Mental Health Evaluation and Counseling Services

Rhode Island Department of Children, Youth and Families
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The Department utilizes a variety of specialized clinical resources to provide necessary mental health services to the children and families. A mental health evaluation can assist in planning for a child in the care of the Department. Information derived from a mental health evaluation can aid in planning for permanency, establishing eligibility for services and supporting legal action.

The Department provides resources to obtain a psychological evaluation or a clinical assessment which may include a psychiatric evaluation. A psychological evaluation consists of a clinical interview, testing and interpretation to determine the intellectual functioning of the individual. A clinical assessment can be performed by a licensed mental health provider and provides diagnostic information and recommendations regarding the Department's intervention. A psychiatric evaluation may be conducted as part of a clinical assessment, by a psychiatrist. This evaluation includes diagnosis and treatment recommendations including medication and placement.

Mental health counseling is utilized to provide specialized clinical services in the treatment of emotionally disturbed children, and family problems.

Resources exist within and outside of the Department to provide mental health services. Mental health professionals within the Division of Juvenile Correctional Services provide a variety of mental health services to youth at the Rhode Island Training School.

The Department provides funding for mental health services when these services are necessary to assist the child and/or family in attaining the Service Plan goal and alternate funding sources are not available. The Authorization for Support Services (DCYF #005) process is utilized to obtain approval for funding for mental health services. In some cases, the Department pays the service provider directly for the approved services. In other situations, the Rhode Island Medical Assistance (MA) program provides funding for services through the Department of Human Services (DHS).

MA funded mental health services are only available to children and youth who are eligible, (refer to Policy 1000.0045, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program). MA is the preferred method of payment for mental health services and must be utilized whenever possible. Some MA eligible clients, who are being serviced by the Department, have legitimate mental health evaluation and counseling needs which are not covered by MA and some clients are not eligible for MA funded services. The Family Court may order the Department to provide a service which cannot be funded through MA. In these cases, the Department directly reimburses the provider for services which have been authorized.

Related Procedures and Addenda

Mental Health Evaluation and Counseling Services Medical Assistance Eligibility and Funding Request for Authorization
Worker/Provider Contact
Addendum I: Criteria for Approval of Practitioners Addendum II: Guidelines for Clinical Assessment Addendum III: Guidelines for Counseling Reports

Mental Health Evaluation and Counseling Services

Procedure from Policy 700.0010: Mental Health Evaluation and Counseling Services

A. Resources within and outside of the Department are available to provide psychological evaluation. A psychological evaluation of a child or an adult for the purpose of supporting the provision of services or legal action (i.e. custody, termination of rights) may be obtained from the community. The primary worker must request funding for this service through the DCYF #005 process. A maximum of five evaluation sessions (one and one- half hours per session) are allowed for a full psychological evaluation (to include testing).

B. The Department provides resources to obtain a clinical assessment which may or may not include a psychiatric evaluation. These services may be provided by Departmental staff for children and youth active adjudicated to the RITS. Department staff determine the need for service using the following criteria and request authorization through procedures listed below:

1. Clients Who May Be Eligible for Service:
   a. Children in the care of the Department
   b. Biological parents of children in the care of the Department
   c. Foster parents
   d. Pre-adoptive parents or legal guardians
2. The following situations may be appropriate for referral for clinical assessment:
   a. The degree of emotional disturbance of a child and/or family is an important factor in Service Planning.
   b. The ability of the parent to provide adequate parenting for the child is in question.
   c. There is a question regarding the appropriate treatment or placement due to suspected or indicated physical or sexual abuse.
   d. There is a question regarding the degree of depression or suicidal risk and, therefore, of appropriate placement.
3. A psychiatric evaluation, performed by a psychiatrist may be included in the clinical assessment for one of the following reasons:
   a. To confirm the presence or absence of a major psychotic disorder.
   b. For Legal Reasons:
      i. To establish eligibility for mental health services for children and youth.
      ii. To establish the existence of an emotional/behavioral disturbance that requires special education.
      iii. The DCYF Legal Counsel states that an evaluation is necessary and testimony by an M.D. is needed for court.
4. Services Included in Clinical Assessment:
   a. A maximum of two evaluation sessions (one and one-half hours per session). Additional hours require justification and re-authorization.
   b. A report of results which addresses all applicable areas outlined in Addendum IV: Guidelines for Clinical Assessment either written or authorized by an approved provider. The completed report should include the following, depending upon whether or not a psychiatric evaluation is part of the clinical assessment:
      i. A clinical assessment includes diagnostic formulation and treatment and recommendations.

ii. ~~If a psychiatric evaluation is included in the assessment, the report should include diagnosis, treatment and medication recommendations.~~

c. The service provider will inform the primary worker and/or supervisor if there appears to be a need for further evaluation. The primary worker will seek approval for these services.
d. Court appearances.
e. Consultation with a master's level clinician or psychiatrist.
f. The worker must include justification in the description field of the DCYF #005 for referral to a vendor not listed in RICHIST.

C. The Department provides resources for accessing counseling services that are necessary in the treatment of children and families which the Department serves. Counseling services are usually initiated as a result of recommendations made in a mental health evaluation:

1. Providers outside of the Department offer counseling services except for residents of the RITS and youth active in Probation who are in need of treatment.
2. The primary worker must include justification in the Description field of the DCYF #005 for referral to a service provider who is not approved. A regional Director must provide approval for a non-MA funded service provider to be utilized for an MA eligible child.
3. Authorization for twelve sessions (one session per week) or twenty four sessions (two sessions per week) can be initially approved on the DCYF #005.
4. During the course of counseling, the primary worker requests monthly progress reports from the provider unless there is an agreement for less frequent communication. Approval for less frequent contact is provided by an administrator.
5. Re-authorization for the continuation of counseling may be approved through the DCYF #005 process for an additional twelve or twenty four sessions. If there is a need for continuation of counseling, the service provider submits to the worker at least two weeks prior to the completion of the originally authorized sessions:
   a. Indication of the need and justification for continuation of counseling.
   b. A written report which addresses, at a minimum, the areas outlined in Addendum II: Guidelines for Counseling Reports.
6. Discharge Summary:
   a. The worker confers with the service provider prior to termination of counseling services.
   b. A written discharge summary from the provider must be received by the worker within thirty days of discharge. The written report must include the areas outlined in Addendum II: Guidelines for Counseling Reports.

Medical Assistance (MA) Eligibility and Funding

Procedure from Policy 700.0010: Mental Health Evaluation and Counseling Services

A. The primary worker determines if a child is eligible for MA funded services.

B. The following services can be provided for an MA eligible child or youth in the Department's care. The child or youth must be the focal point of the service. The parent and/or other significant individual may attend and be involved in the mental health service; however, the identified child or youth must always attend the session for compliance with MA regulations. Services are provided by approved practitioners who are employed by approved agencies. Fee for service is made in accordance with MA approved rates:

1. Mental Health Evaluation:
   a. Up to two ninety minute evaluation sessions per clinician are allowed for an assessment.
   b. The time and expertise of more than one clinician may be required (i.e., the expertise of a psychiatrist and a social worker).
   c. The DCYF #005 must detail the components of the evaluation (e.g., practitioner and fee).
2. Individual or Family Counseling/Psychotherapy:
   a. A maximum of twelve sessions (one session per week) or twenty four sessions (two sessions per week) can be approved at one time.
   b. The duration of sessions can be either 20-30 minutes 40-50 minutes.
3. Group Counseling/Therapy
   a. A maximum of twelve sessions (one session per week) or twenty four sessions (two sessions per week) can be approved at one time.
   b. The duration of sessions can be 40-50 minutes.
4. Medication Treatment and Review.

C. The activities listed below, which are sometimes associated with evaluation and counseling services, are not covered by MA. If an activity is necessary and other sources of funding are not available (i.e., third party insurance, separate MA coverage for parent or caretaker, school department based on IEP), funding can be provided by the Department through a DCYF #005. Services are provided by approved practitioners.

1. Court appearances by a professional carrying out evaluation or counseling.
2. Extended consult with Department staff.
3. Writing formal reports for the Family Court.
4. Evaluation and counseling services to the parent or caretaker of a child/youth when the child/youth is not the focus of service.

Request for Authorization

Procedure from Policy 700.0010: Mental Health Evaluation and Counseling Services

A. The primary worker completes the DCYF #005 in accordance with Instructions for Completion: Authorization for Support Services (DCYF #005):
   1. A separate DCYF #005 must be completed for each child receiving a separate service.
   2. If a service is being requested for a family at one fee, regardless of the number of family members involved, only one DCYF #005 is completed. The complete RICHIST number of the child most closely associated with the need for service must be indicated.
   3. MA and EPSDT information is provided if the service is MA funded.
   4. Type of Assistance is either Mental Health Counseling or Mental Health Evaluation.
   5. Rate per Unit of Service must indicate the fee, the length of the session, the type of practitioner, and type of session.
   6. If a combination of practitioners is performing the assessment, the clinicians can be listed in the Description field.

B. The supervisor reviews and approves the request and forwards to the administrator.

C. The administrator reviews and approves the request and forwards to the Regional/Assistant Director or designee for final approval. The signature of the Regional/Assistant Director or designee on the DCYF #005 serves as the Certification of Need for services, which is required by DHS for MA funding.

D. The Regional/Assistant Director submits the approved DCYF #005 to the Division of Community Services and Behavioral Health for review.

E. Worker incorporates copy of the DCYF #005 into the case record.

F. The provider is authorized to provide only service approved on the DCYF #005.

Worker/Provider Contact

Procedure from Policy 700.0010: Mental Health Evaluation and Counseling Services

A. The primary worker obtains proper releases of information from the client and to forward the information that is requested about the child and family to the service provider.

B. The primary worker completes the Referral for Services (DCYF Form #146) and forwards to the provider with client information.

C. The primary worker monitors the quality and appropriateness of services through the required contacts and review of reports outlined within.

Addendum I: Criteria for Approval of Practitioners

Addendum to Policy 700.0010: Mental Health Evaluation and Counseling Services

Physician/Psychiatrist

A principal child mental health physician (MD) shall be a psychiatrist licensed to practice in the state of Rhode Island and currently certified by the American Board of Psychiatry and Neurology, or an equivalent body, as a child psychiatrist.

A child mental health physician shall be a psychiatrist licensed to practice in the State of Rhode Island and currently certified by the American Board of Psychiatry and Neurology, or an equivalent body, and have at least two years experience with children, adolescents, and family or be supervised by a principal child mental health physician.

Psychologist

A principal child mental health psychologist shall be currently licensed by the Rhode Island Board of Registration of Psychologists as a licensed psychologist and have a minimum of two years supervised experience in the delivery of mental health services to children and adolescents.

A child mental health psychologist shall be currently licensed by the Rhode Island Board of Registration of Psychologists.

Social Worker

A principal child mental health social worker shall have a master's degree in social work and shall be currently registered as an independent social worker pursuant to RI General Laws 5-39-1 et seq. and have a minimum of two years of supervised experience in the provision of mental health services to children and adolescents.

A child mental health social worker shall have a master's degree in social work and shall be currently registered as a social worker pursuant to RI General Laws 5-39-1 et seq. and have a minimum of two years of supervised experience in the provision of mental health services to children and adolescents.

Psychiatric Nurse

A principal child mental health psychiatric nurse shall be currently registered by the RI Board of Registration of Nurses and have a Master's degree in nursing and a minimum of two years of supervised experience in the provision of mental health services to children and adolescents.

A child mental health psychiatric nurse shall be currently registered by the R. I. Board of Registration of Nurses and have a Master's degree in nursing and shall be supervised by a child mental health psychiatric nurse.

Master's Level Clinician

A clinician with master's degree in education or human service field who is supervised by an Approved Practitioner (MSW, Ph.D, MD, MSN).

Advanced Social Work Student

A second year MSW student supervised by an Approved Practitioner (MSW, Ph.D, MD, MSN).

Addendum II: Guidelines for Clinical Assessment

Addendum to Policy 700.0010: Mental Health Evaluation and Counseling Services

The following are minimally accepted guidelines for clinical assessment of a DCYF referred client. At a minimum, the following applicable categories should be addressed in the written report.

Reason for Referral: History, purpose of assessment/evaluation, questions to be resolved. Some of this information will have been provided by DCYF upon referral.

Presenting Problem: This information will be secured through provider interviews and interface with the child, adolescent and/or family. If the family is involved with other agencies that DCYF is not aware of, provider should indicate this.

History of Maltreatment: Specify whether physical, sexual, emotional abuse or neglect. Indicate frequency, duration and intensity, age of child at time of abuse, and gender identification issues (in cases of sexual abuse).

Medical History and Current Status - Child: Optional unless information is different from that forwarded by DCYF to provider.

Developmental History and Current Status - Child:

- How the type, duration, and severity of the abuse has adversely affected the child's developmental level
- The child's current developmental level of functioning
- The level at which the child should be functioning, given his/her chronological age
- Include a plan for enabling the child to reach the appropriate level of functioning

Family/Child Relationships: Describe family interactions, dynamics:

- The relationship of the abuser to the child
- How the relationship has been influenced by the abuse
- The relationship of the child to non-abusing family member(s)
- Boundaries which have been broken within the family
- The capacity of the parent(s) to emotionally and/or physically protect the child from future abuse
- The capacity of the parent(s) to learn appropriate boundaries and to provide a sexually and/or physically safe environment for the child
- Protection issues relative to each family member (including siblings), remaining or not remaining in the home

Alcohol/Drug History - (Identify Child and/or Parents): Indicate yes or unsure, describe situation, and recommend to have person evaluated elsewhere, if alcohol or drug problems are suspected.

Occupational History: For adults and adolescents, as appropriate.

Mental Status

Examination Current

Situation

~~Diagnostic Formulation and full Multiaxial Diagnosis~~

~~Treatment Recommendations~~

Addendum III: Guidelines for Counseling Reports

Addendum to Policy 700.0010: Mental Health Evaluation and Counseling Services

The following are minimally accepted guidelines for reporting to DCYF regarding counseling for DCYF-referred clients.

- **Progress Reports** - During the course of on-going pre-authorized counseling, primary worker must be provided monthly updates unless there is an agreement approved by the administrator for less frequent communication.

- **Request for Re-authorization/Report** - Request for authorization for renewal of counseling is initiated by provider in writing and must be received at least two weeks prior to completion of originally authorized sessions. A behaviorally specific report should include at a minimum: treatment goals for the period which is nearing completion, assessment of attainment of goals or service objectives (client motivation and commitment to engage with therapist and work toward achievement of goal and objective), what interventions were used, what obstacles were faced, how obstacles were overcome, proposed changed strategy when obstacles were not overcome, current situation, prognostic opinion (to include estimated duration of treatment), new or continued goals or service objectives.

- **Discharge Summary** - Written report must be received by the primary worker within 30 days of discharge. Report should include at a minimum: significant findings including final primary and secondary diagnoses; general observations about the client's condition initially, during treatment and at discharge; whether the discharge was planned or unplanned and, if unplanned, the circumstances; assessment of attainment of the service objectives; documentation of referral to other appropriate program or agency.