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The Impact of Baker Act Examination on Service Use and Cost of Care for Children in the Florida Foster Care System

Background

In Florida, evidence of a mental illness and harm to self or others, or of self-neglect are required in order to initiate a short-term involuntary psychiatric or “Baker Act” examination. From 1997 through 2002 over half a million Baker Act examination forms were received by Florida’s Baker Act Reporting Center within the Policy and Services Research Data Center (PSRDC). Approximately 16% of forms received were for examinations of children. This data brief extends previous research and examines the impact of Baker Act (BA) examination on service use and cost of care for children in Foster Care (FC). Children who experienced a BA exam during their FC episode were compared to children in foster care who did not experience the same.

Method

This data brief uses the same population as was used in the 2003-2004 report to AHCA, Predictors Of Successful Permanency Planning and Length of Stay in Florida’s Foster Care System. In this analysis the median cost of all Medicaid services (fee-for-service claims, excluding pharmacy) per child was examined, as well as the median units of service used per child. Also, for the children who experienced a BA examination, service use and cost of care were compared for the study time period prior to and after their BA examination. The median costs were compared using a Wilcoxon test for significance because the data were not normally distributed. In addition, the penetration of mental health diagnoses for children with a BA exam was compared to the penetration rate for children without a BA exam. Table 1 contains the diagnosis group definitions used in the analyses.



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Table 1.
Diagnosis Group Definitions

Major Psychotic Disorder	Anyone with an ICD-9 diagnosis code beginning with 295 (schizophrenia), 297.1 (delusional disorder), 297.3 (paranoid disorder), 298.8 (brief psychotic disorder), or 298.9 (psychotic disorder NOS)
Bipolar Disorder	Anyone without a major psychotic disorder and with an ICD-9 diagnosis code beginning with 296.0, 296.4, 296.5, 296.6, 296.7, or 296.8
ADHD/Disruptive Behavior Disorder	Anyone without a major psychotic disorder or bipolar disorder and with an ICD-9 diagnosis code beginning with 312.8, 312.9, 313.8, or 314
Major Affective Disorder	Anyone without a major psychotic disorder, bipolar disorder or ADHD/Disruptive Disorder and with an ICD-9 diagnosis code beginning with 296.2, 296.3, 296.89, 296.9
Other Mental Disorder	Anyone without any of the above disorders and with an ICD-9 diagnosis code between 290 and 294.9 or 300 and 315.9

Records from the Department of Children & Families' Office of Family Safety Client Information System (OFS-CIS) were examined to select the study population which included children with a report of maltreatment who were placed into and exited foster care (FC) in Florida between July 1, 1998 and December 1, 1999. The minimum length of stay (LOS) in FC required for inclusion in the study population was 30 days.

Also required for study inclusion was a valid social security number (SSN) that matched to Medicaid enrollment records during the study time period. Of the 9,826 children in the OFS-CIS files that had at least 30 days LOS in FC, 7,807 (79%) were found in the Medicaid enrollment data during the study time period. The study time period began on the day the child entered foster care. If a child exited before the end of 12 months, the study time period for that child was the number of days between FC entry and exit. If a child did not exit foster care before the end of 12 months, the study time period was recorded as 365 days.

Results

The results summarized in Table 2 clearly demonstrate that children who experienced a Baker Act (BA) exam while in Foster Care were more likely to have mental health disorders and more serious diagnoses than children who did not have a BA exam. Approximately 96% of the children with a BA exam had some mental health diagnosis during their FC episode compared to only 50% of the children without a BA exam. Also, less than 1% of the children without the BA exam had a major psychotic disorder diagnosis compared to nearly 16% of the children with a BA exam (Table 3). Children were only counted in one of the

diagnostic categories. The diagnostic category in which children were counted corresponds to the most serious diagnosis recorded on their claims during the specified time period (Table 3).

Not surprisingly, children with a BA exam had fewer serious MH diagnoses before their BA exam than after. The percentage of children with a major psychotic disorder rose from 8 % to almost 13%, and the percentage of children with a diagnosis of bipolar disorder was twice as high after their BA exam as before.

Table 2.
Distribution of Mental Health Diagnoses for Children
With and Without a Baker Act Examination

	No Baker Act Exam		Baker Act Exam		Total	
	N	%	N	%	N	%
No MH	3794	50%	12	4%	3806	49%
Other MH	2158	29%	34	12%	2192	28%
Major Affective Disorder	144	2%	24	9%	168	2%
ADHD/ Disruptive Behavior Disorder	1269	17%	110	39%	1379	18%
Bipolar Disorder	103	1%	56	20%	159	2%
Major Psychotic Disorder	59	<1%	44	16%	103	1%
Total	7527		280		7807	

Table 3.
Distribution of Mental Health Diagnoses for Children
Before and After Their Baker Act Examination

	Pre-BA Exam		Post-BA Exam*	
	N	%	N	%
No MH	58	21%	20	7%
Other MH	55	20%	42	15%
Major Affective Disorder	25	9%	27	10%
ADHD/ Disruptive Behavior Disorder	95	34%	102	36 %
Bipolar Disorder	26	9%	53	19%
Major Psychotic Disorder	21	8%	36	13%
Total	280		280	

*Including the date of BA Examination

Children with a BA exam used significantly more services and had significantly greater costs for services in Medicaid than children without a BA exam. A number of children (569 or 7.3%) used no services during the study timeframe (Tables 4 & 5). Results presented in Tables 6 & 7 show that costs of services and amount of services used increased significantly following a BA exam. The post BA exam service use and cost may include services associated with the actual involuntary examination. A limitation of data used in this study is that they may undercount the number of BA exams experienced by foster care children because the Baker Act Reporting Center may not have received all BA forms from all institutions. Nonetheless these data are valuable in that they provide the first analysis of the impact of involuntary examinations under the Baker Act on children in foster care.

Table 4.
Comparison of Cost of Services Used By Children
With and Without a Baker Act Examination

Child had a Baker Act Exam	N	Median	Std Dev	Kruskal-Wallis Chi-Square (p-value)
No	6681	\$1,199	\$14,880	306.44
Yes	277	\$9,855	\$17,372	(<.0001)

Table 5.
Comparison of Units of Services Used By Children
With and Without a Baker Act Examination

Child had a Baker Act Exam	N	Median	Std Dev	Kruskal-Wallis Chi-Square (p-value)
No	6681	41	1009	423.19
Yes	277	371	902	(<.0001)

Table 6.
Comparison of Cost of Services Used By Children
Before and After Their Baker Act Examination

Child had a Baker Act Exam	N	Median	Std Dev	Kruskal-Wallis Chi-Square (p-value)
Pre	248	\$2,695	\$13,854	18.44
Post	270	\$5,728	\$11,236	(<.0001)

Table 7.
Comparison of Units of Services Used By Children
Before and After Their Baker Act Examination

Child had a Baker Act Exam	N	Median	Std Dev	Kruskal-Wallis Chi-Square (p-value)
Before	248	123	394	4.85
After	270	148	825	0.03

Discussion

Foster care children who experience involuntary or Baker Act examinations are of great interest to mental health policy makers and practitioners in Florida because, as shown in this report, they use significantly more state resources. Additionally, our previous research revealed that they have lower odds of successful exit from foster care (Becker, Jordan & Larsen, 2003). The findings from this study highlight the need for preventing and treating mental health problems in children prior to a involuntary examination.

The study suggests a need for additional information regarding the characteristics of children receiving involuntary examinations and the services needed and provided to them both before and after their BA examination. Future research will examine the longer-term outcome of care for children in the foster care system after a BA examination. Additional information is on the web at (<http://www.fmhi.usf.edu/institute/pubs/pdf/ahca/ahca.html>). The address for the Baker Act Reporting Center website is (<http://bakeract.fmhi.usf.edu>).