

Formalized Assessment Annual Report Fiscal Year 2014

Program Background

According to Jane Framingham (2011), a formalized assessment "...is a process of testing that uses a combination of techniques to help arrive at some hypotheses about a person and their behavior, personality and capabilities." Community agencies, such as Child Protective Services, Job and Family Services, Board of Developmental Disabilities, Court Systems, Probation Officers, Physicians, Mental Health Treatment Providers, Attorneys, and Schools, often request evaluations to address concerns that have been raised regarding an individual's mental health. Although we receive hundreds of requests for formalized evaluations on an annual basis, no formal data regarding the need for formalized evaluations in the community is available for Fiscal Year 2014. This information will be actively sought from community referral sources for Fiscal Year 2015.

Formalized evaluations are time consuming and costly to conduct. They must be conducted by a licensed psychologist, licensed mental health providers who have specific training in conducting evaluations, or unlicensed individuals who are under the direct supervision of a psychologist or other licensed mental health professionals who have competency in evaluation work. Due to the level of expertise required and the time and cost associated with conducting evaluations many mental health providers in the Central Ohio area do not offer evaluation services. The types of providers that do conduct evaluations include mental health agencies, hospitals, and psychologists.

At Mid-Ohio Psychological Services, Inc. (MOPS), the formalized assessment process includes an extensive interview, psychological testing, and gathering collateral information from other individuals, professionals, and organizations that have specific knowledge of the evaluatee. All of the data gathered is then incorporated into a report that includes a comprehensive picture of the individual along with recommendations. Formalized assessments are a necessary service to help referral sources by providing diagnostic clarity, identifying client needs and abilities, identifying community resources that would benefit the client, and making recommendations about appropriate treatment, interventions, reunification, safety planning, supervision, parenting, and relationships.

MOPS is often asked to conduct formalized evaluations for community referral sources to address specific concerns that have been identified by the referral source. MOPS began doing formalized evaluations in a forensic capacity for court systems and began expanding to complete other types of evaluations for a variety of referral sources. Over time, MOPS developed a reputation for high quality evaluation reports that are very thorough, forensically sound, and completed within 30 to 60 days. The evaluation reports are also tailored specifically to the questions posed by the referral source. Due to the fact that our evaluations meet the needs of referral sources consistently, we have continued to reinforce our relationships with referral sources. This has led to an increase in the number of referrals that we have received.

Our agency does not conduct evaluations at the direction of individuals in the community. We require the client to have a professional referral in order to participate in the formalized evaluation procedure. In order to best meet the needs of the referral source and the

client, referral sources are requested to provide background information regarding why the evaluation is being sought and to identify referral questions that they would like to have answered as part of the evaluation procedure. This allows the evaluator to develop the most appropriate evaluation plan for the client and will allow the evaluator to obtain the information needed to address the concerns raised by the referral source.

Not all referrals for a formal evaluation result in the production of a formal evaluation. When a client or referral source contacts our agency and requests an evaluation, we first determine the needs of the referral source (i.e. a note documenting that the client participated in mental health treatment services, a short evaluation report targeted to one specific referral question, or a more extensive evaluation report that answers a variety of questions and provides more comprehensive information about the client). If the referral source does not need a report generated about the client then the client is able to participate in a diagnostic assessment. The purpose of the diagnostic assessment is for the clinician working with the individual to determine why the client is seeking services, what the client's mental health diagnosis is, and what type/frequency of services would best meet the client's needs. A diagnostic assessment note is generated for the client; however, this type of note is more general and does not contain any specific recommendations. The client is then engaged in treatment. If the referral source requested verification that the client engaged in treatment then the diagnostic assessment note and a treatment summary are sent to the referral source.

Formal evaluations requires the generation of a formal written report that is sent to the identified referral source. We strive to schedule evaluation appointments within 30 days of receiving a referral and to provide a written report within 30 days of when the client is seen for the first evaluation appointment. There are a variety of factors that impact the completion date of the evaluation report including the type of evaluation requested, the nature of the problem, the number of referral questions presented to the evaluator, waiting for the client to return for additional testing if requested, and waiting to receive collateral records from other community agencies. Once all of the necessary information has been obtained, a report is generated.

Prior to being submitted to the referral source, each evaluation report undergoes an evaluation review by an experienced evaluator. The purpose of the review process is to ensure that the evaluation meets MOPS rigorous quality control standards. In order to review evaluations, an evaluator is required to obtain competency in conducting evaluations. They must be able to provide constructive feedback to other evaluators in order to improve the quality of the evaluation product. We strive to ensure that only the highest quality reports are provided to our referral sources.

Mid-Ohio Psychological Services, Inc. conducts various types of evaluations including; psychological evaluations, forensic evaluations, and focal psychological evaluations. General psychological evaluations are conducted when clients present with rather extensive concerns, when the client is not progressing despite interventions and systems involvement, when it is unclear what the primary issue is that is causing the problem, and when there are numerous questions regarding how to help the client. Referral sources are generally requested to provide four to five referral questions along with background information regarding the presenting concern (i.e. behavioral problems, alcohol and drug issues, sexual offender concerns, parenting

concerns, intellectual functioning concerns, anger management concerns, etc.). A general psychological evaluation is typically 12 to 20 (or more) pages in length and includes comprehensive responses to the referral questions and recommendations.

Forensic evaluations are conducted at the direction of a court system for the purpose of assisting the court in addressing mental health related legal issues. A court order must be issued in order for a forensic evaluation to be completed that identifies the type of forensic evaluation that will be conducted. Additionally, forensic evaluations must be conducted by a licensed psychologist who has specific training in forensics. Forensic evaluations are typically 10-20 pages in length and include the conclusion of the evaluator regarding the legal question that has been raised.

Focal psychological evaluations are typically conducted when there is a clearly definable primary concern for a particular client. For example, if a client is involved with a Child Protective Services agency primarily due to alcohol and drug issues and no other issues have arisen the client would generally be referred for an alcohol and drug focal evaluation. Focal psychological evaluations do not require referral questions; however, it is requested that referral sources provide some background information regarding why the client has been referred for the evaluation. Our agency has identified several types of focal evaluations that address most concerns raised by referral sources, including alcohol and drug issues, domestic violence/anger management issues, domestic violence survivor issues, intellectual functioning issues, severe mental health issues, parenting issues, and Attention Deficit/Hyperactivity Disorder issues. We also conduct Mental Functional Capacity Assessments and Mental Health Assessments. Focal psychological evaluations are generally five to ten pages in length and include limited historical information and information that is pertinent to the referral issue. The summary and recommendations are targeted to the type of evaluation being conducted and attempt to link the client with the recommended treatment.

Evaluators are required to have specific training in how to conduct a formal evaluation. They participate in ongoing training and education in order to help them to learn effective strategies for conducting evaluation interviews, improving diagnostic skills, and identifying effective treatments, interventions, and resources for clients. All evaluators are required to learn how to conduct evaluations to our agency's standard and are required to participate in supervision until the evaluator can demonstrate mastery of the evaluation skills. The purpose of holding evaluators to these high standards is to ensure that referral sources receive a high-quality product that is likely to assist them in meeting the needs of the client.

Program Participants

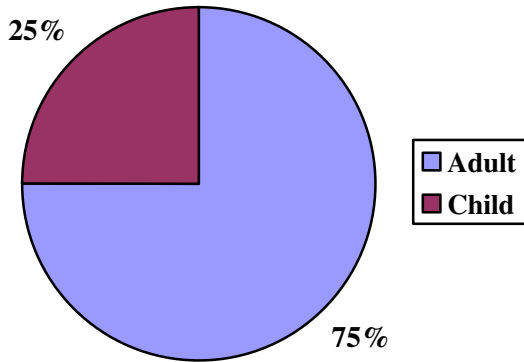
During the Fiscal Year 2014 (FY14), 19 evaluators at Mid-Ohio Psychological Services, Inc. conducted 347 evaluations for approximately 47 different referral sources. The demographic information for clients who participated in evaluations is included below. It is important to note that FY14 data may be slightly off (including numbers of focal evaluations versus general psychological evaluations, number of referral sources, etc.). This is due to the

fact that our method of tracking information and what information we are gathering changed partway through FY14.

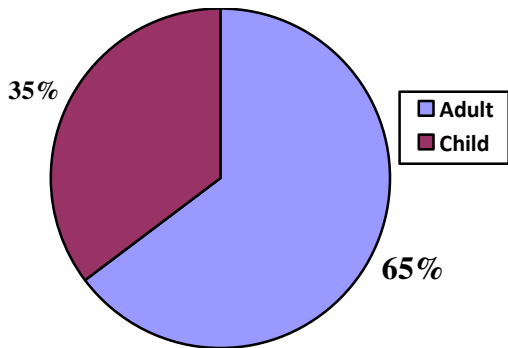
Number of Evaluations Completed

	General Psychological Evaluations	Forensic Evaluations	Focal Psychological Evaluations	Total Evaluations
Adult	114	21	125	260
Youth	62	16	9	87
Total	176	37	134	347

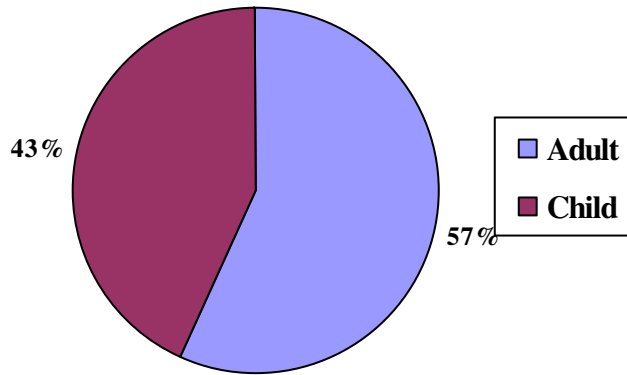
Percentage of Adult versus Child Evaluations – All Evaluation Types



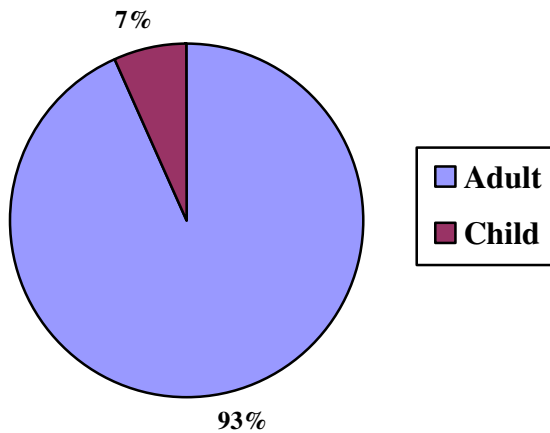
Percentage of Adult versus Child Evaluations – General Evaluations



Percentage of Adult versus Child Evaluations – Forensic Evaluations



Percentage of Adult versus Child Evaluations – Focal Evaluations



Evaluator Demographics

In FY14, MOPS had 19 evaluators across five different locations that were capable of completing Focal Evaluations and General Evaluations. Three evaluators were capable of completing Forensic Evaluations. In FY14, 307 evaluations were completed by seven evaluators who are able to do a high volume of evaluations. The remaining 40 evaluations were completed by 12 evaluators who each conduct less than 10 evaluations per year. The table below demonstrates the breakdown of evaluations completed per evaluator.

	Number of Evaluations Completed Per Year			Total
	25+	10 – 24	1 - 9	
# of Evaluators	4	3	12	19
Evaluations Completed	263	44	40	347

Age Demographics of All Evaluation Participants

	Mean	Median	Minimum	Maximum
Adult	33.08 years	33 years	18 years	78 years
Youth	13.3 years	14 years	6 years	17 years
Overall	30.33 years	29 years	6 years	78 years

Age Demographics of General Evaluation Participants

	Mean	Median	Minimum	Maximum
Adult	36 years	33 years	18 years	78 years
Youth	14 years	14 years	8 years	17 years
Overall	27.94 years	27 years	8 years	78 years

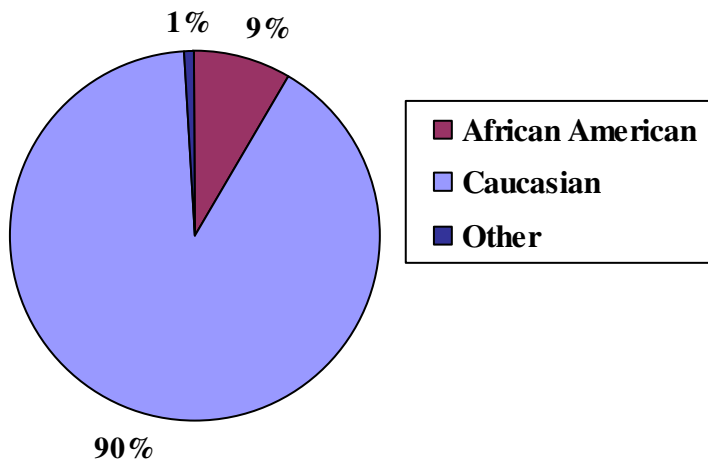
Age Demographics of Forensic Evaluation Participants

	Mean	Median	Minimum	Maximum
Adult	44.10 years	44 years	18 years	78 years
Youth	14.94 years	15 years	13 years	17 years
Overall	31.49 years	18 years	13 years	78 years

Age Demographics of Focal Evaluation Participants

	Mean	Median	Minimum	Maximum
Adult	33 years	31 years	19 years	61 years
Youth	10.33 years	9 years	6 years	15 years
Overall	31.81 years	30 years	6 years	61 years

Racial Demographics of Evaluation Participants



Gender Demographics of Evaluation Participants:

As previously noted MOPS conducts focal evaluations, forensic evaluations, and general psychological evaluations. Due to the complexity of presenting problems, general evaluations have only been broken down to show how many of the general evaluations were forensic in nature. Focal evaluations have been broken down into seven categories, including Attention Deficit/Hyperactivity Disorder, Anger Management, Alcohol and Drug, Intellectual Functioning, Mental Health, Mental Functional Capacity Assessment, and Parenting.

Focal Evaluations				General Evaluations			
		Adult	Youth			Adult	Youth
ADHD	Male	1	6	Forensic	Male	13	14
	Female	6	0		Female	8	2
Anger Management	Male	23	1	General Evaluation	Male	42	31
	Female	4	0		Female	72	31
Alcohol and Drug	Male	47	0				
	Female	22	0				
Intellectual Functioning	Male	0	0				
	Female	1	0				
Mental Health	Male	6	1				
	Female	7	1				
MFCA	Male	4	0				
	Female	4	0				
Parenting	Male	0	0				
	Female	0	0				

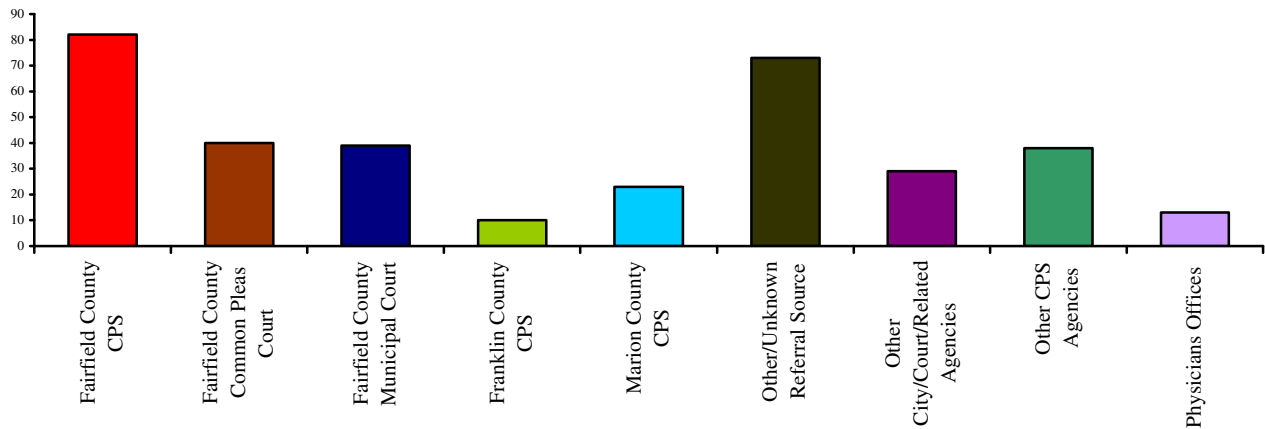
Referral Sources

In FY14, MOPS conducted formalized assessments for at least 47 different referral sources. Our method of tracking information changed part way through FY14, which did not allow us to identify all of our referral sources for FY14. Of the 347 evaluations that were conducted, 70 of the referral sources are listed as “Not Reported.” This means that the name of the referral source was not listed and was not readily available for this annual report. It is expected that referral source information captured in FY15 will be more specific.

Referral Source	# Referrals	Referral Source	# Referrals
Adams County CPS	3	Jackson County CPS	2
City of Circleville	5	Knox County Board of DD	1
Cuyahoga County CPS	4	Knox County Juvenile Court	1
Delaware County Common Pleas Court	1	Licking County CPS	3
Delaware County CPS	1	Licking County Municipal Court	1

Referral Source (continued)	# Referrals	Referral Source (continued)	# Referrals
Fairfield County Adult Parole Authority	1	Marion County CPS	23
Fairfield County CPS	82	Physician's Offices	13
Fairfield County Common Pleas Court	40	Pickaway County CPS	1
Fairfield County Juvenile Court	9	Pike County CPS	7
Fairfield County Municipal Court	39	Ross County CPS	9
Fairfield County Probate Court	4	Ross County Juvenile Court	1
Franklin County CPS	10	Salt Creek Intermediate School	1
Franklin County Municipal Court	1	Scioto County CPS	1
Franklin County Prosecuting Attorney	2	Scioto County Juvenile Court	2
Gurnsey County Juvenile Court	1	South Central Ohio JFS	1
Hocking County CPS	1	Union county CPS	2
Holzer Clinic	1	Not Reported	70
Jackson County CPS	2	Vinton County CPS	2
Knox County Board of DD	1	Washington County CPS	1

Referral Source Distribution



Note: Similar types of referral sources with less than 10 evaluation referrals per agency were combined.

Service Utilization

Evaluation Type	Total Evaluations	Adult	Youth
General Psychological	176	114	62
Forensic	37	21	16
Attention Deficit/ Hyperactivity Disorder	13	7	6
Anger Management	28	27	1
Alcohol and Drug	69	69	0
Intellectual Functioning	1	1	0
Mental Health	15	13	2
Mental Functional Capacity Assessment	8	8	0
Parenting Focal	0	0	0
Total	347	260	87

Fiscal Year 2014 Billed Services

A unit represents one hour of billable services. The total estimated income for the Formalized Assessment Program was \$195,936 for FY14. Income for FY14 was estimated because the total income for the program was not being tracked.

FY14 Income - Estimated					
Services	Youth Units	Adult Units	Total Units	Rate	Income
Formal Evaluations	186.47	624.26	810.73	\$135 per hour	\$109,449
Forensic Evaluations	79.63	105.56	185.19	\$135 per hour	\$25,000
Psychological Testing	54	86	140	\$135 per hour	\$18,900
Report Writing	204.12	612.36	816.48	\$50 per hour	\$40,824
Evaluation Consultation	Not Reported	Not Reported	5.7	\$90 per hour	\$513
Rapid Evaluation Fee	Not Reported	Not Reported	10	\$125 fee	\$1,250
Total Income					\$195,936

In the table above, Formal Evaluations includes the face-to-face time spent with clients for General Evaluations and Focal Evaluations. General Evaluation and Focal Evaluation income was not able to be separated due to the way that evaluation income was being tracked in FY14.

Formal Evaluations, Forensic Evaluations, and Psychological Testing account for 78% of the income, Report Writing accounts for approximately 21% of the income, Rapid Evaluation Fees accounts for 0.85% of the income, and Post-Evaluation Consultation time accounts for 0.2% of the income for the evaluation program. It is important to note that report writing time was charged at approximately a 1:1 ratio of the face-to-face time spent with general evaluations. Write up fees of \$50 per evaluation were charged for most focal evaluations. Forensic evaluations and some focal evaluations do not include write-up time.

Fiscal Year 2015 Budget

The following table includes projected income and expenses for the Formalized Assessment Program during Fiscal Year 2015. The rate for write-up time was increased and the total number of hours billed for write up time has been increased to account for the amount of time evaluators actually spend generating evaluation reports. When an evaluation referral is received, an estimate letter is generated that includes how much face-to-face time and write up time are anticipated for each client based upon the evaluation information requested by the referral source. MOPS will not bill a client or referral source more than 10% more than the amount listed in the estimate letter unless prior authorization is obtained from the referral source.

It is anticipated that MOPS will have a significant increase in the number of focal evaluations that are being conducted and a slight decrease in the number of general evaluations conducted in FY 15 due to the increased cost of the evaluations. No significant changes are anticipated in the number of forensic evaluations for FY 15.

FY15 Income					
Services	Youth Units	Adult Units	Total Units	Rate	Income
General Evaluations	115.37	214.26	329.63	\$135	\$44,550
Focal Evaluations	35	465	500	\$135	\$67,500
Forensic Evaluations	79.63	105.56	185.19	\$135	\$25,000
Psychological Testing	62.4	97.6	160	\$135	\$21,600
Write Up Time – General	541.8	1002.3	1542	\$90	\$106,380
Write Up Time - Focal	37.24	494.76	532	\$90	\$47,880
Total Income					\$336,510

Expenses FY15		
Payroll	\$276,947.73	82.3%
Occupancy	\$32,977.98	9.8%
Travel	\$3,701.61	1.1%
Professional Development	\$2,019.06	0.6%
Office Supplies	\$7,403.22	2.2%
Communication	\$2,355.57	0.7%
Insurance	\$2,355.57	0.7%
Advertising	\$1,346.04	0.4%
Misc. Expenses	\$1,682.55	0.5%
Bad Debt	\$673.02	0.2%
Information Systems	\$4,711.14	1.4%
Depreciation	\$336.51	0.1%
Total Expenses		\$336,510
Net Income		\$0.00

Program Outcomes

The formalized evaluation program has an expectation that evaluations will be completed within 30 days of the first appointment and within 60 days of the date of referral. Timely completion of evaluations is important so that referral sources can make decisions based upon the results of the evaluations. The outcomes for the formalized evaluation program measure the average, minimum, and maximum lengths of time that it took to schedule evaluations, to complete evaluations from the first scheduled date, and to complete evaluations from the referral date.

Evaluation Completion Time From Date of First Appointment	Overall	General Evaluations	Forensic Evaluations	Focal Evaluations
Average (in days)	53.43	62.71	28.08	51.55
Minimum (in days)	8	9	10	8
Maximum (in days)	146	146	114	107
Length of Wait From Time of Referral To First Appointment	Overall	General Evaluations	Forensic Evaluations	Focal Evaluations
Average (in days)	35.44	46.78	11.24	29.51
Minimum (in days)	0	0	2	1
Maximum (in days)	300	217	48	300
Evaluation Completion Time From Date of Referral	Overall	General Evaluations	Forensic Evaluations	Focal Evaluations
Average (in days)	88.86	109.49	39.32	80.78
Minimum (in days)	20	25	20	32
Maximum (in days)	388	326	125	388

On average, evaluations were scheduled within 35.44 days of receiving a request for an evaluation by a referral source. Evaluations were generally completed within 63.71 days of the first appointment and within 88.86 days of the referral. When broken down by the different type of evaluations that MOPS conducts, it is apparent that Forensic Evaluations are scheduled (average of 11.24 days from the date of referral) and completed (average of 28.08 days from the first appointment) in the least amount of time. Focal Evaluations were scheduled (average of 29.51 days from the date of referral) and completed (average of 51.55 days from the first appointment) faster than General Evaluations. General Evaluations take the longest amount of time to schedule (average of 46.78 days from the date of referral) and complete (average of 62.71 days).

Recommendations

In order to better meet the needs of our referral sources and to reduce the wait time for evaluations to be completed, it is recommended that the evaluation coordinator and supervisors that work with evaluators assist the evaluation team with time management. All evaluators should allow time in their schedules to complete evaluations in a timely manner. Evaluators

should strive to send evaluations for review within two or three weeks of seeing the client to allow time for the evaluation review process. Individuals reviewing evaluations should strive to return reviewed evaluations within five days to ensure that the evaluator will have time to complete the requested edits before the evaluation is sent out.

Evaluators should work closely with the evaluation coordinator and their supervisor to monitor progress on each evaluation. Evaluators should communicate with referral sources regularly to update them on the progress of the evaluation. If it is known that an evaluation will be late, the evaluator should inform the referral source and provide an estimated time of completion.

It is recommended that meetings be scheduled with referral agencies to discuss the needs of referral sources. These discussions should provide the referral source with an explanation of the differences between Focal and General Evaluations to ensure that the referral source clearly understands the product that they will be receiving. Referral sources should also be made aware that, for an additional fee, MOPS provides an expedited evaluation product that is guaranteed to be completed within 30 days. This is likely to be useful for evaluations that are time-sensitive. In addition, a needs and utilization assessment will be developed and distributed to referral sources in FY15 as a means of gaining feedback regarding the evaluation services provided by MOPS.

The evaluation coordinator should continue to work on developing instructions and guides for evaluation staff. This will help with streamlining the evaluation process and addressing any questions that evaluators may have.

The evaluation coordinator should work closely with administrative staff to develop and implement a more precise means of monitoring the income and expenses associated with the evaluation program.

In summary, it is anticipated that the Formal Assessment Program will continue to grow in FY15 and should become at least revenue neutral for MOPS. The price for an evaluation has increased to be more consistent with the market rate. This pricing shift has allowed MOPS to provide a more targeted evaluation product (Focal Evaluation) and a more in-depth evaluation product (General Evaluation) that are geared towards better meeting the needs of our referral sources. In FY15, evaluators will strive to develop better time management and better communication with referral sources, which is expected to improve program outcomes and allow the agency to become more efficient in scheduling and completing evaluation products. It is also expected that the program coordinator will continue to foster relationships with referral sources to ensure that the community needs for evaluations are being met. Additionally, the program coordinator will continue to work towards building the evaluation program and ensuring that all necessary information about the program is available.

References

Framingham, J. (2011). What is Psychological Assessment?. *Psych Central*. Retrieved on August 21, 2014, from <http://psychcentral.com/lib/what-is-psychological-assessment/0005890>