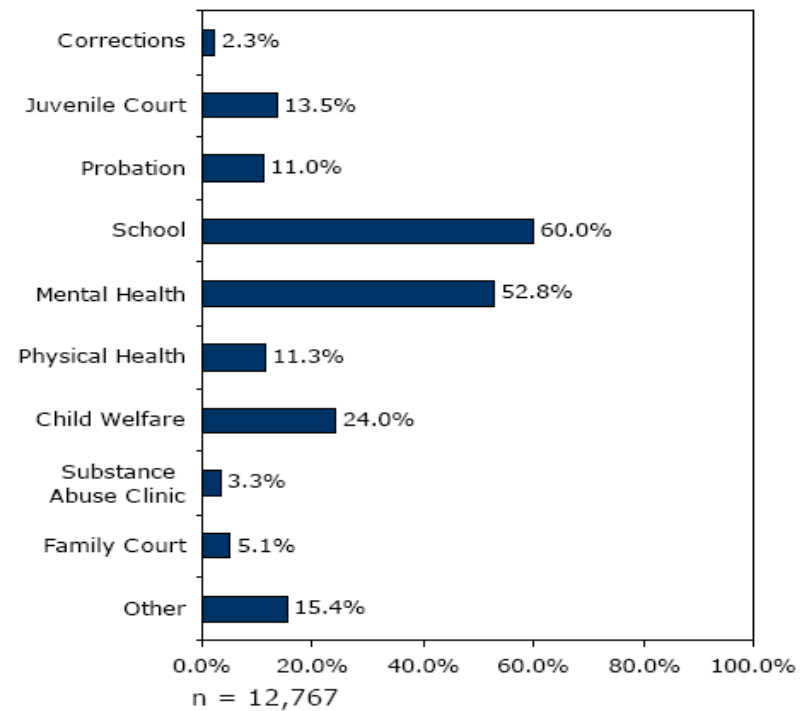
[b] Mental health = Mental health agency, clinic or provider; Physical health = Physical health care agency, clinic, or provider; Child welfare = Child welfare agency or child protective services.

National – Intake Referral Information and Agency Involvement^[a]

Referral Agency^[b]



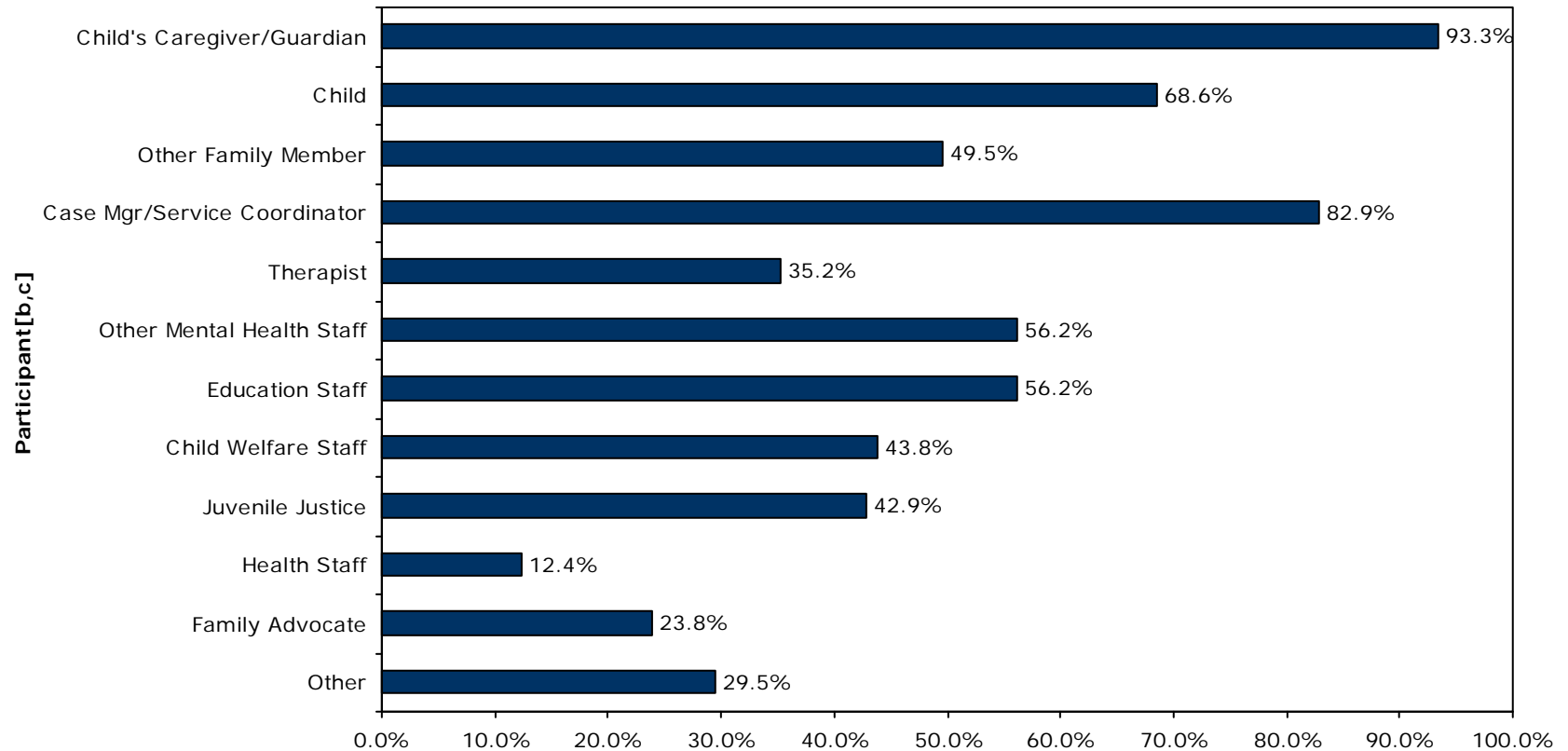
Agency Involvement^[a,b]



[a] Because individuals may claim involvement in more than one agency, percentages for agency involvement may sum to more than 100%.

[b] Mental health = Mental health agency, clinic or provider; Physical health = Physical health care agency, clinic, or provider; Child welfare = Child welfare agency or child protective services.

Idaho – Participation in Development of Service Plan^[a]



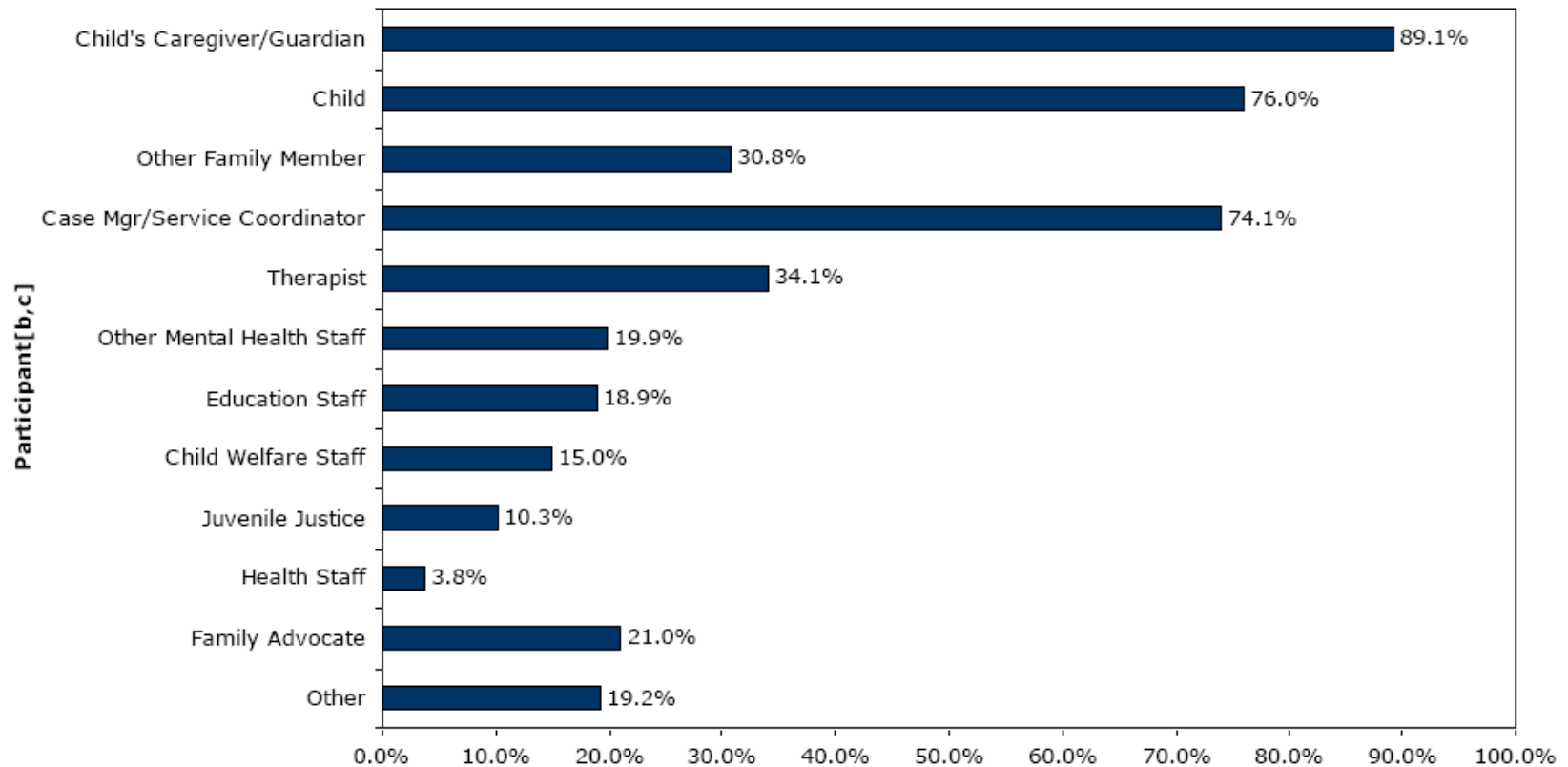
n = 105

[a] Data reported were collected using the Enrollment and Demographic Information Form (EDIF).

[b] Because more than one participant may be involved in the development of the service plan, participants may sum to more than 100%.

[c] Other includes School Resource Officer, Teacher, Psychiatrist, Youth Advocate, Foster Home Staff, Americorp Worker, School Principal, and Big Brother.

National – Participation in Development of Service Plan^[a]



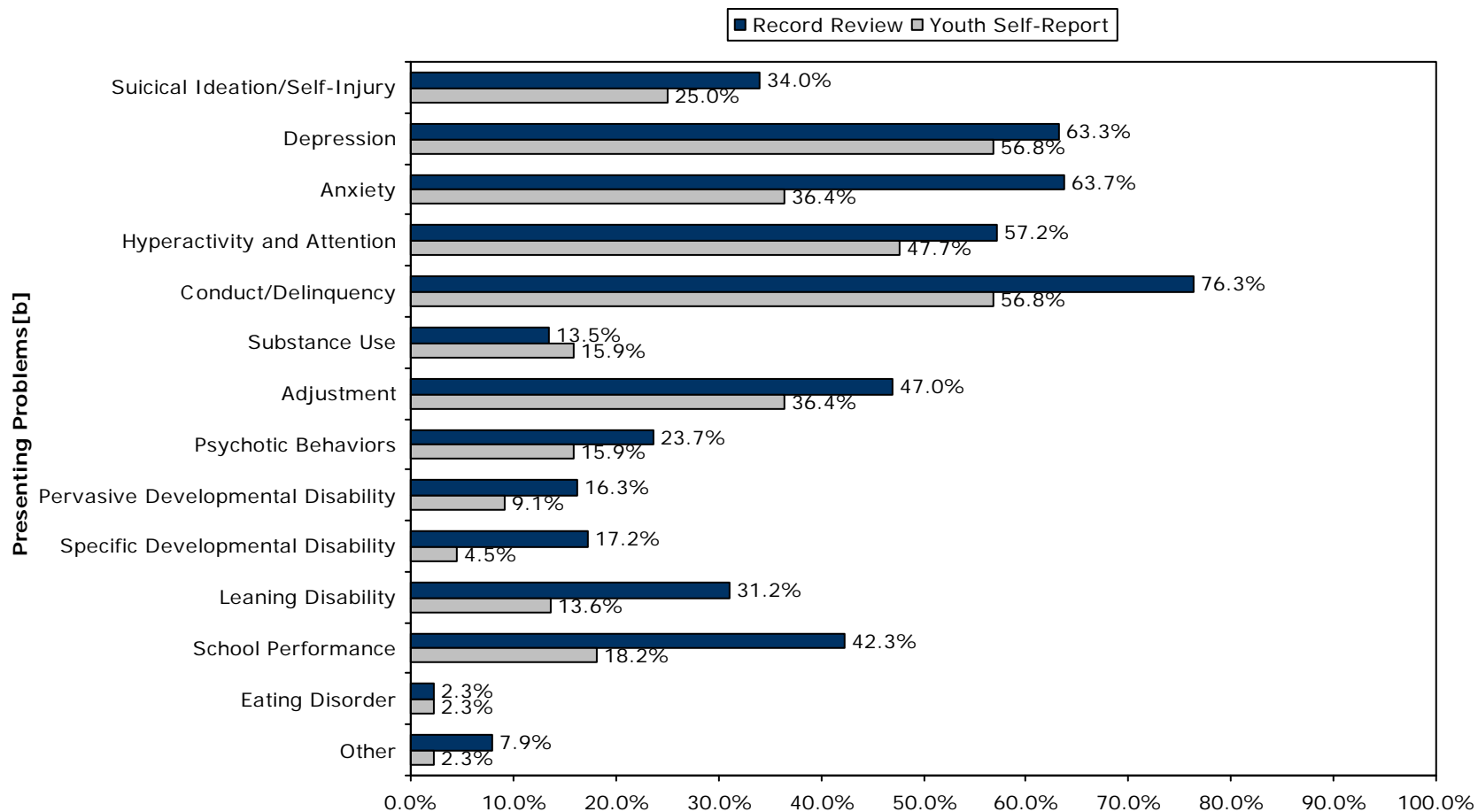
n = 6,617

[a] Data reported were collected using the Enrollment and Demographic Information Form (EDIF).

[b] Because more than one participant may be involved in the development of the service plan, participants may sum to more than 100%.

[c] Other includes School Resource Officer, Teacher, Psychiatrist, Youth Advocate, Foster Home Staff, Americorp Worker, School Principal, and Big Brother.

Idaho – Presenting Problems^[a] Reported



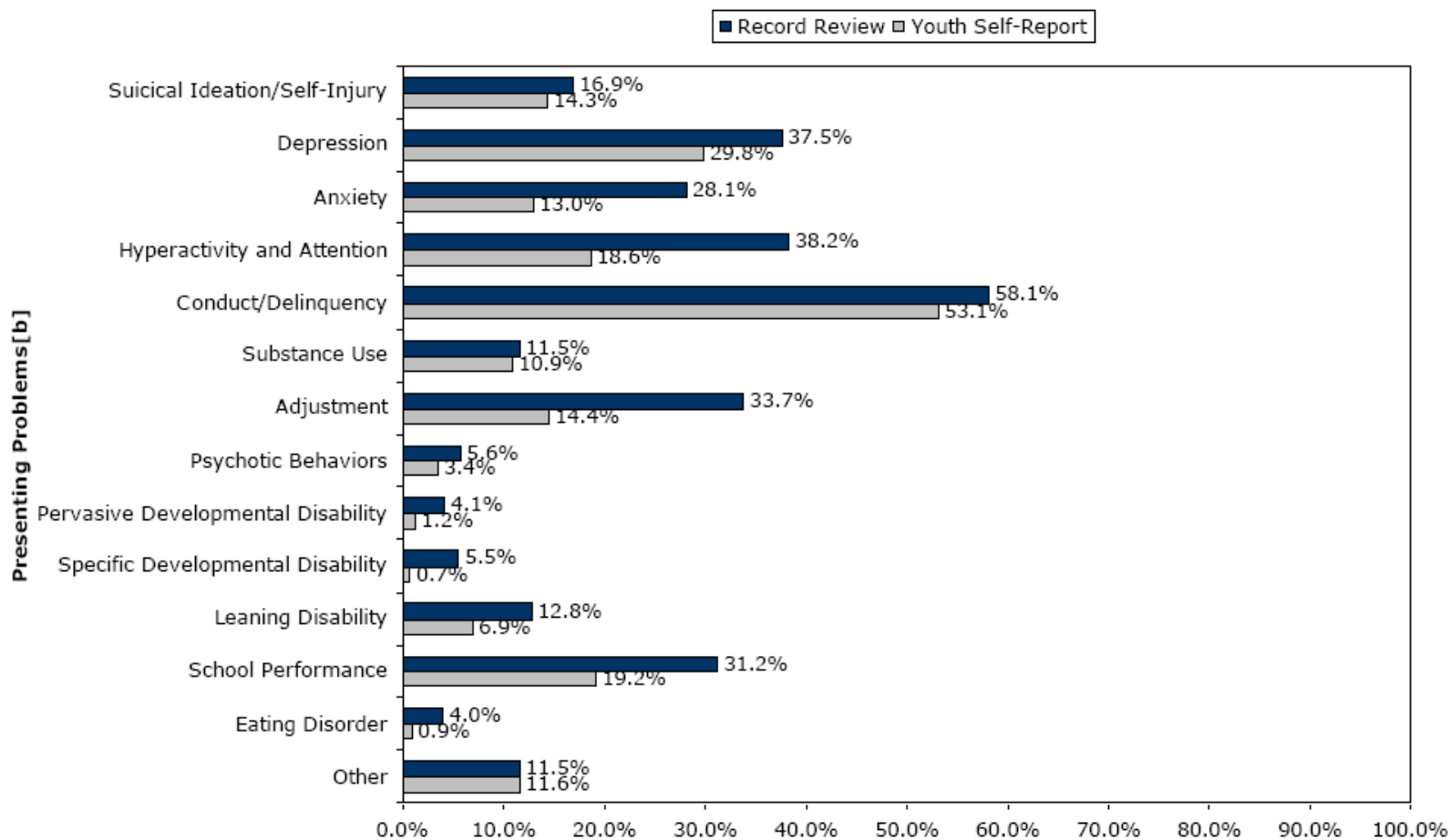
n (records reviewed) = 215

Number of Youth = 44

[a] Data reported were collected using the Enrollment and Demographic Information Form (EDIF).

[b] Because youth may present with more than one problem, percentages for presenting problems may sum to more than 100%.

National – Presenting Problems^[a] Reported



n (records reviewed) = 11,998

Number of Youth = 1,910

[a] Data reported were collected using the Enrollment and Demographic Information Form (EDIF).

[b] Because youth may present with more than one problem, percentages for presenting problems may sum to more than 100%.

Idaho – Family and Child History^[a]

- 85% of caregivers reported a family history of depression (n = 85)
- 66% reported a family history of mental illness (n = 82)
- 72% reported a family history of substance abuse (n = 86)

Has the child ever . . .	
Witnessed domestic violence? (n = 88)	55.7%
Lived with someone who was depressed? (n = 82)	87.8%
Lived with someone who had a mental illness? (n = 76)	52.6%
Lived with someone who was convicted of a crime? (n = 87)	42.5%
Lived with someone who had a substance abuse problem? (n = 78)	61.5%
Been physically abused? (n = 86)	45.3%
Been Sexually abused? (n = 85)	40.0%
Run away? (n = 87)	56.3%
Had substance abuse problems? (n = 86)	20.9%
Attempted suicide? (n = 83)	20.5%

[a] Data reported were collected using the Caregiver Information Questionnaire–Intake (CIQ–I).

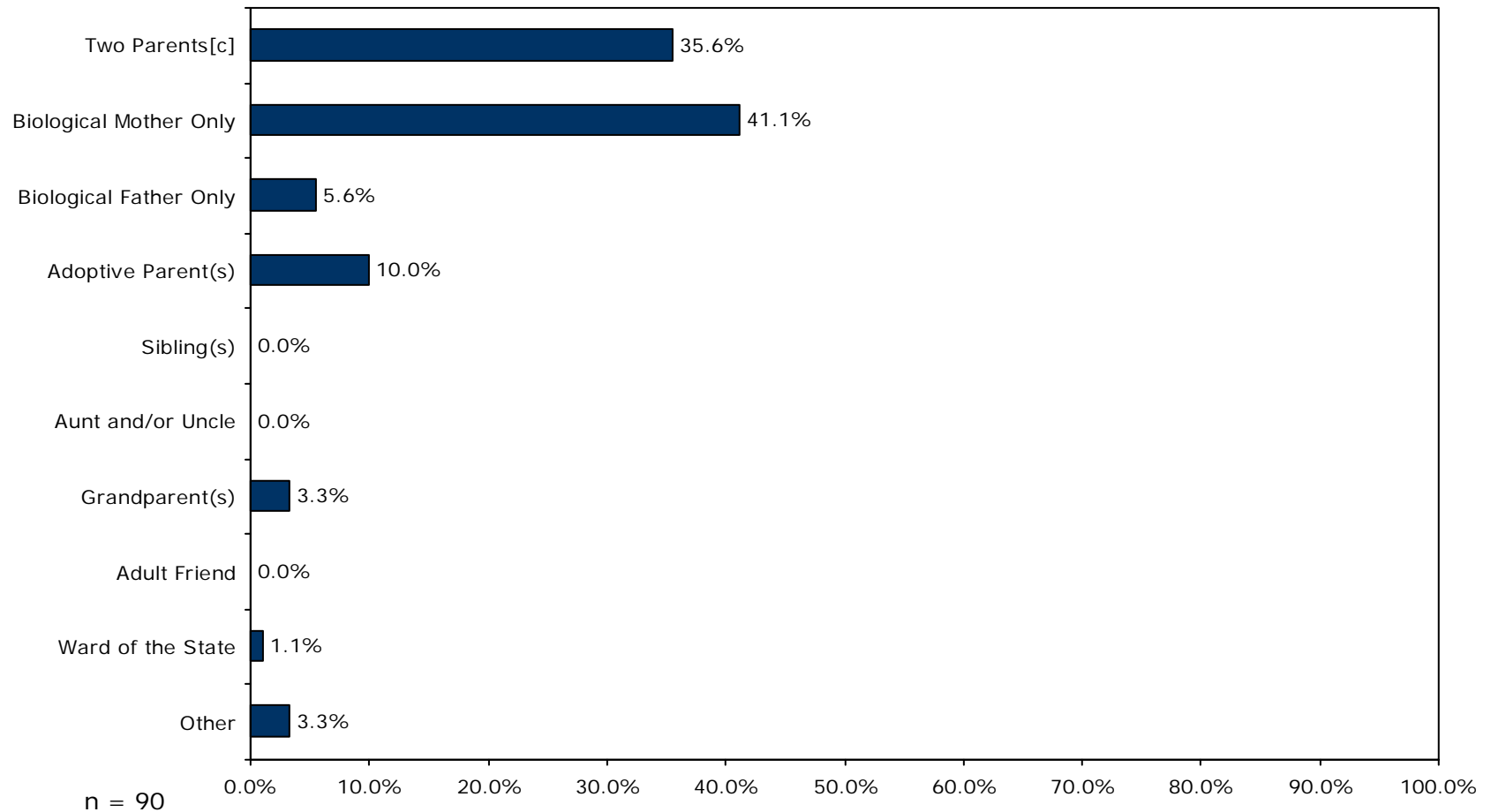
National – Family and Child History^[a]

- 68% of caregivers reported a family history of depression (n = 3,292)
- 45% reported a family history of mental illness (n = 3,278)
- 62% reported a family history of substance abuse (n = 3,356)

Has the child ever . . .	
Witnessed domestic violence? (n = 3,362)	47.0%
Lived with someone who was depressed? (n = 3,308)	64.8%
Lived with someone who had a mental illness? (n = 3,307)	31.6%
Lived with someone who was convicted of a crime? (n = 3,362)	33.5%
Lived with someone who had a substance abuse problem? (n = 3,361)	47.4%
Been physically abused? (n = 3,356)	22.8%
Been Sexually abused? (n = 3,286)	16.5%
Run away? (n = 3,422)	28.7%
Had substance abuse problems? (n = 3,400)	14.9%
Attempted suicide? (n = 3,403)	13.5%

[a] Data reported were collected using the Caregiver Information Questionnaire–Intake (CIQ-I).

Idaho – Custody Status^[a,b] at Intake

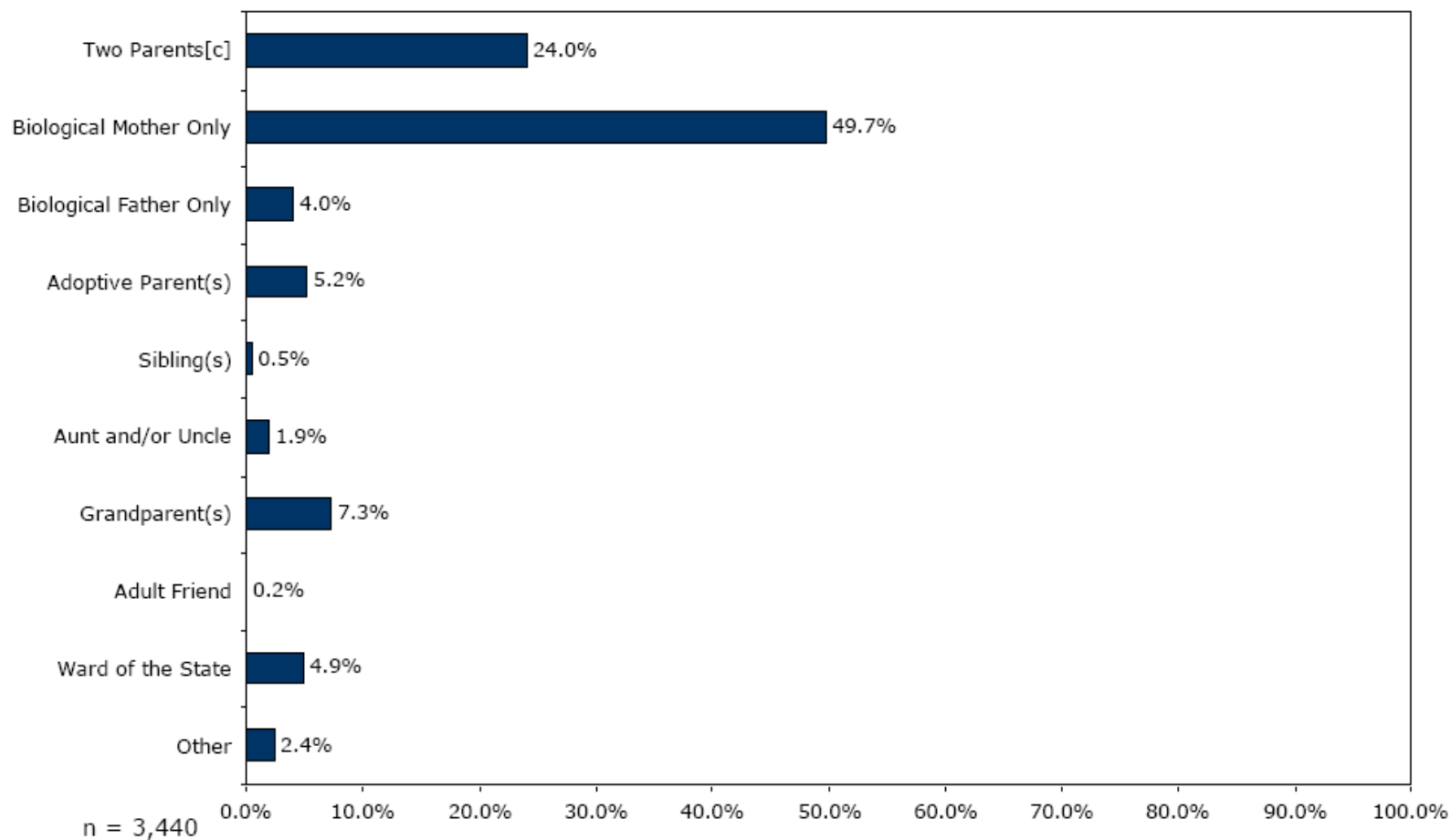


[a] Data reported were collected using the Caregiver Information Questionnaire–Intake (CIQ–I).

[b] Custody Status is collected on the CIQ and refers to legal custody. This may not reflect living arrangement, which is collected on the LSQ.

[c] Includes two biological parents, or one biological parent and a step or adoptive parent.

National – Custody Status^[a,b] at Intake



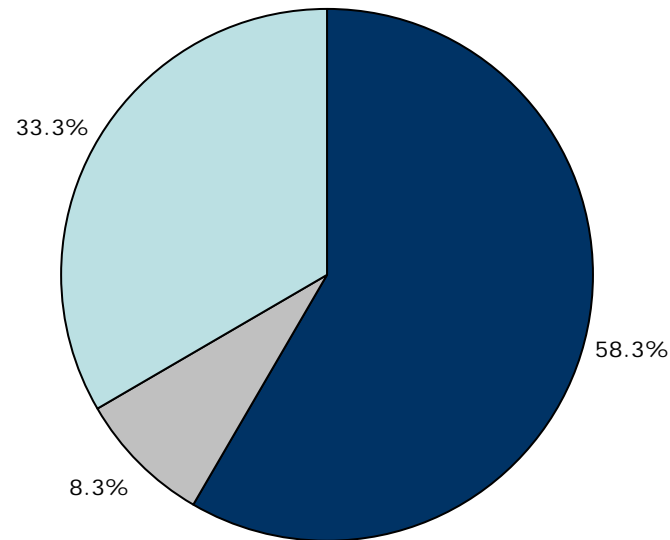
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[b] Custody Status is collected on the CIQ and refers to legal custody. This may not reflect living arrangement, which is collected on the LSQ.

[c] Includes two biological parents, or one biological parent and a step or adoptive parent.

Idaho – Change in School Attendance^[a] from Intake to 6 Months

■ Improved □ Remained Stable □ Worsened



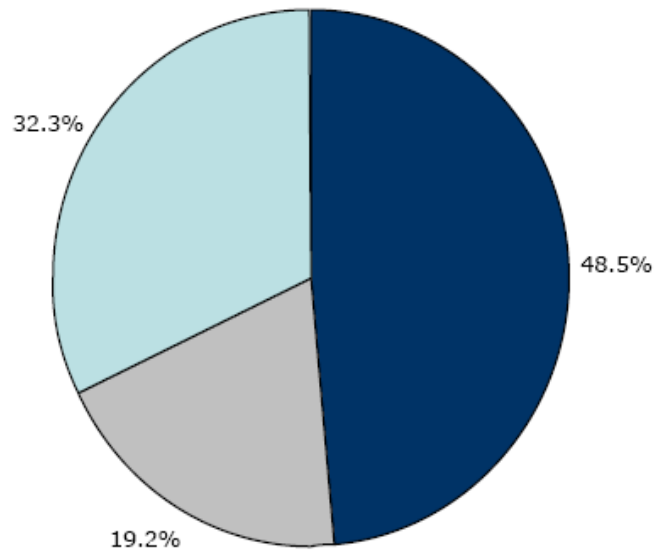
School Attendance^[b]
(n = 12)

[a] Data reported were collected using the Education Questionnaire–Revised (EQ–R). The EQ–R measures attendance and performance during the 6 months prior to each data collection.

[b] Change in school attendance is defined as the following: 1) improved: children attending school more frequently at the second data collection point than at the first data collection point, 2) remained stable: children attending school at the same frequency at both data collection points, 3) worsened: children attending school less frequently at the second data collection point than at the first.

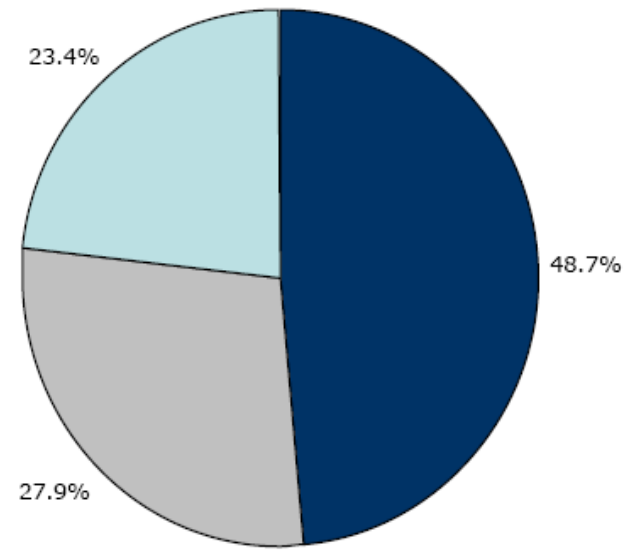
National – Change in School Attendance^[a] from Intake to 30 Months

■ Improved □ Remained Stable □ Worsened



School Attendance^[b]
(n = 198)

■ Improved □ Remained Stable □ Worsened



School Performance^[c]
(n = 154)

[a] Data reported were collected using the Education Questionnaire–Revised (EQ–R). The EQ–R measures attendance and performance during the 6 months prior to each data collection.

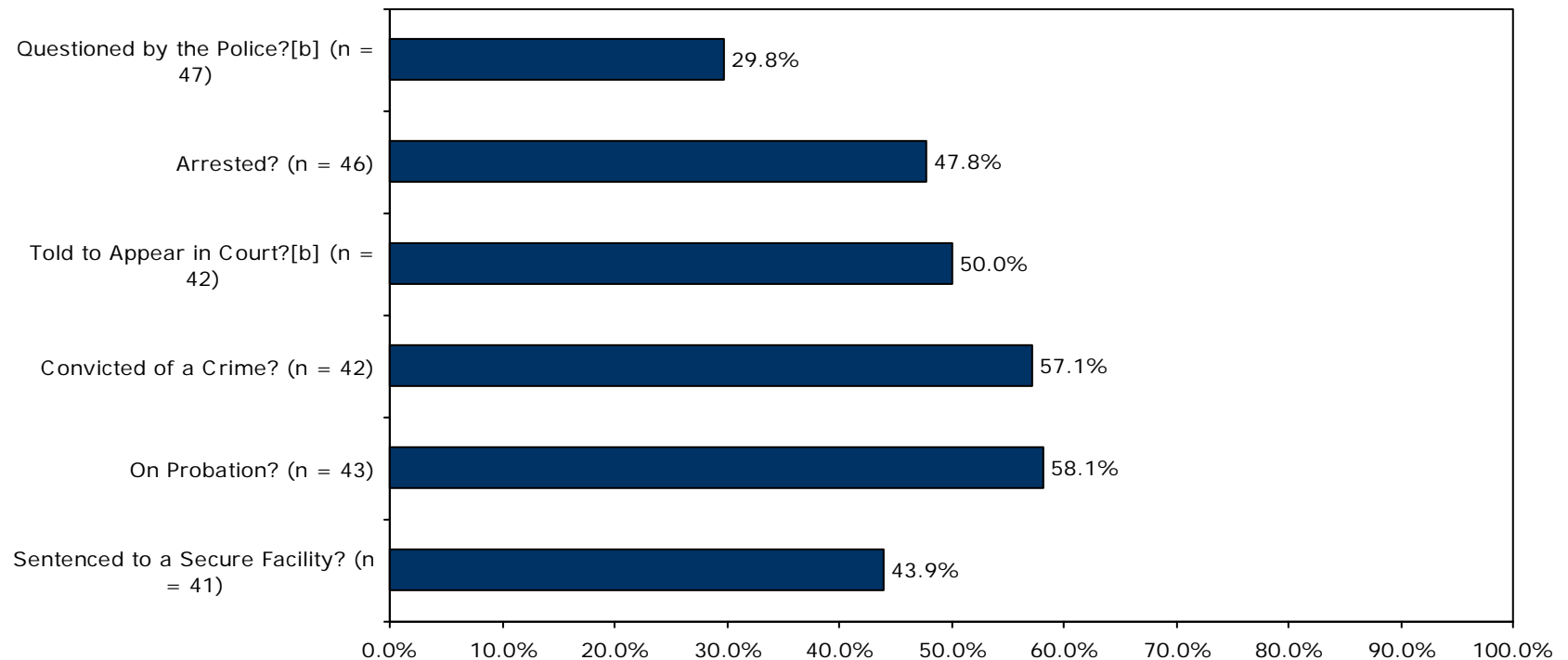
[b] Change in school attendance is defined as the following: 1) improved: children attending school more frequently at the second data collection point than at the first data collection point, 2) remained stable: children attending school at the same frequency at both data collection points, 3) worsened: children attending school less frequently at the second data collection point than at the first.

[c] Change in school performance is defined as the following: 1) improved: children receiving a higher grade point average at the second data collection point than at the first data collection point, 2) remained stable: children receiving the same grade point average at both data collection points, 3) worsened: children receiving a lower grade point average at the second data collection point than at the first.

Idaho – Criminal Justice History^[a] at Intake

- 65% of youth reported some type of criminal justice contact prior to intake (n = 48).

Have you ever been . . . ?



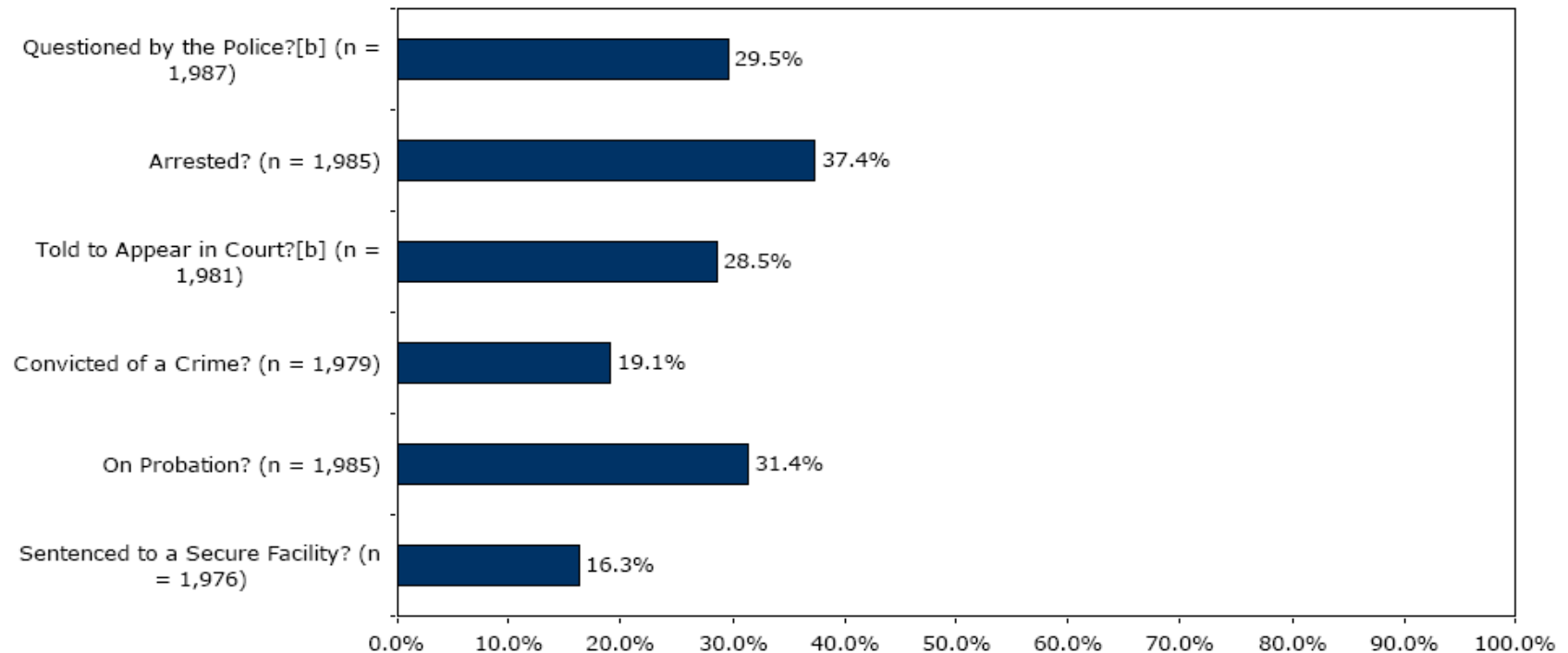
[a] Data reported were collected using the Delinquency Survey–Revised (DS–R).

[b] Because you were suspected of committing a crime.

National – Criminal Justice History^[a] at Intake

- 54% of youth reported some type of criminal justice contact prior to intake (n = 1,992).

Have you ever been . . . ?



[a] Data reported were collected using the Delinquency Survey-Revised (DS-R).

[b] Because you were suspected of committing a crime.

Idaho – Substance Use_[a] Prior to Intake

- 57% of youth reported using at least one substance prior to intake (n = 46).

Substance _[b]	Ever Used	Average Age of First Use
Alcohol	47.8% (n = 46)	10.6 (n = 19)
Cigarette	45.7% (n = 46)	9.9 (n = 20)
Chewing Tobacco/Snuff	15.2% (n = 46)	
Marijuana/Hashish	30.4% (n = 46)	11.6 (n = 14)
Cocaine (all forms)	6.5% (n = 46)	
Hallucinogenics (e.g., LSD, 'shrooms)	13.3% (n = 45)	
PCP	4.4% (n = 45)	
Ketamine (Special K)	0.0% (n = 45)	
MDMA (Ecstasy, X)	4.4% (n = 45)	
GHB	2.2% (n = 45)	
Inhalants	8.9% (n = 45)	
Heroin	4.4% (n = 45)	
Amphetamines/Stimulants	6.8% (n = 44)	
Pain Killers (e.g., Darvocet, Vicodin)	11.4% (n = 44)	
Ritalin, Adderall, Desoxyn	11.4% (n = 44)	
Tranquilizers (e.g., Valium, Xanax)	4.5% (n = 44)	
Barbiturates/Sedatives (e.g., Seonol, Nembutal)	4.5% (n = 44)	
Non-Prescription/OTC (e.g., diet pills, No-Doz)	11.1% (n = 45)	

[a] Information was gathered from the Substance Use Survey–Revised (SUS–R).

[b] Shaded areas indicate categories with fewer than 10 youth responses; data were not presented for these substances.

National – Substance Use^[a] Prior to Intake

- 58% of youth reported using at least one substance prior to intake (n = 1,998).

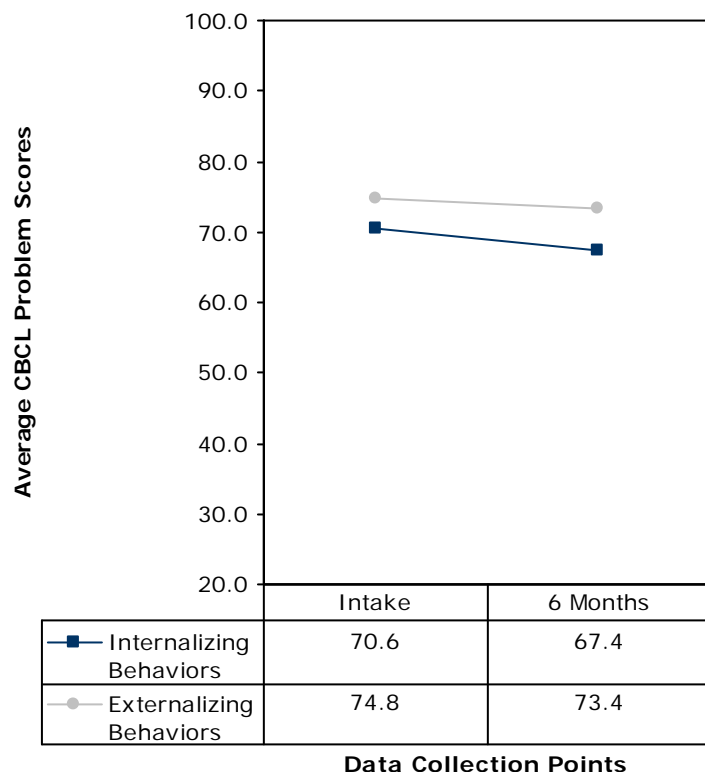
Substance ^[b]	Ever Used	Average Age of First Use
Alcohol	41.7% (n = 1,997)	12.2 (n = 814)
Cigarette	42.9% (n = 1,995)	11.6 (n = 840)
Chewing Tobacco/Snuff	7.1% (n = 1,998)	12.7 (n = 139)
Marijuana/Hashish	35.8% (n = 1,991)	12.7 (n = 708)
Cocaine (all forms)	7.6% (n = 1,995)	14.4 (n = 152)
Hallucinogenics (e.g., LSD, 'shrooms)	5.1% (n = 1,994)	14.3 (n = 100)
PCP	1.7% (n = 1,995)	14.1 (n = 33)
Ketamine (Special K)	0.4% (n = 1,995)	
MDMA (Ecstasy, X)	5.4% (n = 1,992)	14.7 (n = 106)
GHB	0.4% (n = 1,993)	
Inhalants	5.7% (n = 1,995)	13.0 (n = 110)
Heroin	1.4% (n = 1,995)	14.5 (n = 26)
Amphetamines/Stimulants	4.2% (n = 1,991)	14.4 (n = 81)
Pain Killers (e.g., Darvocet, Vicodin)	9.3% (n = 1,989)	13.9 (n = 176)
Ritalin, Adderall, Desoxyn	5.2% (n = 1,988)	12.5 (n = 89)
Tranquilizers (e.g., Valium, Xanax)	4.2% (n = 1,991)	14.2 (n = 81)
Barbiturates/Sedatives (e.g., Seonol, Nembutal)	1.4% (n = 1,991)	13.1 (n = 25)
Non-Prescription/OTC (e.g., diet pills, No-Doz)	5.7% (n = 1,993)	13.4 (n = 110)

[a] Information was gathered from the Substance Use Survey-Revised (SUS-R).

[b] Shaded areas indicate categories with fewer than 10 youth responses; data were not presented for these substances.

Idaho – Average Scores of Child Behavioral and Emotional Problems^[a] for Children Ages 6 to 18 at Intake, and 6 Months

Internalizing and Externalizing Scores^[b]



Eight Syndrome Scale Scores^[b]

	Intake	6 Months
Withdrawn	69.7	65.1
Somatic Complaints	66.1	62.4
Anxious/Depressed	70.2	68.2
Social Problems	74.5	71.9
Thought Problems	75.5	72.8
Attention Problems	75.5	73.4
Rule Break Behaviors	71.8	70.6
Aggressive Behavior	78.4	78.1

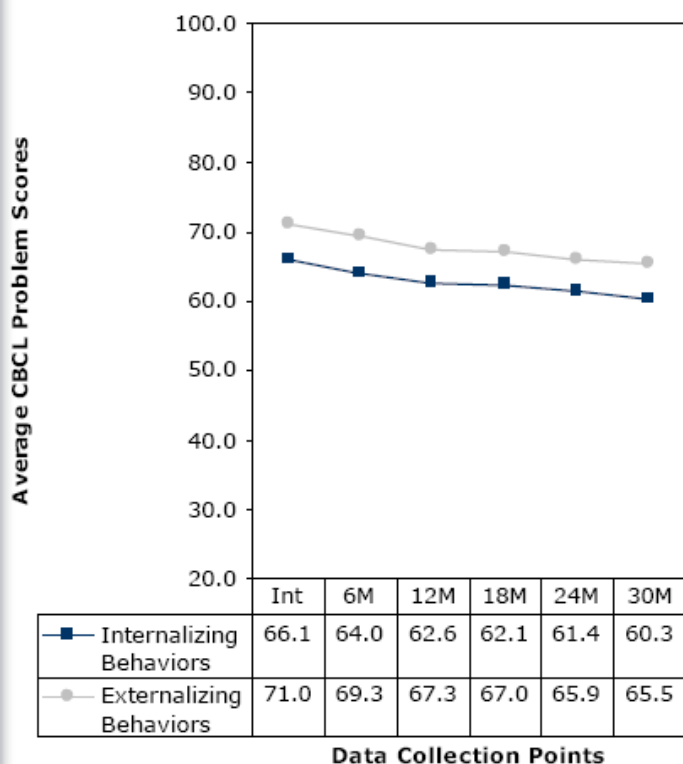
n = 19

[a] Data reported were collected using the Child Behavioral Checklist 6–18 (CBCL 6–18). The CBCL measures behavioral and emotional problems during the 6 months prior to data collection.

[b] Internalizing and externalizing scores above 63 are in the clinical range. Scores on the seven syndrome scales above 70 are in the clinical range.

National – Average Scores of Child Behavioral and Emotional Problems^[a] for Children Ages 6 to 18 at Intake, 6 Months, 12 Months, 18 Months, 24 Months, and 30 Months

Internalizing and Externalizing Scores^[b]



n = 166

[a] Data reported were collected using the Child Behavioral Checklist 6–18 (CBCL 6–18). The CBCL measures behavioral and emotional problems during the 6 months prior to data collection.

[b] Internalizing and externalizing scores above 63 are in the clinical range. Scores on the seven syndrome scales above 70 are in the clinical range.

Eight Syndrome Scale Scores^[b]

	Intake	6 Months	12 Months	18 Months	24 Months	30 Months
Withdrawn	66.4	64.9	63.9	63.0	62.3	61.7
Somatic Complaints	60.8	60.6	59.9	59.6	59.7	58.5
Anxious/Depressed	65.7	64.4	62.9	62.9	61.4	60.8
Social Problems	67.9	66.6	65.7	65.6	64.1	64.3
Thought Problems	67.8	66.1	65.3	64.8	63.7	62.7
Attention Problems	70.5	68.2	66.8	65.9	65.6	64.6
Rule Break Behaviors	68.1	66.8	64.7	65.0	64.6	64.3
Aggressive Behavior	74.0	71.9	69.8	69.6	67.6	67.2

Idaho – Youth Report of Behavioral and Emotional Strengths^[a] at Intake, and 6 Months

Strength Subscale ^[b]	BERS–2 Youth Average Score	
	Intake	6 Months
Interpersonal Strength (n = 13)	7.5	8.0
Family Involvement (n = 13)	8.5	8.2
Intrapersonal Strength (n = 13)	8.4	9.2
School Functioning (n = 13)	7.8	8.2
Affective Strength (n = 13)	9.3	9.4
Career Strength (n = 10)	10.7	10.4
Strength Index^[c] (n = 13)	88.5	90.2

[a] Data reported were collected using the Behavioral and Emotional Rating Scale–Second Edition, Youth Rating Scale (BERS–2Y). BERS–2Y reflects behavioral and emotional strengths during the 6 months prior to data collection.

[b] Strength subscales on the BERS–2Y range from 1 to 18 with an average score between 8 and 12. Higher scores indicate greater strength.

[c] Strength index on the BERS–2Y ranges from 38 to 161 with an average index between 90 and 110. A higher index indicates greater overall strengths.

National – Youth Report of Behavioral and Emotional Strengths^[a] at Intake, 6 Months, 12 Months, 18 Months, 24 months, and 30 Months

Strength Subscale ^[b]	BERS-2 Youth Average Score					
	Intake	6 Months	12 Months	18 Months	24 Months	30 Months
Interpersonal Strength (n = 101)	8.1	8.4	8.6	8.7	9.1	9.7
Family Involvement (n = 101)	8.6	8.7	9.1	9.0	9.2	9.5
Intrapersonal Strength (n = 101)	8.7	9.2	9.2	9.2	9.7	9.9
School Functioning (n = 86)	8.1	8.1	8.6	8.9	8.5	8.7
Affective Strength (n = 101)	9.5	9.3	9.4	9.6	9.7	10.3
Career Strength (n = 88)	9.6	9.5	9.7	9.8	9.9	10.0
Strength Index^[c] (n = 86)	90.6	91.5	93.4	94.5	95.4	97.4

[a] Data reported were collected using the Behavioral and Emotional Rating Scale–Second Edition, Youth Rating Scale (BERS-2Y). BERS-2Y reflects behavioral and emotional strengths during the 6 months prior to data collection.

[b] Strength subscales on the BERS-2Y range from 1 to 18 with an average score between 8 and 12. Higher scores indicate greater strength.

[c] Strength index on the BERS-2Y ranges from 38 to 161 with an average index between 90 and 110. A higher index indicates greater overall strengths.

Idaho – Caregiver and Youth Report of Behavioral and Emotional Strengths at Intake

Caregiver Strain Questionnaire Subscales[a]	Average Score
Objective Strain (n = 89)	3.4
Subjective Externalized Strain (n = 85)	2.6
Subjective Internalized Strain (n = 85)	3.9
Global Strain (n = 83)	10.0

[a] Data reported were collected using the Caregiver Strain Questionnaire. The range in scores for each subscale is 0 to 5; the range in scores for the Global Strain scale is 0 to 15. Higher scores indicate greater strain.

National – Caregiver and Youth Report of Behavioral and Emotional Strengths at Intake

Caregiver Strain Questionnaire Subscales[a]	Average Score
Objective Strain (n = 3,404)	2.7
Subjective Externalized Strain (n = 3,403)	2.4
Subjective Internalized Strain (n = 3,402)	3.6
Global Strain (n = 3,394)	8.7

[a] Data reported were collected using the Caregiver Strain Questionnaire. The range in scores for each subscale is 0 to 5; the range in scores for the Global Strain scale is 0 to 15. Higher scores indicate greater strain.

Idaho – Caregiver Strain at Intake, and 6 Months

Caregiver Strain Questionnaire Subscales[a]	Average Score	
	Intake	6 Months
Objective Strain (n = 25)	3.6	3.3
Subjective Externalized Strain (n = 24)	2.9	2.4
Subjective Internalized Strain (n = 24)	4.1	3.7
Global Strain (n = 24)	10.6	9.3

[a] Data reported were collected using the Caregiver Strain Questionnaire. The range in scores for each subscale is 0 to 5; the range in scores for the Global Strain scale is 0 to 15. Higher scores indicate greater strain.

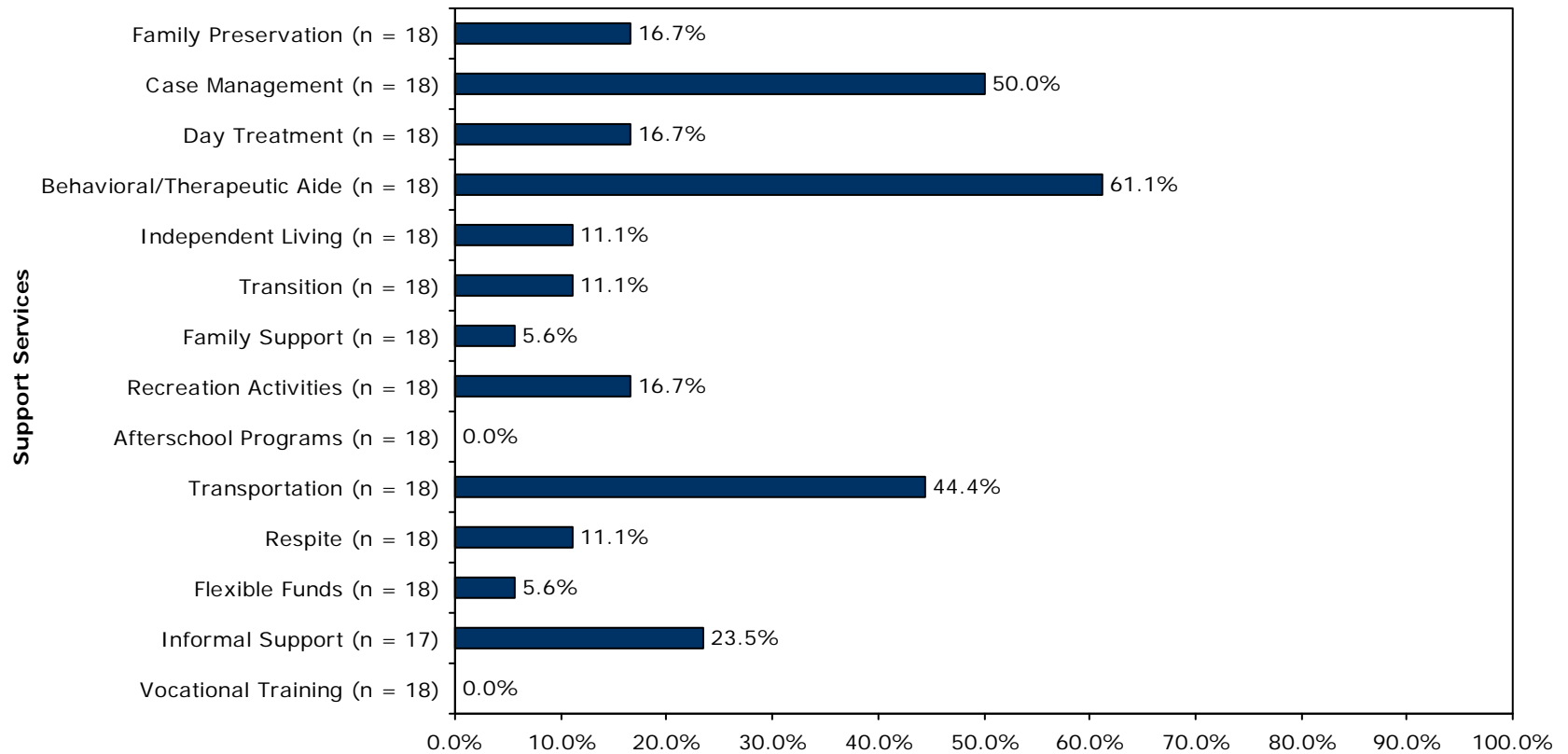
National – Caregiver Strain at Intake, and 6 Months, 12 Months, 18 Months, 24 Months, and 30 Months

Caregiver Strain Questionnaire Subscales[a]	Average Score					
	Intake	6 Months	12 Months	18 Months	24 Months	30 Months
Objective Strain (n = 172)	2.8	2.5	2.3	2.2	2.1	2.2
Subjective Externalized Strain (n = 170)	2.5	2.2	2.2	2.1	2.0	2.1
Subjective Internalized Strain (n = 170)	3.7	3.3	3.2	3.1	2.9	2.9
Global Strain (n = 169)	8.9	8.0	7.6	7.4	7.0	7.2

[a] Data reported were collected using the Caregiver Strain Questionnaire. The range in scores for each subscale is 0 to 5; the range in scores for the Global Strain scale is 0 to 15. Higher scores indicate greater strain.

Idaho – Child and Family Service Use^[a] Between Intake and 6 Months

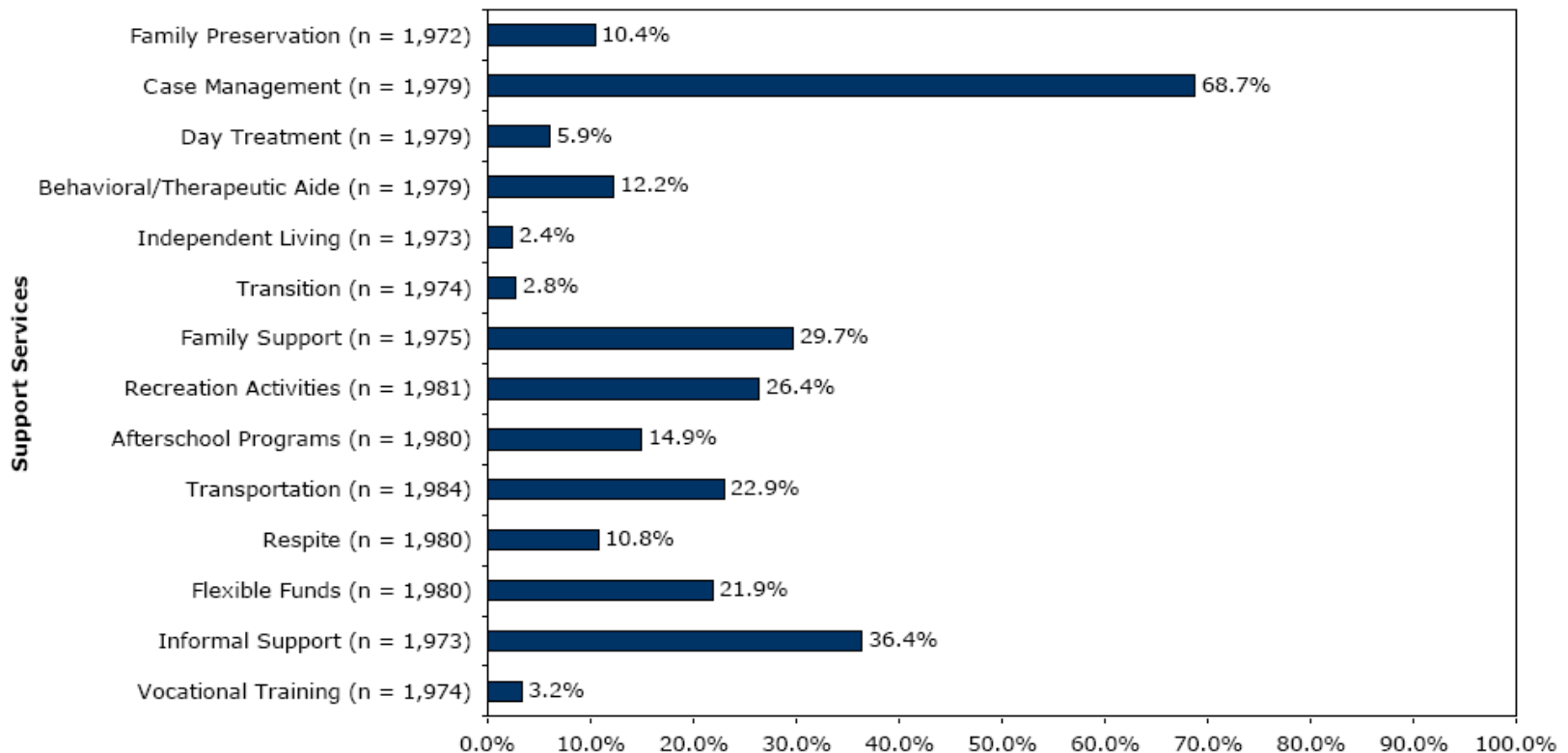
- Caregiver report at 6 months indicated that, on average, children received 6.1 services between intake and 6 months (n = 18).



[a] Data reported were collected using the Multi-Sector Service Contacts–Revised (MSSC–R) questionnaire. Services use include services received within the 6 months prior to data collection.

National – Child and Family Service Use^[a] Between Intake and 6 Months

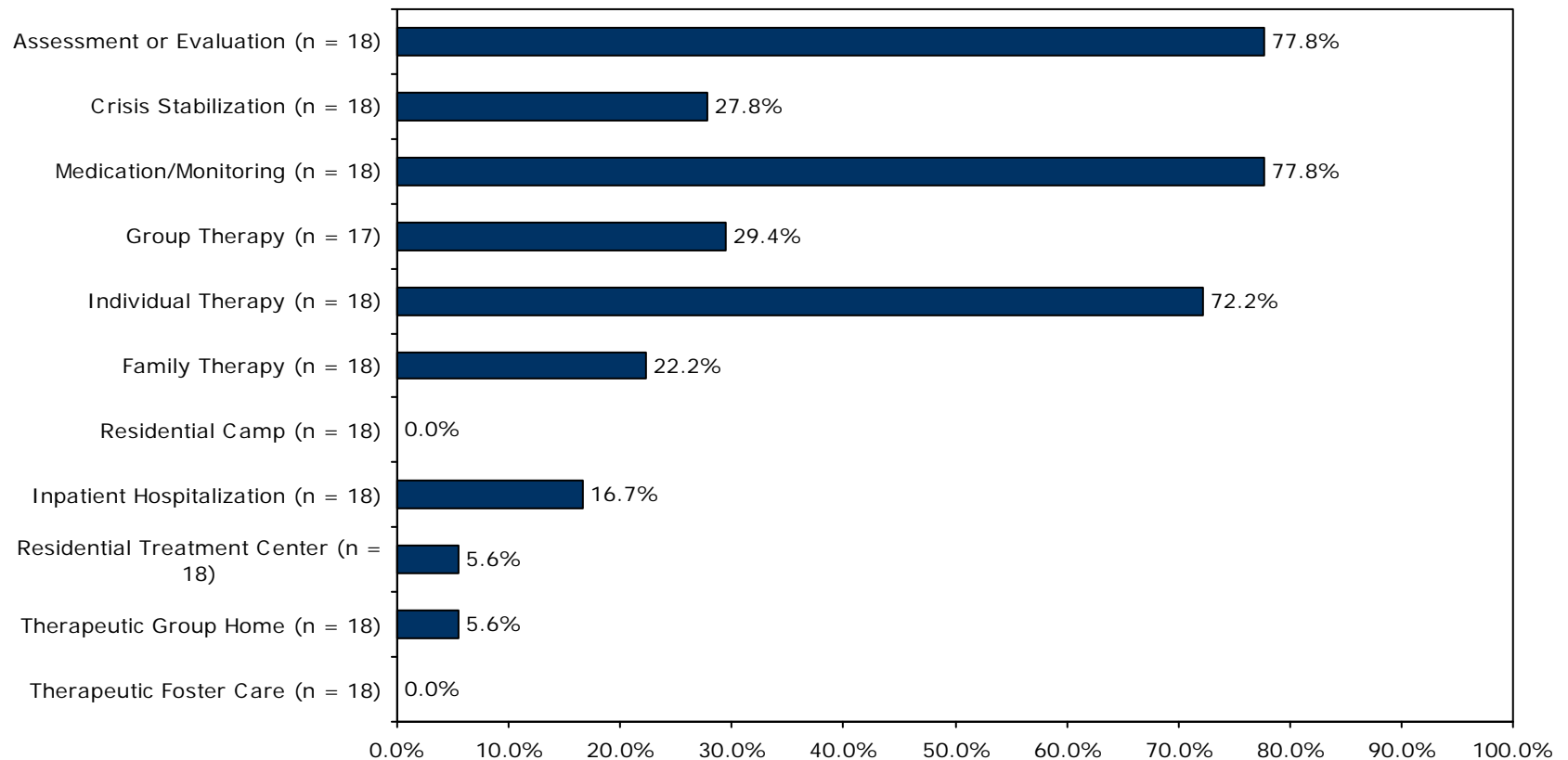
- Caregiver report at 6 months indicated that, on average, children received 5.3 services between intake and 6 months (n = 1,992).



[a] Data reported were collected using the Multi-Sector Service Contacts–Revised (MSSC–R) questionnaire. Services use include services received within the 6 months prior to data collection.

Idaho – Child and Family Service Use^[a] Between Intake and 6 Months

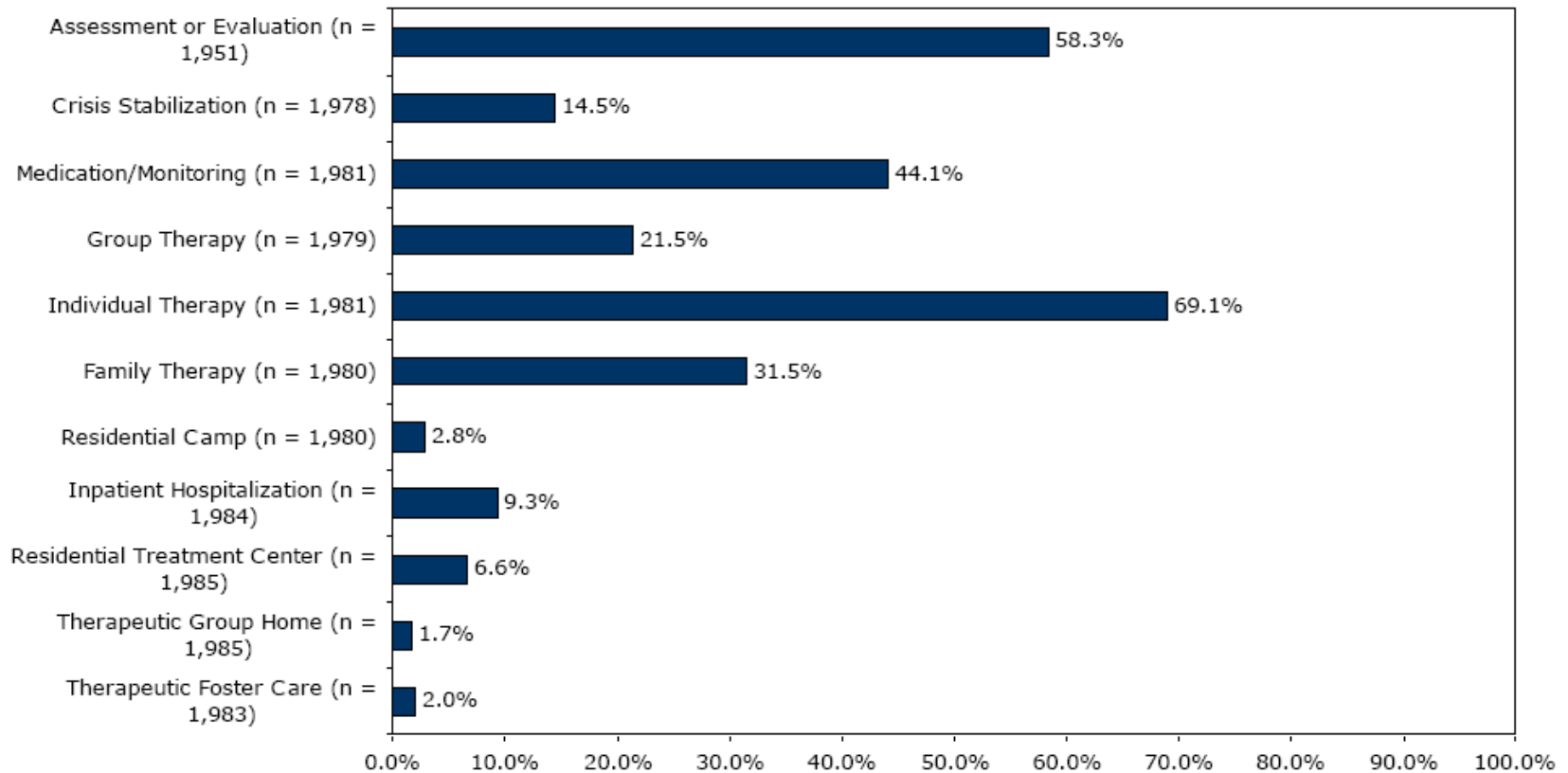
Outpatient & Inpatient Services



[a] Data reported were collected using the Multi-Sector Service Contacts–Revised (MSSC–R) questionnaire. Services use include services received within the 6 months prior to data collection.

National – Child and Family Service Use^[a] Between Intake and 6 Months

Outpatient & Inpatient Services



[a] Data reported were collected using the Multi-Sector Service Contacts-Revised (MSSC-R) questionnaire. Services use include services received within the 6 months prior to data collection.

Idaho – Caregiver and Youth Perspectives on Services_[a] at 6 Months

Perspectives on Services	Caregiver: % Reporting positively _[b]	Youth: % Reporting Positively _[b]
Access to Services	59.1% (n = 22)	50.0% (n = 12)
Participation in Treatment	68.2% (n = 22)	53.8% (n = 13)
Cultural Sensitivity	77.3% (n = 22)	83.3% (n = 12)
Satisfaction with Service	63.6% (n = 22)	69.2% (n = 13)
Outcome	36.4% (n = 22)	58.3% (n = 12)

[a] Data reported were collected using the Youth Services Survey for Families (YSS-F), Abbreviated Version and the Youth Services Survey (YSS), Abbreviated Version. Data represent perspectives on services in the 6 months prior to data collection.

[b] Scores range from 1 to 5. A mean domain score above 3.5 is regarded as positive.

National – Caregiver and Youth Perspectives on Services^[a] at 6 Months

Perspectives on Services	Caregiver: % Reporting positively ^[b]	Youth: % Reporting Positively ^[b]
Access to Services	83.5% (n = 1,872)	67.5% (n = 1,177)
Participation in Treatment	83.3% (n = 1,873)	59.3% (n = 1,188)
Cultural Sensitivity	93.2% (n = 1,846)	88.2% (n = 1,173)
Satisfaction with Service	74.4% (n = 1,873)	73.3% (n = 1,186)
Outcome	52.5% (n = 1,866)	70.7% (n = 1,186)

[a] Data reported were collected using the Youth Services Survey for Families (YSS-F), Abbreviated Version and the Youth Services Survey (YSS), Abbreviated Version. Data represent perspectives on services in the 6 months prior to data collection.

[b] Scores range from 1 to 5. A mean domain score above 3.5 is regarded as positive.

Idaho's Building on Each Other's Strengths



Impact of Training
April, 2008

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Examples: Topical Workshop Approach to Training

Children's Traumatic Stress and Mental Health VGR			
Session	Dates	# of sites	Attendees
Red Flags: Signs and Symptoms of Mental Disorders in School Aged Children	December 9, 2004	6	24
Autism Face to Face	December 14, 2004	6	35
Evidence Based Treatment for Traumatic Children	December 16, 2004	6	24

Example: Conference Approach To Training

Idaho System of Care Conference				
Date	Location	# of sessions	Attendees	Youth
May 3-4, 2004	Doubletree Hotel- Riverside Boise, Idaho	17	337	N/A
May 1-4, 2005	Northwest Nazarene University, Nampa, Idaho	25	349	12
May 1-2, 2006	Boise State University, Boise, Idaho	30	409	46
April 30 & May 1, 2007	Boise State University, Boise, Idaho	30	360	54

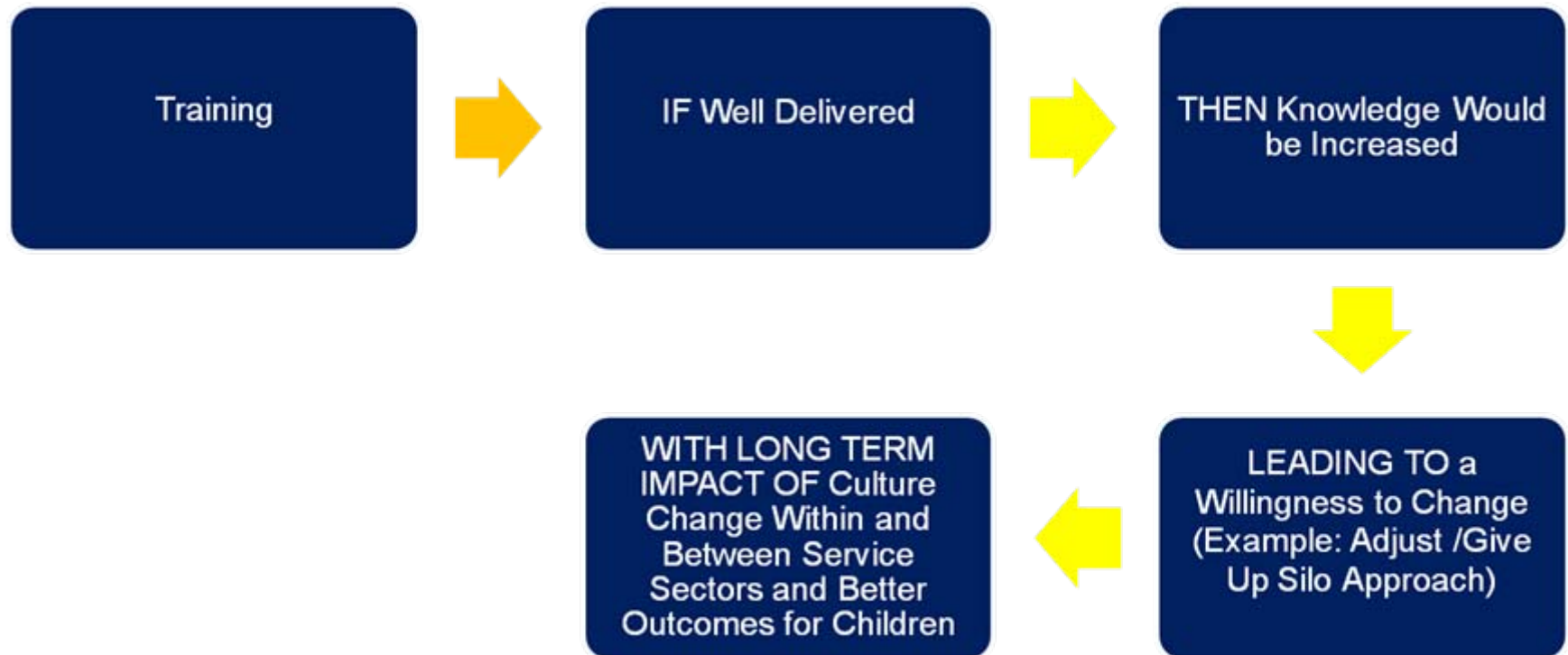
Amount of Training

	Delivered Between 5/04 to 3/08	
Number of individual training sessions held	Approx. 267	
Individuals trained (including overlap)	Total: 3,599	Youth: 112

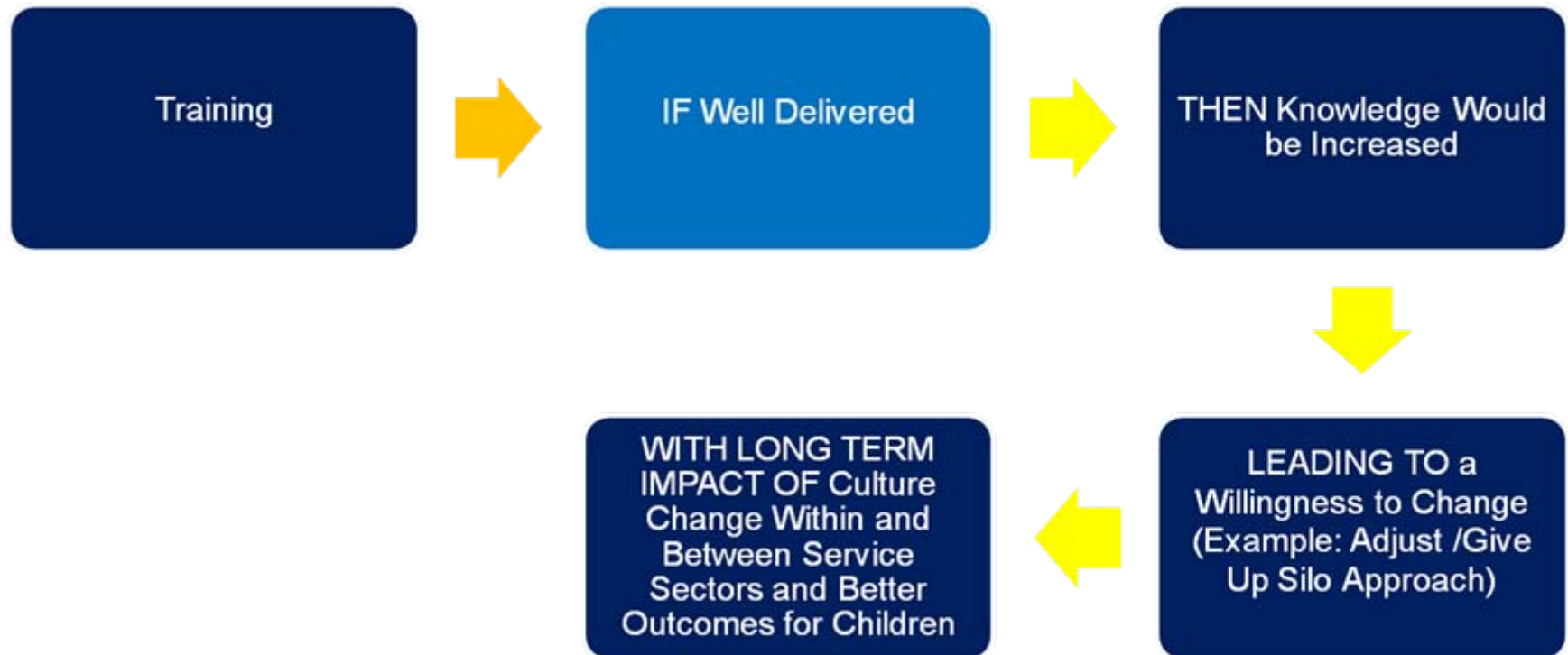
Content of Training

Training Topical Area	Examples	# of trainings	% of total trainings
Systems of Care	Ethics of collaboration, PSR, Medicaid, Interpreters	96	36%
Mental Health	ADHD, Autism, Interventions, Diagnosis	58	22%
Paraprofessional/Family self-help	Common sense psychiatry, Un Mejor Presente (Spanish), Sibling Workshops	67	25%
Specialized System Trainings	Train the Trainer, SOC 101 for new Health and Welfare workers, Police Pocket Guide	12	4.5%
Wraparound	Wraparound training	22	8%
Other	Just ask Panel, Ethics in Decision making, How to influence policy	12	4.5%

Effectiveness of Delivery



Effectiveness of Delivery



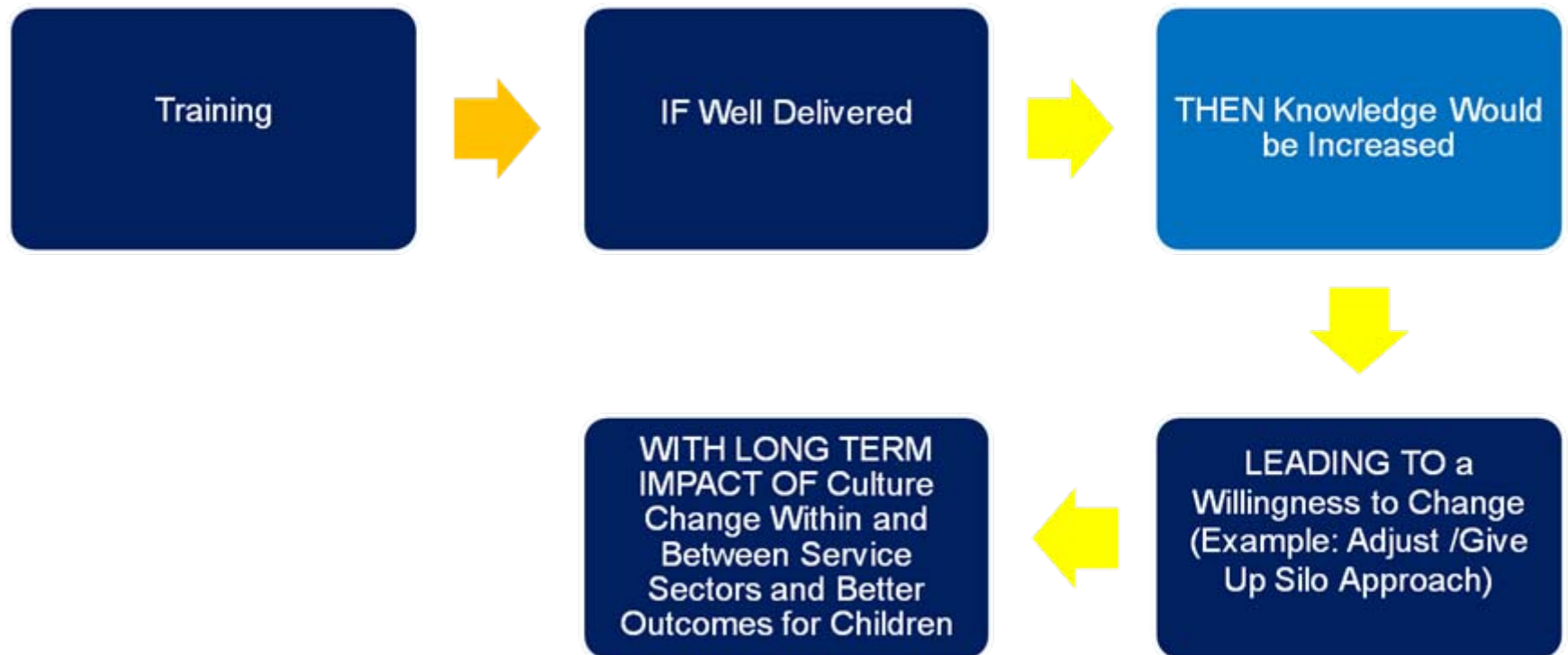
Sample Data: Quality of Delivery

Training Effectiveness	Mean Response (M)
Was the training clear and understandable?	4.08 (agree)
How well did the course meet your expectations?	3.92 (agree)
Were the materials understandable and relevant?	3.69 (neutral to agree)
Facilities conducive to learning?	4.15 (agree)
Were the trainers effective to your learning?	4.31 (agree to strongly agree)

Results presented are for Wrap Around Trainings

* 1 = strongly disagree; 2 = disagree; 3 = neutral; 4 = agree; 5 = strongly agree

Increase in Knowledge



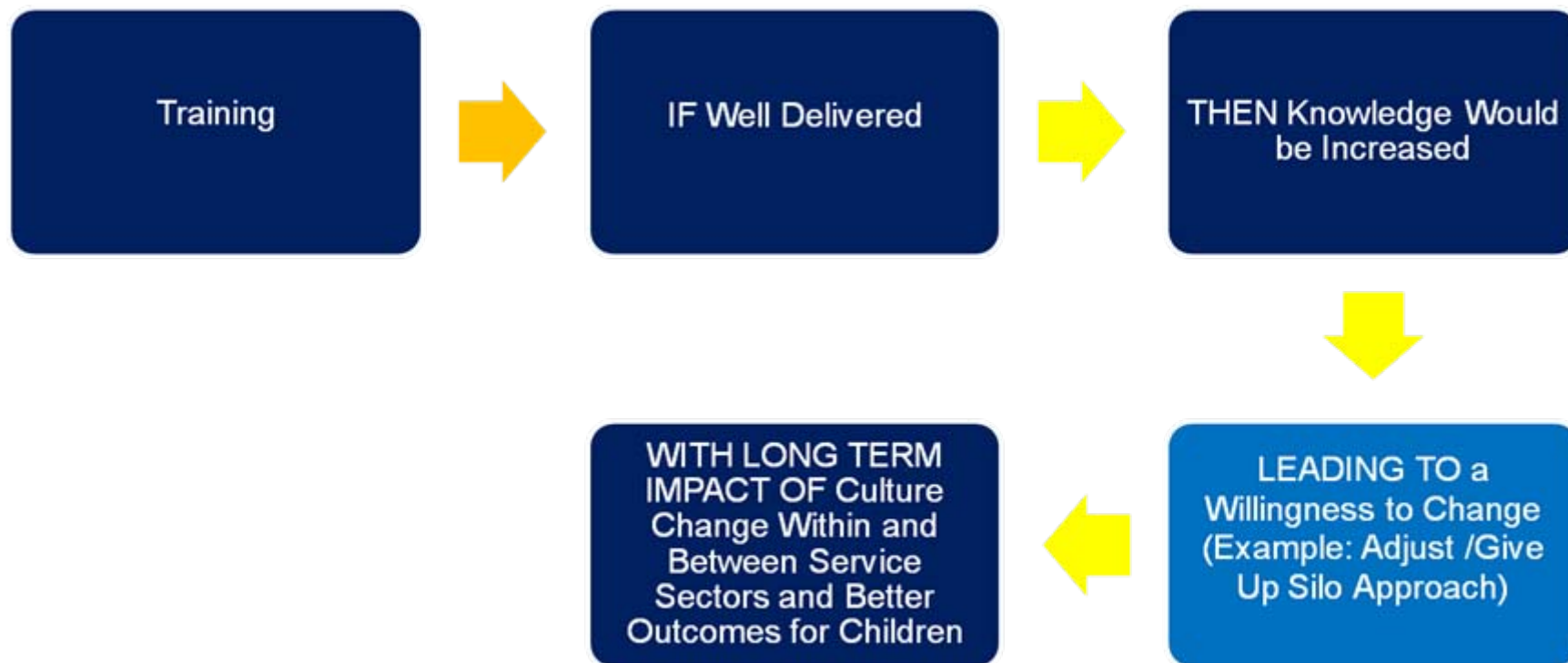
Sample Data: Increase in Knowledge

Survey Item (N=86)	POST- TRAINING
	Mean
The Learning Objective was covered in training:	
The social worker/clinician understands the roles and responsibilities of the children's service agency, juvenile court, county prosecutor, law enforcement agency, hospital, schools, mental health system, and other community agencies involved in the identification, assessment, and treatment of abuse, neglect and sexual abuse.	3.86 (much)
The social worker/clinician knows the benefits of an interdisciplinary and inter-agency team approach to working with families and children and helping them recognize the potential system barriers to collaboration, mental illness.	4.02 (much)
The social worker/clinician can collaborate with families, practitioners in other agencies and service disciplines in a team approach to family assessment, case planning, and service delivery.	4.00 (much)
The social worker/clinician works collaboratively with child welfare staff members in other agency units and departments to assure coordinated services to families and to children in care.	4.06 (much)

Results presented are for Wrap Around Trainings

* 1 = strongly disagree; 2 = disagree; 3 = neutral; 4 = agree; 5 = strongly agree

Change of Behavior



Sample Data: Change

Better Today's Better Tomorrow's Training Data

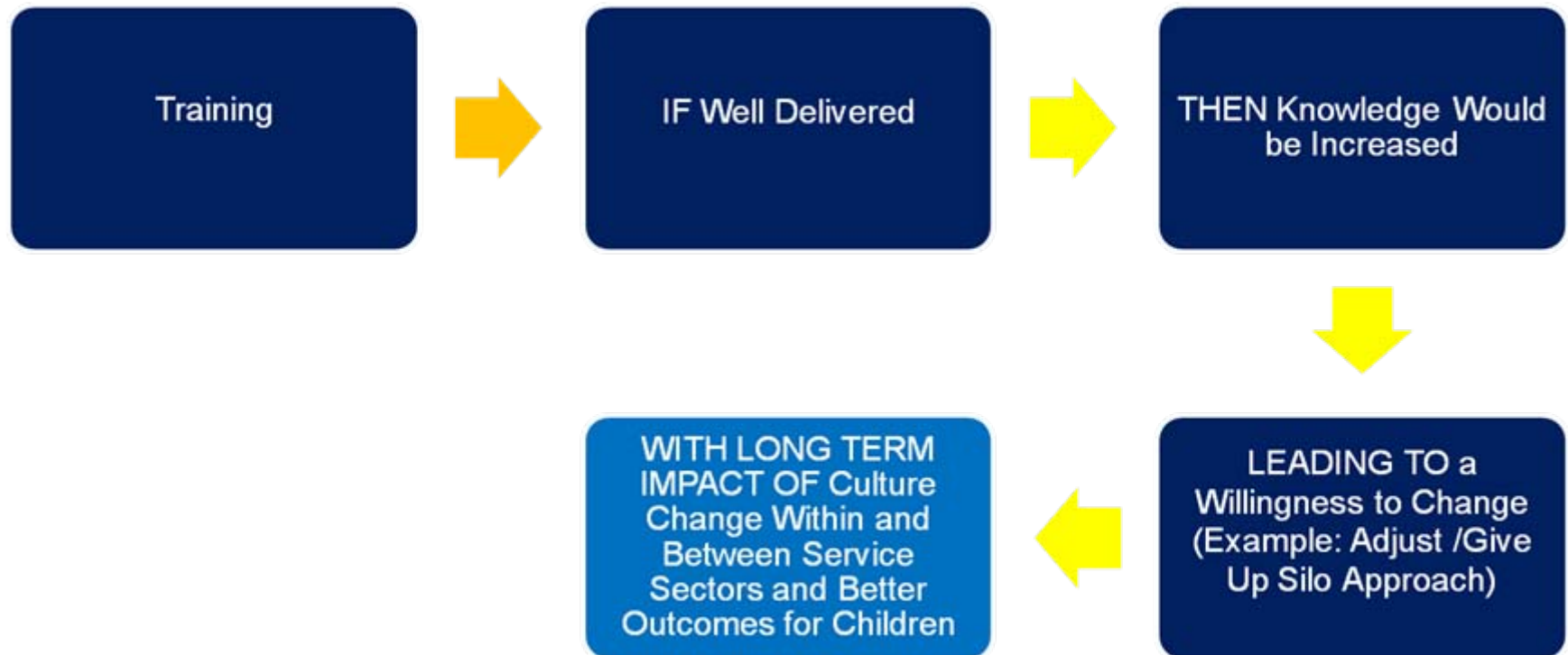
Survey Item	PRE-TRAINING (N = 199)		POST-TRAINING (N = 175)		Avg. Increase (%)
	Mean	Std. Dev.	Mean	Std. Dev.	
I feel I know the signs and symptoms of mental disorders in children and youth.	3.52 (neither - agree)	.91	3.95 (agree)	.69	12.2%
I now know where to get help for children in my care, if needed.	3.68 (neither - agree)	.98	4.03 (agree)	.77	9.5%
With the knowledge I have now, I know of a child who needs help with a mental disorder.	3.70 (neither-agree)	1.08	3.88 (agree)	.92	4.9%
Mental disorders are caused by chemical/biological imbalances in the brain.	3.67 (neither - agree)	.79	4.15 (agree)	.73	13.0%
I now know techniques that can be used as a first responder to children with mental health needs.	3.17 (neither)	.96	4.16 (agree)	.64	*31.2%
I now am aware of various law enforcement programs nationwide that are being used with children with mental health needs.	2.39 (disagree-neither)	.92	4.06 (agree)	.67	*69.9%
I am aware of / plan to use the Police Pocket Guide in my work.	2.36 (disagree - neither)	1.09	4.04 (agree)	.74	*71.2%
I now have a better understanding of culture and cultural competency.	3.18 (neither)	.99	4.03 (agree)	.72	*26.7%
Culture affects how people respond to mental health issues.	4.00 (agree)	.83	4.44 (agree - strongly agree)	.51	11.0%
I understand the impacts of trauma on subsequent risks for violence in a child.	3.83 (agree)	.85	4.31 (agree - strongly agree)	.57	12.5%

Sample: Change Data

(Systems of Care Conferences)

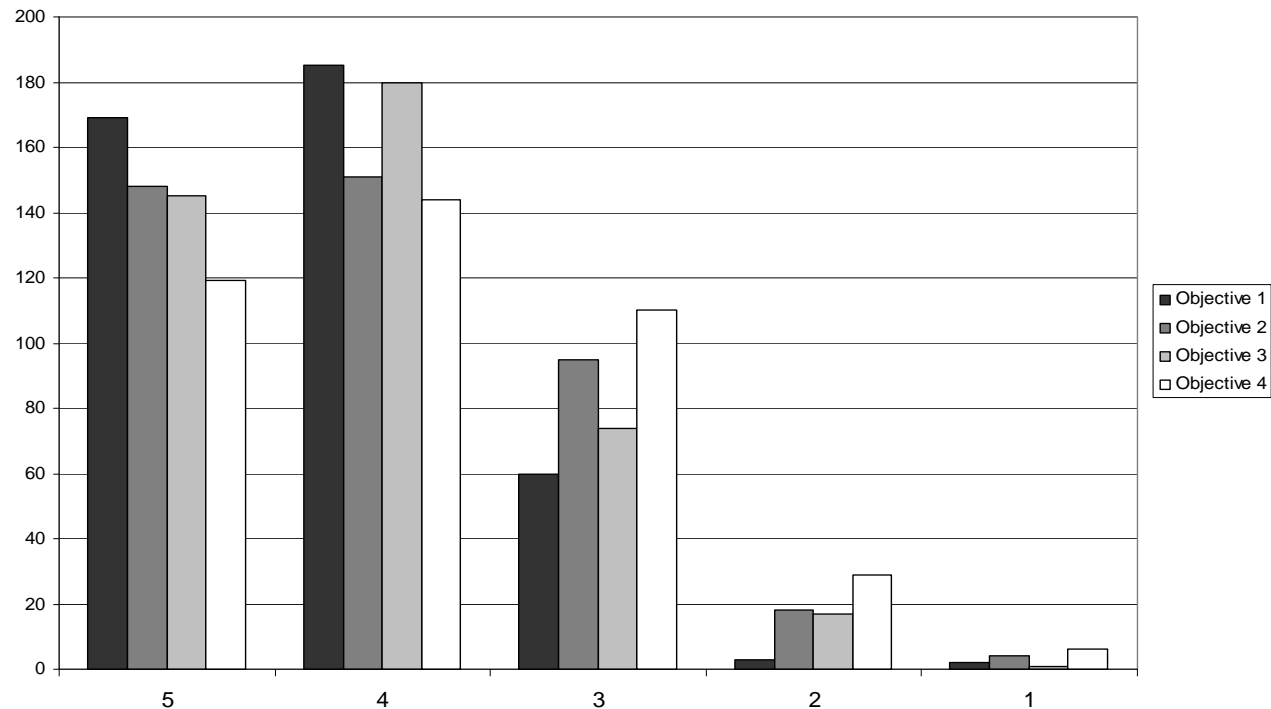
Survey Item (N=51)	PRE- TRAINING	POST- TRAINING	Avg. Increase (%)
	Mean	Mean	
How prepared are you to . . .			
Describe the System of Care in Idaho and the partnerships with children's service agencies, juvenile court, county prosecutor, law enforcement agency, hospital, schools, mental health system, and other community agencies.	2.83 (neutral)	3.73 (somewhat agree)	31.8%
Describe the core values and guiding principles of a System of Care.	2.81 (neutral)	3.74 (somewhat agree)	33.1%
Identify the benefits of an interdisciplinary and inter-agency team approach to working with families and children and helping others recognize the potential system barriers to collaboration.	3.03 (neutral)	3.83 (somewhat agree)	26.4%
Describe the shifts in practice associated with the System of Care in Idaho?	2.60 (somewhat disagree - neutral)	3.63 (somewhat agree)	39.6%
Describe the role of the Idaho Federation for Families in the System of Care?	2.65 (somewhat disagree - neutral)	3.81 (somewhat agree)	43.8%
Find resources about the System of care in Idaho?	2.57 (somewhat disagree - neutral)	3.74 (somewhat agree)	45.5%

Change of Behavior



Overall Effectiveness—Data From All Trainings

Conference Effectiveness of Meeting Objectives



Sample Qualitative Comments

- *The presenters were excellent and the youth track was truly inspirational*
- *The speakers were well knowledgeable in their areas of expertise.*
- *Presenters were all knowledgeable in their topics, friendly and receptive to their audience, and organized in presentation.*
- *Good information that was useful to parents and professionals.*
- *The workshops I attended were all very good. There was a wide variety of topics to choose from and all very relevant.*
- *I love the interaction. When you attend a class and there are other parents and professionals willing to discuss different situations you really have an opportunity to learn.*
- *I will be better able to integrate strength-based into my assessment process and include family strengths.*
- *I will integrate the family more into providing care for youth.*
- *As a professional, there are several techniques that I plan on using in my practice.*
- *I will continue to work on cultural competency.*
- *I will be more tactful in addressing crisis interventions.*
- *I really liked the integration of families and professionals and it seemed like they appreciated it as well.*
- *In my personal life I have dedicated myself to notice more of the positive things kids do.*