



Evaluation Advisory Board

2-16-07

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

Agenda Items	Time	Name	Decisions/Notes
Introductions & Brief Announcements	8 pt 9mt	All	Kathy, Lois, Mardell, Brian, Patty, Frank, Oscar
Minutes Approval and Review Agenda		All	
<u>FGDM update</u>		Mardell/Patty Frank to talk about Focus related to FGDM	<p>Dr. Kirk Training – Evaluations indicated high ratings and encouragement over the tool.</p> <p>1. How do we make it easy for staff to incorporate using the NCFAS-R in their practice? This has to do with availability and ongoing support. We may want to discuss incentives for staff applying the innovation of assessing family functioning, but this may be premature.</p> <p>2. How does the NCFAS-R fit into the FGDM evaluation? I have my own ideas and need to hear from you about the pragmatics of this.</p>

			<p>3. What should the structure of refresher training for trained staff and initial training for new staff look like? We have materials to do both of these and I can take an active role in this.</p> <p>4. What would be necessary to make the electronic version of the NCFAS-R available to staff who request it?</p> <p>I think we will be discussing barriers and facilitators to diffusing the NCFAS-R as a practice tool within our two regions.</p> <p>Focus implications:</p> <ul style="list-style-type: none">• Regions don't have one set of directions on capturing information on families receiving FGDM.• Some regions are recording FOCUS Family Preservation Services/Family Assessment service requests. Region 3, 5, 2, maybe 1 and 6• Some regions are recording data in FOCUS narrative. Region 7• Some regions are contracting out services, some regions are doing in-house services, and some are doing both. R 3, 5, 2 contract out. Region 7 in house, Region 6 combination. Region 1 and 6 may be contracting out. <p>The best I believe we can do is to try to have the regions identify the families/individual participating in FGDM. Create <u>several</u> reports that capture the data, on an individual basis, since there is no consistent indicator in FOCUS of those participating in FGDM. Provide the individual reports to Ed Byrnes for him to create his queries.</p> <p><u>Procced will call on Wednesday.</u></p>
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Exit Interview		Patty	Report to PM's.
Academy Evaluation		Kathy	<p>Meeting on the 26th of February to explore how to do summative evaluation. Will also be discussing this at the Chiefs meeting on March 22. Have had conversation with Managers about compliance concerns. Summative evaluation would use the CBLC but the data is not coming in. What is coming in: numbers Learners agreement coming in much better. In the formative evaluation, competencies were tracked. Two different meetings where teamwork is not showing up as a competency. Both sets of trainers have activities contained within the module but is not overt.</p>
Work load study		Frank	<p>Ready for next meeting evaluation from American Humane. A Case-weighting Report has been received is a good review and description of what formula is used to weigh cases in other states. It provides the context for what Idaho will be using case weights. Will give data for distribution of staff. The main report which is an analysis of time data and broken out by Region and by staff. AHA have a deadline of tues. From this we will have information about conclusions about the adequacy of staff and allocation. Executive summary of AHA from this report. This will pass as a third party analysis of work load. Brian and Frank were able to look at 11 quarters of data that came from CFSR's – concluded 12 quarters overall. As a result of reviewing those scores in each of the 7 seven regions for each of the scoring opportunities. Took the scores and match them up with the state defined goals and came up with a % of time that regions met goals of safety,</p>

<p>Data Matrix</p>		<p>permanency and well-being. As a result of all of that gave a distinct percentage of time that each region met the goals for safety, permanency and well-being. The regions that have the highest goals of safety,per wll-being – Regions 6 & 7. the lowest was Region 5. Looked at case load size – compared to CFSR goal attainment. There is a strong correlation. Looked at how does this all related to staff vacancy rate. There is an almost exact correspondence between high vacancy and low attainment of goal attainment. le R3 they are 7th in ability to retain staff and 6th in goal attainment. In 5 of the 7 regions the staff vacancy indicates their achievement in the CFSR goals.</p> <p>What actions can we take regarding staff allocations that will make a difference for CFSR outcomes?</p> <p>Agenda item for the evaluation committee.</p> <p>Serious considerations of reallocation of staff. Make changes based on data.</p> <p>Brian will be meeting with Casey next. Will have data matrix available for the face to face in April.</p> <p>Need to incorporate the work load information.</p> <p>Brian is working with Focus system around looking at a disproportionality outcomes and work force issues? Data matrix – is this just a handy tool</p> <p>CQI process and Chiefs meeting – Each of the Regions following a CQI would have a PIP – Where are they now? Regions are now not doing a PIP process for continual improvement. ICWA CQI – Kathy wants them for Academy Need to recapture a total feedback loop. Needs to fit into a larger issue --- how are we going to use the work load study, CFSR and a PIP response --- Goes into a larger issue how are</p>
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			we going to track management decisions based on this data.
Next meeting & Agenda		All	Interpretation of work load study. Protocol and mechanisms for data sharing. Update on FGDM, exit and academy Recruitment and retention