oppaga

Special Review

January 2003 Report No. 03-03

Residential Mental Health Assessment Process Working Well with Minor Delays

at a glance

Prior to 2000, procedures for placing a child in residential mental health facilities lacked standard criteria, allowed potential provider conflicts of interest, and did not provide reviews to prevent children from languishing in treatment.

OPPAGA reviewed the new process required by Ch. 2000-265, *Laws of Florida* as implemented by the Department of Children and Families and the Agency for Health Care Administration. Pursuant to Ch. 2000-265, *Laws of Florida,* the Department of Children and Families and the Agency for Health Care Administration implemented a new process for assessing dependent children for placement in residential mental health treatment facilities. OPPAGA found that

- the majority of children assessed between December 2001 and November 2002 were recommended for more intensive residential treatment rather than community-based treatment;
- assessment costs are set by contract with a private firm and do not vary across the state;
- delays do occur in the assessment process, but are not substantial; and
- there is no need to expand the professional groups who conduct assessments.

Purpose

Chapter 2002-219, *Laws of Florida*, directed OPPAGA, in consultation with the Department of Children and Families and the Agency for Health Care Administration, to conduct a review of the process for placing dependent children in residential mental health treatment as specified in Ch. 39.407, *Florida Statutes*. Our review addressed four questions.

- How many children were assessed, what were their characteristics, and what were the outcomes of the assessments?
- Do assessment costs vary across the state?
- Are there delays that can be attributed to the assessment process?
- Is there a need to expand the mental health professional groups who conduct the assessments?

Background

Florida law mandates that the Department of Children and Families provide an array of mental health services to meet the needs of children and adolescents. [1] These services must be targeted at children who have or are at risk of having an emotional disturbance. [2] Dependent children in the custody of the department are at high risk for having

[1] Chapter 394.495, *F.S.*

[2] A serious emotional disturbance is a diagnosed mental health problem that substantially disrupts a child's ability to function socially, academically, and emotionally.

emotional disturbances because of the trauma of the abuse or neglect that resulted in their being removed from their homes, as well as the subsequent separation from their families. [3] Experts estimate that between 30% and 85% of children in foster care have significant emotional disturbances. Common diagnoses for dependent children include conduct disorder, oppositional defiance disorder, and post-traumatic stress disorder.

The department screens dependent children to determine their need for mental health services. Services are to be provided in the least restrictive environment, meaning those that are no more intrusive or restrictive of freedom than reasonably necessary to achieve substantial therapeutic benefit. These services can vary from community-based interventions, such as case management and outpatient therapy, to placement in a residential treatment facility. These facilities provide intensive mental health treatment with 24-hour staff supervision in a restrictive environment that limits a child's interaction in the community. Facilities also provide intensive therapeutic interventions, such as individual, group, and family therapy; behavior therapy; special education; and vocational and recreational services. The goal of treatment is to stabilize the child's problems and symptoms to the point that they may safely return to the community. Residential treatment is usually long-term, with lengths of stay projected to be four months.

Previous assessment process had several problems

Prior to the new assessment process, the department used Case Review Committees to screen dependent children for residential placement. If community-based treatment of a dependent child had failed, department caseworkers would arrange for the child to be evaluated by a psychologist or psychiatrist, who would make treatment recommendations. These recommendations would be reviewed by the committees, which existed in each of the department's 15 service districts. The committees were primarily composed of Department of Children and Families' Family Safety and Children's Mental Health caseworkers, representatives from the Department of Juvenile Justice, mental health professionals, and other community members. The committees would decide whether the child would be placed in residential treatment.

However, there were several problems with this process. There were no standardized criteria for the assessment or placement of children in residential facilities, which could result in inappropriate placements. Also, the review process could be time consuming because the committees met approximately once a month. In some cases, committee members were affiliated with residential treatment facilities, creating potential conflicts of interest. Finally, there were no ongoing reviews of a child's progress once they were placed in residential treatment, which could lead to children languishing in treatment.

2000 Legislature created a new assessment process

To address these problems, the 2000 Legislature established a new assessment process in Ch. 2000-265, *Laws of Florida*. The amended law replaced Case Review Committees with independent qualified evaluators, who are designated as the only persons who can assess dependent children for residential treatment.

A qualified evaluator must be a psychiatrist or psychologist licensed in Florida with at least three years of experience in the diagnosis and treatment of serious disturbances in children and adolescents. [4] The law prohibits evaluators from having an actual or perceived conflict of interest with any inpatient facility or residential treatment center.

In addition, the law prescribes standardized criteria for assessing dependent children for residential treatment. Evaluators must, after reviewing records and conducting a face-to-face interview, determine if the child is suitable for residential treatment. Specifically, the qualified evaluator must make written findings that

- the child appears to have an emotional disturbance serious enough to require residential treatment and is reasonably likely to benefit from the treatment;
- the child has been provided with a clinically appropriate explanation of the nature and purpose of the treatment; and
- all available modalities of treatment less restrictive that would offer comparable benefits to the child are unavailable.

[3] Children in the custody of the department have been adjudicated dependent by the courts because they have been abandoned, abused, or neglected by their parents or legal custodians; have no parent or legal custodians capable of providing supervision and care; or are at substantial risk of imminent abuse, abandonment, or neglect by the parents or legal custodians.

[4] Chapter 2000-265, *Laws of Florida*.

The amended law also established reporting and reviewing requirements to help prevent children from languishing in residential treatment. Once a child has been in residential treatment for 30 days the facility must review the appropriateness and suitability of continued treatment and submit a report to the department and the guardian ad litem. In addition, a qualified evaluator must conduct an independent review of the child's progress every 90 days and submit a report to the court for judicial review. The purpose of the 90-day assessment is to evaluate the child's progress toward achieving treatment goals and objectives. Based on this assessment, qualified evaluators either recommend continued residential treatment or less restrictive treatment in the community.

The Department of Children and Families (DCF) Children's Mental Health program is the liaison between the child welfare system and mental health providers and is responsible for obtaining mental health services for dependent children. If a dependent child is in need of residential mental health treatment, the Children's Mental Health program must refer the child to an AHCA-appointed qualified evaluator for an assessment. As required by law, the Agency for Health Care Administration (AHCA) provides qualified evaluators who conduct the assessments.[5] AHCA has contracted with a private provider, First Health Services, Inc., to manage a network of qualified evaluators. From December 1, 2001, to November 30, 2002, First Health billed AHCA $351,153 for 819 assessments.

First Health is required to

- recruit qualified evaluators to meet the need for assessments in every Department of Children and Families district;
- screen qualified evaluator applicants to ensure that they meet statutory requirements;
- train qualified evaluators on assessment standards;
- contract with and pay qualified evaluators to conduct assessments;
- designate a qualified evaluator and schedule appointments for assessments; and
- review and disseminate completed assessment reports.

Please see Appendices A and B for a more detailed description of the entities and steps involved in the assessment process.

[5] Section 39.407(5)(i), *F.S.*

Questions and Answers

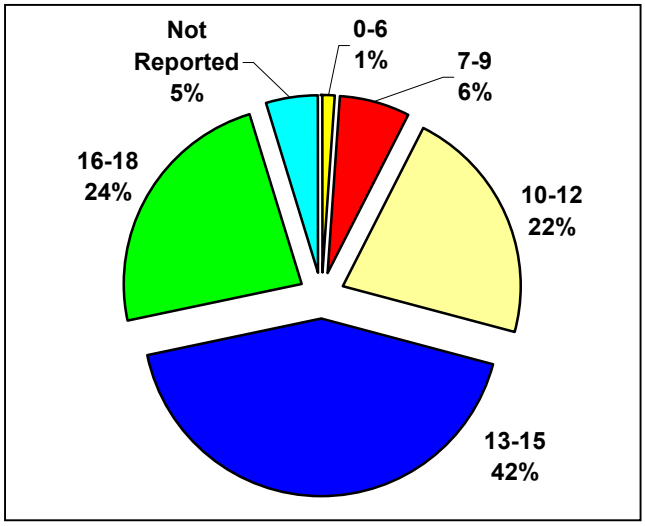
Question 1: How many children were assessed, what were their characteristics, and what were the outcomes of the assessments?

From December 2001, when the new assessment process began, through November 30, 2002, a total of 607 children have been assessed for residential treatment.

Demographics. Demographic information is available on 437 children, assessed between December 2001 and July 2002. As shown in Exhibit 1, the children ranged in age from 6 to 18, with over two-thirds of the children between the ages of 13 and 18. For the children whose gender was reported, 61% were male and 39% were female.[6]

Although diagnosis is not a component of the assessments, the information is often included in referral documentation. For children who had this information included, the most common primary diagnoses were attention deficit/hyperactivity disorder, oppositional defiance disorder, and post-traumatic stress disorder.

Exhibit 1
Over Two-Thirds of Children Assessed Were Between the Ages of 13 and 18



Source: OPPAGA analysis of First Health data.

[6] Gender was not reported for two of the children.

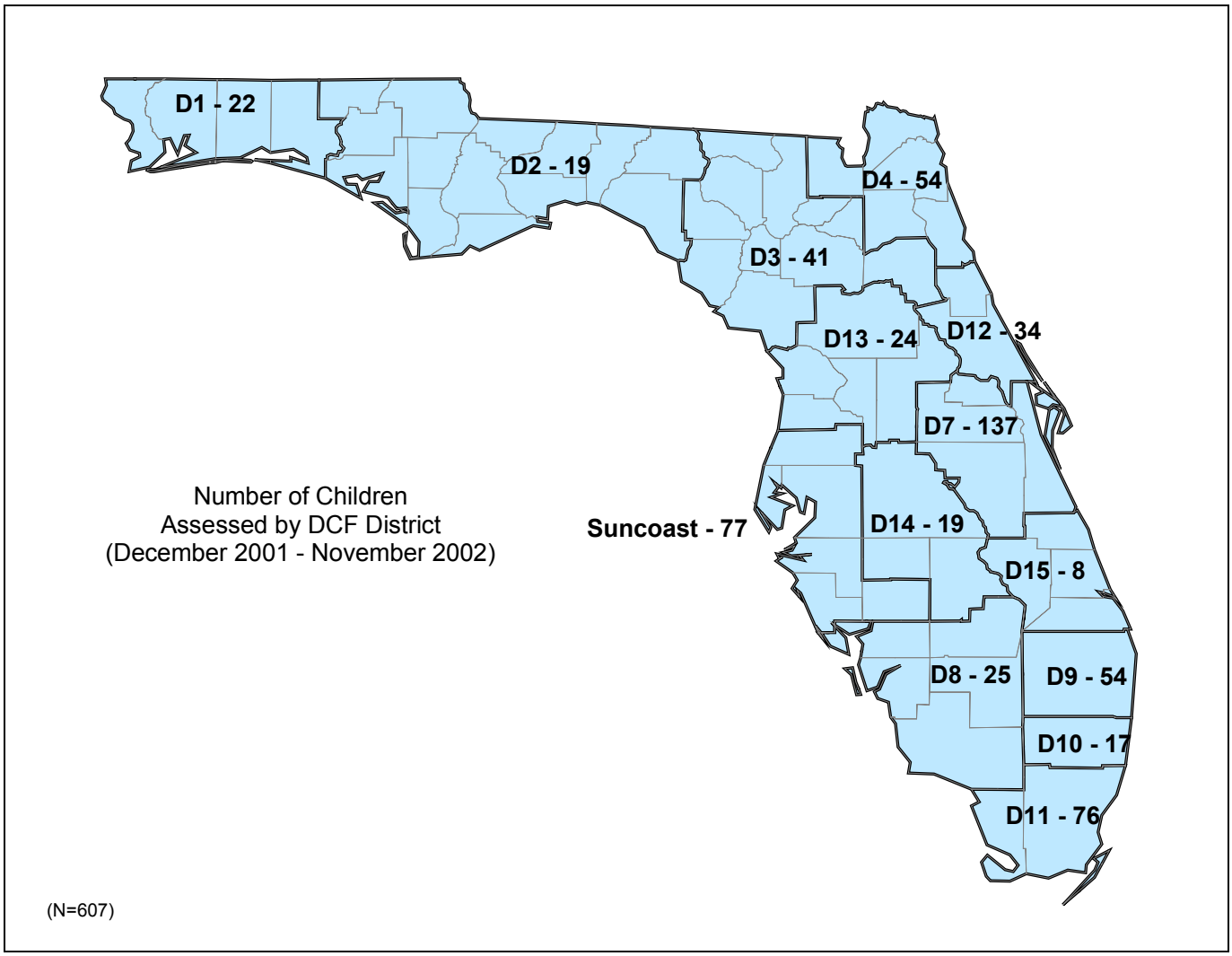
The Department of Children and Families' Children's Mental Health program reported that there were 234 dependent children in residential treatment from January 1, 2002, to June 30, 2002. The majority of children (61.5%) were white, followed by black (27.8%), Hispanic (3.4%), and other (7.3%).

Location. Assessments have been done for children in all department districts (see Exhibit 2). District 7 had the most children assessed, and accounted for almost one-quarter (23%) of the total. This was due, in part, to DCF staff misinterpreting the process when it was first implemented; District 7 staff initially referred all dependent children for assessments.

Assessment outcomes. As shown in Exhibit 3, 65% of assessments resulted in recommendations for residential treatment. From December 1, 2001, to November 30, 2002, qualified evaluators conducted 819 assessments. Of the 819 assessments conducted, 528 were initial assessments.

Qualified evaluators recommended residential treatment for 324 (61%) children. Ninety-day assessments are conducted to determine if dependent children need continued residential treatment. Of the 291 90-day assessments, 208 (71%) were recommended for continued residential treatment.

Exhibit 2
Assessments Have Occurred for Children in All DCF Districts



Source: OPPAGA analysis of First Health data.

Question 2: Do assessment costs vary across the state?

Costs for assessments are fixed by contract and do not vary across the state. First Health bills AHCA a flat rate for both initial ($364.74) and 90-day ($506.18) assessments.

From this rate, First Health pays qualified evaluators who are psychologists $75 an hour for their services, while psychiatrists are paid $125 an hour. [7] Qualified evaluators normally bill between two and three hours for initial assessments and three hours for 90-day assessments. The First Health rate also covers travel costs for the evaluators, who are paid $75 an hour for travel, 32.5 cents per mile, and $12 for meals. The remaining portion of the First Health rate covers its administrative costs and profit.

Question 3: Are there delays that can be attributed to the assessment process?

While some delays in the assessment process occur, stakeholders report the process is more timely than the previous process. Timeliness is important because the children will not receive residential mental health treatment until the process is completed, which could result in deterioration of their mental health condition and costly crisis stabilization or inpatient hospital placement.

Stakeholders satisfied despite delays

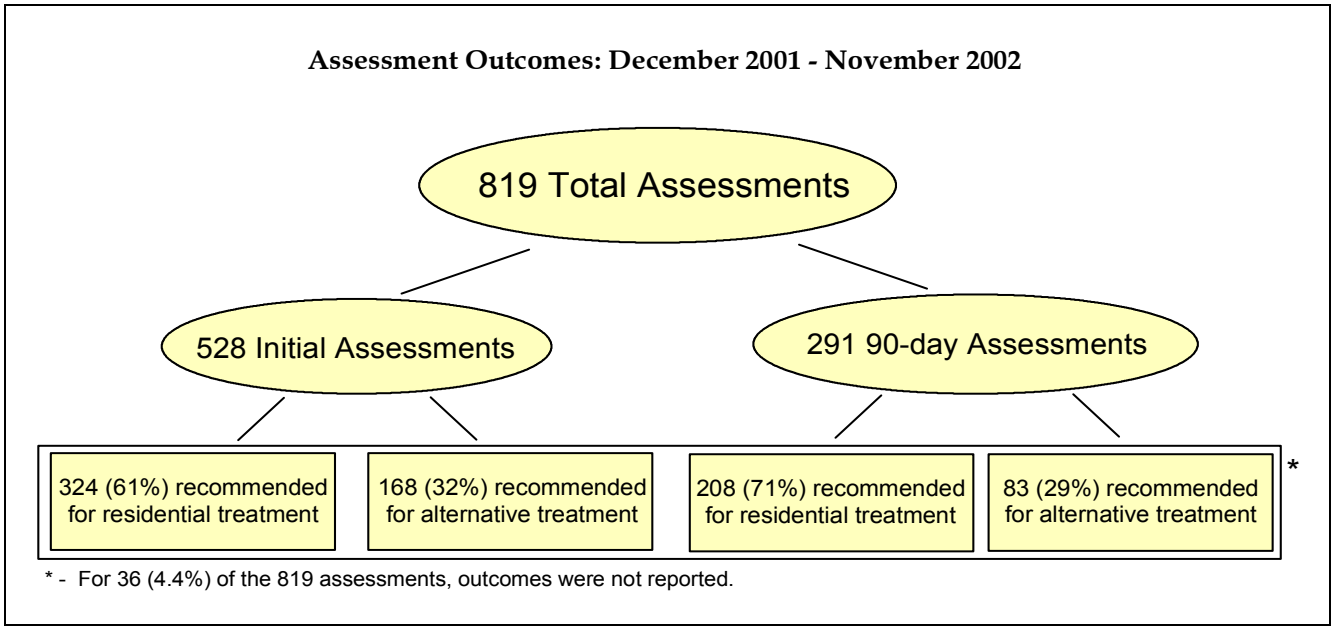
Children's Mental Health and Family Safety program administrators we interviewed reported that the process was more timely than the previous Case Review Committee process. Once children are referred to First Health, the assessment process must progress by set timeframes. While some assessment delays occur, they are minor and are more attributable to DCF than to First Health.

First Health is meeting two of three timeliness goals, and improving on the third

AHCA contractually requires First Health to ensure that assessments are conducted, reports are completed, and recommendations reported to the Department of Children and Families in a timely manner. As shown in Exhibit 4, First Health is meeting two of the three timeliness goals. Initially, First Health was taking an average of almost 10 days to conduct initial assessments of children referred by DCF. However, First Health has reduced this time to an average of 5.51 days, close to the contract requirement of five days. First Health is meeting the contract timeliness standards for the qualified evaluators to develop written assessments and for First Health to submit the assessments to DCF.

[7] As of November 1, 2002, there was one qualified evaluator who was a psychiatrist.

Exhibit 3
65% of Assessments Resulted in Recommendations for Residential Treatment



Source: OPPAGA analysis of First Health data.

Exhibit 4
First Health Is Meeting Two of Three Contract Timeframes

Measure	Standard	1st Quarter Dec.-Feb. 2001-2002	2nd Quarter March-May 2002	3rd Quarter June-Aug. 2002	4th Quarter Sept.-Nov. 2002	Average
Number of days from when DCF refers child for assessment to the date when assessment is conducted	5 Business Days	9.64	6.51	5.56	5.51	6.81 Business Days
Number of days it takes the qualified evaluator to return written assessment report to First Health	3 Business Days	1.80	2.79	2.76	2.28	2.41 Business Days
Number of days it takes First Health to return completed assessment to DCF district staff	3 Business Days	1.13	1.16	1.09	1.11	1.12 Business Days

Source: OPPAGA Analysis of First Health Data.

DCF is responsible for some of these assessment delays

DCF Children's Mental Health employees indicate that Family Safety caseworkers sometimes provide incomplete documentation when referring children for assessments.[8] Qualified evaluators reported that caseworkers also have difficulty providing supplemental documentation before assessments. Lack of required documentation can delay the process. Delays also can occur when DCF caseworkers fail to arrange transportation for children to attend scheduled assessments. First Health program managers estimate that one-fourth of all scheduled initial assessment appointments must be rescheduled for this reason. Also, First Health contract managers stated that they are not being notified of 90-day reviews in time to arrange these assessments by the deadline.

DCF program managers stated that some delays were expected because the process is relatively new. The operating procedure that defines the role of Children's Mental Health and Family Safety caseworkers in the residential treatment assessment process was not finalized until August 2002. [9]

[8] Referral documentation includes psychological evaluations, evidence of prior mental health treatment and outcomes, and case plans.

[9] Department of Children and Families Operating Procedure No. 155-10.

Question 4: Is there a need to expand the mental health professional groups who may conduct the assessments?

There is no need to expand the mental health professional groups currently conducting assessments. First Health has contracted with 36 qualified evaluators throughout the state. This pool of evaluators appears to be sufficient given that there are no substantial delays in the assessment process and stakeholders generally have been satisfied.

Although the need for evaluators will increase as the result of a DCF rule change, First Health is working to increase the number of evaluators. Florida law requires that assessments by qualified evaluators are required only for dependent children entering facilities licensed by AHCA under s. 394.875, *Florida Statutes,* or hospitals licensed under Ch. 395, *Florida Statutes.* Dependent children entering DCF licensed residential treatment facilities and therapeutic group homes receive assessments from other mental health professionals. [10]

To ensure that all dependent children are assessed in the same manner, DCF is promulgating a rule change that will transfer licensure of these DCF facilities to AHCA, thus requiring assessments by qualified evaluators for all dependent children. The licensure of the facilities and therapeutic group homes will be transferred to AHCA throughout the year as their licenses are renewed. As a result, the number of assessments by qualified evaluators will gradually

[10] Therapeutic group homes are community-based, home-like settings that provide intensive treatment services to small groups of children.

increase over the coming calendar year.[11] OPPAGA projects that in the next calendar year the number of initial assessments will increase by 635 (120%).[12] The number of 90-day assessments also will increase.

First Health is increasing its capacity for conducting assessments to meet this increased workload. They believe that the current supply of qualified evaluators can handle additional assessments, and they are also recruiting additional qualified evaluators.

Stakeholders are satisfied with the quality of qualified evaluators

Contract monitoring conducted by AHCA in June 2002 concluded that the qualified evaluators were performing well. AHCA reviewed assessment reports and found that qualified evaluators are effective in determining the suitability of children for restrictive residential treatment. In addition, AHCA reported that the evaluations were comprehensive, high quality, and contained appropriate recommendations.

DCF stakeholders also are generally satisfied with the performance of qualified evaluators. They have opportunities to review qualified evaluators' assessment reports and these reviews provide opportunities to examine the content and quality of the assessments. Family Safety and Children's Mental Health program managers we interviewed were generally pleased with the content of the assessment reports submitted by qualified evaluators and indicated that they rarely disagreed with placement recommendations.

AHCA and First Health are planning to collect additional information on the quality of assessments and assessors. First Health will compare qualified evaluators based on their placement recommendations to determine if they are consistent in recommending the most appropriate treatment. First Health and AHCA will also develop a satisfaction survey to be mailed to DCF stakeholders. OPPAGA will report on these quality assessment initiatives when we conduct a follow-up study of the program in 18 months.

Recommendations

To address delays, DCF, in conjunction with First Health, should identify whether individual service districts are having difficulties gathering information and transporting children to assessments. The department should require these districts to submit reports outlining the reasons for the delays and corrective action plans. Also, the department should clarify the existing procedure to specify who is required to notify First Health of the child's need for a 90-day assessment and when this must happen.

[11] AHCA has also submitted a Fiscal Year 2002-2003 legislative budget request for an additional 200 therapeutic group home beds. If this request is approved, dependent children entering these beds will also require assessments.

[12] The residential facilities currently licensed by DCF account for 234 beds. These beds are projected to turn over three times per year. There are 167 therapeutic group home beds, which are projected to turn over every 12 months.

OPPAGA provides objective, independent, professional analyses of state policies and services to assist the Florida Legislature in decision making, to ensure government accountability, and to recommend the best use of public resources. This project was conducted in accordance with applicable evaluation standards. Copies of this report in print or alternate accessible format may be obtained by telephone (850/488-0021 or 800/531-2477), by FAX (850/487-3804), in person, or by mail (OPPAGA Report Production, Claude Pepper Building, Room 312, 111 W. Madison St., Tallahassee, FL 32399-1475).

Florida Monitor: http://www.oppaga.state.fl.us/

Project supervised by Frank Alvarez (850/487-9274)
Project conducted by Claire Mazur (850/487-9211) and Jason Hight (850/487-9268)
John W. Turcotte, OPPAGA Director

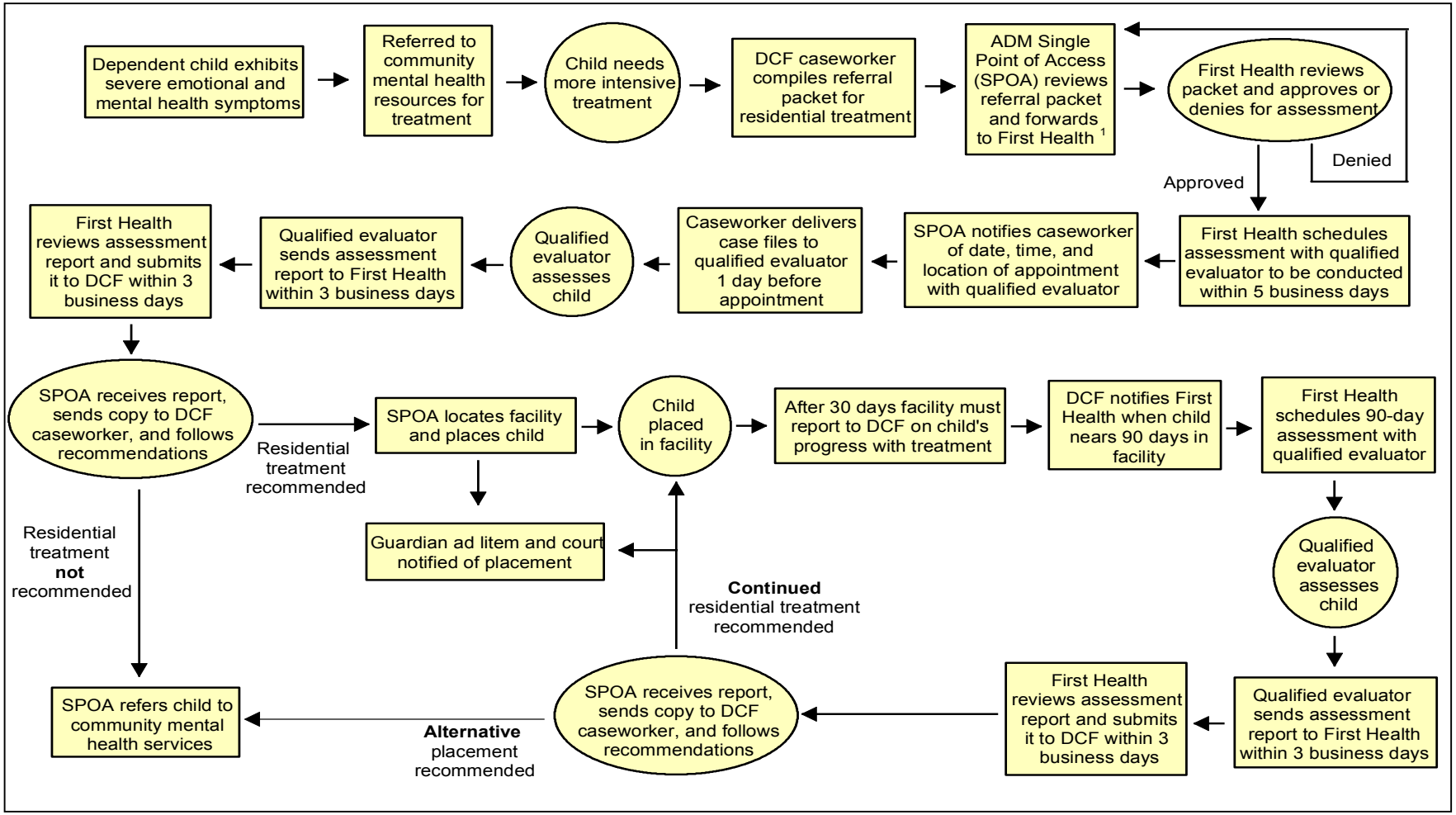
Appendix A

Several Entities Are Involved in the Process for Assessing Dependent Children for Residential Mental Health Treatment

Entity	Mandate	Responsibility
Agency for Health Care Administration (AHCA)	s. 39.407(5)(b), *F.S.*	- Provide qualified evaluators for the assessment process - Monitor contract with First Health
Department of Children and Families – Family Safety	s. 39.407(5)(a)3., *F.S.*	- Locate community and/or residential mental health services for dependent children - Provide ADM with referral documentation and transport child to qualified evaluator
	s. 39.407(5)(f), *F.S.*	- Caseworker visits the child monthly while they are in residential treatment
Department of Children and Families – Alcohol, Drug and Mental Health (ADM)	s. 394.495, *F.S.*	- Main contact between child welfare and mental health services - Coordinate activities between the child, Family Safety, and First Health
First Health	s. 39.407(5)(g)2., *F.S.* and AHCA Contract M0203	- Recruit, screen, train, and contract with qualified evaluators to conduct initial and 90-day assessments - Schedule appointments for dependent children with qualified evaluators - Disseminate assessment reports to DCF and AHCA

Source: OPPAGA analysis.

The Process for Assessing Dependent Children for Residential Mental Health Treatment



[1] The ADM office's Single Point of Access (SPOA) is the district-level point of contact between Family Safety and mental health services.

Source: OPPAGA analysis

Appendix C

Jeb Bush
Governor

Jerry Regier
Secretary

Florida Department of Children and Families
Office of the Secretary

January 7, 2003

Mr. John W. Turcotte, Director
Office of Program Policy Analysis and Government Accountability
111 West Madison Street
Claude Pepper Building, Room 312
Tallahassee, Florida 32399-1475

Dear Mr. Turcotte:

Thank you for your December 23 letter providing the preliminary and tentative findings of your special review entitled *Residential Mental Health Assessment Process Working Well with Minor Delays.*

Our response to the findings and recommendations is enclosed. If you have questions, please call Ms. Celeste Putnam, Director of Mental Health, at (850) 413-0935.

Sincerely,

/s/
Jerry Regier
Secretary

Enclosures

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

RESPONSE TO THE OFFICE OF PROGRAM POLICY ANALYSIS AND GOVERNMENT ACCOUNTABILITY'S SPECIAL REVIEW ENTITLED RESIDENTIAL MENTAL HEALTH ASSESSMENT PROCESS WORKING WELL WITH MINOR DELAYS

The following comments include suggested revisions to the report and a response to the recommendations.

Diagnoses: Placement in residential treatment is limited to children who have a serious emotional disorder that has not responded to other treatment modalities. We are concerned that the discussion of primary diagnoses is misleading. Psychological assessments typically include three or more diagnoses. While attention deficit/hyperactivity disorder (ADHD) and oppositional defiance disorder are often included, alone they would not constitute consideration for residential treatment. These diagnoses are typically paired with major depression, bi-polar or other serious axis one diagnosis. Additionally, it is my understanding that ADHD represented only 16 percent of the total identified diagnoses. The low percentage also does not make a strong case for inclusion. We suggest that this paragraph be eliminated. It would be more accurate to use classifications of disorders as established in the DSM-IV. In this case, the primary classifications would be Attention-Deficit and Disruptive Disorders, Mood Disorders, and Anxiety Disorders.

Previous Assessment Process: The report indicated there were no ongoing reviews of children's progress once placed in residential treatment. Case Review Committee policy required that all children placed in treatment were reviewed quarterly by the District Case Review Committee (CRC). However, many CRCs lacked psychologists or psychiatrists as standing members of the local committees. Without these professionals, the recommendations of facility psychologists/psychiatrists were difficult to override. Districts were sometimes faced with stepping children down "against medical advice" (AMA). Many had to hire independent qualified consultants to obtain an "independent assessment" of children who they believed should be ready to step down to a less restrictive placement. We suggest that the final sentence in "Previous Assessment Process *Had Several Problems*" section be eliminated.

Promulgation of 65E-9 F.A.C. The proposed 65E-9, F.A.C., Licensure of Residential Treatment Facilities was authorized by the Legislature through a revision to Chapter 394.875(10), Florida Statutes (F.S.). The purpose of this statute change was to improve the quality of programs that are licensed to provide this type of care. Currently, a few of our residential treatment programs are licensed under Chapter 395, F.S., as Specialty Hospitals. However, until this change in statute, the only other license available for this level of care was through the Department's Family Safety Program as child caring agencies. Until the rule is promulgated, the majority of our providers will continue to hold this type of license.

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

RESPONSE TO THE OFFICE OF PROGRAM POLICY ANALYSIS AND GOVERNMENT ACCOUNTABILITY'S SPECIAL REVIEW ENTITLED RESIDENTIAL MENTAL HEALTH ASSESSMENT PROCESS WORKING WELL WITH MINOR DELAYS

While the rule does not include requirements for assessment or Independent Qualified Evaluators, dependent children referred to residential programs that fall under the new rule, once promulgated, will be required to have an evaluation performed by an Independent Qualified Evaluator prior to placement in this level of care, per requirements in Chapter 39.407, F.S.

In response to the recommendations, the Department will continue to work with the Agency for Health Care Administration (AHCA), to address concerns as follows:

- First Health has been requested to review their data to identify which districts continue to have difficulties including appropriate information on the referral to ensure evaluators can adequately review the child for placement. Additionally, First Health will track "no-shows" by district to determine districts of major concern. The Department's Children's Mental Health, Family Safety and Operations staff is scheduling a meeting to review this issue.

- The Department and AHCA staff discussed the issue of notification to First Health of the child's need for a 90-day review at the Statewide Children's Mental Health Specialist meeting held October 2002. As a result of that meeting and subsequent discussions with AHCA and First Health, the following protocol has been agreed to:

    1. First Health will notify the Single Point Of Access (SPOA) in the district/region the child is from that a 90-day review is due on that child's placement in a Statewide Inpatient Psychiatric Program (SIPP).
    2. If the child is still in the SIPP placement, the SPOA will send a request for a 90-day review to First Health.
    3. First Health will schedule the 90-day review with one of its Qualified Evaluators.