

CHILD AND FAMILY WELL-BEING
Request for TERM-Appointed Evaluator

NOTE TO EVALUATOR re: EVALUATION FEEDBACK SESSION: The assigned evaluator may subsequently be requested to provide a feedback session to the client if there is a Court order to release the results. When you are requested to provide the feedback session, an authorization will be provided to you.

A. SOCIAL WORKER INFORMATION

If using electronic signature, you must use a digital signature with date/time stamp. Refer to the [Digital Signatures Resource](#) for procedure on how to create a digital signature.

Date:

SW Name: Phone #: Fax #: SW Email:

Assigned Office/Program: <selection required> Case Status: <select required>

Assigned PSS Name: Phone #: PSS Email:

PSS Signature: _____ Date:

Another PSS is signing on behalf of the assigned PSS. Complete section below.

PSS Name: Phone #: PSS Email: @sdcounty.ca.gov

Manager Name: Phone #: Manager Signature: _____ Date Signed:

Another CFWB Manager is signing on behalf of the assigned CFWB manager. Complete section below.

Manager Name Phone #: Email: @sdcounty.ca.gov

B. CLIENT INFORMATION

<Select Evaluation Type> is requested for: Child/Youth/Non-Minor Dependent Parent (Please provide full legal name below)

Last Name: First Name: Middle:

DOB: State ID #: Two Digit Person #:

Address: Phone Number:

Homeless Zip code where parent is most frequently located:

Gender: <select> Pronouns: <select> Comment:

Language: <select> Ethnicity: <select> If "Other," specify:

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If service is to be provided in a language other than English, specify language: <select> If "Other," specify:

Only complete if referring a child/youth or Non-Minor Dependent:

Is in out-of-home care?: Yes No

School: Grade:

Has an IEP?: <select> If yes, specify the qualifying condition:

Does child/youth/NMD have a Fetal Alcohol Syndrome Disorder diagnosis (FASD) Yes No

Was the child/youth/NMD prenatally exposed to substances? Yes No

If yes, what substances

Has the child/youth/NMD been diagnosed with Autism Spectrum Disorder: Yes No

Active to Regional Center?: Yes No

Child/Youth's Current Placement: <select> If "Other," specify:

FUNDING SOURCE:

Medi-Cal: Yes Medi-Cal#: Medi-Cal Issue Date:

Managed Care Plan: Select a Managed Care Plan

CFWB Funds

*The timeline for completion of the evaluation is within 30 days of receipt of the 04-178 and background records. For youth in Polinsky Children's Center or Juvenile Hall the timeline is 10 days. Complete below if requesting an expedited evaluation.

Expedited Evaluation Requested Due Date:

Reason:

C. CASE INFORMATION

NOTE TO EVALUATOR: An adult has a right to request a copy of their own mental health evaluation report from the court. If the court, finding "good cause" to do so, orders the evaluation report released, the SW will request that the evaluator provides a feedback session prior to the parent receiving a copy of their evaluation report. If the evaluator agrees to the feedback session, the SW will complete the 04-130c to authorize payment. If the evaluator has concerns about providing this feedback, the evaluator will inform the SW.

Case Information: Voluntary Pre-Jurisdiction Court-Ordered Parental Rights Terminated
 Required for Adoptions Purposes (child over age 6 which meets need for evaluation)

Next Court Date:

SDM Safety Threat:

Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical
 Child sexual abuse or sexual exploitation is suspected, and circumstances suggest that the child's
 Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or

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<p>harm.</p> <p><input type="checkbox"/> The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.</p> <p><input type="checkbox"/> Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, AND the nature of the injury suggests that the child's safety may be of immediate concern.</p> <p><input type="checkbox"/> Other (specify):</p>	<p>safety may be of immediate concern.</p> <p><input type="checkbox"/> Caregiver describes or speaks to the child in predominantly negative terms or acts toward or in the presence of the child in negative ways AND these actions result in severe psychological/emotional harm, resulting in imminent danger.</p> <p><input type="checkbox"/> The family refuses access to the child, or there is reason to believe that the family is about to flee.</p>	<p>medical or mental health care resulting in serious harm or imminent danger of serious harm.</p> <p><input type="checkbox"/> Caregiver does not protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.</p> <p><input type="checkbox"/> Domestic violence exists in the household and poses an imminent danger of serious harm to the child.</p>
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SDM Risk Factors:

<p><input type="checkbox"/> Previously investigated abuse/neglect allegations</p> <p><input type="checkbox"/> Prior or current CFWB case history</p> <p><input type="checkbox"/> Any child in the household has a developmental, learning, and/or physical disability; is diagnosed as medically fragile or failure to thrive; or has mental health and/or behavioral issues.</p>	<p><input type="checkbox"/> Caregiver blames the child for the incident</p> <p><input type="checkbox"/> Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse of a child</p> <p><input type="checkbox"/> The family is experiencing homelessness or housing insecurity</p>	<p><input type="checkbox"/> Caregiver employs excessive/inappropriate discipline</p> <p><input type="checkbox"/> One or both caregivers have a history of abuse or neglect as a child</p> <p><input type="checkbox"/> The caregiver: Has been diagnosed as having a significant mental health disorder that impacts daily functioning OR Has had repeated referrals for mental health OR Was recommended for</p>	<p><input type="checkbox"/> Any child in the household is younger than 2 years old in the where the maltreatment incident reportedly occurred.</p> <p><input type="checkbox"/> There have been two or more physical assaults or multiple periods of intimidation/threats/harassment in the household between caregivers or between a caregiver and another adult.</p> <p><input type="checkbox"/> Primary or secondary caregiver has past or current alcohol/drug use that interferes with family functioning</p>
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treatment.

Date of Initial Risk Assessment:

Initial Risk Assessment Score:

Date of SDM Risk reassessment or reunification reassessment:

Risk Reassessment or Reunification Reassessment score:

Describe the incident that brought this family to the attention of CFWB (i.e. the safety concern that resulted in CFWB involvement; Harm Statement, if applicable):

D. Reason for Evaluation

What is the current status of the case? :

Why is the evaluation requested at this time?:

If parent/youth/NMD has Substance Use Disorder (SUD) treatment on their case plan or SUD is a complicating factor, provide detail regarding progress in treatment, sobriety, recent drug test results that indicate they are ready to engage in evaluation; if unclear please consult with staff psychologist, if not applicable enter N/A

CHECK ALL THAT APPLY:

- A youth under 15 years of age who has been a victim of sexual abuse.
NOTE: Regulations for psychological evaluation require for cases of sexual abuse with a youth under the age of 15, any mental exam of the youth shall not exceed three hours, inclusive of breaks. If needed, the court may grant an extension of the three-hour limit for good cause. The SW will need to submit an Ex-parte requesting the extension.
- Please indicate if the youth being referred has ever displayed aggression or made threats of violence towards authority figures including school personnel, e.g., teacher, school counselors, etc.
- A CHILD IN THIS CASE IS UNDER 3 YEARS OF AGE: For parents with children under age 3, the statutory time limit for reunification services is 6 months. However, services can be extended up to 6 additional months if the parent makes substantive progress in court-ordered treatment and services prior to the review hearing.
- Highly Vulnerable Child(ren) Case: A higher-than-average possibility exists of serious re-injury or death to a child. Case may include:
 - severe physical abuse with serious non-accidental injuries to the head, face or torso in children age five years or younger, or children who are developmentally delayed at a functional level of five years or younger
 - child's parent or guardian caused the death of another child through abuse or neglect
 - infant born to parents currently involved with CFWB or past involvement with CFWB and did not

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successfully reunify

E. PSYCHOLOGICAL EVALUATION

NOTE: Psychological evaluations for adults may take up to eight (8) or more hours to complete and may occur in more than one session. SWs need to ensure that the adult is willing and able to participate in this assessment and provide support (e.g., transportation) as needed to keep the scheduled appointment.

CHILD/YOUTH/NMD	PARENT
<p><i>Check the ONE box below that indicates the rationale for the psychological evaluation.</i> Do not refer if the child is in therapy with a TERM provider. The diagnosis should be included in the initial treatment plan.</p> <p><input type="checkbox"/> Adoption: An adoption is finalizing for a child and an evaluation of the child’s social, emotional, behavioral, and cognitive functioning is being requested as part of the adoption finalization process.</p> <p><input type="checkbox"/> Diagnostic Clarification: <i>(If selected, check the ONE box below that indicates the rationale for the psychological evaluation)</i></p> <p><input type="checkbox"/> The child/youth/NMD’s primary therapist is recommending a psychological evaluation for diagnostic clarification and treatment purposes.</p> <p><input type="checkbox"/> Recent escalation and/or significant symptoms of emotional or behavioral disturbance e.g., escalating/significant behavioral/mood symptoms, concerns for suicidal ideation/homicidal ideation/self-harm or lack of safety related to the youth’s behavior) and an evaluation is being requested to clarify diagnosis and appropriate interventions.</p> <p><input type="checkbox"/> WIC 300C – Serious Emotional Damage and there is no therapist who can document.</p> <p><input type="checkbox"/> Court ordered psychological evaluation (please fill out <u>section D</u> with specific behaviors, symptoms, etc.) AND the following: NOTE: Please convey the reason the court is asking for the evaluation:</p>	<p><i>Check the ONE box below that indicates the rationale for the psychological evaluation.</i> Do not refer the parent is in therapy with a TERM provider and you need a diagnosis. The diagnosis should be included in the initial treatment plan.</p> <p><input type="checkbox"/> Diagnostic Clarification: <i>(If selected, check the ONE box below that indicates the reason for the psychological evaluation):]</i></p> <p><input type="checkbox"/> The treating licensed mental health professional is requesting a psychological evaluation to clarify diagnosis and appropriate interventions because the parent’s symptoms have recently escalated, the parent is not making expected progress in treatment, or there are questions about the fidelity of current diagnoses and treatment strategies.</p> <p><input type="checkbox"/> CFWB is requesting a comprehensive psychological evaluation for diagnostic clarification to guide treatment because the parent is not making expected progress in treatment or there are concerns for mental health and/or behavioral issues that are interfering with appropriate adherence to the case plan. These are the identified barriers:</p> <p><input type="checkbox"/> Psychiatric evaluation recommends a comprehensive psychological evaluation.</p> <p><input type="checkbox"/> Court ordered psychological evaluation (please fill out <u>section D</u> with specific behaviors, symptoms, etc.) AND the following: NOTE: Please convey the reason the court is asking for the evaluation:</p> <p><input type="checkbox"/> Family Code Section 7827: There is concern that the parent may have a mental disability, as defined in Family Code Section 7827 as a “mental incapacity or disorder that renders the parent unable to care for and control the child adequately?” A request for this</p>

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evaluation will assess whether the parent is capable of utilizing reunification services and their prognosis for benefiting from the services to safely parent the child (ren) within reunification time frames.

F. PSYCHIATRIC EVALUATION (NON MEDICATION)

Date consulted with Staff Psychologist (Required):

NOTE: A psychiatric evaluation requested through TERM is **rare** and is not the same as a medication psychiatric evaluation, which is conducted and completed through a community health clinic and not through Optum TERM. Refer to the [Mental Health Evaluations](#) policy for additional information on where to refer the youth or parent for a medication psychiatric evaluation.

CHILD/YOUTH/NMD	PARENT
<p><i>Please check the ONE box below that indicates the rationale for the psychiatric evaluation.</i></p> <p><input type="checkbox"/> The child/youth/NMD’s treating licensed mental health professional is recommending a psychiatric evaluation for diagnostic clarification and treatment purposes because the youth is showing signs of serious mental illness (e.g. appears to exhibit psychotic symptoms or significant behavioral challenges). The child/youth has had a medication evaluation within the past six months. A review of current medications, as a part of the comprehensive evaluation of medical and mental health status is requested.</p> <p><input type="checkbox"/> A recent psychological evaluation has recommended a complete psychiatric evaluation because the child/youth is showing signs of significant mental illness (e.g., appears to exhibit psychotic symptoms and/or significant emotional/behavioral challenges). A review of current medications, as a part of the comprehensive evaluation of medical and mental health status is requested.</p> <p><input type="checkbox"/> Child/youth/NMD is on multiple medications but psychiatric symptoms and psychological functioning have not improved. Child/youth may have history of multiple psychiatric hospitalizations. Behavioral acting out may be jeopardizing placement and/or academic functioning. Child/youth may be exhibiting behaviors that puts them at risk of harm to self or others. A review of current medications, as a part of</p>	<p><i>Please check the ONE box below that indicates the rationale for the psychiatric evaluation.</i></p> <p><input type="checkbox"/> The client’s treating licensed mental health professional is recommending a psychiatric evaluation for diagnostic clarification and treatment purposes, because the parent is showing signs of significant mental illness (e.g. appears to exhibit psychotic symptoms or significant behavioral/personality concerns) that are interfering with appropriate adherence to the case plan. A review of current medications, as a part of the comprehensive evaluation of medical and mental health status is requested.</p> <p><input type="checkbox"/> A recent psychological evaluation has recommended a complete psychiatric evaluation because the adult client is showing signs of significant mental illness (e.g. appears to exhibit psychotic symptoms or significant behavioral/personality concerns) that is interfering with appropriate adherence to the case plan. A review of current medications, as a part of the comprehensive evaluation of medical and mental health status is requested.</p> <p><input type="checkbox"/> CFWB is recommending a psychiatric evaluation for diagnostic clarification and treatment purposes, because the parent is showing signs of significant mental illness (e.g. appears to exhibit psychotic symptoms or significant behavioral/personality concerns) that is interfering with appropriate adherence to the case plan. A review of current</p>

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<p>the comprehensive evaluation of medical and mental health status is requested.</p> <p><input type="checkbox"/> Court ordered psychiatric evaluation (please fill out <u>section D</u> with specific behaviors, symptoms, etc.) AND the following: NOTE: Please convey the reason the court is asking for the evaluation?</p>	<p>medications, as a part of the comprehensive evaluation of medical and mental health status is requested.</p> <p><input type="checkbox"/> Court-ordered psychiatric evaluation NOTE: Please convey the reason the court is asking for the evaluation?</p>
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G. NEUROPSYCHOLOGICAL EVALUATION

Date consulted with Staff Psychologist (Required):

Please first assess whether the child/youth or parent may be best served by [San Diego Regional Center](#). A neurologist or general practitioner must see the child/youth or parent prior to the referral.

CHILD/YOUTH/NMD	PARENT
<p><i>Please check the ONE box below that indicates the rationale for the psychiatric evaluation.</i></p> <p><input type="checkbox"/> The child/youth's/NMD treating licensed mental health professional is recommending a neuropsychological evaluation for diagnostic clarification and treatment purposes, because the child/youth/parent is showing signs of cognitive deficits and there is concern for a history of developmental or brain trauma or progressive cognitive decline. Child/youth/NMD must be seen by a neurologist or general practitioner prior to referral.</p> <p><input type="checkbox"/> A recent psychological or psychiatric evaluation has recommended a neuropsychological evaluation for diagnostic clarification and treatment purposes, because the child/youth is showing signs of cognitive deficits and there is concern for a history of developmental or brain trauma. Child/youth must be seen by a neurologist or general practitioner prior to referral.</p> <p><input type="checkbox"/> CFWB is recommending a neuropsychological evaluation for diagnostic clarification and treatment purposes, because the child/youth is showing signs of cognitive deficits and there is concern for a history of developmental or brain trauma. Child/youth must be seen by a neurologist or family practitioner prior to referral.</p> <p><input type="checkbox"/> Court ordered neuropsychological evaluation NOTE: Please convey the reason the court is asking for</p>	<p><i>Please check the ONE box below that indicates the rationale for the psychiatric evaluation.</i></p> <p><input type="checkbox"/> The parent's treating licensed mental health professional is recommending a neuropsychological evaluation for diagnostic clarification and treatment purposes, because the parent is showing signs of cognitive deficits that are interfering with appropriate adherence to the case plan or effective parenting. There is concern for a history of developmental or brain trauma or progressive cognitive decline. Parent must be seen by a neurologist or general practitioner prior to referral.</p> <p><input type="checkbox"/> A recent psychological or psychiatric evaluation has recommended a neuropsychological evaluation for diagnostic clarification and treatment purposes, because the parent is showing signs of cognitive deficits that are interfering with appropriate adherence to the case plan or effective parenting. There is concern for a history of developmental or brain trauma or progressive cognitive decline. Parent must be seen by a neurologist or general practitioner prior to referral.</p> <p><input type="checkbox"/> CFWB is recommending a neuropsychological evaluation for diagnostic clarification and treatment purposes, because the parent is showing signs of cognitive deficits that are interfering with appropriate adherence to the case plan or effective parenting. There is concern for a history of developmental or brain trauma or progressive cognitive decline. Parent must be seen by a neurologist or general practitioner prior to referral.</p>

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the evaluation?

- Court ordered neuropsychological evaluation.
NOTE: Please convey the reason the court is asking for the evaluation?

H. REQUEST FOR A NON-TERM PROVIDER

Reason for requesting a non-TERM provider (check as many as apply):

- Child/youth or adult has linguistic needs that cannot be met through TERM panel. Specify language:
- Child/youth or adult has cultural needs that cannot be met through TERM panel. Specify cultural needs:
- Child/youth or adult has clinical needs that cannot be met through TERM panel. Specify clinical needs:
- Adult resides outside San Diego County but within California
- Adult resides outside California
- Child/youth or NMD resides out of county, in California, and Presumptive Transfer was waived
- Child/youth or NMD resides out of county, in California, and Presumptive Transfer has occurred but child/youth does not meet medical necessity criteria to receive Specialty Mental Health Services, however child/youth and/or Child and Family Team has assessed a need for therapeutic service. (This selection requires payment to be authorized with CFWB County funds)

****ACTION REQUIRED****

SW: Submit 04-178 to Regional JELS Staff to send to OptumTERM. OptumTERM will forward to provider with the CFWB authorization once provider is confirmed.

Send case records to the provider once they have been confirmed as per the Policy Manual: [Mental Health Treatment](#). Please confirm delivery method of case information (mail or fax) DIRECTLY with the assigned provider before sending case documents.

Timelines for evaluators DO NOT begin until all case documents have been received.

FOR PROVIDERS

Pursuant Family Code 9202, when adoptees reach age of 18, they can request a copy of their medical records which may include a copy of this report.

The agency advises the requester (i.e. adoptees) that, upon receipt of the medical report, the requester should consult his or her physician or mental health professional for further evaluation or interpretation, particularly if the report contains material sensitive in subject matter. (Cal. Code Regs. tit. 22, § 35051).