

# **ASSESSMENT AND EVALUATION STANDARDS**

## **PURPOSE**

The purpose of these standards is to provide direction and guidance to the Children and Family Services (CFS) programs regarding the structure and application of assessment and evaluation services for children with SED. These standards are intended to achieve statewide consistency in the development and application of CMH core services and shall be implemented in the context of all applicable laws, rules and policies.

## **INTRODUCTION**

The Idaho Council on Children's Mental Health (ICCMH) and DHW has identified assessment as one of the ten CMH core services. The ICCMH's Service Definitions and Measures defines assessment as:

Assessment is the use of the clinical interview, psychometric tools as needed, community, and family as well as other pertinent information to address safety issues, family's /child's concerns, strengths, and resources to determine the child's mental health service needs.

DHW is required (FACSPM 01-04) to complete a comprehensive assessment on every child whose parent or guardian has applied for services on their behalf. Comprehensive assessment is the process of gathering pertinent information concerning a child's mental health and their functioning in assessment area as outlines in FACSPM 01-04. Qualified CFS clinical staff will be responsible for completion of comprehensive assessments. In order to provide a thorough assessment a clinician would perform a clinical interview, review data from other mental health professionals and gather collateral data from family, school, and community. DHW clinical staff will meet requirement established through the Department of Human Resources and have a clinical knowledge of human behavior theory, psychotherapy techniques and an understanding of the diagnostic terms, serious emotional disturbance (SED), as well as the behavioral development of children and adolescents. A comprehensive assessment would be the basis for the clinical staff to determine CMH eligibility and therapeutic interventions.

## **CORE VALUES**

- The system of care should be child-centered and family focused, with the needs of the child and family dictating the types and mix of services provided.
- The families and surrogate families of children with emotional disturbances should be full participants in all aspects of the planning and delivery of services.

- Children with emotional disturbance should receive services that are integrated, with linkages between child-serving agencies and programs and mechanisms for planning, developing and coordinating services.
- Children with emotional disturbance should receive services within the least restrictive, most normative environment that is clinically appropriate.
- Children with emotional disturbances should receive individualized services in accordance with the unique needs and potentials of each child, and guided by an individualized service plan.
- The system of care should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.
- The needs of children and families can more effectively be met through flexible funding strategies than through categorical funding restricted to the most expensive resources.

### **STANDARDS**

- 1. The comprehensive assessment in the FOCUS automated system shall be completed in narrative form for every child whose parents have applied for CMH services consistent with FACSPM 01-04. Additionally, the following components shall be included in all comprehensive assessments.**
  - a. Clinical Formulation**
  - b. Diagnostic Impression**
  - c. Recommendations**
  - d. A CAFAS table, (including):**
    - i. Total CAFAS score**
    - ii. Endorsed item number and description**
    - iii. Score for each CAFAS subscale**
- 2. CMH comprehensive assessments shall be behavioral, functional, and strengths-based in design, to address the needs of the child and the family.**
- 3. The CMH comprehensive assessment shall contain a recommendation component that identifies treatment options, strengths, and potential outcomes.**
- 4. Fee determination, based on a sliding scale, shall be conducted for all families receiving a comprehensive assessment through DHW.**

- 5. Medicaid, private insurance and families shall be billed for the completion of the comprehensive assessment following approved HUB guidelines and procedures.**
- 6. The clinician and the family shall determine the most appropriate location for the clinical interview. Consistent with FACSPM 01-04, the clinical interview can occur in locations that include (but not limited to) the child's school, the family home, treatment facilities, at detention centers and in DHW offices.**
- 7. Each DHW region shall have the ability for children to receive the following evaluations by qualified professionals, when the need is demonstrated to be necessary for diagnostics and clinical formulation.**
  - a. Psychological**
  - b. Neuropsychological**
  - c. Personality**
  - d. Functional and/or Developmental Ability**
- 8. Any variance to these standards shall be documented and approved by division administration, unless otherwise noted.**
- 9. Each region shall establish assessment and evaluation service delivery goals and shall annually submit a plan and timeline to achieve those goals to division administration for approval.**