

CCKIDS MENTAL HEALTH/SUBSTANCE ABUSE SERVICE PROVIDER EXPECTATIONS

Assessment and Evaluation Services	
General Provider Expectations: Unless otherwise agreed upon, all assessment and evaluation services should be performed within 2 weeks of receipt of referral and related documentation. All results should be presented in a manner and format consistent with APA standards or other relevant guidelines. Assessments and evaluations should include thorough review of all collateral and supporting documentation and utilize validated, accepted tools and instruments as appropriate. Results should meet minimum criteria outlined below and be delivered within 3 weeks of assessment or evaluation unless otherwise agreed upon.	

Service Name	<i>Anger Management Assessment</i>
Specific Service Expectations	Detailed assessment of historical and current behavior patterns with focus on coping skills, anger/aggression responses, impact on functioning; specific assessment of current associated risks; multi-axial diagnostic impression; clear recommendations regarding treatment needs
Minimum Qualifications	Master's Degree, supervised by licensed clinician

Service Name	<i>Comprehensive Behavioral Health Analysis (CBHA)</i>
Specific Service Expectations	An in-depth and detailed assessment of the client's emotional, social, behavioral and developmental functioning within the family home, school and community. This assessment must include direct observation of the client in the home, school and community, as well as in the clinical setting. Note: The timelines for completion of this respective service and reporting of results are to follow Medicaid Guidelines.
Minimum Qualifications	Mental Health Professional

Service Name	<i>Domestic Violence Eval/Assess</i>
Specific Service Expectations	Assesses the immediate safety needs of the victim, the pattern and history of abuse--assessing the partner's physical, sexual, or psychological tactics, as well as the economic coercion of the patient, the connection between domestic violence and the patient's health issues--assess the impact of the abuse on the victim's physical, psychological, and spiritual well being--what is the degree of the partner's control over the victim, the victim's current access to advocacy and support groups--what culturally appropriate community resources are available now, patient's safety--is there future risk of death or significant injury or harm due to the domestic violence--what are the partner's tactics: escalation in frequency or severity of the violence, homicide or suicide threats, use of alcohol or drugs, as well as about the health consequences of past abuse.
Minimum Qualifications	Certified Batterer's Intervention Specialist

Service Name	<i>Mental Health Eval/Assessment</i>
Specific Service Expectations	Usually includes verbal and written assessments. Interview questions may involve providing a description of the behaviors present (when they happen, how they happen and what makes them happen), a description of the symptoms, the effect the symptoms have on school, work, family, activities, relationships and involvement, family mental health history and medical history--questions will usually begin very broad and then scale down to more specific issues that can pinpoint an underlying condition; cognitive tests will ask basic questions that test ability to think, reason and remember; tests for depression may be used, some common questions are about mood, sleep habits, eating habits, suicidal thoughts, anxiety and obsessive compulsive symptoms
Minimum Qualifications	Master's Level Clinician

Service Name	<i>Parenting Evaluation</i>
Specific Service Expectations	Review of family history with focus on the psychological and environmental context of the parenting behavior; behavioral observations with interpretation; assessment of parent insight and current parenting skills and needs using validated screening instruments; recommendations regarding training/treatment needs; discussion of placement and permanency considerations. Every effort should be made to include a structured parent/child observation
Minimum Qualifications	Licensed clinician or Psychologist with expertise in attachment and parenting issues

Service Name	<i>Psychiatric Evaluation</i>
Specific Service Expectations	Detailed history with focus on mental health needs and services; multi-axial diagnostic impression; clear recommendations regarding medications, mental health/psychiatric service needs and any further evaluation that may be warranted
Minimum Qualifications	MD or Psychiatric ARNP supervised by MD
Service Name	<i>Psychological Evaluation</i>

Specific Service Expectations	Summary of clinical and relevant personal history; multi-axial diagnostic impression; evaluation regarding any specific referral questions; validated personality inventory; recommendations regarding need for treatment, further evaluation or other services
Minimum Qualifications	Licensed Psychologist

Service Name	<i>Psychosexual Evaluation</i>
Specific Service Expectations	Detailed history of sexual abuse and/or sexual acting out; history of involvement with DCF and/or DJJ as well as any other relevant personal or family history; assessment using validated screening instruments which can include: IQ test; personality inventory, sexual behavior risk assessments, etc.; multi-axial diagnostic impression; specific assessment of risk for future sexual acting out; recommendations regarding need for treatment, safety planning and placement considerations
Minimum Qualifications	Licensed Psychologist or a qualified practitioner that holds an active license as a clinical social worker, marriage and family therapist, or mental health counselor under Chapter 491, Florida Statutes.

Service Name	<i>Substance Abuse Assessment</i>
Specific Service Expectations	Detailed assessment of historical and current behavior patterns with focus on substance use/addiction indicators, impact of substance use on functioning and status of current associated risks; multi-axial diagnostic impression; clear recommendations regarding treatment needs, including an individualized, behavior-specific relapse prevention plan where appropriate
Minimum Qualifications	CAP, licensed by DCF SAMH office, or licensed clinician with substance abuse expertise

Therapy Services

General Provider Expectations: All therapy services should be provided in accordance with standards and guidelines set forth by the American Psychological Association, National Association of Social Workers, American Association for Marriage and Family Therapy, American Mental Health Counselors Association, or other relevant governing body and must also meet the requirements of any certification under which they are being provided. Documentation should include, at a minimum, monthly progress notes describing the clinical focus, the client's response, any indicated progress toward treatment plan goals and any relevant planning considerations. This documentation should be provided to the referral source.

Service Name	<i>Anger Management (Individual)</i>
Minimum Qualifications	Master's Degree, supervised by licensed clinician

Service Name	<i>Anger Management (Group)</i>
Minimum Qualifications	Master's Degree, supervised by licensed clinician

Service Name	<i>Batterer's Intervention Program (BIP) Assessment</i>
Minimum Qualifications	Certified by DCF Batterer's Intervention Program (BIP)

Service Name	<i>Batterer's Intervention Program (Group)</i>
Minimum Qualifications	Certified by DCF Batterer's Intervention Program (BIP)

Service Name	<i>Domestic Violence (Family/Group)</i>
Minimum Qualifications	Master's Degree, supervised by licensed clinician

Service Name	<i>Family Therapy</i>
Minimum Qualifications	Master's Degree, supervised by licensed clinician

Service Name	<i>Group Therapy</i>
Minimum Qualifications	Master's Degree, supervised by licensed clinician

Service Name	<i>Individual Therapy</i>
Minimum Qualifications	Master's Degree, supervised by licensed clinician

Service Name	<i>Substance Abuse (Group)</i>
Minimum Qualifications	CAP, licensed by DCF SAMH office, or licensed clinician with substance abuse expertise

Service Name	<i>Substance Abuse (Individual)</i>
Minimum Qualifications	CAP, licensed by DCF SAMH office, or licensed clinician with substance abuse expertise