

## FPO 1603A – Evaluation Protocol

### Evaluation Process

The DCFS Planning and Evaluation Unit (PEU) will complete the evaluation of the Child Welfare Agency Specialized Foster Care Program on an ongoing basis. The outcomes will be reported on an annual basis per Senate Bill 107 (2015 Legislative Session).

#### Primary criteria tracked will continue to be:

- Hospitalizations
- Placement stability (e.g., placement changes, runaways)
- Psychotropic medication usage
- Progress towards permanency
- Performance on clinical standardized assessment tools
- Educational status
- Legal status/delinquency information
- Consumer satisfaction

Information to complete the evaluation will come from a variety of sources. Data and demographics will be provided by the local child welfare agencies utilizing the UNITY tracking spreadsheet and any online data submission forms provided by DCFS PEU (e.g., Survey Monkey questionnaires). Please utilize all necessary sources of information in order to fulfill all required data points.

The data collected is analyzed utilizing the Statistical Package for the Social Sciences (SPSS).

### Evaluation Protocol

A more detailed breakdown of what is examined and required for the evaluation is outlined below. Please also reference the Appendix for operational definitions of each outcome variable.

#### Data Collection and Reporting

Baseline data comprises the natural history of the child's life for six months prior to admission into the SFC program (observational data). Program evaluation data is collected every six months beginning with youth's date of entry into the SFC program. For example, a child admitted on 4/13/15 is due for 6-month data collection 180 days later on 10/10/15; 12-month data collection is due 365 days after admission on 4/13/16. At each assessment time point, the following must occur: Applicable standardized measures are administered; applicable consumer

satisfaction measures are administered; all UNITY data (or other applicable continuously occurring events or services) for the prior six months are reported.

Admission data must be gathered within 2 weeks of the admission date. Follow-up time point data must be gathered within 3 weeks of the follow-up due date. Discharge data must be gathered within 4 weeks of the discharge date.

**Please Note:** If the child is discharged less than 90 days from their most recent data collection time point, use their most recent data for the discharge time point. If it has been 90 days or more since their last assessment, a new assessment is needed for discharge.

An adequate dose of treatment of SFC is 90 days. That is, youth discharged fewer than 90 days into the program will be excluded from comparison analyses. All children will be included in demographic reporting.

### **Demographic Information**

Demographic and background information will be collected from UNITY including:

- Date of birth
- Gender
- Region (Clark County, Washoe County, rural)
- Ethnicity
- Dates of admission and discharge
- Name of social worker
- Placement type (SFC, IFC, etc.)
- Permanency goal at admission
- Reason for entry into child welfare (list all reasons)

### **Casey Child Permanency Status Form**

The child welfare case worker or other program or agency staff will complete the Child Permanency Status form at admission, every six months, and discharge.

### **Incident Reporting Form**

The child welfare case worker or other program or agency staff will ensure the foster parents receive and implement the Incident Reporting form. Only incidents that occur while youth are in the care of the foster parent (i.e., they are in the specialized foster home and not a temporary placement) should be reported. All incident reports will be documented on the form as needed and sent to the licensing authority and DCFS PEU. Together Facing the Challenge supervisors will need to reinforce the use of the form and assist with collecting the form after an incident. Specific incidents that need to be reported include:

- Abuse of youth
- AWOL/runaway
- Child death
- Criminal activity by foster parent/staff
- Criminal activity by youth
- Injury or illness (medical severity = minor, moderate, and serious)
- Medical emergency
- Medication errors
- Physical restraint
- Psychiatric emergency (e.g., hospitalization, psychosis)
- Self-harm (medical severity = minor, moderate, and serious)
- Sexual acting out
- Suicide attempt
- Suicide completion
- Youth arrested/law enforcement involvement
- Other (e.g., fire, natural disaster, foster parent crisis)

Until all data collection is occurring in UNITY, please only report in the spreadsheet suicide attempts, physical restraints, and medical emergencies.

### **Legal Information**

Indicate whether or not the youth is on probation. At admission, information on the number of arrests and number of days in detention will be collected for the six months prior to the youth's admission in the program. At six month intervals including at discharge, information will be collected on the past 6 months.

### **Services Youth Is Receiving**

Service type is usually a Medicaid reimbursed service such as individual or family psychotherapy or psychosocial rehabilitation (PSR). The service provider is usually an agency or an individual. The service units are the dosage the youth is projected to receive such as one hour of individual therapy per week or two hours of PSR three times per week. Service units are reported in the spreadsheet as number of hours per month so in the previous example, the dosage that should be reported is 4 hours of therapy per month.

### **Medications**

The Medicaid spend report will be utilized to ensure the most accurate reporting. For each youth, total number of unique psychotropic medications prescribed within the data collection window (not just what is currently prescribed at the time of data collection) will be analyzed. Change in number of medications prescribed will be examined intra-individually over time; a sub-category of antipsychotic medications will be examined separately. Changes in dosage will also be examined.

## **Clinical Information**

Clinical information such as diagnosis and SED status can be pulled from the most recent FH11-A form required by Medicaid. If an FH11-A is not used the youth's clinician, case worker, or case manager should provide the information. Also, some of the program youth may have a Wraparound In Nevada (WIN) worker. The WIN worker can be another source of data. For some youth, the information may be in Avatar, the DCFS electronic record.

Whether or not the youth is Severely Emotionally Disturbed (SED) needs to be indicated. Youth should meet the criteria for Severe Emotional Disturbance as provided in the Nevada Medicaid Services Manual Chapter 100, Section T Page 4:

Children with a SED are persons age 4 to age 18 who currently or at any time during the past year (continuous 12-month period) have a:

1. Diagnosable mental, behavioral or diagnostic criteria that meet the coding and definition criteria specified in the DSM. This excludes substance abuse or addictive disorders, irreversible dementias, as well as mental retardation and V codes, unless they co-occur with another serious mental illness that meets DSM criteria that results in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities, and
2. These disorders include any mental disorder (including those of biological etiology) listed in DSM or their ICD-9-CM equivalent (and subsequent revisions), with the exception of DSM "V" codes, substance use, and developmental disorders, which are excluded unless they co-occur with another diagnosable serious emotional disturbance. All of these disorders have episodic, recurrent, or persistent features; however they vary in terms of severity and disabling effects; and
3. Have a functional impairment defined as difficulties that substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative or adaptive skills. Functional impairments of episodic, recurrent, and continuous duration are included unless they are temporary and expected responses to stressful events in the environment. Children who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are included in this definition.

## **Educational Information**

Indicate the school, the grade, the date started at the current school, and special education status (IEP/504 Plan).

At admission, information on the most recent completed semester start date and end date is collected. For example, if a youth entered the program in January 2016 he/she probably just completed a semester that began in August 2015 and ended in December 2015. The number of credits completed in high school, or whether or not the youth passed if in middle or elementary school, is collected. The number of absences and days in attendance are also collected for this time period.

At six month intervals and at discharge, educational information will be collected on the most recently completed semester. Educational information is collected at the end of semesters (or trimesters depending upon the school's schedule). If a data collection time point falls mid-semester, please report on the most recently completed semester or trimester.

Indicate if the youth changed schools in the most recently completed semester.

### **Child and Family Team Information**

Number of Child and Family Team meetings for the previous six month period will be reported at each time point. Child and Family Team is defined in the NV Medicaid Services Manual (Chapter 100 Section C Page 5) as: A family-driven, child-centered, collaborative service team, focusing on the strengths and needs of the child and family. The team consists of the child recipient (as appropriate), parents, service professionals and may also consist of family members, care providers, and other individuals identified as being integral to the child's environment or mental health rehabilitation.

### **Standardized Instruments**

Local child welfare agencies may choose to purchase the standardized assessments, or they may require the specialized foster placements to purchase them. The local child welfare agencies are responsible for ensuring that the standardized assessments are conducted and scored, and the local child welfare agencies are responsible for submitting final scores to the State. Local child welfare agencies are encouraged to develop policies and procedures outlining who is responsible for ensuring data is collected and submitted. The scored instruments will be given to the Together Facing the Challenge supervisor to share with the Child and Family Team and/or the clinician for use in treatment planning with the youth.

**Table 1. Data Collection Schedule**

Measure	Admission	Every Six Months	Discharge	Reporter
<i>Adverse Childhood Experience Score</i>	✓			Worker
<i>Caregiver Strain Questionnaire*</i>	✓	✓	✓	Foster Parent
<i>Child Behavior Checklist (CBCL) – Ages 1 ½ to 18</i>	✓	✓	✓	Foster Parent
<i>Child PTSD Symptom Scale (CPSS)</i>	✓	✓	✓	Youth Age 11-18
<i>Consumer Satisfaction*</i>		✓	✓	Foster Parent, Youth Age 11+
<i>Nevada Child and Adolescent Needs and Strengths tool (CANS)</i>	✓	✓	✓	Mental Health Counselor

\* In the case of multiple children placed in one SFC home, the foster parent completes one questionnaire per youth per data collection time point.

***Adverse Childhood Experience Score:*** The ACE score attributes one point to each of several abusive, neglectful, and/or violent experiences that may occur during childhood. Higher ACE scores have been linked with increasing prevalence of negative health and mental health outcomes in adulthood. These include heart disease, alcoholism, and suicide risk. The ACE questionnaire is in the public domain (free) and will be provided by DCFS PEU.

***Caregiver Strain Questionnaire:*** The Caregiver Strain questionnaire measures the level of stress and burden a caregiver is currently experiencing as a result of caring for a child or adolescent with emotional and behavioral disorders. The Caregiver Strain questionnaire is in the public domain (free) and will be provided by DCFS PEU.

***Child Behavior Checklist:*** The CBCL is a widely-used broadband measure that assesses adaptive and maladaptive functioning. The CBCL is proprietary (not free) and can be purchased at the following website: <http://www.aseba.org/sitelicense.html>. It is possible to request a large-volume discount. Please note that in addition to purchasing the CBCL questionnaires, special software is required to score the CBCL and must be purchased from [www.aseba.org](http://www.aseba.org).

***Child PTSD Symptom Scale:*** The CPSS is used to measure post-traumatic stress disorder severity in children. The CPSS is in the public domain (free) and will be provided by DCFS PEU. The version provided by DCFS PEU also includes a trauma screen (for identifying if there has been exposure to any potentially traumatic events that would require completion of the CPSS; if no exposure, do not administer the CPSS). Scoring instructions are also included.

**Consumer Satisfaction:** See p. 7.

**Nevada Child and Adolescent Needs and Strengths:** The Nevada CANS is a new tool currently in development. The CANS is used in over 35 states in various capacities including mental health and child welfare. The Nevada CANS is currently being developed to meet the needs specifically for our state. The CANS will be used in place of the CAFAS to communicate level of functioning for the purposes of determining treatment intensity as well as for tracking outcomes. The CANS is not an assessment, per se, but rather should be rated at the conclusion of a thorough biopsychosocial assessment. Most items can be rated without asking direct questions of the youth or family following the completion of a thorough record review and clinical assessment. The CANS is in the public domain (free) and will be provided by DCFS PEU.

### **Fidelity Tool**

Together Facing the Challenge workers will complete a weekly fidelity monitoring tool. At this time, it is not necessary to submit fidelity measures to DCFS PEU. Fidelity measures will be examined in the future when data collection is fully operational in UNITY. The specific fidelity measure will be provided by DCFS PEU when fidelity reporting becomes required. Supervisors will be responsible for sending data from the completed fidelity tools to DCFS PEU.

### **Consumer Satisfaction**

Every six months (beginning at the 6-month data collection time point) and at discharge, foster parents and youths age 11 and over will be asked to rate their satisfaction with the services and supports they are receiving. In the case of multiple SFC children in one home, the foster parent must complete one consumer satisfaction measure per child per data collection time point.

The consumer satisfaction measures are anonymous and confidential. Results will be used for statewide system-level program evaluation and quality improvement purposes (i.e., the purpose is not to identify child and family needs for any individual youth).

In addition to paper forms that are provided by DCFS PEU, the surveys may also be accessed at the links below:

Foster Parent Survey: <https://www.surveymonkey.com/r/SB107parent>

Youth Survey: <https://www.surveymonkey.com/r/SB107youth>

# Appendix

## Operational Definitions for Program Evaluation Components

Concept, Variable, or Outcome	Definition
Reason for entry into child welfare custody	<ul style="list-style-type: none"> <li>• Recorded at admission</li> <li>• List all reasons given</li> <li>• UNITY: Case Directory &gt; Legal Status</li> </ul>
Placements and placement stability	<ul style="list-style-type: none"> <li>• Placement stability is measured as a function of unique placements</li> <li>• Number is recorded at admission and each time point as total # of unique placements in past 6 months</li> <li>• If the youth remained in the SFC home throughout the reporting period, enter 1 for one unique placement during the reporting period</li> <li>• Most placement types are counted (including hospitalizations and runaways) since any placement change may potentially be experienced as disruptive and traumatic for SED foster youth</li> <li>• Preplacement visits and short respite stays are NOT included</li> <li>• Two different acute inpatient stays at the same hospital separated by a return to the foster home would be counted as 2 placements (once for each hospital stay)</li> <li>• Additionally, final placement type is recorded at discharge as: Adopted, age of majority, independent living, higher level of care, emergency shelter, parent placement, regular foster care, relative placement, residential treatment, runaway, other</li> <li>• Final placement types that are considered disruptions are: Higher level of care, emergency shelter, residential treatment, and runaway, as well as "other" on a case-by-case basis</li> <li>• UNITY: Case Directory &gt; Placement/Location Directory</li> </ul>
Hospitalization	<ul style="list-style-type: none"> <li>• Any initial transfer to acute psychiatric inpatient unit</li> <li>• Transfer to another acute hospital is not counted as a new event</li> <li>• Transfer from an acute hospital to a residential treatment center is considered a transfer to a different type of placement regardless of duration of RTC stay, is counted as a new placement and typically results in discharge from the program</li> <li>• Reported as descriptive statistics (counts) only to date; intra-individual change will be examined in future if possible</li> </ul>

	<ul style="list-style-type: none"> <li>• Length of stay will be examined when available in UNITY or by using the Medicaid spend report</li> </ul>
Runaway	<ul style="list-style-type: none"> <li>• Any report that the youth's whereabouts are unknown to the foster parent for greater than 3 hours and he or she is believed to have left his or her placement voluntarily</li> <li>• Reported as descriptive statistics (counts) only to date; intra-individual change will be examined in future if possible</li> </ul>
Progress toward permanency	<ul style="list-style-type: none"> <li>• Permanency status noted to be Poor, Marginal, Fair, Good, Very Good, or Achieved based on standardized criteria on the Casey Permanency Status Form</li> <li>• Permanency status monitored every six months and final permanency status recorded at discharge</li> <li>• Continued utility of Casey Permanency Status Form will be reviewed in one year with use of data for decision-making</li> </ul>
Legal status	<ul style="list-style-type: none"> <li>• Probation: Yes/No (for prior six month period)</li> <li>• Number of arrests (for prior six month period)</li> <li>• Number of days in detention (for prior six month period)</li> <li>• Currently reported as descriptive statistics only</li> </ul>
Educational status	<ul style="list-style-type: none"> <li>• School name</li> <li>• Grade in school</li> <li>• Most recent completed semester start/end dates</li> <li>• Special education status (Yes/No)</li> <li>• Elementary &amp; middle school: Did they pass the most recently completed semester (Passing/Not Passing)</li> <li>• High school: Number of credits earned in most recently completed semester</li> <li>• Number of absences in most recently completed semester</li> <li>• Number of days of school attended in most recently completed semester</li> <li>• Did the youth change schools during the most recently completed semester (Yes/No)</li> <li>• Currently reported as descriptive statistics only</li> </ul>
Performance on clinical standardized assessment tools*	<ul style="list-style-type: none"> <li>• Child Behavior Checklist (CBCL): 140 items completed by foster parent; yields T-scores for Aggressive Behavior, Anxious/Depressed, Attention Problems, Rule-Breaking Behavior, Social Problems, Somatic Complaints, Thought Problems, Withdrawn/Depressed, Internalizing, Externalizing, and Total Problems (ages 6-18)</li> <li>• For the CBCL 1.5 to 5 year old version, report the following scores: Anxious/Depressed, Somatic Complaints, Withdrawn, Attention Problems, Aggressive Behavior, Internalizing Problems, Externalizing Problems, Total Problems.</li> <li>• Child PTSD Symptom Scale: 26 items completed by youth ages 11+; yields a total Symptom Severity score plus a</li> </ul>

	<p>severity-of-impairment score; optional PTSD symptom cluster scores (B, C, and D)</p> <ul style="list-style-type: none"> <li>• Intra-individual change from admission to discharge reported as statistically significant/not (t-test)</li> <li>• At admission, an Adverse Childhood Experiences (ACE) Score will also be calculated</li> </ul>
Foster parent well-being	<ul style="list-style-type: none"> <li>• Foster parent completes the Caregiver Strain Questionnaire at each time point</li> <li>• In the case of multiple children placed in one SFC home, the foster parent completes one questionnaire per youth per data collection time point, since stress/burden may vary on an individual basis</li> </ul>
Consumer satisfaction measures	<ul style="list-style-type: none"> <li>• Completed by youth ages 11+ and foster parent</li> <li>• In the case of multiple children placed in one SFC home, the foster parent completes one survey per youth per data collection time point, since satisfaction with services may vary on an individual basis</li> </ul>
Child and Family Team information	<ul style="list-style-type: none"> <li>• Does child and his/her family have a Child &amp; Family Team (Yes/No)</li> <li>• <b>Child and Family Team</b> is defined in the NV Medicaid Services Manual (Chapter 100 Section C Page 5) as: A family-driven, child-centered, collaborative service team, focusing on the strengths and needs of the child and family. The team consists of the child recipient (as appropriate), parents, service professionals and may also consist of family members, care providers, and other individuals identified as being integral to the child's environment or mental health rehabilitation.</li> <li>• If yes, how many CFT meetings took place in the past 6 months</li> </ul>
Incident reporting	<ul style="list-style-type: none"> <li>• Child welfare case worker or other program or agency staff ensures foster parent utilizes Incident Reporting Form to report adverse events.</li> <li>• <b>Suicide attempt</b> is defined as a non-fatal, self-directed, potentially injurious act performed with the intent to die (may not result in actual injury) - please note that behaviors sometimes referred to as "suicidal gestures" may fit this definition and should be reported</li> <li>• Only incidents that occur while youth are in the care of the foster parent (i.e., they are in the specialized foster home and not a temporary placement) should be reported</li> <li>• Data entry specialist (individual identified by agency/program who will use Excel spreadsheet) will use Incident Forms to separately track suicide attempts, physical</li> </ul>

	<p>restraints, and medical emergencies</p> <ul style="list-style-type: none"> <li>• A count of each type of event will be entered at each time point. If no such events have occurred, enter 0</li> </ul>
Mental health service use	<ul style="list-style-type: none"> <li>• Type of service received along with "dose" reported in monthly units (e.g., weekly therapy = 4 units/month).</li> <li>• Service types include individual therapy, family therapy, group therapy, psychiatrist, substance use treatment, intensive outpatient, etc.</li> <li>• Medicaid spend report will be utilized if possible</li> </ul>

\* For children ages 1 ½ to 5, use the CBCL 1 ½ to 5 year old version and report the scores as follows:

<b>CBCL 1 ½ to 5 Scale</b>	<b>CBCL 6-18 Equivalent (report score in this column)</b>
Emotionally Reactive	No equivalent – do not report
Anxious/Depressed	Anxious/Depressed – column BC
Somatic Complaints	Somatic Complaints – column BE
Withdrawn	Withdrawn/Depressed – column BD
Sleep Problems	No equivalent – do not report
Attention Problems	Attention Problems – column BH
Aggressive Behavior	Aggressive Behavior – column BJ
Internalizing Problems	Internalizing Problems – column BK
Externalizing Problems	Externalizing Problems – column BL
Total Problems	Total Problems – column BY