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1. PURPOSE AND GOALS OF MFAF

The **Modified Family Assessment Form (MFAF)** was created by the Philadelphia Child and Family Therapy Training Center, Inc., to facilitate linkage with Ecosystemic Structural Family Therapy (ESFT). It is based on the Family Assessment Form (FAF) developed by the Children's Bureau of Southern California (CBSC).

The MFAF is an assessment tool that Family-Based Services (FBS) can use to support the development of meaningful service plans and help agencies monitor program outcomes more effectively. FBS providers should see the following documents to assist in the collection of MFAF assessment tool data:

➡ **Face-sheet:** used for administrative purposes and to identify and keep a record of the Identified Patient (IP), caregiver(s), type of MFAF assessment, survey date, and clinical team who administered the assessment

➡ **MFAF Assessment Tool:** 19 questions and three Sections/Subscales:

» Section I: Caregiver-Child Relationship

» Section II: Co-Caregiver Relationship

» Section III: Executive Skills (Parenting)

➡ **Summary and Outcome of Goals Section:** used by clinical teams and supervisors to assist in synthesizing the MFAF ratings into a meaningful picture of the family, develop meaningful individualized treatment plans, and sort out effective intervention strategies specific to the unique qualities of different families.

Question 1: What guidance can be given to our team to assist in obtaining all the MFAF information? Can the MFAF be used as a questionnaire?

The MFAF is an assessment tool that Family-Based Services (FBS) can use to support the development of meaningful service plans and help agencies to monitor program outcomes more effectively.

According to the Philadelphia Child and Family Therapy Training Center, the goals of the MFAF include:

1. Helping the development of a comprehensive understanding of a family's strengths and areas of concern

2. Strengthening and deepening the team's work with family and individual family members

3. Identifying strengths to help the team collaborate with the family in using concrete skills to forge new family patterns and develop a trauma-and tragedy-informed reframe

4. Identifying areas of concern to integrate into the treatment planning process

5. Identifying additional supports that individual family members may need in order to anchor and solidify change

It is helpful for the teams to learn the overall contents of the MFAF so that they develop familiarity with the goals of the tool; this may be beneficial as the team engages new families. This outline or framework can then be used to guide case conceptualization.

The MFAF was **NOT** designed as a formal or structured questionnaire but rather as a framework to think about and document assessment information. Teams should seek supervision from program leadership for clinical considerations and implications surrounding the use of the tool.

Use of the tool and outcomes will be reviewed with teams during supervision. The direction of treatment following the use of the MFAF is a programmatic decision. Supervisors may also use the MFAF tool to identify areas in which staff may need additional support or training.

2. COMPLETING THE MFAF

Question 2: Who administers the MFAF?

The FBS team administers the MFAF. Once completed, the FBS team should follow their agency's procedure regarding how to submit this information.

Question 3: How often is the MFAF to be administered?

➡ **Initial MFAF** (MFAF at admission or baseline MFAF)

  » To be administered within the first 90 days of authorization

  » If the case closes in less than 30 days, team should not administer the initial MFAF assessment.

➡ **Final MFAF** (MFAF at discharge)

  » To be administered 30 days before final discharge (including extension)

  » In the event that an MFAF is completed before discharge and an unplanned extension is required, family-based teams can complete another MFAF 30 days prior to the new discharge date, and this will be considered the Final MFAF.

➡ **Mid-MFAF** (MFAF assessment between initial and final MFAF)

  » Use of the MFAF midway through the treatment episode is a programmatic decision. The MFAF can be administered any time between initial and final MFAF assessments.

Question 4: What is a completed MFAF?

When both the initial and final MFAF assessments are completed for a youth/family receiving Family-Based Services.

Question 5: What are the different discharge dispositions? When do you complete the MFAF?

The different discharge dispositions are:

➡ **Successful Completion of Treatment:** Member completed components of the treatment plan and/or program.

➡ **Failure to Connect:** FBS team has exhausted all outreach efforts, with no resolution, resulting in inability to engage the family or begin services within the first 30 days of authorization.

  » Initial and/or final MFAF assessment will not be administered.

➡ **Family Disengaged:** Member and/or family choose not to complete the treatment program, with or without specific medical advice to continue treatment.

➡ **Transfer to CBH Higher Level of Care:** Member is authorized for a higher level of care, transitioning out of FBS (e.g. member was hospitalized in Acute Inpatient Psychiatric (AIP) hospital over 30 days).

➡ **Administrative Discharge:** An unplanned discharge in which the member left treatment or treatment ended for other reason not mentioned above, or, for example (but not limited to):

» Member moved outside of service area, became ill, or other reason out of member's control

» Treatment was terminated by the action of the provider agency, generally because of member non-compliance or violation of court order that resulted in placement or out-of-home treatment.

Please Note: Initial and final MFAF assessments will be administered for all discharge dispositions with the exceptions of:

➡ Failure to Connect

➡ When a member has had **less than three months** of treatment and is considered an administrative discharge

Question 6: What happens if the authorization number of the member changes? When do you re-administer MFAF?

Every new FBS episode will be associated with a new MFAF assessment. Therefore, when a member is formally discharged from the program and restarts services, the team should readminister the MFAF.

Do not re-administer the MFAF if a member is on an FBS extension. Administer the Final MFAF 30 days before discharge during the extension period.

3. TIMING ISSUES RELATED TO COMPLETION OF MFAF

Question 7: When do you begin the MFAF when you learn on your first contact with a family that they have immediate needs, such as for food or shelter?

The MFAF should not interfere with best practice, forming a relationship, and responding to a family's immediate needs. If a family has a crisis that needs to be addressed immediately, the team needs to address the crisis. During this time, the team is learning about how this family functions and is making observations about the family's environment, financial situation, interactions, etc. These observations allow the team to begin completing the MFAF even in cases of crisis and while helping the family through the challenging times. In these instances, CBH suggests FBS teams follow up with their supervisor for direction, feedback, and/or to address any clinical concerns (refer to Clinical Practice Questions for additional information).

Question 8: If a family is in chronic crisis, when do you complete the MFAF?

See answer above. Many families are in chronic crisis and it may seem like there is never a good time to take the time to ask about issues on the MFAF. If teams view the family's chronic challenges as a barrier to completing the MFAF, CBH suggests the team seek the support of their supervisor for further guidance and direction (refer to Clinical Practice Questions for additional information).

Question 9: What do you do if a family withdraws from service before the initial MFAF is completed?

It is possible that a family can be considered a failure to connect or an administrative discharge and not be administered an MFAF. In these instances, the FBS team should notify their supervisor of the discharge disposition by completing the face-sheet of the MFAF.

Modified Family Assessment Form (MFAF)*

IP Name: _____Jane_____

IP MAID#: _____XXXXXXX_____   IP Date of Birth: _____XXXXXX_____

Caregiver1 (CG1): _____   Caregiver2 (CG2): _____

Completed by/ Team: ____XXXX_____

Survey Type: Survey Date: _____

❖ _____ Initial MFAF/ Admission
❖ _____ Mid-Treatment MFAF (Optional)
❖ _____ Final MFAF/ Discharge

Reason for Discharge:

❖ _____ Successful Treatment
❖ ___X___ Failure to Connect
❖ _____ Family Disengaged
❖ _____ Transfer to CBH Higher Level of Care
❖ _____ Administrative Discharge

Question 10: Do you complete a final MFAF assessment if the family has not completed services but has been in the program for several months?

Yes. In these instances, CBH suggests FBS teams follow up with their supervisor for direction, feedback, and/or to address engagement and/or clinical concerns. Also refer to the discharge disposition section, Question 5.

4. RATING AND SCORING THE MFAF

Question 11: Do all the MFAF items need to be rated?

Yes. Teams are encouraged to make their best judgment as to how to rate questions with the information they have available and to build their skills in addressing questions that are more difficult or uncomfortable.

In order to have a comprehensive understanding of a family, it is important to consider all information that can be used to score the MFAF. Teams are encouraged to take time to get to know the family, their strengths and resources, how they have attempted to manage their challenges, etc.

There are a few questions that can be considered "Not applicable, (N/A)," as an option that should be utilized when appropriate. For example, if there is only one child in the family, it is not possible to rate item, "Are caregivers effectively managing sibling conflicts? (19-E4)." FBS teams can write "N/A" as a response to this question.

Question 12: What do you do if an item is "Not applicable" to a family?

These are the following questions that could be considered a "Not applicable, (N/A)":

➡ Section II: Co-Caregiver Relationship

» "Are the caregivers able to listen to one another and problem solve?" (8-F1)

» "Are caregivers able to deal directly and calmly with conflict?" (9-F2)

» "Is there a balance of power between caregivers?" (10-F3)

» "Do the caregivers emotionally support one another?" (11-F4)

» "Do the caregivers show respect and caring for one another?" (12-F5)

» "Do the caregivers show a willingness and ability to communicate with one another?" (13-F6)

➡ Section III: Executive Skills (Parenting)

» "Are caregiver(s) effective in managing sibling conflicts?" (19-E4)

These questions have been given this option for reasons explained as part of the definitions for those questions. For example, questions 8-13 deal with the co-caregiver relationship. This section is not applicable if the team is assessing a single parent family or if only one caregiver is being assessed.

It is preferable to complete as many questions as possible and not to use the "N/A" option unless necessary.

Question 13: Is there an overall MFAF score once the instrument is completed?

No. There is no total score for the MFAF assessment.

Question 14: If new information is obtained following the initial MFAF or if the team observes change relating to a particular MFAF question during treatment, should the team change their initial rating to reflect that change?

No. Once you have completed the initial assessment, do not change the baseline ratings. If you were to change the ratings during the course of treatment, you would be much less likely to see a difference between the initial and final ratings and therefore weaken your ability to track change.

Question 15: What happens if a family's functioning for an MFAF question gets worse during the course of treatment?

Assuming the program is only completing the MFAF at the beginning and end of treatment, variations in improvement or worsening of functioning that teams observe during the family-based episode would not be reflected in MFAF until the final rating. The team's progress notes would reflect these changes during service intervention and would serve as important information when the team is completing the final rating.

5. CAREGIVER AND CO-CAREGIVER QUESTIONS

Question 16: What do you do if there are multiple caregivers? How do you decide who is Caregiver 1 and who is Caregiver 2?

It is possible that the identified patient can have multiple caregivers. Determining which caregivers will be assessed is a programmatic decision.

Question 17: What do you do with "Section II: Co-Caregiver Relationship" when there is only one caregiver?

Section II is completed for families when there are two caregivers who live in the home or who have significant impact on the family even if they live apart. If the family consists of a single parent, the team should write "N/A" to reflect there is only one caregiver.

Question 18: How do you complete "Section II: Co-Caregiver Relationship" when you are not working directly with the second caregiver even though they live in the home?

Any caregiver can have an impact on the identified patient and the family system. It is understood that caregivers may not be engaged initially, but engagement is a focus of treatment. These caregivers can still be assessed, so it is recommended that the team try to include the second caregiver while recognizing that this is not always possible. However, not including this caregiver is a programmatic decision.

Question 19: What do you do if, at the beginning of treatment, there were two caregivers, but, during the course of treatment, one of them leaves the home/family? And the opposite—what if there is one caregiver in the beginning and two at final?

It is possible to rate two caregivers at the initial assessment and only one of them at the final assessment or vice-versa.

Question 20: What do you do if, at the beginning of services, there were two caregivers, but, during the course of services, one of them leaves the home/family? And the opposite—what if there is one caregiver in the beginning and two at final?

It is possible to rate two caregivers at the initial assessment and only one of them at the final assessment or vice-versa. However, for the purposes of data entry submitted to CBH, only submit scores for the caregiver(s) who was involved at admission **and** discharge.

Question 21: How do you summarize data entry for one caregiver and/or two caregivers?

➡ For each youth and caregiver, input scores for "Admission" and "Discharge."

➡ If the member has two caregivers throughout the duration of the FBS treatment episode, the MFAF assessment should be completed for both caregivers at admission and discharge and entered into the spreadsheet.

➡ If the status of the youth's caregivers changes during the year, or if a second caregiver becomes involved mid-way through treatment, for the purposes of data entry submitted to CBH, only submit scores for the caregiver(s) who were present at admission **and** discharge.

See the following examples:

For example, if "Youth 1" has one caregiver 'Nancy' throughout the FBS treatment episode, then Youth 1 will have two rows of data entry as follows:

Youth Number (Youth #)	Youth Name (First Name, Last Name)	Caregiver Name	Survey Type	Reason for Discharge	Survey Date	(D6): Are caregiver(s) attached and emotionally responsive to the IP?	(D7): Do caregiver(s) enjoy and identify with the parental role?
Youth 1	Mawytebsbd Swuxxz	Nancy	Admission	Successsful Completion	2/1/2020	2.5	5
Youth 1	Mawytebsbd Swuxxz	Nancy	Discharge		8/15/2020	3	3.5

For example, if a youth has two caregivers, "Jane/Mother" and "Will/Father," throughout the FBS treatment episode, then the youth will have a different youth number (Youth 3 and youth 4) for each caregiver and will have four rows of data entry; one Admission and one Discharge MFAF rows for each caregiver, as follows:

Youth Number (Youth #)	Youth Name (First Name, Last Name)	Caregiver Name	Survey Type	Reason for Discharge	Survey Date	(D6): Are caregiver(s) attached and emotionally responsive to the IP?	(D7): Do caregiver(s) enjoy and identify with the parental role?
Youth 3	Edzzxwsj Criysh	Jane/ Mother	Admission		3/5/2020	2	4
Youth 3	Edzzxwsj Criysh	Jane/ Mother	Discharge	Family Disengaged	7/10/2020	1.5	2
Youth 4	Edzzxwsj Criysh	Will/ Father	Admission		3/5/2020	3	4
Youth 4	Edzzxwsj Criysh	Will/ Father	Discharge	Family Disengaged	7/10/2020	1.5	3.5

6. MULTIPLE CHILDREN QUESTIONS

Question 22: How do you handle a situation in which there is a blended family and some of the children only visit on weekends or for other periods of time but do not live permanently with the family receiving services?

In the situation described, the team would not include the children who are not actively engaged in the treatment process. Teams cannot accurately assess family members with whom they do not have contact. Although the child/children visit on weekends or other periods of time, they would not be included in the MFAF, as they do not permanently reside with the family receiving services.

Question 23: How do you rate the caregiver/child interaction items in a family where there are multiple children and the caregivers relate differently to different children? For example, if one child is reported to behave very well and another child is reported to be "the problem?"

The MFAF gives the opportunity to provide ratings specifically for the Identified Patient (IP) as well as multiple children in Sections I and III. The team should rate questions according to the MFAF assessment instructions.

Question 24: How do you rate sibling questions when there is only one child in the family?

The team would not rate this question. The team would write "N/A." (Refer to Question 12, or more details).

7. CLINICAL PRACTICE QUESTIONS

Question 25: How can the MFAF tool be utilized during supervision?

The MFAF is a valuable tool that can be readily utilized in supervision. Refer to page two, which highlights the goals of utilizing the MFAF assessment tool.

CBH suggests that the MFAF Summary Information be used by teams during supervision to assess the effectiveness of treatment, adhere to treatment fidelity, and facilitate their own skill development. Supervisors are expected to ensure that the intensity of treatment is appropriate for the stage of development, assess member and family needs, and provide consultation regarding all aspects of treatment planning, delivery, and professional development of staff.

Given Ecosystem Structural Family Therapy (ESFT) is the overarching therapeutic model for FBS, teams are encouraged to use supervision to connect the use of the MFAF assessment to ESFT pillars and treatment planning for families.

Question 26: How long should it take to complete the MFAF?

There is a learning curve for new MFAF users. Completing the MFAF will get easier the more experience teams get in completing it. Depending on the size of the team's caseload (the larger the caseload, the more practice), they should develop proficiency in three months.

Question 27: Should the team bring the MFAF with them into the home for visits?

Determining whether to bring the MFAF to home visits is a programmatic decision.

Question 28: How do teams use the ratings gathered on the MFAF to develop Summary of Goals and Progress?

Programs can determine how to use the ratings gathered with the MFAF to develop the Summary of Goals and Progress. Supervisors are critical in helping teams synthesize the MFAF ratings into a meaningful picture of the family, develop meaningful individualized treatment plans, and sort out effective intervention strategies specific to the unique qualities of different families. Here are a few things that teams can consider:

➡ Using the MFAF and deliberating what ratings to give can help teams develop a comprehensive understanding of a family's strengths and areas of concern.

➡ Questions rated as strengths can give the team areas to complement families and identify skills to build on in addressing areas of concern.

➡ Questions rated as concerns can be considered as potential focuses for treatment and change.

➡ At final assessment, teams can review changes in family functioning by looking at how MFAF results reflect change between beginning and end of treatment. Improvements may be shared and celebrated with families.

Question 29: How do I discuss the MFAF information with families as part of the service planning process?

Discussing the MFAF assessment information as a part of the service planning process is a programmatic decision.

Question 30: What happens when team members change during services with a family? How does this impact the MFAF ratings?

A change in team should not affect the procedures followed in completing the MFAF. Team members should work together in completing the assessment.

8. CONCERNS WITH/LIMITATIONS OF MFAF

CBH recognizes that there are no MFAF indicators that focus on improvement of the youth individually, but the tool is best at targeting the focus of Family-Based Treatment.

There is no standardized training or certification for use of this tool, which may cause interrater reliability issues. We suggest that agencies use staff training and supervision to try to address any rating issues and to attempt to have staff score as consistently as possible.

9. CBH MFAF DATA GUIDELINES

Question 31: How will CBH collect MFAF data from providers?

CBH has developed a data capture tool that will assist providers with data collection. This data capture tool is in the form of an Excel template.

Question 32: What data is being collected by CBH?

The data capture tool will collect the following information:

➡ Face sheet information

➡ MFAF scores from questions 1–19

CBH **will not collect** the MFAF Summary and Outcome of Goals information. This information should be retained by the provider and used during the course of treatment with treatment.

Question 33: Do providers need to submit the MFAF assessments to CBH?

No. Providers should not submit the physical MFAF assessment tool document to CBH. This documentation should be retained by providers for their records. Only the data collected from the MFAF assessment tool and the face sheet should be entered into the data capture tool.

Question 34: When should the data capture tool be submitted to CBH?

The data capture tool should be submitted once a year. CBH Clinical will designate deadline submission accordingly.

Question 35: Who is submitting the data capture tool to CBH?

CBH recommends that programs designate a specific leader within the program to submit the data capture tool. This designated leader should have registered credentials to submit documentation to CBH via IPSWITCH. Clinical teams should not submit data to CBH on behalf of the agency.

10. DATA ENTRY INTO THE MFAF DATA CAPTURE TOOL

Question 36: How often is the MFAF to be administered?

1. **Initial MFAF** (MFAF at admission or baseline MFAF):

   » To be administered within the first 90 days of authorization.

   » If the case closes in less than 30 days, team should **not** administer the initial MFAF assessment.

2. **Final MFAF** (MFAF at discharge):

   » To be administered 30 days before final discharge (including extension).

» In the event that an MFAF is completed before discharge and an unplanned extension is required, family-based teams can complete another MFAF 30 days prior to the new discharge date, and this will be considered the Final MFAF.

3. **Mid-MFAF** (MFAF assessment between initial and final MFAF):

» Use of the MFAF midway through the treatment episode is a programmatic decision. The MFAF can be administered any time between initial and final MFAF assessments.

Question 37: What is a completed MFAF?

When both the initial and final MFAF assessments are completed for a youth/family receiving Family-Based Services.

Question 38: Which MFAF assessments are entered into the data capture tool?

The data capture tool only collects data from the initial and final MFAF scores, irrespective of length of stay for FBS services. Providers should not enter midMFAF assessment scores in the data capture tool.

The use of a Mid-MFAF assessment is a programmatic decision based upon clinical need. Providers can use scores from a mid-MFAF as an intervention to assist in treatment planning. If mid-MFAF scores are included in the Excel sheet, this information will be disregarded for the purposes of this analysis.

Question 39: What does the Excel data capture tool include?

The Excel template has four worksheets:

1. **Instructions:** description outlining how to use the data capture tool and guidelines that will help with entering data.

2. **Data Entry:** location where MFAF assessment scores will be entered.

3. **Graphs:** graphs will be automatically generated in this section. **Do not** enter any data in this worksheet.

4. **Overall Outcomes:** data will be automatically generated in this section. **Do not** enter any data in this worksheet.

Question 40: How do I enter information into the data capture tool?

Designated program leader will begin by entering the following information into the data capture tool.

➡ Columns B through J are face sheet information

➡ Columns K through AC are MFAF scores

Please refer to the "Instructions" worksheet for detailed guidelines.

B Youth Number	C Youth Name	D Caregiver Name	H Survey Type	I Reason for Discharge	J Survey Date	K caregivers attached and emotionally responsive to the IP? (D6)	L caregivers enjoy and identify with the parental role? (D7)	N encourage open communication and involvement with the IP?	O able and willing to communicate needs and feelings to caregiver?
Youth 2	John Smith	Nancy	Admission		1/8/2019	2	5	3	3
Youth 2	John Smith	Nancy	Discharge	Successful Completion	7/30/2019	1.5	3.5	2	1.5

Question 41: How would information be entered for the identified patient status and/or disposition?

1. **Successful Completion of Treatment:** member completed components of the treatment plan and/or program.

   Data entry:

   » Enter admission data.

   » A second row will populate. This is where the discharge data will be entered.

   » Select "Successful Completion" from Reason for Discharge.

B	C	D	H	I	J	caregivers attached and emotionally responsive to the IP? (D6)	caregivers enjoy and identify with the parental role? (D7)	encourage open communication and involvement with the IP?	able and willing to communicate needs and feelings to caregiver?
Youth Number	Youth Name	Caregiver Name	Survey Type	Reason for Discharge	Survey Date				
Youth 2	John Smith	Nancy	Admission		1/8/2019	2	5	3	3
Youth 2	John Smith	Nancy	Discharge	Successful Completion	7/30/2019	1.5	3.5	2	1.5

2. **Failure to Connect:** FBS team has exhausted all outreach efforts, with no resolution, resulting in inability to engage the family or begin services within the first 30 days of authorization.

   » Initial and/or final MFAF assessment will not be administered.

   Data entry:

   » Select "N/A" for Survey Type.

   » Select "Failure to Connect" from Reason for Discharge.

   » The scores will be automatically updated as N/A.

A	B	C	G	H	I	J caregivers attached and emotionally responsive	K enjoy and identify with the parental role?	L encourage open communication and	M able and willing to communicat needs and
Youth Number	Youth Name	Caregiver Name	Survey Type	Reason for Discharge	Survey Date				
Youth 3	Marey Lawrence	Steven	N/A	Failure to Connect		N/A	N/A	N/A	N/A

3. **Family Disengaged:** Member and/or family choose not to complete the treatment program, with or without specific medical advice to continue treatment.

   Data entry:

   » Enter admission data.

   » A second row will populate. This is where the discharge data will be entered.

   » Select "Family Disengaged" from Reason for Discharge.

Youth Number	Youth Name	Caregiver Name	Survey Type	Reason for Discharge	Survey Date	Are caregivers attached and emotionally responsive to the IP?	Do caregivers enjoy and identify with the parental role?	Do caregivers encourage open communication	Is IP able and willing to communicate needs and feelings to	How securely attached is the IP with each caregover? (D12)
Youth 2	Joseph F	Beth	Admission		11/23/2018	2	5	3	3	1.5
Youth 2	Joseph F	Beth	Discharge	Family Disengaged	2/8/2019	1.5	3.5	2	1.5	1

4. **Transfer to CBH Higher Level of Care:** Member is authorized for a higher level of care, transitioning out of FBS (e.g., member was hospitalized in Acute Inpatient Psychiatric (AIP) hospital over 30 days).

Data entry:

» Enter admission data.

» A second row will populate. This is where the discharge data will be entered.

» Select "Transfer to CBH Higher Level of Care" from Reason for Discharge.

Youth Number	Youth Name	Caregiver Name	Survey Type	Reason for Discharge	Survey Date	Are caregivers attached and emotionally responsive	Do caregivers enjoy and identify with the parental	Do caregivers encourage open communicati	Is IP able and willing to communicate needs and	How securely attached is the IP with each caregover?
Youth 2	Joseph F	Harry	Admission		2/4/2018	2	5	3	3	1.5
Youth 2	Joseph F	Harry	Discharge	Transfer to CBH Higher	5/7/2018	1.5	3.5	2	1.5	1

5. **Administrative Discharge:** an unplanned discharge in which the member left treatment or treatment ended for another reason not mentioned above.

Data entry:

» Select "N/A" for Survey Type.

» Select "Administrative Discharge" from Reason for Discharge.

» The scores, will automatically be updated as N/A.

Youth Number	Youth Name	Caregiver Name	Survey Type	Reason for Discharge	Survey Date	Are caregivers attached and emotionally responsive	Do caregivers enjoy and identify with the parental	Do caregivers encourage open communicati	Is IP able and willing to communicate needs and
Youth 3	Joseph F	Nancy	N/A	Administrative Discharge		N/A	N/A	N/A	N/A

Question 42: What happens if the authorization number of the member changes? When do you re-administer the MFAF?

The new scores would be input into the MFAF data capture tool, representing the new FBS treatment episode, because every new authorization is associated with a new MFAF assessment.

Question 43: What do you do if an item is "not applicable" to a family?

The MFAF tool includes an "Not applicable, (N/A)" option for a select number of items. N/A should be selected for the following where applicable:

Section II: Co-Caregiver Relationship: "Are the caregivers able to listen to one another and problem solve?" (8-F1)

➡ "Are caregivers able to deal directly and calmly with conflict?" (9-F2)

➡ "Is there a balance of power between caregivers?" (10-F3)

➡ "Do the caregivers emotionally support one another?" (11-F4)

➡ "Do the caregivers show respect and caring for one another?" (12-F5)

➡ "Do the caregivers show a willingness and ability to communicate with one another?" (13-F6)

Section III: Executive Skills (Parenting):

➡ "Are caregiver(s) effective in managing sibling conflicts?" (19-E4)

When "N/A" is selected, the data capture tool counts this as a completed item for purposes of calculating averages. The data capture tool will automatically populate N/A for "Failure to Connect "and "Administrative Discharge" survey type. Since all items are "N/A," this information will not be counted as a part of the calculation and averages.

Question 44: Do you have to add up the scores in each section to get an overall score for each section?

No. The MFAF data capture tool will compute the average scores and provide all necessary calculations for reporting purposes.

Question 45: Is there an overall MFAF score once the instrument is completed?

No. There is no total score for the MFAF assessment. There are only averages for each of the three MFAF outcome measures, Sections I, II, and III.

Question 46: What information are the graphs and overall outcomes worksheet providing?

The graphs and overall outcomes worksheet contain calculated average for the three subscales and individual questions. As data continues to be entered, the graphs and overall outcomes will be auto-populated and they give a snapshot that the providers can refer to in real-time. This information may also be included in the annual analytics report that will be distributed by CBH.

11. REPORTING AND ANALYSIS

Question 47: What is the purpose of reporting and analysis, and what are the recommended next steps after the MFAF data is submitted?

The overall goal is for providers to have the opportunity to deliver meaningful, effective and evidence-based/informed services with measurable and sustainable positive outcomes for youths and families.

CBH Data Informatics will review all data submitted. This data will be synthesized and analyzed in order to create an annual report that will be distributed to providers. Providers will be encouraged to utilize this data to assist with programs and performance management.

12. SENDING DATA TO CBH

Question 48: What is CBH's Secure File Transfer System (IPSWITCH)?

CBH's Secure File Transfer system, commonly called "IPSWITCH," is officially "MOVEit Managed File Transfer" software provided by a software company called **Progress.** This secure file transfer system is an Internet-based portal which CBH uses to securely and safely transfer data.

Question 49: How will family-based providers send data using "IPSWITCH" software?

Providers can be granted access to an "IPSWITCH" website on which folders exist where files to be transferred are placed. Providers can place desired files to transfer into appropriate folders which exist on the site, and the files are automatically delivered to the correct CBH recipients.

Question 50: How do providers gain access to the "IPSWITCH" website?

CBH provides an "Access Request" form, along with instructions that are filled out by providers who need access. Once the forms are emailed to CBH, via **CBH.Filetransfer@phila.gov**, accounts are set up and the applying users (program leaders) receive credentials which allow them to log-in to the site. After users log in, a brief training is held via an online Zoom meeting, and users are shown how to use the site.

Question 51: How are technical issues with the system addressed (i.e., password expiration)?

CBH has set up **CBH.Filetransfer@phila.gov** as an email address to which providers can send emails regarding technical issues they experience with the website and/or file transfer system.

13. CONTACT INFORMATION

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