BRIAN SANDOVAL

STATE OF NEVADA

RICHARD WHITLEY
Director

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 # 01102017

01102017

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 ***(form)*** for distribution to all applicable staff within your organization:

- **1603A Evaluation Protocol**

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

☐ This policy is new. Please review the policy in its entirety

☐ This policy form replaces the following policy(s): MTL # 1603-09192016 Policy Name: 1603 Oversight of Statewide Specialized foster Care Program

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

FPO 1603A – Evaluation Protocol

Revisions are in ***Data Collection and Reporting*** section (*starts on pg. 1*)

- REMOVED:
  - ACES form
  - Incidents reporting
  - Tracking CFTs
  - Reporting school moves

- CHANGES:
    - Mental health services will come straight from Medicaid (not from staff data entry)
    - Psychotropic medications will come straight from Medicaid (not from staff data entry)
    - Certain school information will come straight from Dept. of Ed (semester start and end dates, school name, grade level, SED status)

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

FPO 1603A – Evaluation Protocol
Specialized Foster Care Evaluation and Reporting Process

Evaluation Process

The DCFS Planning and Evaluation Unit (PEU) will complete the statewide evaluation of the Child Welfare Agency Specialized Foster Care Program (SFCP) on an ongoing basis. The outcomes will be reported on an annual basis per Senate Bill 107 (2015 Legislative Session) and NRS 424.041-043.

Primary criteria tracked will continue to be:

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

Information to complete the evaluation will come from a variety of sources. Data and demographics will be provided by the local child welfare agencies via UNITY and any online data submission forms provided by DCFS PEU (e.g., Survey Monkey questionnaires). All identified resources for information collection must be utilized to ensure capture of all required data points.

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

Evaluation Protocol & Data Collection Elements

A 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 the six months prior to admission into the SFC Program (observational data). The majority of 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 4/13/16 is due for 6-month data collection 180 days later on 10/10/16; 12-month data collection is due 365 days after admission on 4/13/17. At each assessment time point, the following must occur: Applicable standardized measures are administered; applicable consumer satisfaction measures are administered and submitted via Survey Monkey; all applicable UNITY data for the prior six months is confirmed as completed. Fidelity forms are collected and submitted on a separate schedule (see p. 5).

Admission data must be gathered within 2 weeks of the child's SFC Program 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 child's SFC Program discharge date. "Admission" is defined as the date of entry of an eligible child into a placement that is receiving the specialized foster care rate of payment, or the date that the eligible child's current placement begins receiving the specialized foster care rate.

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 SFCP is 90 days. That is, youth discharged fewer than 90 days into the program will be excluded from comparison analyses. All children who were admitted to SFCP for 30 days or more will be included in demographic reporting.

Data Collection Form

The data collection form is downloaded from UNITY and then uploaded when it is complete. UNITY will then extract the information needed from the Data Collection Form. Any information that has already been entered into UNITY will be pre-populated onto the form when it is downloaded. Any information that is not yet in UNITY needs to be entered into the appropriate UNITY screen or filled in by the worker onto the Data Collection Form prior to the form being uploaded. The Data Collection Form is a temporary data collection solution and by State Fiscal Year 2018, all data within the Data Collection Form will be collected through user input directly into UNITY. The information currently collected on the Data Collection Form is as follows:

Demographic Information *(pre-populates from existing UNITY screens when available)*

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
- Placements – current and past 6 months
- Permanency goal
- Reason for entry into child welfare (list all reasons)

Legal Information *(pre-populates from existing UNITY screens when available)*

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 program discharge, information will be collected on the past 6 months.

Clinical Information *(pre-populates from existing UNITY screens when available)*
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 is to provide the information. Also, some of the program children may have a Wraparound in Nevada (WIN) worker. The WIN worker can be utilized as another source of data. For some children 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 must meet the criteria for Severe Emotional Disturbance as provided in the Nevada Medicaid Services Manual Reference Addendum, Section S (p. 3):

> Children with SED are persons up to age 18 who currently or at any time during the past year (continuous 12-month period) have a:
>
> a. Diagnosable mental or behavioral disorder or diagnostic criteria that meet the coding and definition criteria specified in the current ICD (excluding substance abuse or addictive disorders, irreversible dementias, mental retardation, developmental disorders, and Z codes, unless they co-occur with another serious mental disorder that meets ICD criteria); and have a:
> b. Functional impairment which substantially interferes with or limits the child from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative or adaptive skills. Functional impairments of episodic, recurrent, and persistent features are included, however may vary in terms of severity and disabling effects unless they are temporary and an expected response 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 *(pre-populates from existing UNITY screens when available)*
At program 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 2017 he/she probably just completed a semester that began in August 2016 and ended in December 2016. 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 is also collected for this time period.

At six month intervals and at program 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 Behavior Checklist (CBCL) T-scores: See p. 7.

Child and Family Team Information *(pre-populates from existing UNITY screens when available)*
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 (Reference Addendum 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.

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.

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 SFCP 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

DCFS PEU suggests that when possible, the parent and/or youth be provided directly with the Survey Monkey link. When this is not possible, the parent and/or youth should fill out the survey on paper. Then a staff member who does not work with the family should transfer their answers into the Survey Monkey form.

Fidelity to Evidence-Based Model
Together Facing the Challenge workers will complete three fidelity monitoring tools, the NV-TFTC Strategic Home Visit Form, the NV-Supervisor TFTC Evaluation Form, and the NV-TFTC Implementation Survey. Please see table below for the submission schedules for each fidelity form. Please also see below for submission timelines during the first year, where additional submissions of the Implementation Survey are requested by Duke University. In

the case of multiple SFCP children in one home, the foster parent must complete one NV-TFTC Strategic Home Visit Form per child per week.

TFTC Fidelity Form	***Frequency***	***Submission Schedule***
NV-TFTC Strategic Home Visit Form	Weekly	Weekly
NV-Supervisor TFTC Evaluation Form	Monthly	Monthly (no later than 31st)
NV-TFTC Implementation Survey*	Yearly	September 1st of each year

*Initial submission timelines for NV-TFTC Implementation Survey:

a. Six (6) Month Submission due by April 1, 2017
b. Nine (9) Month Submission due by July 1, 2017
c. 12 Month Submission due by October 1, 2017
d. Annually thereafter.

Submission Process: During the Initial submission period (a, b, c above) all child welfare agencies and SFCP participating foster care agencies need to submit their completed TFTC Implementation Surveys directly to:

1. Maureen Murray at maureen.murray@duke.edu and **cc** Tom Holahan at thomas.holahan@duke.edu
2. Please also **cc** SFCP@dcfs.nv.us
3. Maureen or Tom will then forward these submissions to the appropriate child welfare agency with jurisdiction over the individual foster care agency.

After the Initial Submission Period, the foster care agency providers will submit, on an annual basis and beginning on October 1, 2018 the TFTC Implementation Survey fidelity form directly to their contracted child welfare agency contact person, who will then forward the fidelity information on to DCFS PEU.

In the case of child welfare agencies utilizing an alternate approved nationally recognized model, all fidelity requirements within the alternative model must be met and documented by the child welfare agency. Fidelity forms for the alternate model must be submitted to DCFS PEU for evaluation per the fidelity requirements of the model or as identified by DCFS PEU for statewide consistency/comparability in evaluation of the statewide SFCP.

Standardized Instruments

Local child welfare agencies may choose to purchase the standardized assessments, or they may require the specialized foster care agencies 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 DCFS PEU. 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 coach or supervisor to share with the Child and Family Team and/or the clinician for use in treatment planning with the youth.

Please see table below for the administration schedule of each instrument.

Table 1. Data Collection Schedule

Measure	*Admission*	*Every 6 Months*	*Discharge*	*Reporter*
Caregiver Strain Questionnaire*		✓	✓	Foster Parent
Child Behavior Checklist (CBCL)	✓	✓	✓	Foster Parent
Child PTSD Symptom Scale (CPSS)	✓	✓	✓	Youth Age 11+
Consumer Satisfaction*		✓	✓	Foster Parent, Youth Age 11+
Nevada Child and Adolescent Needs and Strengths (NV-CANS)	✓	✓	✓	Any certified CANS user

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

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. In the case of multiple SFCP children in one home, the foster parent must complete one Caregiver Strain measure per child per data collection time point. The Caregiver Strain Questionnaire is not administered at admission. The Caregiver Strain questionnaire is in the public domain (free) and is available in UNITY forms. The completed form should be uploaded into UNITY.

Child Behavior Checklist: The CBCL is a widely-used broadband measure that assesses adaptive and maladaptive functioning. There are two versions, age 1 ½ to 5 and age 6 to 18. 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. Hand scoring is not recommended due to the increased possibility for human error. The Internalizing, Externalizing and Total scores are currently captured in UNITY and by SFY2018 data capture will be expanded to include the Syndrome Scale scores, i.e., Anxious/Depressed, Withdrawn/Depressed, Somatic Complaints, Social Problems, Thought Problems, Attention Problems, Rule-Breaking Behavior, and Aggressive Behavior as well as the corresponding scores on the age 1 ½ to 5 version.

Child PTSD Symptom Scale: The CPSS is used to measure post-traumatic stress disorder symptom severity in children. 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. The CPSS is in the public domain (free) and is available in UNITY forms. The completed form should be uploaded into UNITY.

Consumer Satisfaction: See p. 5.

Nevada Child and Adolescent Needs and Strengths: The Nevada CANS is a new tool that was released in September 2016. All agencies and providers are encouraged to begin implementing the NV-CANS as soon as possible. The CANS is used in the majority of US states in various capacities including mental health and child welfare. The NV-CANS was developed to meet the specific needs of our state. The NV-CANS will be used in place of the CAFAS to communicate level of functioning. The NV-CANS 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. NV-CANS certification via the Praed Foundation is required and must be updated annually. Certification instructions will be provided by DCFS. Scoring instructions will also be provided. All domain scores will be captured in UNITY.

Please Note: Any forms that are uploaded into UNITY (e.g., Caregiver Strain, CPSS) can be completed electronically by the caregiver/youth and then emailed to the worker. If this procedure is used, no additional data entry by the worker is necessary. If the caregiver/youth complete the form by hand (pencil-and-paper) then the worker will need to enter that information into an electronic version of the form and then upload it into UNITY.

Data Collection Elements Obtained Independently by DCFS

Whenever possible, DCFS will obtain necessary data from external sources, eliminating the need for additional data entry by child welfare agency staff. Please see table below for information that will be obtained independently by DCFS:

Data Element	***Source***
Mental Health Service Use	Division of Healthcare Financing and Policy
Psychotropic Medication Use	Division of Healthcare Financing and Policy
Select Education Data	Department of Education

For more information about specialized foster care evaluation, please contact SFCP@dcfs.nv.gov

Appendix

Operational Definitions for Program Evaluation Components

Concept, Variable, or Outcome	Definition
Reason for entry into child welfare custody	• Recorded at admission • UNITY: Case Directory > Legal Status
Placements and placement stability	• Placement stability is measured as a function of unique placements • Placement information will be gathered directly from UNITY. • Number is recorded at admission and each time point as total # of unique placements in past 6 months • If the youth remained in the SFCP home throughout the reporting period, the placement count would be 1 for one unique placement during the reporting period • Preplacement visits and short respite stays are NOT included • UNITY: Case Directory > Placement/Location Directory
Hospitalization	• Any initial transfer to acute psychiatric inpatient unit • Transfer to another acute hospital is not counted as a new event • 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
Runaway	• 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
Progress toward permanency	• Permanency status noted to be Poor, Marginal, Fair, Good, Very Good, or Achieved based on standardized criteria on the Casey Permanency Status Form • Permanency status monitored every six months and final permanency status recorded at discharge • Continued utility of Casey Permanency Status Form will be reviewed in one year with use of data for decision-making
Legal status	• Probation: Yes/No (for prior six month period) • Number of arrests (for prior six month period) • Number of days in detention (for prior six month period)
Educational status	• School name • Grade in school • Most recent completed semester start/end dates • Special education status (Yes/No) • Elementary & middle school: Did they pass the most recently completed semester (Passing/Not Passing) • High school: Number of credits earned in most recently completed semester • Number of absences in most recently completed semester • Did the youth change schools during the most recently completed semester (Yes/No)

Performance on clinical standardized assessment tools*	• 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) • 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. • Child PTSD Symptom Scale: 26 items completed by youth ages 11+; yields a total Symptom Severity score plus a severity-of-impairment score; optional PTSD symptom cluster scores (B, C, and D) • Nevada Child and Adolescent Needs and Strengths (NV-CANS): Two versions, age 0-6 and age 7+. Report average score within each domain: Behavioral/Emotional Needs, Life Functioning, Child/Youth Strengths, Cultural Factors, Risk Factors & Behaviors, and Caregiver Resources & Needs
Foster parent well-being	• Foster parent completes the Caregiver Strain Questionnaire at each time point • In the case of multiple children placed in one SFCP home, the foster parent completes one questionnaire per youth per data collection time point, since stress/burden may vary on an individual basis
Consumer satisfaction measures	• Completed by youth ages 11+ and foster parent • In the case of multiple children placed in one SFCP home, the foster parent completes one survey per youth per data collection time point, since satisfaction with services may vary on an individual basis
Child and Family Team information	• Does child and his/her family have a Child & Family Team (Yes/No) • **Child and Family Team** is defined in the NV Medicaid Services Manual (Reference Addendum 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. •If yes, how many CFT meetings took place in the past 6 months
Mental health service use	• Type of service received along with "dose" captured in monthly units (e.g., weekly therapy = 4 units/month). • Service types include individual therapy, family therapy, group therapy, psychiatrist, substance use treatment, intensive outpatient, etc.