

FPO 1603A – Evaluation Protocol

Specialized Foster Care Evaluation and Reporting Process

Evaluation Process

The DCFS Planning and Evaluation Unit (DCFS 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. Annual reports are due January 31st of each year.

The primary outcomes tracked are:

- Educational status
- Legal status (e.g., detention, probation)
- Performance on clinical standardized assessment tools
- Placement stability
 - Placement changes
 - Psychiatric hospitalizations
 - Elopements
 - Reason for discharge
- Family and youth satisfaction
- Psychotropic medication usage (*obtained directly from Nevada Medicaid*)
- Mental health service utilization (*obtained directly from Nevada Medicaid*)

All identified resources for information collection must be utilized to ensure capture of all required data points. When possible, data are obtained directly from Nevada Medicaid. In cases where this is not possible, DCFS PEU downloads data for relevant children directly from UNITY every Fall. It is the responsibility of each child welfare jurisdiction to ensure that the full complement of information outlined in this policy is available for every child in both Advanced Foster Care (AFC) and agency Specialized Foster Care (SFC) homes. Child welfare jurisdictions are encouraged to develop policies and procedures outlining who is responsible for ensuring data is collected and made available for data analysis (i.e., entered or uploaded into UNITY).

All outcomes listed must be available for the following time frames, unless otherwise noted (see Appendix A for an overview):

- **Admission/baseline:** 6 months prior to SFC admission date (recognizing that for some youth this will not be possible);
 - Gather data within 14 days of admission, or as soon as practicable if there are delays due to access to services.
- **Every 6 months after admission:** UNITY must be continually updated with relevant data throughout the youth's stay in SFC including collection of standardized assessment instruments every 6 months;
 - Gather data between 21 days before and 21 days after follow-up due date.
- **Discharge:** All necessary information must be made available in UNITY including reason for discharge and type of placement to which youth is discharged;
 - Gather data between 30 days before and 30 days after discharge date.

- Discharge date is defined as the last day the youth is in the specialized foster care placement with an expectation they will not return (e.g., they have not gone to an acute care placement for a short stay with plans to return to the foster home).

Please Note: If the child is discharged less than 90 days from their most recent data collection time point, no action is needed; DCFS PEU will use the youth's most recent data for the discharge time point. If it has been 90 days or more since their last assessment, you must collect a new assessment for the discharge.

Demographic Information

Demographic and background information will be collected from UNITY including:

- Date of birth
- Dates of admission and discharge
- Gender
- Region (Clark County, Washoe County, Rural)
- Race and ethnicity
- Placements and placement changes
- Reason for entry into child welfare (list all reasons)
- If discharged, reason for discharge and type of placement to which youth is discharged

Clinical Information

Mental health diagnosis and Severely Emotionally Disturbed (SED) status are required for every youth at admission and ongoing. 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, intellectual disability, 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 skill. 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.

Please Note: SED status must be updated annually by a qualified mental health professional. If youth no longer meet criteria for SED due to their age, medical necessity may be demonstrated by meeting criteria for Serious Mental Illness (SMI).

Educational Information

Most educational information is gathered directly from the Department of Education. Child welfare jurisdictions are required to enter GPA (high school) or pass/fail grade level (elementary and middle school) and number of absences as these cannot be directly obtained from the Department of Education.

If a data collection due date falls mid-semester, please report on the most recently completed semester or trimester. For example, if a youth entered SFC in January 2019 he/she probably just completed the Fall 2018 semester. Enter data regarding that semester. If a youth’s 6-month data collection due date falls on November 12, 2019, please report on the Spring 2019 semester.

Legal Information

Indicate whether the youth was on probation, number of arrests, and number of days in detention for the appropriate 6-month block of time.

Standardized Clinical Assessment Instruments

Each child welfare jurisdiction is responsible for ensuring that the standardized assessments are conducted timely. The child welfare jurisdictions are also responsible for ensuring final scores are available to DCFS PEU. Scores should either be present in UNITY (e.g., NV-CANS) or documents should be uploaded into UNITY (e.g., CPSS, Caregiver Strain).

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

Table 1. Data Collection Schedule

<i>Measure</i>	<i>Admission</i>	<i>Every 6 Months</i>	<i>Discharge</i>	<i>Reporter</i>
Caregiver Strain Questionnaire*		✓	✓	Foster Parent
Child PTSD Symptom Scale (CPSS)	✓	✓	✓	Youth Age 11+
Nevada Child and Adolescent Needs and Strengths (NV-CANS)	✓	✓	✓	Any certified CANS user in collaboration with the youth and family
Family/Youth Satisfaction* <i>Completed directly in SurveyMonkey or on paper by foster parent or youth – not entered into UNITY</i>		✓	✓	Foster Parent, Youth Age 11+

*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 healthcare needs. In the case of multiple SFCP children in one home, the foster parent must complete one Caregiver Strain Questionnaire per child per data collection time point. In the case of homes with shift staff, do not complete the Caregiver Strain Questionnaire. The Caregiver Strain Questionnaire is not administered at admission. The completed form should be uploaded into UNITY.

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 completed form should be uploaded into UNITY.

Youth may complete the CPSS with the support of a therapist if needed. Please make every effort to have the youth complete this measure, but if in your judgment it would be too distressing even with proper clinical support, do not collect the CPSS.

Family and Youth Satisfaction: The family and youth 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).

Every six months (beginning at the 6-month data collection time point) and at discharge, foster parents and youth 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 satisfaction measure per child per data collection time point. In the case of homes with shift staff, please have the staff member who knows the child best fill out the survey.

Family and youth satisfaction are not collected at admission.

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 foster parent and/or youth be provided directly with the SurveyMonkey 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.

Please Note: Please do not complete satisfaction questionnaires on behalf of youth. Youth should fill out their own surveys.

Nevada Child and Adolescent Needs and Strengths (NV-CANS): The CANS is used in every US state and internationally in various capacities related to mental health, child welfare, and juvenile justice. The NV-CANS was developed to meet the specific needs of our state. All agencies and providers serving specialized foster care youth are now expected to be actively implementing the NV-CANS. Training and technical assistance can be accessed by contacting DCFS PEU. NV-CANS certification via the Praed Foundation is required and must be updated annually. All domain scores (sum of actionable treatment needs; items scored 2 or 3) must be entered into UNITY.

Please contact NV DCFS for training and technical support on the NV-CANS.

Please Note: Any forms that will be 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 completes 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.

Fidelity to Evidence-Based Model

There are three fidelity monitoring tools for Together Facing the Challenge: The NV-TFTC Parent Coaching Form, the NV-TFTC Staff Coaching Form, and Trainer Evaluation Form. The NV-TFTC Parent Coaching Form must be completed at least twice per month, the NV-TFTC Staff Coaching Form must be completed monthly, and the Trainer Evaluation Form must be completed at each training. When completing the NV-TFTC Parent Coaching Form, not more than three youth should be discussed during a single coaching session.

DCFS may request to see copies of the NV-TFTC Parent Coaching Form and the NV-TFTC Staff Coaching Form at any time. All Trainer Evaluation Forms for at least two of the seven training sessions must be submitted to DCFS. Currently, DCFS is identifying an efficient means for agencies to directly submit the NV-TFTC Parent Coaching and NV-TFTC Staff Coaching forms electronically to DCFS. This requirement helps to better ensure agency compliance with TFTC certification and fidelity to the model during state oversight and audit procedures.

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.

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 (NV Medicaid)
Psychotropic Medication Use	Division of Healthcare Financing and Policy (NV Medicaid)
Select Education Data	Department of Education

Additional Detail

Please see Appendix A for a “roadmap” of data collection tasks and timing. Please see Appendix B for operational criteria for SFC outputs and outcomes.

Contact Information

Please contact SFCP@dcsf.nv.gov with questions or concerns regarding SFCP data collection or analysis.

Appendix A. SFCP Roadmap

ADMISSION (BASELINE)	EVERY 6 MONTHS	DISCHARGE
✓ Gather data within 14 days of admission date	✓ Gather data between 21 days before and 21 days after follow-up due date	✓ Gather data between 30 days before and 30 days after discharge date
<ul style="list-style-type: none"> ✓ Gather and enter/upload: Child PTSD Symptom Scale (CPSS) Nevada Child and Adolescent Needs and Strengths (NV-CANS) 	<ul style="list-style-type: none"> ✓ Gather and enter/upload: Caregiver Strain Questionnaire CPSS NV-CANS 	<ul style="list-style-type: none"> ✓ Gather and enter/upload: Caregiver Strain Questionnaire CPSS NV-CANS
✓ Ensure the following data is present in UNITY: Diagnosis, SED status, legal & education status for past 6 months	✓ Ensure the following data is present in UNITY: Diagnosis (update if needed), SED status (update if needed), legal & education status for past 6 months	✓ Ensure the following data is present in UNITY: Diagnosis (update if needed), SED status (update if needed), legal & education status for past 6 months
✓ Ensure the following data is present in UNITY: Episodes of elopement and psychiatric hospitalization in past 6 months	✓ Ensure the following data is present in UNITY: Episodes of elopement and psychiatric hospitalization in past 6 months	✓ Ensure the following data is present in UNITY: Episodes of elopement and psychiatric hospitalization in past 6 months
✓ Ensure the following data is present in UNITY: DOB, gender, race/ethnicity, reason for entry into child welfare	✓ Provide youth (age 11+) and foster parent with consumer satisfaction survey link	✓ Provide youth (age 11+) and foster parent with consumer satisfaction survey link
		<ul style="list-style-type: none"> ✓ Ensure the following is present in UNITY: Reason for discharge from SFC, type of placement to which youth is discharged

Appendix B. Operational Definitions for Program Evaluation Components

Concept, Variable, or Outcome	Definition
<p><i>Please Note. 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.</i></p>	
Reason for entry into child welfare custody	<ul style="list-style-type: none"> • Recorded at admission • If multiple reasons exist, all reasons should be recorded
Placements and placement stability	<ul style="list-style-type: none"> • Placement stability is measured as a function of unique placements • Placement information is 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
Hospitalization	<ul style="list-style-type: none"> • 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
Elopement	<ul style="list-style-type: none"> • Any report that the youth's whereabouts are unknown to the foster parent for greater than 1 day and he or she is believed to have left his or her placement voluntarily
Legal status	<ul style="list-style-type: none"> • 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 <i>*Partially obtained from the Department of Education*</i>	<ul style="list-style-type: none"> • School name • Grade in school • Special education status (Yes/No) and disability classification • Gifted status (Yes/No) • Elementary & middle school: Did they pass the most recently completed semester (Passing/Not Passing) • High school: GPA • Number of absences in most recently completed semester

<p>Performance on clinical standardized assessment tools</p>	<ul style="list-style-type: none"> • 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). <p><i>Youth may complete the CPSS with the support of a therapist if needed. Please make every effort to have the youth complete this measure, but if in your judgment it would be too distressing even with proper clinical support, do not collect the CPSS.</i></p> <ul style="list-style-type: none"> • Nevada Child and Adolescent Needs and Strengths (NV-CANS) 2.0: Report sum of 2's and 3's (actionable treatment needs) within each domain: Behavioral/Emotional Needs or Challenges, Life Functioning/Functioning, Youth Strengths, Cultural Factors, Risk Factors & Behaviors, Dyadic Considerations (Early Childhood only), Caregiver Resources & Needs, and Transition to Adulthood Domain (age 14+ only). Report sum of "Yes" answers in Potentially Traumatic/Adverse Childhood Experiences domain. <p><i>Please contact NV DCFS for training and technical support on the NV-CANS.</i></p>
<p>Foster parent well-being</p>	<ul style="list-style-type: none"> • Foster parent completes the Caregiver Strain Questionnaire at each 6-month follow-up and at discharge • 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 • In the case of homes with shift staff, do not complete the Caregiver Strain Questionnaire
<p>Family and youth satisfaction measures</p>	<ul style="list-style-type: none"> • 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 • In the case of home with shift staff, please have the staff member that knows the youth best fill out the survey
<p>Mental health service use <i>*Obtained directly from Nevada Medicaid*</i></p>	<ul style="list-style-type: none"> • 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, care coordination, psychiatry services, crisis intervention, day treatment, intensive outpatient, partial hospitalization, case management, and psychosocial rehabilitation