

COMPREHENSIVE BEHAVIORAL HEALTH ASSESSMENTS ("CBHA's") FOR CHILDREN IN STATE CARE

Background: Many children and youth in state care have behavioral and mental health needs that are not being addressed with appropriate services. Ascertaining the parameters of the problem and identifying appropriate services are the first two steps in making sure our children get needed care. The child welfare system has a great tool to assess need and recommend services - CBHAs. Unfortunately, it is a tool that is not always used at appropriate times or employed properly. State law requires that Comprehensive Behavioral Health Assessments (CBHA's) be done in all shelter cases and permits them to be done as often as once a fiscal year (July 1 through June 30) in other circumstances.

Purpose: The purpose of this memo is to provide basic information on CBHAs so that all players in the child welfare system will know what a CBHA is, what it covers, how to obtain one and how to use it.

Contents: This document contains "Quick Facts About CBHAs," a "Comprehensive Behavioral Health Assessment Chart" which shows the category of children who should have CBHA's completed, the time frames for completion and includes as attachments, Medicaid Form B Agency Approval, and Form C, the Provider Certification Form. It then includes, "Components of the CBHA" which lists the items that must be covered in the CBHA's based on the child's age, and the three domains in which the child must be observed.

Next Steps: If you work with children whose behavior or mental health status is of concern, or whose placement or array of services is at issue, please ascertain whether there is a current CBHA to guide service provision. If not, please take steps to obtain one.

Questions or complaints regarding CBHA's can be directed to: Frank M. Platt, III, Department of Children and Families, 850-922-2860, frank_platt@dcf.state.fl.us.

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Quick Facts About CBHA's

What Are They?	CBHAs are a comprehensive look at the child's behavioral health needs. The result is a psycho-social assessment. CBHAs are not psychological tests or other mental health diagnostic tools.
Why Are They Done?	CBHAs are intended to guide case planning and service provision for youth. Services identified as needs within the CBHA that are incorporated into the case plan are supposed to be implemented within 30 days. Fla. Admin Code 65C-28.014(4) and (5).
Who Pays?	CBHAs are covered by Medicaid.
Who Can Do Them?	CBHAs must be performed by a licensed mental health practitioner or under the supervision of a licensed practitioner. If a child is known to have a specific disability or other special need, ask for a practitioner with experience in that field (e.g. developmental disability, substance abuse, sexual abuse).
What Children Get Them When They Come Into Care?	All children who are taken into state custody and placed in a licensed placement are supposed to have a CBHA performed within 30 days. ¹ Children who go to relatives or non-relative placement do not automatically have a CBHA performed. But they may still be eligible for them.
Can A Child Get More Than One CBHA?	Yes, children enrolled in Medicaid who meet the criteria may have a CBHA performed once every 12 months.
When Should I Ask for a Subsequent CBHA	Request a CBHA when the child faces significant changes and challenges. Placement changes, increased behavior problems at school or in the home are the types of changes that merit a CBHA.
What do I Do with It?	Use the CBHA in creating/revising the child's case plan. Make sure someone is assigned to follow up on each recommendation to ensure that the child receives services. Share with the court and other decision makers.

¹ Referral for assessment must be made within 7 days after the child comes into care (typically date of the shelter hearing). CFOP 15-10. The assessor must complete the CBHA within 24 days of the referral. See pg 2-2-8 Florida Medicaid Community Behavioral Health Coverage and Limitations Handbook, October 2004, incorporated by reference at Fla. Admin. Code R. 59G-4.050, and 65C-28.014 F.A.C.

COMPREHENSIVE BEHAVIORAL HEALTH ASSESSMENT

The purpose of the CBHA is to integrate and interpret existing information and provide functional information to decision makers in determining:

- the most appropriate out-of-home placement;
- intervention strategies to accomplish family preservation, re-unification, or re-entry and permanency planning; and
- comprehensive service plans and behavior health services when indicated.

Abused or Neglected Shelter Status Out-of-Home Care	Abused or Neglected Experiencing serious emotional disturbance Out-of-Home Care	Adjudicated Delinquent Experiencing serious emotional disturbance Committed to DJJ low risk residential in community setting
CPI or Service Worker	Service Worker	CPI or Service Worker
Child Welfare or CBC representative	DCF Office Substance Abuse and Mental Health and district on regional child welfare office or CBC program.	DCF Office Substance Abuse and Mental Health and Juvenile Justice Office
Only one (20 hours total) per fiscal year (July 1 through June 30) unless child is entering in shelter status	Only one (20 hours total) per fiscal year (July 1 through June 30)	Only one (20 hours total) per fiscal year (July 1 through June 30)

CHBA Provider must be certified by SAMH as a Medicaid Provider and possess a Florida license as one of the following:

- Psychiatric Nurse
- Clinical Social Worker
- Mental Health Counselor
- Marriage and Family Therapist
- Mental Health Professional
 - Psychologist
 - Psychiatrist

or

- Mental Health Professional who is in compliance with DCF policy and co-signed by licensed professional

And completed CHBA Provider Certification, Appendix Form C

See: Florida Medicaid Community Behavioral Health Coverage and Limitations Handbook, October 2004, incorporated by reference at Fla. Admin. Code R. 59G-4.050, and 65C-28.0014 F.A.C.

REQUIREMENTS OF COMPREHENSIVE BEHAVIORAL ASSESSMENT

The CBHA must include direct observation of the child in 3 settings: home, school and community. Use of checklists or fill in the blank formats are prohibited.

For all children *except* as indicated for younger children 0-5*

- General identifying information (name, birth date, Medicaid identification number, social security number (if available), sex, address, siblings, school, referral source and diagnosis);
- Reason for referral;
- Personal and family history;
- Placement history, including adjustment and level of understanding about out-of-home placement;
- Sources of information (i.e., counselor, hospital, law enforcement);
- Interviews and interventions;
- Cognitive functioning (attention, memory, information, attitudes), perceptual disturbances, thought content, speech and affect; and an estimation of the ability and willingness to participate in treatment;
- Previous and current medications including psychotropics;
- Last physical examination, and any known medical problems including any early medical information which may affect the child's mental health status, such as prenatal exposure, accidents, injuries, hospitalizations, etc.;
- History of mental health treatment of family and child;
- History of current or past alcohol or chemical dependency of parents and child;
- Legal involvement and status of child and family;
- Resources including income, entitlements, health care benefits, subsidized housing, social services, etc.;
- Emotional status – psychiatric or psychological condition;

Ages 0-5 Years Only*

* Cognitive functioning. Screening for emotional-social development, problem solving, communication, response of the child and family to the assessment and ability to collaborate with the assessor:

* History of mental health treatment of parents and child's siblings. The mother's history, including a depression screen, is important in developing this section;

* Emotional status-hands on interactive assessment of the infant regarding sensory and regulatory functioning, attention, engagement, constitutional characteristics, and organization and integration of behavior;

<ul style="list-style-type: none"> • Educational analysis – school-based adjustment and performance history and current status; 	
<ul style="list-style-type: none"> • Functional analysis – presenting strengths and problems of both child and family; • Cultural analysis – discovery of the family’s unique values, ideas, customs and skills that have been passed on to family members and that require consideration in working and planning with the family. This component includes assessment of the family’s: <ul style="list-style-type: none"> • Situational analysis – direct observation of child in home and community setting; • Present level of functioning including social adjustment and daily living skills; • Reaction, or pattern of reaction, to any previous out-of-home placements; • Activities catalog – assessment of activities in which the child has interest or enjoys; • Ecological analysis – relationship of parents (guardians), parent-child relationship, sibling relationships, relationships with friends and family; • Vocational aptitude and interest evaluation, previous employment and the acquired vocational skills, activities, and interests, if age 14 and above; • Assessment of the desired services and goals from the child and child’s family viewpoint; • An ICD-9-CM diagnosis. If the child does not meet criteria for a covered ICD-9-CM diagnosis, the provider must use diagnosis code V71.09, ICD-9-CM diagnosis, the provider must use diagnosis code V71.09, observation and evaluation for other suspected men • The completion of a Medicaid and a Department of Children and Families approved standardized assessment tool to help determine the appropriate level of mental health treatment services. The assessment includes the following: <ol style="list-style-type: none"> 1. Problem presentation and symptoms 2. Risk behaviors 3. Functioning 4. Family and caregiver needs and strengths 5. Child’s strengths 	<ul style="list-style-type: none"> * Situational analysis-direct observation of the parent/caregiver interaction with the child in home and community setting; * Ecological analysis-relationship of parents (guardians), parent-child relationship, sibling relationships, relationships with friends and family. A relational assessment should be provided to assess any attachment issues that the child exhibits; * Assessment of the desired services and goals from the child and child's family viewpoint; * 0-3 use of the Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood (DC: 0-3) for assistance in determining the infant or child's ICD-9-CM Diagnosis <ul style="list-style-type: none"> * For ages 0-5 the CANS-0-3 must be used as the standardized assessment tool

See: Florida Medicaid Community Behavioral Health Coverage and Limitations Handbook, October 2004, incorporated by reference at Fla. Admin. Code R. 59G-4.050, and 65C-28.0014 F.A.C.