Formalized Assessment Program Annual Report Fiscal Year 2015

Program Background

Mid-Ohio Psychological Services, Inc. (MOPS) conducts various types of evaluations including; general 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.

According to Psychology Information Online (1999 – 2010), all individuals who participate in individual counseling services reimbursed by insurance receive a diagnostic assessment at the beginning of treatment to determine the appropriate clinical diagnosis and treatment plan. However, a diagnostic assessment is typically less structured and less comprehensive than a formalized psychological evaluation, and a diagnostic assessment typically results in the generation of a case note and a treatment plan rather than a formalized evaluation report. It is further noted that the use of assessment batteries “can enhance treatment outcomes,

and clinicians who rely only on interviews may have incomplete pictures of their clients" (Turchik, J., Karpenko, V., Hammers, D., & McNamara, J., 2007). Jane Framingham (2011) indicates that 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." The American Psychological Association defines a psychological evaluation as a combination of testing and assessment, which are "two separate but related components" of the evaluation process (Eabon, M. & Abrahamson, D., 2015). According to the APA, testing is defined as "the use of formal tests, such as questionnaires or checklists…that have been standardized so that test-takers are evaluated in a similar way, no matter where they live or who administers the test." APA defines an assessment as the inclusion of "norm-referenced psychological tests, informal tests and surveys, interview information, school or medical records, medical evaluation (and)/or observational data." The information is then integrated to determine the full picture of an individual's strengths and limitations.

The cost of evaluation services is a frequent barrier for many clients. Numerous articles have found that increasing costs, reduced financial reward, managed care, and "insurance policy constraints" has led to "significant limitations on psychological assessment practice" (Butcher, 1997; Piotrowski, Belter, & Keller, 1998; Stout, 1997; Cashel, 2002; and Turchik et al., 2007). Additionally, according to Kubiszyn et al. (2000), "obtaining authorization and reimbursement for psychological assessments from third party payers has become increasingly difficult." This is reportedly based upon the erroneous belief that no additional information can be gained from a psychological evaluation than can be gained from a basic clinical interview, which has resulted in the limiting of authorization, instrument selection, time, and reimbursement for psychological evaluations (Kubiszyn et al. 2000). Despite these erroneous assumptions, "considerable empirical support exists for many important clinical health care applications of psychological assessment instruments (because these instruments) can enhance diagnosis and treatment" (Kubiszyn et al. 2000). Additionally, it is expected that with enhanced testing and diagnostics would come considerable health savings due to the ability to prescribe appropriate treatments and determine more accurate outcomes. Despite the limitations and barriers, MOPS works with a variety of community agencies, including Child Protective Services, Job and Family Services, Board of Developmental Disabilities, Court Systems, Probation Officers, Physicians, Mental Health Treatment Providers, Attorneys, and Schools to address concerns that have been raised regarding an individual's mental health. We continue to receive hundreds of requests for formalized evaluations annually, and have recently developed a formal contract for Mental Functional Capacity Assessments with Fairfield County Job and Family Services and are working towards developing formalized contacts with other community partners.

Formalized evaluations are time consuming and costly to conduct. "A comprehensive psychological evaluation may take several hours, or even several days, depending on the problems being assessed, and the reason for the assessment" (Psychology Information Online, 1999 – 2010). Formalized evaluations 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 psychologists or other licensed mental health professionals who have competency in evaluation work. According to Marjory DeWard (2005, p. 984), APA guidelines indicate that evaluators must have specialized competence in performing psychological evaluations to ensure that evaluation work is conducted in an appropriate manner that protects the interests of clients. 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 independent psychologists.

At 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 individual being evaluated. 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 an important 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.

MOPS 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. DeWard (2005, p.983) indicates that according to "the APA's guidelines" the role of the evaluator, regardless of the referral source, is to "strive to be objective." Evaluators "rely on scientifically and professionally derived knowledge when making judgements and describe fairly the bases for their testimonies and conclusions."

Not all referrals for a formal evaluation result in the production of a formal evaluation report. 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 require 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.

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.

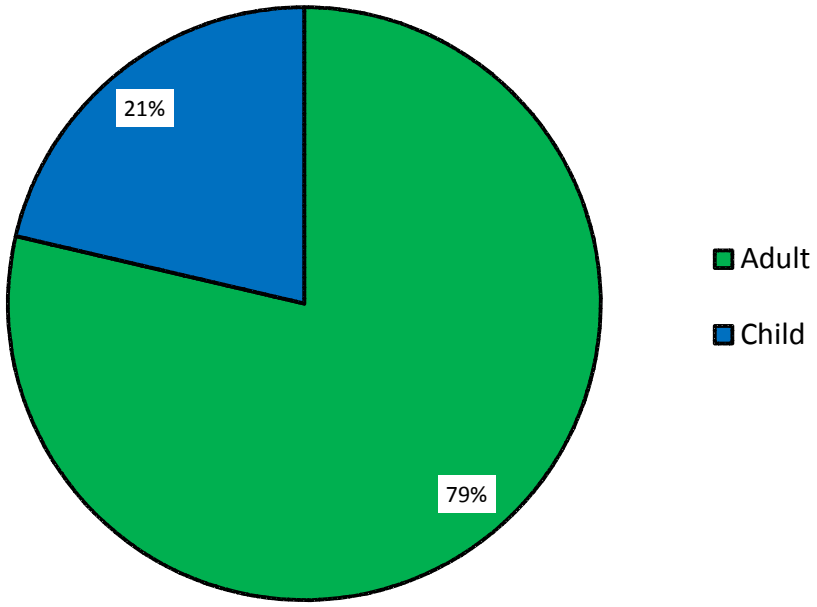
Fiscal Year 2015 Program Participants (Demographics)

During Fiscal Year 2015 (FY15), 18 evaluators at MOPS conducted 314 evaluations for approximately 54 different referral sources. The demographic information for clients who participated in evaluations is included below (See *Table 1* and *Graphs 1 – 4*).

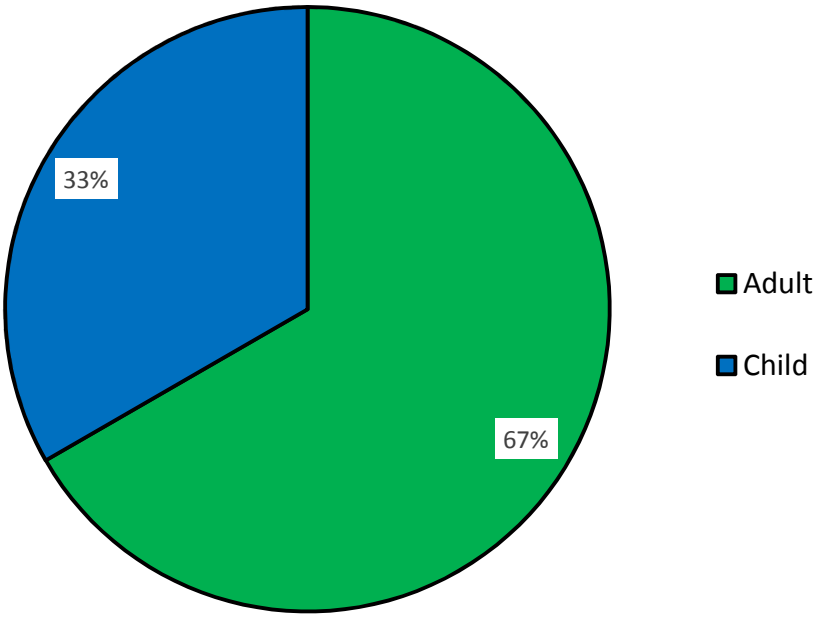
Table 1: Number of Evaluations Completed

	General Psychological Evaluations	Forensic Evaluations	Focal Psychological Evaluations	Total Evaluations
Adult	80	20	147	**247**
Youth	40	20	7	**67**
Total	120	40	154	**314**

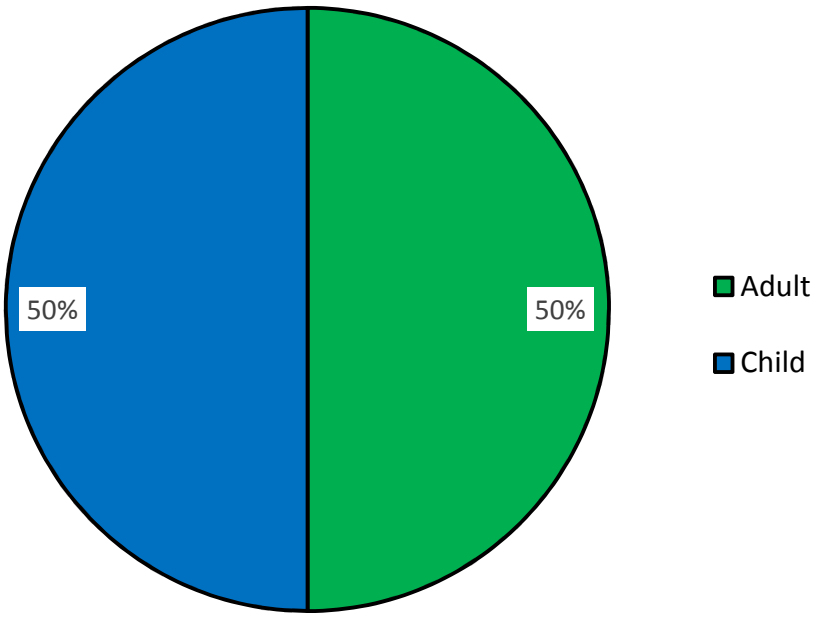
Graph 1: Percentage of Adult versus Child Evaluations – All Evaluation Types



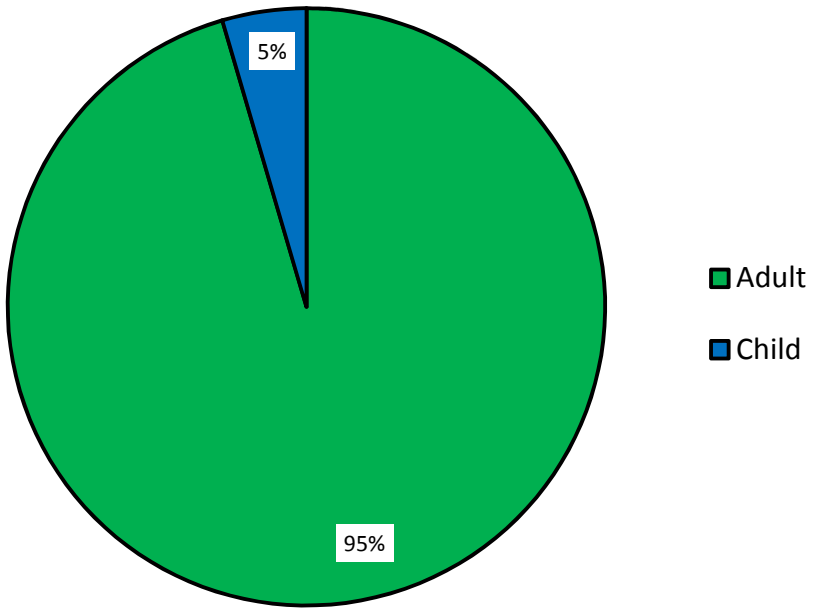
Graph 2: Percentage of Adult versus Child Evaluations – General Evaluations



Graph 3: Percentage of Adult versus Child Evaluations – Forensic Evaluations



Graph 4: Percentage of Adult versus Child Evaluations – Focal Evaluations



Evaluator Demographics

In FY15, MOPS had 18 evaluators across five different locations that were capable of completing Focal Evaluations and General Evaluations. Three evaluators were capable of completing Forensic Evaluations. In FY15, 276 evaluations were completed by five evaluators who are able to do a high volume of evaluations. The remaining 38 evaluations were completed by 13 evaluators who each conduct less than 10 evaluations per year. (See *Table 2*)

Table 2: Evaluations Completed per Evaluator

	Number of Evaluations Completed Per Year			
	25+	10 – 24	1 - 9	**Total**
# of Evaluators	4	1	13	**18**
Evaluations Completed	262	14	38	**314**

It is important to note that the number of individuals capable of completing evaluations has decreased since the beginning of FY 2015, which means that capacity for completing evaluations has decreased significantly. It is anticipated that the volume of evaluations completed in FY 2016 will be significantly lower than in FY 2015.

Age Demographics

MOPS completes evaluations for children aged 6 – 17 and adults of all ages. Of the 314 evaluations completed in FY15, MOPS completed evaluations of 67 children and 247 adults. The mean age of all participants was 29.7 years, while the mean age for youth participants was 13.7 years and the mean age for adult participants was 34.0 years. See *Tables 3, 4, 5, and 6* for additional details regarding the age demographics of evaluation participants.

Table 3: Age Demographics of All Evaluation Participants

	Mean	Median	Minimum	Maximum
Adult	34.0	32	18	79
Youth	13.7	14	6	17
Overall	29.7	29	6	79

Table 4: Age Demographics of General Evaluation Participants

	Mean	Median	Minimum	Maximum
Adult	33.9	33	18	63
Youth	13.6	14	6	17
Overall	27.4	27.5	6	63

Table 5: Age Demographics of Forensic Evaluation Participants

	Mean	Median	Minimum	Maximum
Adult	37.8	33	18	79
Youth	14.5	14.5	11	17
Overall	26.1	17.5	11	79

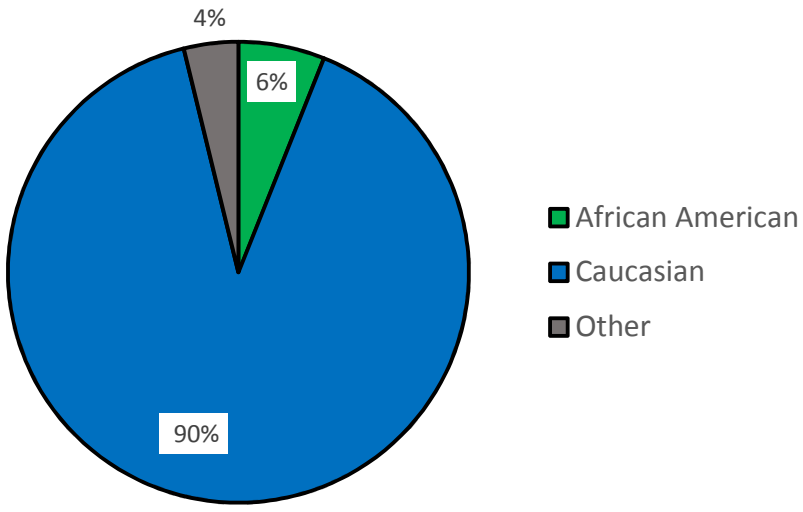
Table 6: Age Demographics of Focal Evaluation Participants

	Mean	Median	Minimum	Maximum
Adult	33.4	32	18	77
Youth	11.9	12	7	17
Overall	32.4	31	7	77

Racial Demographics

Due to the racial makeup of the population of the MOPS offices, our evaluation demographics are somewhat limited; however, our staff can and do complete evaluations on individuals of all racial backgrounds.

Graph 5: 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 nine categories, including Attention Deficit/Hyperactivity Disorder, Anger Management, Alcohol and Drug, Intellectual Functioning, Mental Health, Severe Mental Health, Mental Functional Capacity Assessment (MFCA), Public Service, and Parenting. During FY15, MOPS transitioned from doing Mental Health Focal evaluations to completing Severe Mental Health Focal evaluations, which accounts for the two different categories. Additionally, the process for completing Anger Management Focal evaluations was changed due to the fact that most of the individuals referred simply needed to participate in the Aggression Management program and did not require an evaluation. This accounts for a significant decrease in the frequency that Anger Management focal evaluations were conducted in FY15. (See *Table 7*)

Table 7: Evaluations Completed by Type

Focal Evaluations				**General Evaluations**			
		Adult	Youth			Adult	Youth
ADHD	Male	0	3	Forensic	Male	10	18
	Female	0	2		Female	10	2
	Total	0	5		Total	20	20
Anger Management	Male	6	0	General Evaluation	Male	34	23
	Female	1	0		Female	46	17
	Total	7	0		Total	80	40
Alcohol and Drug	Male	64	0				
	Female	15	0				
	Total	79	0				
Intellectual Functioning	Male	0	1				
	Female	1	0				
	Total	1	1				
Mental Health	Male	2	0				
	Female	5	0				
	Total	7	0				
Parenting	Male	3	0				
	Female	3	0				
	Total	6	0				
Severe MH Focal	Male	13	1				
	Female	29	0				
	Total	42	1				
Public Service	Male	5	0				
	Female	0	0				
	Total	5	0				

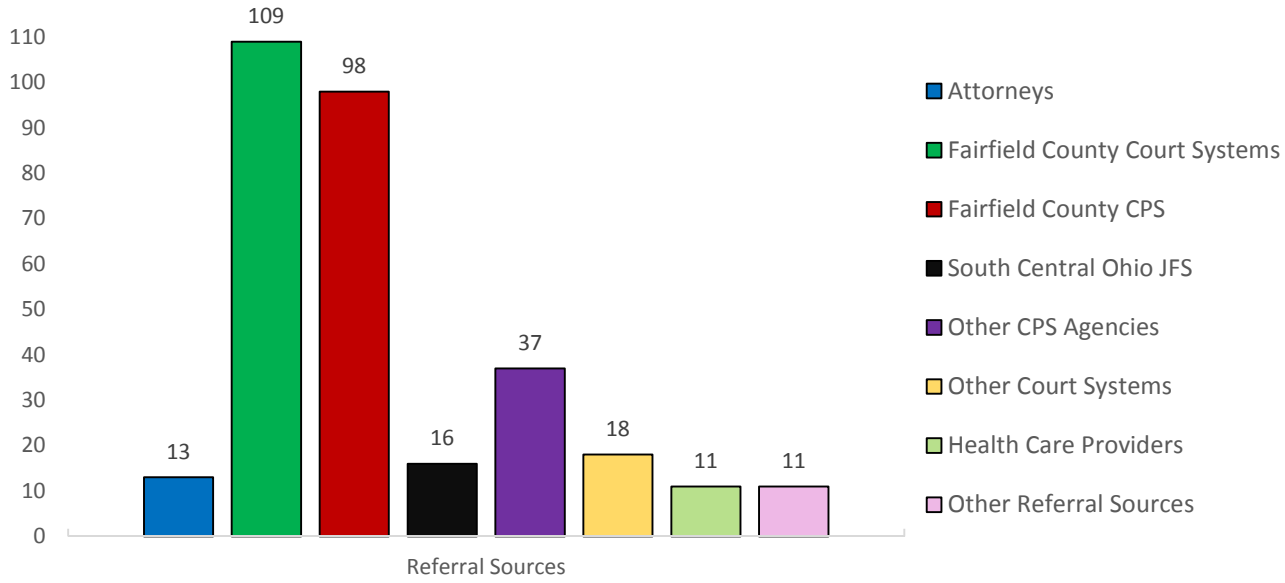
Referral Sources

In FY15, MOPS conducted formalized assessments for 53 different referral sources. See Table 8 and Graph 6 for additional referral source information.

Table 8: Referral Sources for FY15

Referral Source	# Referrals	Referral Source	# Referrals
Adams County CPS	2	Guernsey County Juvenile Court	3
Arbor View	2	Hocking County Board of DD	1
Athens County CPS	1	Hocking County Family & Children First Council	3
Attorney--unspecified	7	Hocking County Juvenile Court	1
Chillicothe City School District	1	Hocking County Municipal Court	1
City of Circleville	6	Hopewell Health Center	2
Clark County Board of DD	1	Jackson County CPS	1
Columbus State Community College	1	Licking County CPS	1
Cuyahoga County CPS	1	Logan Health Care Center	1
Delaware County Board of DD	1	Marion County CPS	9
Delaware County CPS	1	Muskingum County CPS	1
Delaware County Juvenile Court	1	National Youth Advocate Program	1
Delaware County Municipal Court	2	Perry County Municipal Court	2
Doctor's Office	1	Pickaway County CPS	1
Fairfield County Court of Common Pleas	59	Pickaway County Juvenile Court	1
Fairfield County CPS	98	Pike County CPS	9
Fairfield County Juvenile Court	12	Ross County Juvenile Court	2
Fairfield County Municipal Court	35	Scioto County Juvenile Court	2
Fairfield County Probate Court	3	Scioto County Probate Court	1
Fairfield County Prosecuting Attorney	1	South Central Ohio JFS	16
Franklin County CPS	7	Union County CPS	1
Franklin County Municipal Court	1	Vinton County CPS	2
Franklin County Prosecuting Attorney	5	Washington County Common Pleas Court	1
Gloucester Department of Human Services	1		

Graph 6: Referral Source Distribution



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

FY 15 Service Utilization

Table 9 shows the number of evaluations that were completed for each evaluation type.

Table 9: FY 15 Service Utilization

Evaluation Type	Total Evaluations	Adult	Youth
General Psychological	120	80	40
Forensic	40	20	20
Attention Deficit/ Hyperactivity Disorder	5	0	5
Anger Management	7	7	0
Alcohol and Drug	79	79	0
Intellectual Functioning	2	1	1
Mental Health	7	7	0
Mental Functional Capacity Assessment	0	0	0
Public Service	5	5	0
Parenting Focal	6	6	0
Severe Mental Illness Focal	43	42	1
Total	314	247	67

Fiscal Year 2015 Billed Services

A unit represents one hour of billable services or the flat rate charged for a particular service. The total income for FY 15 was $225, 843.07, an increase of $29,907.07 over the estimated income of approximately $195,936.00 in FY 14. (*See Table 10*)

Table 10: FY 15 Income (By Service Type)

Services	Total Units	Rate	Income
Diagnostic Assessment	640.87	135.00/hour	$86,516.91
Clinical Observation	9	135.00/hour	$1,215.00
Case Management	6.82	85.00/hour	$579.69
Forensic Evaluation	35	$600.00 Flat rate	$21,000.00
Forensic - Double	5	$850 Flat rate	$4,250.00
Public Service	5	$500 Flat rate	$2,500.00
Consultation	3.23	90.00/hour	$290.85
Report Writing/Consultation Summary	1138.81	90.00/hour	$102,492.62
Court Appearance/Preparation	10.82	90.00/hour	$974.00
Missed Appointment	8.6	$50 Flat rate	$430.00
Rapid Evaluation	20	250 Flat rate	$5,000.00
Travel	6.99	85.00/hour	$594.00
		Total Income	$225,843.07

In *Table 10* above, Diagnostic Assessment, Clinical Observation, and Case Management includes the face-to-face time spent with clients for General Evaluations and Focal Evaluations. Report Writing/Consultation Summary includes the time spent generating the evaluation document for General Evaluations and Focal Evaluations. Consultation, Court Appearance/Preparation, Missed Appointment, Rapid Evaluation, and Travel are fees associated with all types of evaluations. See *Table 11* for additional information regarding Focal Evaluation Income and General Evaluation Income.

The fee structure changed between FY14 and FY15. Clients were charged based upon the type of evaluation, amount of time spent with the client, and the amount of time required to generate the evaluation report. In FY15, Face-to-Face time and Case Management services account for 39% of the income, Forensic Evaluations account for 11% of the income, Public Service Evaluations account for 1% of the income, Document Preparation Fees account for 45% of the income, while miscellaneous fees account for 3% of the income.

Table 11: FY 15 Income – By Evaluation Type

Evaluation Type	Youth	Adult	Total Evaluations	Average Cost	Income
General Evaluations	40	80	120	$1,049.45	$125,933.50
Forensic	16	18	34	$602.65	$20,490.00
Forensic - Double	4	2	6	$888.17	$5,329.00
Public Service	0	5	5	$500.00	$2,500.00
Focal Evaluations	7	142	149	$480.47	$71,590.57
Totals	67	247	314	$719.25	$225,843.07

In *Table 11* above, income is broken down based upon the type of evaluation service provided, General Evaluations, Forensic Evaluations, Public Service Evaluations, and Focal Evaluations. This table shows the average cost per evaluation based upon evaluation type. On average, General Evaluations are the most costly, at approximately $1,049.45 per evaluation, while Focal Evaluations are the least expensive, at approximately $480.47 per evaluation. Forensic and Public Service Evaluations are flat-fee services; however, there are some miscellaneous fees, including travel time, court costs, and consultation, that lead to a slight increase in the average cost of these services. In FY 15, Forensic Evaluations in which only one issue was addressed (competency or sanity), the average cost was $602.65. A Forensic Evaluation addressing two issues (both competency and sanity) cost $888.17 on average. Public Service evaluations cost $500 per evaluation in FY 15.

The cost per evaluation type was also addressed in *Table 11*. In FY 15, general evaluations generated 56% of the income, forensic evaluations generated 11% of the income, public service evaluations generated 1% of the income, and focal evaluations generated 32% of the income.

Fiscal Year 2016 Budget

Tables 12 and 13 include projected income and expenses for the Formalized Assessment Program during FY 16. No significant price changes are anticipated for FY 16. 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% over the evaluation estimate unless prior authorization is obtained from the referral source.

During FY 15, we submitted contract proposals to two different referral sources that ultimately were unsuccessful. This appears to have led to a decrease in the number of General Psychological Evaluations and Focal Psychological Evaluations that were referred. It is anticipated that we will have a reduced number of Focal Evaluation referrals and General Psychological Evaluations in FY 16. No significant changes are anticipated in the number of forensic evaluations or public service evaluations for FY 16.

Table 12: FY16 Projected Income

Services	Youth Units	Adult Units	Total Units	Rate	Income
Diagnostic Assessment	108	492	600	$135.00/hour	$81,000.00
Case Management	3	3	6	$85.00/hour	$510.00
Forensic Evaluation	17	17	34	$600 Flat rate	$20,400.00
Forensic – Double	3	3	6	$850 Flat rate	$5,100.00
Public Service	0	5	5	$500 Flat rate	$2,500.00
Report Writing/ Consultation Summary	192	876	1068	$90.00/hour	$96,120.00
Miscellaneous Fees	5	5	51.57	$140.00/hour (avg)	$7,219.80
				Total Income	$212,849.80

Table 13: FY16 Projected Expenses

Expenses FY16		
Payroll	$175,175.38	82.3%
Occupancy	$20,859.28	9.8%
Travel	$2,341.35	1.1%
Professional Development	$1,277.10	0.6%
Office Supplies	$4682.70	2.2%
Communication	$1,489.95	0.7%
Insurance	$1,489.95	0.7%
Advertising	$851.40	0.4%
Misc. Expenses	$1,064.25	0.5%
Bad Debt	$425.70	0.2%
Information Systems	$2,979.90	1.4%
Depreciation	$212.84	0.1%
Total Expenses		**$212,849.80**
Net Income		**$0.00**

FY15 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. (*See Table 13*)

Table 14: Evaluation Program Outcomes

Evaluation Completion Time From Date of First Appointment	Overall	General Evaluations	Forensic Evaluations	Focal Evaluations
Average (in days)	49.9	62.0	26.1	46.3
Minimum (in days)	4	16	4	15
Maximum (in days)	176	127	41	176
Length of Wait From Time of Referral To First Appointment	**Overall**	**General Evaluations**	**Forensic Evaluations**	**Focal Evaluations**
Average (in days)	27.5	42.2	13.1	19.8
Minimum (in days)	0	0	2	1
Maximum (in days)	181	111	28	181
Evaluation Completion Time From Date of Referral	**Overall**	**General Evaluations**	**Forensic Evaluations**	**Focal Evaluations**
Average (in days)	80.7	112.0	39.2	66.8
Minimum (in days)	15	27	15	23
Maximum (in days)	328	328	61	248

On average, during FY 2015, evaluations were scheduled within 27.5 days of receiving a request from a referral source, which is a 22.3% improvement over FY 2014 (scheduled within 35.4 days). In FY 2015 evaluations were completed within 49.9 days of the first appointment (a 21.6% improvement over FY 2014) and 80.7 days from the referral date (an 8.1% improvement over FY 2014. Data regarding evaluation completion times from the time of referral are skewed because some clients were referred almost a year prior to their first appointment. These clients had initial appointments scheduled within 30 days of the referral that were missed or cancelled and the referral source or client elected not to reschedule at the time of the first missed session. (*See Table 13*)

When broken down by evaluation type, Forensic Evaluations continue to be scheduled (13.1 days from the date of referral) and completed (26.1 days from the first appointment) in the least amount of time. From FY 2014 to FY 2015, there was a slight (7%) improvement in the length of time that it takes to complete a forensic evaluation. In FY 2015, scheduling (19.8 days) of Focal Evaluations improved by 32.9% from FY 2014, while completion (46.3 days) of Focal Evaluations improved by 10.1% from FY 2014. Regarding General Evaluations, a slight improvement of 9.7% was identified between FY 2014 and FY 2015 regarding the length of time that it takes to schedule (42.2 days) a General Evaluation and a 1% improvement was identified between FY 2014 and FY 2015 regarding the length of time that it takes to complete a General Evaluation (62.0 days). (*See Table 13*)

Recommendations

In a survey that was completed by referral sources, it was noted that the timeliness of scheduling and completing evaluations was a concern. Although some progress was identified

from FY 2014 to FY 2015, continued improvements need to be made in order to better serve the community and referral sources. It is recommended that evaluators continue to work with their supervisors, the evaluation program coordinator, and the administrative assistant regarding time management and scheduling ample report writing time. Evaluators should continue to strive to send evaluations for review within two or three weeks of the initial appointment to allow time for the review process. Individuals reviewing evaluations should continue to return reviewed evaluations within five days to provide the evaluator with enough time to complete the edits before the evaluation due date.

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.

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

In summary, it is anticipated that the volume of evaluations for the Formal Assessment Program will decrease in FY16 due to staffing changes and the needs of referral sources. The Formal Assessment Program will continue to strive to identify and meet the needs of the referral sources over time. The program will continue to strive to become at least revenue neutral for the agency over time. Additionally, evaluators will continue to strive towards improving evaluation timeliness and communication with referral sources. In FY16 it is expected that program outcomes will improve and become more efficient. The evaluation program coordinator will strive to foster community relationships to ensure that the needs of the referral sources are being met.

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