STATE OF NEVADA



Kelly Wooldridge Administrator



DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF CHILD AND FAMILY SERVICES 4126 Technology Way – 3rd Floor Carson City, Nevada 89706 (775) 684-4400

Manual Transmission Letter (MTL) Family Programs Office: Statewide Child Welfare Policy Manual

MTL # 1603-09192016

09/19/2016

- TO: Paula Hammack Interim Director Clark County Department of Family Services Betsey Crumrine, Social Services Manager V - DCFS – District Offices John Bradtke, Social Services Manager V-DCFS-District Offices Amber Howell, Director - Washoe County Department of Social Services
- FROM: Reesha Powell, Deputy Administrator, Division of Child and Family Services

POLICY DISTRIBUTION:

Enclosed find the following policy for distribution to all applicable staff within your organization:

1603 Oversight of Statewide Specialized foster Care Program

This policy is/was effective: 9/16/2016

- This policy is new. Please review the policy in its entirety
- This policy replaces the following policy(s): MTL # ____ Policy Name: _____
- This policy has been revised. Please see below for the type of revision:
 - This is a significant policy revision. Please review this policy in its entirety.
 - This is a minor policy revision: (List page number & summary of change):
 - 1603.4.9 Amended definition of Specialized Foster Care Program (SFCP), page 2, added language.

1603.5.1.2 Added entire section related to "Use of Other Nationally Recognized Treatment Foster Care Model", page 3 & 4.

A policy form has been revised: (List form, page number and summary of change):

FPO 1603A Evaluation Protocol- updated to current practice

NOTE:

- Please read the policy in its entirety and note any areas that are additionally required by your agency to be in compliance with the policy enclosed.
- This is an AII STAFF MEMO and it is the responsibility of the person listed above to disseminate the policy enclosed to appropriate staff within his/her organization and to ensure compliance.

Child welfare agencies in Nevada believe families are the primary providers for children's needs. The safety and well-being of children is dependent upon the safety and well-being of all family members. Children, youth and families are best served when staff actively listens to them and invite participation in decision-making. We support full implementation of family centered practice by engaging families in child and family teams and offering individualized services to build upon strengths and meet the identified needs of the family.

 The most current version of this policy is posted on the DCFS Website at the following address: <u>http://dcfs.nv.gov/Policies/</u>. Please check the table of contents on this page for the link to the chapter you are interested in.

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1603.0 Oversight of Statewide Specialized Foster Care Program

1603.1 Policy Approval Clearance Record

☑ State Policy	This policy supersedes: Policy dated: 04/15/2016	Number of pages in Policy: 7
Date Policy Effective: 09/16/2016		
DCFS Administrator Approval	Date: 04/15/2016	Policy Lead: Dorothy Pomin, SSPS III
DCFS Administrator Approved Revisions	Date: 09/16/2016	Policy Lead: Dorothy Pomin, SSPS III
DCFS Administrator Approved Revisions	Date:	Policy Lead:
Review by Representative from the	Date: March 28, 2016	
Office of the Attorney General:		

1603.2 Statement of Purpose

1603.2.1 Policy Statement:

The 2015 Nevada Legislature authorized Nevada child welfare agencies to fully expand the Specialized Foster Care Pilot into a statewide Specialized Foster Care Program. This enhancement to child welfare services was achieved through a legislative budget process and law requiring program compliance evaluations.

1603.2.2 Purpose:

The purpose of the Specialized Foster Care Program is to obtain better-quality outcomes for children and youth in the custody of a child welfare agency, who suffer from severe emotional disturbance (SED). The Division will create a program to help ensure such children and youth are being appropriately placed and are receiving proper care and services to meet their needs through ongoing monitoring of child placements and evaluation of child progress.

1603.3 Authority

SB 107 – 2015 Legislative Session NRS 424 NRS 432B.2155

1603.4 Definitions

- **1603.4.1** Administrator: Division of Child and Family Services Administrator.
- **1603.4.2 CCDFS:** Clark County Department of Family Services.
- **1603.4.3** Child Welfare Agency: In Nevada there are three primary agencies based upon a geographical area. These are Clark County (CCDFS), Washoe County (WCDSS) and the DCFS Rural Region (DCFS). Any of these three is considered a child welfare agency.
- **1603.4.4 Director:** Child welfare agency Director in a county whose population is 100,000 or more.
- **1603.4.5 Division:** The Division of Child and Family Services (DCFS).
- **1603.4.6** Fiscal: The fiscal unit located within the Division of Child and Family Services.

- 1603.4.7 NRS: Nevada Revised Statutes (as enacted by the Nevada Legislature).0
- **1603.4.8 PEU:** The DCFS Children's Mental Health Planning and Evaluation Unit.
- **1603.4.9 Specialized Foster Care Program (SFCP):** The legislatively authorized expansion of the prior Specialized Foster Care Pilot into a statewide Specialized Foster Care Program. Foster homes used in the SFCP must be trained in, and utilize, the evidenced-based Together Facing the Challenge model or other nationally recognized treatment foster care model approved through the Division Administrator. Child welfare agencies may use foster homes contracted through a Foster Care Agency and/or utilize family foster homes whose licensees have completed the enhanced training necessary to become a SFCP foster home.
- **1603.4.10 SED:** Severe Emotional Disturbance.
- **1603.4.11** State: The Family Programs Office (FPO) at the Division of Child and Family Services.
- **1603.4.12** Together Facing the Challenge[©] (TFTC): Is an evidenced-based treatment model used by all foster homes caring for children placed within the Specialized Foster Care Program.ⁱ
- **1603.4.13** Trauma Informed Care (TIC): Refers to an approach of care that is sensitive to a child's trauma history.
- **1603.4.14** WCDSS: Washoe County Department of Social Services.

1603.5 Procedures

1603.5.1 Specialized Foster Care Program (SFCP) – Proper Care and Services

1603.5.1.1 Together Facing the Challenge

- A. Together Facing the Challenge (TFTC) Model: The TFTC model is an evidenced-based model of treatment foster care, which provides specific and measurable behavior management strategies within a trauma informed care (TIC) approach. The research identifies three factors largely responsible for helping foster children, who present with higher emotional/behavioral needs to succeed:
 - Development of and continuing positive and supportive relations between the TFTC clinical in-home coaches and the SFCP foster parents providing foster care.
 - 2. Supportive and involved relationships between foster parents and the children/youth placed in their care.
 - 3. Effective use of behavior management strategies by foster parents trained in the TFTC model.
- B. The TFTC Model components provide the structure necessary to address the higher emotional/behavioral needs and trauma histories of children placed into the SFCP. These include:

- 1. A clinical supervisor, who oversees the child welfare agency's TFTC model to ensure fidelity to the model. The clinical supervisor provides direct supervision to the clinical in-home coaches.
- 2. Clinical in-home coaches provide direct services to the SFCP foster parents through weekly in-home technical consultation and needed support. These coaches will also be available to provide support by phone and, when needed, in-home crisis management.
- 3. The SFCP foster parents will receive training in the TFTC model prior to entering the program. This training will provide the underlying foundation for the principles of TFTC care. This training along with the weekly in-home consultation with their clinical coach will ensure the foster parents are using the behavior management strategies and trauma informed approach to fidelity with the children/youth placed in their SFCP foster homes.
- C. The TFTC clinical supervisors, clinical in-home coaches and SFCP foster parents must complete the TFTC training, utilize all required TFTC fidelity forms and provide the forms according to the timeframes identified within the TCTC training and/or during the technical support calls.
- D. Child welfare agency TFTC staff will participate on the monthly TFTC technical support call with the TFTC Model owner, Maureen Murray from North Carolina or her designee. These monthly support calls will remain a requirement for using the TFTC model by Nevada child welfare agencies until deemed otherwise by Maureen Murray.
- E. The clinical in-home coaches, SFCP foster parents and, as needed, the clinical supervisor will attend any outside meetings that focus on the needs of the child/youth admitted to the program.

1603.5.1.2 Use of Other Nationally Recognized Treatment Foster Care Model

- A. A child welfare agency may only use a nationally recognized, alternative model of treatment foster care after the agency has received prior written approval for its use through the Division Administrator.
- B. The child welfare agency must submit to the Division Administrator documentation which demonstrates the model's efficacy for positive child outcomes that equal or exceed those of the Together Facing the Challenge model.
- C. The child welfare agency must identify, through written documentation, how all SFCP data requirements within this policy and *FPO 1603A Evaluation Protocol* will be captured and tracked by the child welfare agency in a manner that is compatible and consistent within the statewide SFCP.

- D. All fidelity requirements within the alternative model must be met and documented by the child welfare agency. This documentation will be used to assist in assessing if children placed within the SFCP homes are receiving proper care.
- E. The SFCP foster parents, SFCP clinical staff and/or SFCP clinical supervisor, will attend any outside meetings that focus on the needs of the child/youth admitted to the program.

1603.5.2 Child and Youth Target Population

Children must be in the custody of the child welfare agency and meet at least one of the following criteria:

- A. Children and youth who are entering the foster care system and have identified behavioral or mental health needs that cannot be met in traditional family foster care;
- B. Children and youth struggling to maintain placement and make progress in traditional family foster care due to the child's heightened behavioral and emotional needs;
- C. Children and youth in treatment level care who have disrupted from a placement within the past six months and are placed in emergency shelter or congregate care due to behavioral and mental health needs; or
- D. Children and youth returning or stepping down from residential treatment centers or other higher level of care placements.

1603.5.3 Admission Criteria

Admission to the program will be determined by the local child welfare agency when it is deemed appropriate for an eligible child. No more than 30 days prior to admission into the Specialized Foster Care Program, children and youth will need to have undergone an assessment process utilizing a comprehensive biopsychosocial assessment. All of the following criteria must be met to determine a child/youth eligible for admission:

- Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-3) diagnosis;
- B. The child or youth qualifies as SED; and
- C. Prior less restrictive placements or interventions, such as traditional family foster care and/or community treatment services, have not been successful.

1603.5.4 Child Welfare SFCP Information Tracking and Reporting Process

- A. Child/Youth Standardized Tracking Elements
 - 1. Monthly demographic/placement information
 - 2. Hospitalizations
 - 3. Placement stability/runaways
 - 4. Psychotropic medication usage

- 5. Permanency status
- 6. Performance on clinical standardized assessment tools
- 7. Educational status
- 8. Legal status/delinquency information
- 9. Other information as indicated on attachment, FPO 1603A Evaluation Protocol
- B. Information to complete the evaluation will come from a variety of sources:
 - 1. Data and demographics will be provided by the local child welfare agencies. It is mandatory to utilize all necessary sources of information in order to fulfill all required data points.
 - 2. The PEU will identify within policy attachment (FPO 1603A Evaluation Protocol) all authorized instruments to be administered and the required timelines for data collection and submission.
- C. Standardized Instruments
 - Local child welfare agencies and programs are responsible for purchasing, administering, and scoring the standardized tools along with submitting the results timely into the format indicated by the Division. The scored instruments will be provided to the Together Facing the Challenge supervisor and/or the clinician for sharing with the Child and Family Team for use in treatment planning with the youth.
- D. Monthly demographic/placement tracking criteria
 - 1. On or before the 10th of each month, each child welfare agency will ensure the following SFPC child/youth information has been entered into UNITY; any child who has been admitted into the child welfare agency's SFCP, continues in the SFCP or has been discharged from the SFCP. The following information is required for the Division's monthly UNITY SFCP Child Report:
 - a. Date of SFCP entry;
 - b. Child I.D. number;
 - c. Child/youth name;
 - d. DOB;
 - e. Age;
 - f. Case I.D. number
 - g. Placement Location;
 - h. Date of Placement entry;
 - i. Date of Placement discharge;
 - j. SFCP Discharge date;

- k. Child's Medicaid number;
- I. SFCP Discharge placement facility.

1603.5.5 Child Welfare Agency Annual Expenditure Reporting Requirements

- A. Annual Expenditure Report On or before August 1st of each year, each child welfare agency will submit to the Division and the Fiscal Analysis Division of the Legislative Counsel Bureau (LCB) a report listing all expenditures relating to the placement of children in the Specialized Foster Care Program for the previous fiscal year.
 - 1. The child welfare agency will provide the report in a format indicated by the Division.

1603.5.6 Division Oversight of Target Population and Admission Criteria

- A. The Division will ensure children and youth referred to the Specialized Foster Care Program fit the target population and admission criteria standards. Biannual reviews of the population receiving services will serve to inform the Division about the compliance with adherence to the target population and admission criteria. Periodic record reviews can include but may not be limited to:
 - 1. Demographics of children who are placed in the SFCP;
 - 2. Information from clinical evaluations of children who are placed in SFCP, which justifies the child's clinical need for placement in the program;
 - 3. Medicaid data;
 - 4. Case files and records maintained by the agency which provides child welfare services for children who are placed in the SFCP; and
 - 5. Any other information or data necessary to ascertain program suitability as determined by the Division.
- B. Reviews indicating that children and youth are being served but do not meet criteria for the specialized foster care program and/or are not receiving the care and services that they need, will be submitted to the DCFS Administrator for referral to the Agency Director for immediate action and resolution. Non-compliance could result in a corrective action plan pursuant to NRS 432B.2155.

1603.5.7 DCFS Annual Reporting

- A. Annual Executive & Legislative Report The Division, on or *before January 31st of each year*, will prepare and submit to the Governor and the Director of the Legislative Counsel Bureau a statewide report concerning children placed in specialized foster homes and the provision of services to such children for the previous fiscal year. This statewide report must include, without limitation:
 - 1. The number of times a child who has been placed in a specialized foster home has been hospitalized;

- 2. The number of times a child who has been placed in a specialized foster home has run away from the specialized foster home;
- 3. Information concerning the use of psychotropic medications by children who have been placed in specialized foster homes;
- 4. The progress of children who have been placed in specialized foster homes towards permanent living arrangements;
- 5. The performance of children who have been placed in specialized foster homes on clinical standardized assessment tools;
- 6. Information concerning the academic standing and performance of children who have been placed in specialized foster homes;
- 7. The number of children who have been placed in specialized foster homes who have been adjudicated delinquent; and
- 8. The results of the reviews conducted pursuant to subsection 1603.5.2(A) of this policy.
- B. Statewide information in the final report will be aggregated and exclude any identifiable information about any child.

1603.5.8 Timelines:

 Table 1603.1:
 Specialized Foster Care Program Reporting Timeframes

Report Type	Submission Deadline	Responsible Party
Monthly Child Demographic; Placement; and Data Tracking	By the 10 th of each month	Child welfare agencies
Annual Expenditure Report	By August 1 st of each year	Child welfare agencies
Annual Executive & Legislative Report	By January 31 st of each year	DCFS PEU

1603.6 Policy Cross Reference

1603.6.1 Policies: N/A

1603.7 Attachments

1603.7.1 FPO 1603A – Evaluation Protocol

ⁱ Together Facing the Challenge; © 2014 Second Edition; © 2007 Permission for use provided by Maureen Murray