



DCF Implements Recommendations, But Some Delays Still Occurring in Residential Mental Health Assessment Process

at a glance

The Department of Children and Families and the Agency for Health Care Administration (AHCA) have taken steps to improve the process used to assess children for residential mental health placements, as recommended by our 2003 report. The department required districts to report reasons for assessment delays and take corrective actions, and it has clarified roles and timeframes for these assessments. In addition, AHCA's contractor for assessment services is now tracking and following up on children who fail to appear at assessments.

However, some delays are still occurring and the contractor is meeting only one of its three timeliness performance standards. Primary reasons for these delays are changes in department policy that increased assessment workload and new judicial rules that require children to be represented by an appointed guardian ad litem and create the potential for additional hearings. The department, AHCA, and the contractor are working to address these delays.

Purpose

In accordance with state law, this progress report informs the Legislature of actions taken by the Department of Children and Families Health (DCF) and the Agency for Health Care Administration in response to a 2003 OPPAGA

report on the residential mental health assessment process for children.^{1,2}

Background

The Florida Department of Children and Families provides an array of mental health services to children and adolescents. Services are targeted to children who have or are at risk of having an emotional disturbance.³ The department screens dependent children in its custody who are at high risk for having emotional disturbances to determine their need for mental health services. Services can vary from community-based interventions, such as outpatient therapy, to residential treatment. Residential placement provides intensive mental health treatment with 24-hour staff supervision in a restrictive environment.

In 2000, the Legislature reformed the process for assessing dependent children for residential mental health treatment.⁴ Before the law change, the department used 15 district-level case review committees to screen dependent children, but this process was time-consuming, lacked standardized criteria, and created potential

¹ Section 11.51(6)(f), *F.S.*

² *Special Review: Residential Mental Health Assessment Process Working Well with Minor Delays*, OPPAGA [Report No. 03-03](#), January 2003.

³ A serious emotional disturbance is a diagnosed mental health problem that substantially disrupts a child's ability to function socially, academically, and emotionally.

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

conflicts of interest because some committee members were affiliated with residential treatment centers. The 2000 law replaced case review committees with independent qualified evaluators and prescribed standardized criteria for assessing dependent children for residential treatment.⁵ Qualified evaluators must review records and conduct a face-to-face interview with the child to determine their suitability for residential treatment. The qualified evaluator must also conduct a review of the child's progress every 90 days to determine if the child needs continued residential treatment.

The process uses staff who are employed by the Department of Children and Families or community-based care providers as the district-level point of contact between the department's Family Safety and Children's Mental Health programs. These employees are designated as the Single Points of Access, and are responsible for ensuring that children are assessed by qualified evaluators. The Agency for Health Care Administration (AHCA) contracts with First Health Services, Inc., to manage a network of 45 qualified evaluators throughout the state.

From April through June 2004, qualified evaluators completed 128 initial assessments; 67.2% (86) of the children assessed were recommended for residential placement and 32.8% (42) were recommended for alternative placement. During this same time period, qualified evaluators completed 334 90-day assessments, recommending 253 children (75.7%) for continued residential treatment.

AHCA's contract with First Health establishes a fixed cost for assessments that does not vary across the state. The rate for Fiscal Year 2004-05 is \$368.76 for initial assessments and \$515.86 for 90-day assessments. First Health also reimburses qualified evaluators \$90/hour for both initial and 90-day assessments. Evaluators are allowed to bill First Health for two hours for initial assessments and three hours, including an hour for travel, for 90-day assessments. In Fiscal Year 2003-04, AHCA paid First Health a total of

\$948,468 from general revenue and federal Medicaid match funds for assessments conducted by qualified evaluators.

Prior Findings

Our 2002 report provided information on children assessed and the timeliness of the assessment process. We concluded that while some delays occurred in the assessment process, the delays were not substantial, and there was no immediate need to expand the professional groups who conducted assessments.

At that time, stakeholders reported the reformed process was faster than the previous process. First Health was meeting two of the three timeliness goals contractually required by AHCA and was developing written assessments within three days and submitting these assessments to Single Points of Access within three days. Although First Health was exceeding the five-day contract standard for conducting initial assessments (taking an average of 5.51 days for this action), it had improved its performance in this area over time.

Some delays in the assessment process occurred because department caseworkers did not always provide complete documentation when referring children for assessments and there were problems in arranging transportation for children to attend assessments. Also, First Health contract managers noted that department caseworkers were not always timely in notifying evaluators of upcoming 90-day reviews. Department managers asserted that some delays were expected because the process was relatively new and the operating procedure that defined the role of Children's Mental Health and Family Safety caseworkers in the residential treatment assessment process was not finalized until August 2002.⁶

We concluded that there was no current need to expand the professional groups conducting assessments. The pool of evaluators appeared sufficient given that there were no substantial delays in the assessment process and stakeholders were generally satisfied with the quality of assessments. In addition, AHCA

⁵ 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. The law prohibits evaluators from having an actual or perceived conflict of interest with any inpatient facility or residential treatment center.

⁶ Department of Children and Families Operating Procedure No. 155-10.

contract monitoring reports concluded that qualified evaluators were performing well.

We recommended that the department

- work with First Health to identify which districts were having difficulties providing client information and transporting children to assessments,
- require these districts to submit reports outlining the reasons for the delays and corrective action plans, and
- clarify the existing procedure to specify which entity is required to notify First Health of the child's need for a 90-day assessment and when this must occur.

Although the number of assessments needed was projected to increase over time, First Health had developed plans to address the additional workload. The department proposed a rule change that would require assessments for children entering therapeutic group homes, which would increase the number of initial and 90-day assessments needed, and First Health was planning to increase its capacity to meet this need.⁷

Current Status

The department and AHCA have taken steps to implement improvements to the assessment process as we recommended. Although delays in the assessment process are still occurring, the department, AHCA, and First Health are working to address them.

Steps taken, but delays in the assessment process are still occurring

The department has taken steps to implement our recommendations. Beginning in April 2003, the department required all districts to report for a three-month period on children who did not show up for their assessment appointments. Districts were required to submit reports to the Children's Mental Health program office outlining the reasons for the delays and corrective actions planned.

The department also has implemented our recommendation to specify which entity is required to notify First Health of a child's need

for a 90-day assessment and the notification timeframe. The department issued guidelines in May 2003 specifying that the Single Point of Access was responsible for initiating a referral for a 90-day review no later than 75 days after the child's admission to residential treatment. The guidelines also state that the Single Point of Access is responsible for ensuring that the required referral information is provided to the qualified evaluator prior to the assessment.

First Health also has taken steps to improve performance. In December 2003, First Health employees began formally tracking children who failed to appear for assessments. First Health provides detailed information to the department on these missed appointments each month. First Health also contacts the Single Point of Access that made the assessment referral if a no-show occurs, so they can follow up with the child's case worker. In addition, the department, AHCA, and First Health coordinate on a regular basis to identify assessment problems and devise solutions. These interactions include monthly meetings and conference calls.

These actions have been successful in reducing the frequency of missed appointments and the districts have discontinued submitting reports on these incidents. First Health reports that the number of missed appointments each month has averaged four per month for the period January 2004 through July 2004.

However, some delays are still occurring in the assessment process. As shown in Exhibit 1, First Health is exceeding the contract standard for assessing children after referral, taking an average of 6.8 days in Fiscal Year 2003-04. In addition, First Health is not meeting the contractually mandated 3 business days for the qualified evaluator to return written reports to First Health, averaging 4.5 days in Fiscal Year 2003-04. However, First Health is meeting the standard of three business days to forward the evaluation to the Single Point of Access with 100% compliance, averaging 1.1 days. First Health utilizes an internal policy that mandates that evaluations be forwarded to the Single Point of Access the same day as receipt or, if received after 5:00 p.m., the next morning.

⁷ There were 167 therapeutic group home beds, which were projected to turn over every 12 months.

Exhibit 1 First Health Did Not Meet Two of Three Contractual Timeframes in Fiscal Year 2003-04

Measure	Standard	Average
Number of days from when the department refers child for assessment to the date when assessment is conducted	5 Business Days	6.8 Business Days
Number of days it takes the qualified evaluator to return written assessment report to First Health	3 Business Days	4.5 Business Days
Number of days it takes First Health to return completed assessment to Single Points of Access	3 Business Days	1.1 Business Days ¹

¹ Data is for the first three quarters of Fiscal Year 2003-04.

Source: First Health Services of Florida.

Two factors contribute to the delays, and the department, AHCA, and First Health are working to improve timeliness.

A primary factor contributing to delays is a larger than expected workload increase resulting from the department's rule change requiring qualified evaluators to assess dependent children referred to therapeutic group homes. This change created a 200% increase in the number of assessments needed, exceeding projections that it would increase assessments by 120%. To improve timeliness, First Health has increased its clerical support for processing evaluation reports and is working to recruit additional qualified evaluators.

A second factor contributing to delays is that the Florida Supreme Court has adopted a new rule of Juvenile Procedure, which has significantly modified the procedure for placing dependent children into residential mental health treatment.⁸ The new rule guarantees that every dependent child will not only be assessed by a qualified evaluator, but also be appointed a guardian ad litem and possibly an attorney. Both the guardian ad litem and the attorney must have the opportunity to discuss the child's placement with the qualified evaluator. Motions to place a child in residential treatment must include information on whether all parties are in agreement and reasons why less restrictive options are not appropriate. If a child does not agree with the motion to place him or her in residential treatment, the court must hold additional hearings.

Department officials report that these additional judicial requirements have lengthened the time it takes to place children in residential mental health treatment. In addition, AHCA staff indicate that the additional court reviews have caused a significant increase in the number of qualified evaluators subpoenaed to testify in court. The time and resources required for these appearances decreases the amount of time qualified evaluators have to conduct assessments and has caused some evaluators to withdraw from the network. To help mitigate these problems, department and AHCA employees are working with local courts to improve scheduling of hearings and coordination with judges.

⁸ Rule of Juvenile Procedure 8.350.

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